criminal tendency. It saps the will power at its source, and where this is weak congenitally, or has become so by repeated unfaithfulness to the sanctions of conscience, the will-palsy which alcohol evokes lets slip the curb and gives the rein to passion. In proof of this contention I would cite the report of the medical officer of the Aylesbury State reformatory. He says:

A large majority of the cases are greatly deficient in moral self-control. Several of the younger ones are highly hysterical and emotional. A small proportion are greatly below the average intellectually. The want of self-restraint is the worst feature in these cases. It exhibits itself in violent outbursts of passion, which are characterized by acts of violence and destructiveness, frequently extending over several days. Only those who have had the charge of such cases have any idea of the amount of destruction and violence these women can accomplish when once they let themselves go.

Now any rational system of punishment premises the possession of a will, a volitional responsiveness to motives. To expect results from pains and penalties where will is absent or in abeyance is fishing in fishless water. It is worse than folly—it is cruel, it is criminal.

Not a few so-called inebriates, of the class we get through the police-courts, are more suitable for asylum than reformatory treatment, and society has a right to demand that in default of adequate care by their friends they shall be taken care of by the State. The discrimination of such cases needs time and care and a proper co-ordination and communication between the committing authorities and the receiving authorities, which is now conspicuous by its absence. The Bill introduced into Parliament last session to sanction the establishment of receiving houses, though unsuccessful, embodied a principle capable of extension to include all cases needing observation before being sent to asylum, reformatory, and perhaps prison.

Then, assuming all that can be done by improving the physical norm has been accomplished and alcohol banished, whether as drug or beverage, there comes the question of seclusion or association. Unless and until voluntary co-operation of the individual in his or her own restoration is secured I do not believe we are on the threshold of reform. Some desire seclusion, and where that is the case it is probably good for them so long as they desire it, provided proper observation is kept up. A large number of the women sent to Farmfield were well known to one another, and removal from habitual environment is robbed of half its value if old associations are revived by personal communication in the reformatory. By such undesirable association prisons have often proved seminaries of crime rather than agencies of reform.

Next come attempts to foster will power. Habits of industry must be inculcated, especially on work that grows and progresses under the hand, so as to afford, as it were, an end in view and stimulate a fixity of purpose in attaining to the goal. Not too much of the wash-tub but plenty of outdoor work on the farm and in the garden. "Back to Nature" seems a natural resort for these social wrecks, mostly denizens of the festering courts of the great city. Maybe as the poet tells us:

One impulse from a vernal wood
Will teach them more of man,
Of moral evil, and of good
Than all the sages can.

Or, it may be, that work in farm or garden acts in a way which James Hinton suggests in his *Mystery of Pain*. He reflects how in such occupations an essential part of the pleasure is furnished by the slight inconveniences involved. "The little claim on the endurance constitutes a real part of the charm," and he dwells on the ethical value of "willingly-accepted inconveniences."

The law of association should be laid under contribution, and the memory exercised as a valuable adjuvant to volition. Reading aloud by the officers of happily-selected books during meal times has been found of service in more ways than one. On a higher plane come those ultra-physical and supra-natural sanctions, under which disinterested actions and propensities are most likely to awaken and flourish.

All education has been said to consist in contact with a superior mind, and if this be true it is needless to dwell on the constructive influence on character of a reverent allegiance to some great personal affection or to some lofty personal ideal.

The children's home at Lady Somerset's colony seems to have been admirably conceived to arouse altruistic sentiment. The magnetic personal influence of those in command is, though intangible, almost omnipotent in its effect. The

tact which remembers that you can never displace one emotion except by another will cease from idle striving, await its opportunity, and not avenge personal pique by vindictive punishment.

I must leave it to others to speak of any drug treatment of inebriety that they may deem efficacious. I know of none. It was said of Paracelsus that in his zeal for psychical treatment of disease he made a bonfire of the books of the apothecaries, and mortally offended the pharmacists who were not remunerated by his transcendental prescriptions. With all apology to that useful profession, I fear it is not by means they can dispense, least of all by anything out of a bottle, that the sot will be enabled to regain his self-respect and self-control.

Lastly, the return to liberty, the discharge upon the world, needs infinitely more attention and effort than has yet been given to it. There is much to be said for the Elmira method of elastic sentence in the case of all repetitive offenders, and for effecting return from restraint to liberty by graduated stages. The careful provision of some guide, philosopher, and friend for each patient as discharged is the best security for good behaviour which can be required or given.

These are some of the unheroic methods which seem to me best calculated to restore self-mastery and fidelity in these moral paralytics. If in our institutional treatment we begin by endeavouring even for the most degraded to idealize the real, it is possible that they may at last realize the ideal.

