

It will be seen from the extracts given that the sanitary condition of asylums is receiving much attention, and it is satisfactory to observe that there is a decided effort in most to keep up with modern requirements in every respect. It must be admitted that in one or two instances the Visitors seem disinclined to effect improvements on account of the cost, but fortunately such weakness is exceptional.

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The quarterly meeting of this Association was held at Bethlem Hospital on Wednesday, 24th February, 1886, Dr. H. Rayner in the chair. There were also present Drs. G. Amaden, H. A. Benham, D. Bower, P. E. Campbell, R. W. Dalzell, Wilson Eager, F. C. Gayton, J. S. Grubb, Robert Jones, Moody, W. J. Mickle, H. C. MacBryan, J. D. Mortimer, J. Neil, H. Hayes Newington, F. Needham, S. Rees Philipps, J. H. Paul, W. H. Platt, G. Revington, H. Stilwell, C. D. Sherrard, Percy Smith, J. B. Spence, H. Sutherland, D. Hack Tuke, C. M. Tuke, T. O. Wood, H. F. Winslow.

A letter was read from the President, Dr. Eames, regretting his inability to be present at the meeting.

The following gentlemen were elected Members of the Association, viz. :—

W. R. Dalzell, M.B.Edin., Colney Hatch Asylum, Middlesex.

Jno. Maye, M.R.C.S. and L.S.A., Burntwood Asylum, Lichfield.

Allan MacLean, L.R.C.S.Ed. and L.S.A., Harpenden Hall, Herts.

J. Strangman Grubb, L.R.C.P.Ed., &c., Silsoc Villa, Uxbridge Road, Ealing.

S. Hollingsworth Agar, jun, B.A.Camb., M.R.C.S., Hurst House, Henley-in-Arden.

F. W. Pilkington, L.R.C.P.Lond., M.R.C.S., County Asylum, Littlemore, Oxford.

Dr. MICKLE read a paper on "Some Abnormal Forms of Breathing." (*See Original Articles*).

Dr. RAYNER, in expressing the thanks of the meeting to Dr. Mickle for his very interesting paper, said that probably all present had often noticed peculiar variations in the rhythm of the breathing of the insane, even in some cases where there had been recovery; but, for his own part, he had never taken the trouble to note them with the careful accuracy with which Dr. Mickle had done it, nor had he observed them sufficiently to have any theory as to the conditions under which they arose. He had no doubt that Dr. Mickle, having observed them so carefully, and having noted many cases, had probably formed some theory, and therefore, without wishing Dr. Mickle to commit himself to any definite theory, the meeting would be glad to know his views in the matter.

Dr. MICKLE said that, in his anxiety not to trench too much upon the time of the meeting, he had omitted more of his paper than he had supposed. The typical Cheyne-Stokes's respiration itself was a matter with regard to which there had been a very great deal of discussion, and as many distinct theories as one had fingers on both hands. It was a very difficult subject, and he would not, under the circumstances, like to advocate a cut-and-dried theory in regard to the cases now in question; but one of the passages in his paper which he had omitted to read was as follows:—"Although I found distinct microscopical change in the elements of the medulla oblongata in one case, I felt scarcely justified in absolutely connecting this change with the production of Cheyne-

Stokes's respiration. But recently Lizzoni found in one case chronic inflammatory changes ascending the vagi, with blood-extravasation into the lymphatic spaces of the perineurium and endoneurium. The whole length of the right nerve, the periphery only of the left, was affected. In the medulla oblongata itself were small foci, chiefly on the right side, and beneath the ependyma at the longitudinal furrow of the calamus. A similar lesion affected the upper half of the medulla oblongata in another case (uræmic), but the vagi were normal." Referring to cases of that kind, the most likely theory as regards the nervous condition appeared to be that the respiratory centre of the medulla oblongata was in a condition of defective sentient perception. There was also another theory, viz., that there was anæsthesia of the mucosa of the lungs. In one of the cases mentioned, the blood-vessels of the medulla oblongata had the same changes in their walls as those of the cerebral cortex had; but that was a case in which there was a generalised vascular lesion. It was a case in which there was a general arterial disease of which the kidney disease at first was merely one part, and the morbid state of the arteries of the kidneys aggravated the conditions which gave rise to the arterial atheroma, the arterial disease in this case leading to atrophy. The renal arteries participated in the general change, and their alteration affected an organ which, in consequence of that, had its excreting power lessened. These were the cases following arterial disease; and although differences existed, they might come to closely resemble primary renal disease; but if they were compared at different stages with renal cases which really gave rise to cardiac and arterial changes, the differences were great. Those differences did exist, and, in the case mentioned, the only other point was that there was some granular change in the nuclear nerve centres in the medulla oblongata. There one had the damaged nerve centre. As to the state of the nerve centres involved, local vascular dilatation might occur, and, occurring paroxysmally, would cause cessation of respiration by keeping the medulla oblongata over-supplied with blood. If there was blood of a good quality, and the blood-vessels of the medulla oblongata were in a dilated condition, there was, temporarily, no call on the respiratory centre, for that centre was not stimulated to call forth renewed movements. These were cases which were not due to changes in the pneumo-gastric nerves themselves. Those that were, were usually associated with some lessening of the sentient function of the mucosa of the lungs.