THE OVERLAYING OF INFANTS.*

By WILLIAM WYNN WESTCOTT, M.B.,

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So far as I have been able to learn, England excels all other countries in Europe in the proportion of deaths of infants under 1 year of age from suffocation in bed with their parents or nurses. During the recent ten years there were 15,009 overlain infants in England and Wales, and in the year 1900 there were 1,774. In Liverpool during one year there were 143 cases out of 960 inquests, more than 1 in 7 cases.

The death-rate from this cause in London is shamefully high. In the year 1900 there were 615 such cases, in 1901 there were 511, and last year (1902) there were 588 overlain infants in London alone. The inquests for London were about 8,000 in number in each of these three years, so that 1 inquest out of every 14 was upon a case of overlaying. The proportion in the districts of the nine London coroners varies considerably, being high in proportion to the poverty of the inhabitants of the district. Dr. Templeman, of Dundee, classified 258 deaths of infants from overlaying, with this result as to age: Under 1 month there were 62; 1 to 2 months, 67; 2 to 3 months, 66; 3 to 4 months, 21; 4 to 5 months, 16; 5 to 6 months, 13; 6 to 7 months, 5; and the others 4 or fewer. These figures show that the mortality diminishes with the age of the infant until at a year old the risk of sleeping in bed with the mother is but trifling. This is because with advancing age babies, being stronger, are able to save themselves by their struggles, and so arouse their parents before a fatal suffocation has occurred. Many more infants were found dead in bed with parents and others: but in the remaining cases the deaths were referred to natural causes, mostly to convulsions having occurred during the sleep of the parents. It is true that it is often difficult to distinguish between these two causes of death.

It is certain that an infant may die from gradual suffocation under the bed clothes without the production of any signs of external injury. On the other hand, an infant's body may show discoloration of the skin due to having lain many hours in the position of death, even if it have died of natural convulsions; supposing the death to have occurred early in the night, and the discovery of the death not to have been made until the time for getting up in the morning.

Some overlain bodies show undoubted marks of pressure upon the body or face, for example, a flattened nose is often seen. Apart from any definite marks of overlaying, the dead infants I refer to present the well-known signs of death by suffocation. There are bluish lips, a livid complexion (which may soon pass off), flexion of the legs and arms, clenched hands, and froth, often blood-stained, in the nostrils and mouth. In some cases the tongue is protruded and discoloured; the neck and face turgid, the nails blue, the whites of the eyes reddened, and punctiform marks on the conjunctivae

* Read before the St. Pancras Division of the Metropolitan Counties Branch.

and eyelids. Many of these external signs may be due to asphyxia resulting from a spasm of the glottis, or from convulsions due to dentition, or to disease of the brain and its membranes; as well as to suffocation due entirely to external causes, such as the pressure of the mother's breast or arm, or to compression of the chest from being actually lain upon, or to simple excess of clothes covering over the nose and mouth. I have found occasionally that one child in bed has moved in its restlessness and has lain over another; or, again, an infant may roll over and hide its own mouth and nose in a pillow, causing death. I have also had 3 cases in which a baby has been overlain while asleep by the domestic cat.

It cannot be doubted that a considerable number of infants are overlain by parents who, habitually sleeping with a baby in bed with them, yet follow the same practice when they go to bed well knowing that they are intoxicated with alcoholic drink and reckless of the consequences. It is likely also that if a drunken mother give her infant the breast milk before going to sleep the baby may become more or less stupefied by the alcohol in the milk, and so fall an easy prey to gradual suffocation. It is in such cases that the law ought to be able to secure a punishment for guilty parents.

It has also been alleged that some dissipated, worthless, and criminal parents have connived at the overlaying of an infant to secure insurance money, which leaves a margin of cash after the payment of funeral expenses. I am quite convinced that the majority of overlain babies come to death in a manner truly accidental, and such deaths will continue to happen so long as English custom acknowledges the right of parents to take infants under 1 year old into their own beds during the night. Such accidents have happened to parents of the clearest character for sobriety and carefulness for their children.

The question arises, Should it not be declared to be an obligation on every parent to provide a cot or cradle for the infant's use? In Germany and France parents rarely sleep in the same bed and never have an infant in bed with either of them; the use of a cot, cradle, or berceauette or perambulator is universal, and in the country districts of England the use of a cradle is general. From Casper's *Forensic Medicine*, 1862 (English edition), we learn that under the old penal code of Prussia mothers and nurses were forbidden, under pain of imprisonment, to have children under 2 years of age in bed with them. He adds that: "The new penal code of Germany does not contain this law, but the Public Prosecutor is to take legal proceedings against persons who suffocate infants in bed with them as cases of manslaughter by neglect, according to Section 184 of the Penal Code, and on conviction either a fine or imprisonment may be inflicted."

My recent information is that in Germany, if a physician reports a death of a baby from suffocation in bed with an adult, the Public Prosecutor is informed, and may charge the person under Section 222, "Causing the death by carelessness" (*Fahrlässige Tödtung*); and such person may be punished with imprisonment up to three years. Charges of manslaughter and of murder are also possible.

On the Continent women drink very little, and only of a light wine or lighter beer; and mothers rarely drink any intoxicating liquor while suckling, while spirit drinking by women with babies is almost unknown. One may pass years in France or Germany without seeing a drunken mother with a baby. From one of the largest towns of Westphalia I hear that the police have not heard of an overlain baby for twenty years. On the other hand, in the slums of London, Liverpool, and Glasgow the drunken mother is a common sight.

The excuse of the poor dwelling in our cities is want of space, and this is a defence which I fear is often well founded. In my district of North-East London space for living room is terribly restricted, and rents are abnormally high; still, a cot could be used at night, and during the daytime could be placed upon the parental bed, and so out of the way. Poverty and low wages render it difficult for poor parents to buy even the cheap cradles now obtainable. Dr. Danford Thomas often recommends them to get an empty orange box.

I have thought that a desirable form of charitable institution would be one to provide cradles for the poor. The clergy and ministers of all the denominations might do much in way of warning poor and ignorant parents against the dangers of taking their young infants into bed with them. The long-continued and painstaking preaching of coroners on this reform does not reach widely enough to prevent this holocaust of deaths; they require the assistance of the clergy

and lady visitors in this matter, as I have often pointed out to the press, but no clerics have as yet offered to help in this crusade.

These deaths of infants in bed form a class of cases which differ from almost all others, in that the cause of death is not made much clearer by *post-mortem* examination. I have already said the external signs of suffocation are generally all present, and in the same way I may say that the appearances of the heart, lungs, and brain will be much the same, whether the suffocation has been due to the spasm or the convulsions of natural disease, or to deprivation of air by clothing or by actual pressure on mouth or nose.

The most common appearances found by a *post-mortem* examination of an infant who has died from suffocation in bed are an unusually dark-coloured fluid state of the blood, the lungs engorged with blood, and sometimes oedematous, the brain and members congested, and showing minute red points, the heart's right side containing soft clot, and the left side empty; the pleurae and pericardium showing minute ecchymoses, and the mucous lining of the windpipe reddened of a curious cinnabar colour. In the case of a death by suffocation many years ago Christison remarked "that the common conviction that a medical man should always be able to detect death from suffocation simply by an inspection of the body, and without a knowledge of collateral circumstances, is erroneous."

We may take it then that, given the signs of suffocation, the doctor, coroner, and jurors have to decide on the proper verdict from a consideration of the collateral circumstances attending the death.

We may also feel sure that, although most cases of overlaying are of an accidental nature, yet there are a number of cases in which the death has occurred under such conditions of carelessness, or reckless indifference to the infant's welfare, or to culpable neglect of precautions during intoxication, that parents should be committed for trial for manslaughter. This is done in a few cases in England, but it is difficult to prove gross and culpable neglect, and conviction has seldom followed.

In cases where an infant has been suffocated when there was but one person in bed, or when the baby has been in bed with two parents, we may call for the evidence of the doctor and the neighbour or the person first called in to see the dead body, and we can call the father or mother to identify the child. But the father is not a witness we can compel to prove that the mother was drunken, careless, or incapable, nor the mother vice versa.

In twenty years of experience I have known but three mothers confess they were drunk when overlaying took place, and in neither of these cases would the jury send the woman for trial. In another case a woman had overlain one baby when drunk, and then overlaid a second when believed to have been sober; in the latter case, because she had done the thing twice, she was sent for trial for killing the child by neglect; but the grand jury threw out the bill of indictment, and there was no trial on the coroner's warrant.

Last autumn a father was sent for trial on a charge of manslaughter of his child by overlaying, at the Durham Assizes, but the judge directed the jury that they could not commit upon the evidence before them. I have never yet had occasion to commit any person on a charge of wilful murder for the intentional and malicious overlaying of an infant.

The truth is that it is impracticable to secure conviction for the manslaughter of infants by overlaying at the present time in England. Public opinion does not sufficiently condemn parents for risking the lives of infants by taking them into their beds, to make it feasible to get parents punished for what is often gross carelessness and neglect of simple precautions. The machinery of procedure of sending an erring parent to the Central Criminal Court seems to the public too portentous for the fault committed. Were the culpably careless suffocation of infants an offence with which a magistrate could deal by summary procedure, and by the infliction of a week or two's imprisonment, no doubt these deaths from carelessness would become rare by the frequency of a successful prosecution.

In the course of discussions now taking place in Germany as to the financial position of the Empire, it has been stated that in Bavaria, where brewing is the staple industry, each inhabitant on the average drinks 245 litres of beer per annum, while the rest of the Germans drink 145 litres a head per annum.