Dr. RAYNER suggested whether some of those cases might be due to feeble power of the heart and restricted circulation of the lung acting from the periphery on the centre.

Dr. MICKLE said that was a different matter altogether. The question put to him had merely referred to the nervous mechanism. There were, of course, a number of mere mechanical peripheral conditions connected with the same central result.

Dr. HACK TUKE said that all would agree that Dr. Mickle's paper was an important contribution to the subject on which it treated. It would be easier, however, to study it in print than to follow it out on the present occasion, and he therefore hoped that Dr. Mickle would allow his paper to appear in the Journal.

Dr. Savage, who was unavoidably absent, contributed a paper on "Drunkenness in relation to Criminal Responsibility." (See Original Articles.)

Dr. RAYNER said that Dr. Savage's paper was a very interesting one, and offered several points for discussion.

Dr. HACK TUKE said it seemed to him that if Mr. Justice Denman's ruling was to be taken literally and strictly, there was very little to be said in these cases. The whole thing was much simpler than in countries such as France, where intemperance was allowed to be an excuse; but though this ruling seemed to be just, still it was open to great exception, and each case should be treated in accordance with its own particular character. They had seen many cases where there had been very frequent drinking, but where there had also been a prior mental affection, which might, in fact, have been the cause of the drinking

rather than the drinking the cause of the mental affection. Then again, in regard to epilepsy, which was so often associated with drink. Where the crime was committed by the epileptic while under the influence of drink, Mr. Justice Denman's ruling would in many cases seem too hard. Indeed, they knew that in cases of epilepsy, where the prisoner had been found guilty, the law had hesitated to carry out the sentence, and there had been several cases in which there had been a reprieve afterwards, not exactly on the ground of irresponsibility, but simply from the feeling that when a person was epileptic he ought not to incur the extreme penalty of the law. Several other questions arose if we allowed that drunkenness might be some excuse for crime in conceivable cases. For instance, as to the degree of consciousness of the prisoner at the time that the alleged act was committed, as affecting his knowledge of the nature of the act, and then again as to his memory after he had committed the act. If the fact had passed away from his recollection, were they to consider amnesia as a proof that he committed the act in a state of unconsciousness? It was, of course, possible that a man might commit a murder under the influence of alcohol, and might the day afterwards forget all about it; therefore was it to be taken as a proof that he did not know what he was doing at the time? In France, a man in a restaurant fell out with another while playing at cards. He was drinking at the time, had some weapon with him, and killed his companion, making some remark immediately after implying that he very well knew what he had done. The next day he knew nothing at all about it. At all events, in that particular case it was admitted that there was complete amnesia, and the man was not punished, because it was considered that at the time he was committing the act he was not sufficiently conscious to make him responsible. He (Dr. Tukey) thought that the general ruling in regard to intemperance being no excuse for a crime was fair on the grounds that in some cases men took alcohol to nerve themselves to commit the crime, and that, of course, if it were thought that intemperance would be an excuse, men would get sufficiently drunk to exonerate themselves. Therefore it seemed very dangerous to allow intemperance to be an excuse. But what they wanted to know was the real law in England in regard to it, seeing that they had on the one hand Mr. Justice Day saying that in a case of delirium tremens a man was irresponsible, and Mr. Justice Denman saying he was responsible. It would seem that the old proverb as to doctors differing might have originated in regard to doctors of law rather than doctors of physic. There was a very able doctor in Belgium, Dr. Lentz, who had written an exhaustive book on alcohol, and he held that drink was, to a certain extent, an excuse for the crime committed under its influence, but he said that a man ought to be punished for getting drunk and not for the crime committed when he was drunk; that he ought to be punished for putting himself in a position in which he lost his self-control. That, however, hardly seemed to be a practical way of dealing with the question, because, on that view of the case, a man who got drunk ought to be severely punished whether he committed a crime or not. He thought Dr. Savage's paper would have the effect of eliciting some authoritative statement as to what the law of England was in regard to the responsibility of drunkards when they committed serious acts of crime.

Dr. RAYNER said he was rather inclined to the opinion that drunkenness should not be held as any excuse for crime except under certain conditions, as in the case of a man being unaware of the conditions under which he was affected by alcohol. He remembered being with some men, who, after a very long walk in cold weather, had a glass of whisky all round, and for a very short period one of them was hardly responsible for his actions, and, in fact, committed an act of which he had no remembrance afterwards, although the total period of his drunkenness did not exceed half an hour, and the moment he got food he was sober. This illustrated how transiently drunkenness might affect an individual, and how completely it might affect him even to amnesia.

Dr. MICKLE said it appeared to him that the law of England was that drunkenness was no excuse at all, and did not in any way lessen the responsi-

bility of the individual for any crime committed in the state of intoxication. The ruling of Mr. Justice Day, as he understood it from the paper they had just heard read, was, if correctly reported, a simply astounding one, and one which, if admitted in the courts, would lead to an enormous amount of crime. For then many persons about to commit a crime and wishing to be free from punishment would previously, as had been said, get drunk. He thought that no difficulty would be likely to arise in the class of cases mentioned by one of the speakers, in which insane persons became drunk and did a criminal act. If the person was insane, so far as his responsibility for the crime was affected by his insanity, he would be relieved from responsibility, and in that case it would seem that both law and equity would demand that drunkenness should make no difference. As in the sane so in the insane; the sane person remaining responsible for the crime committed whilst drunk; the person insane to the degree producing irresponsibility, remaining irresponsible for the crime committed during drunkenness, he being then both insane and drunk. He thought it had been lost sight of in the discussion that, after all, punishments imposed were not punishments for the crime committed. It had been over and over again laid down that they were for the prevention of the commission of crimes by others, so that he thought the discussion as regards that point was a little wide of the mark.

Dr. HACK TUKE said that the case was different where the patient was susceptible to very small quantities of alcohol, and with constitutional tendencies leading him to commit crime.

Dr. MICKLE said he thought such a man should avoid the small quantity of alcohol. Dr. Rayner's suggestion that the person should not be held responsible unless he took what he knew was enough to make him drunk would, in effect, relieve of responsibility a person who committed a crime while he was drunk for the first time, because until he had been drunk once how was he to know how much would affect him?

Mr. C. M. TUKE thought that the present law was sufficient in most cases. A great deal of ordinary crime was, more or less, to be traced to the influence of drink, certainly such crimes as assaults. He had recently been reading a book called "New World Answers to Old World Questions," in which the author gave some very interesting statistics upon the influence of drink in regard to crime, and had taken great pains to see what crimes had been committed and under what circumstances, in one of the smaller States of America, and he found that ninety per cent. were directly or indirectly caused by the influence of drink. In that State the percentage of insanity was very small, but the drink was very large, and it was very evident that drink was mainly responsible for nearly the whole of the crime committed in that State. He thought that with the present law of England the cases now under consideration might fairly be left to the discretion of the judges, but where there was direct evidence of insanity it was a matter of great importance that medical evidence should be called, but in most of the ordinary cases the judges were able to deal with them.

Dr. BOWER said it appeared to him that judges and others having to do with this subject ought to be acquainted with the amount of drink which was connected with insanity. He had always had grave doubts as to the proportion of insanity which was stated in Blue Books to be caused by drink; something like fourteen per cent. He could not himself get more than five or six per cent. He had sifted the causes of insanity and found that drunkenness was more often caused by the predisposition to insanity in the family.

IRISH MEETING.

A quarterly meeting of the Medico-Psychological Association was held at the Hall of the King's and Queen's College of Physicians, Dublin, on Thursday, January 21st, 1886. Present: Drs. Duncan (in the chair), Patton, Draper, Moloney, Conolly Norman, Courtenay.