

Prichard and Symonds in especial relation to mental science : with chapters on moral insanity / by D. Hack Tuke.

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PRICHARD AND SYMONDS

WITH CHAPTERS ON
MORAL INSANITY

D. HACK TUKE, M. D.



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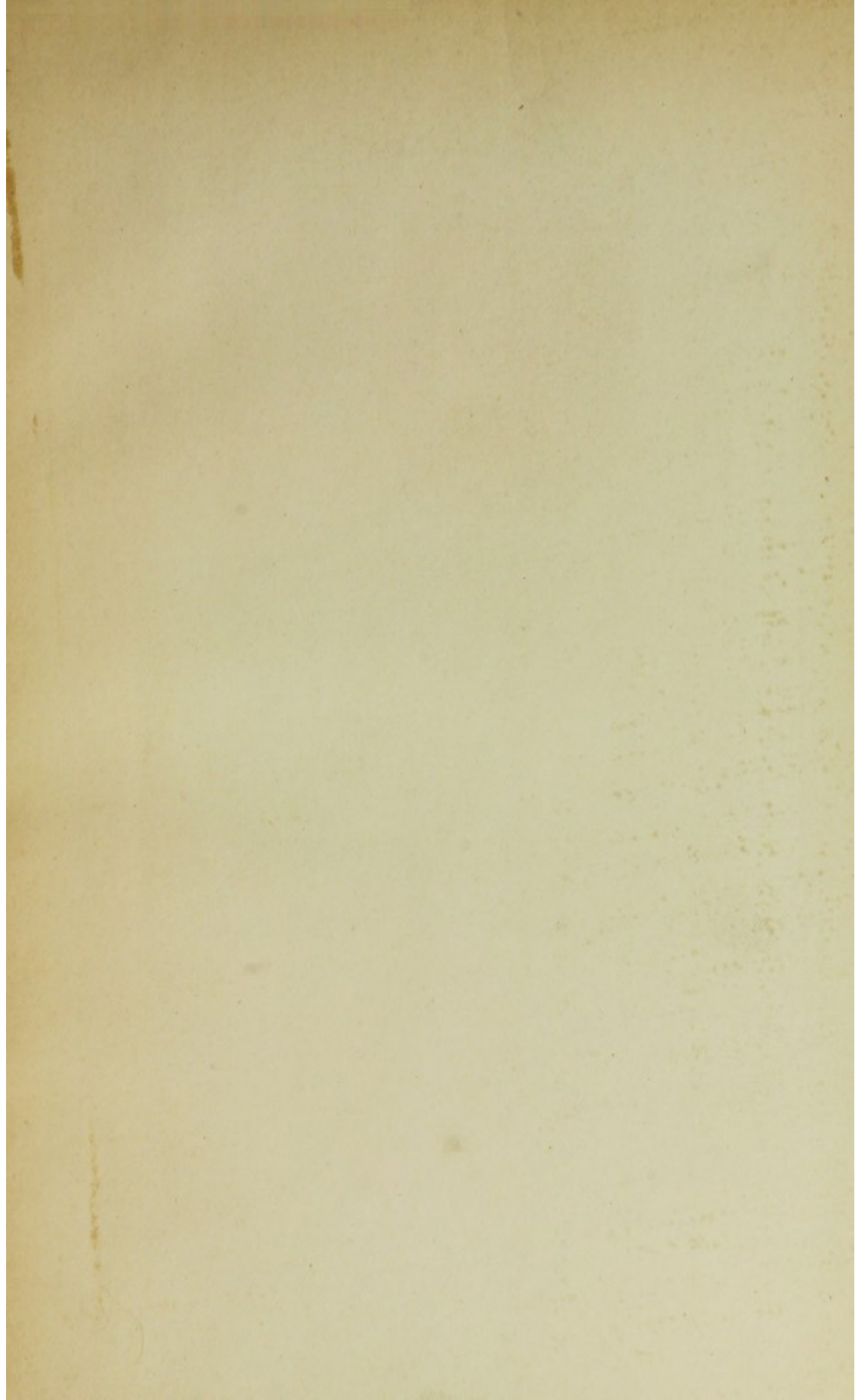
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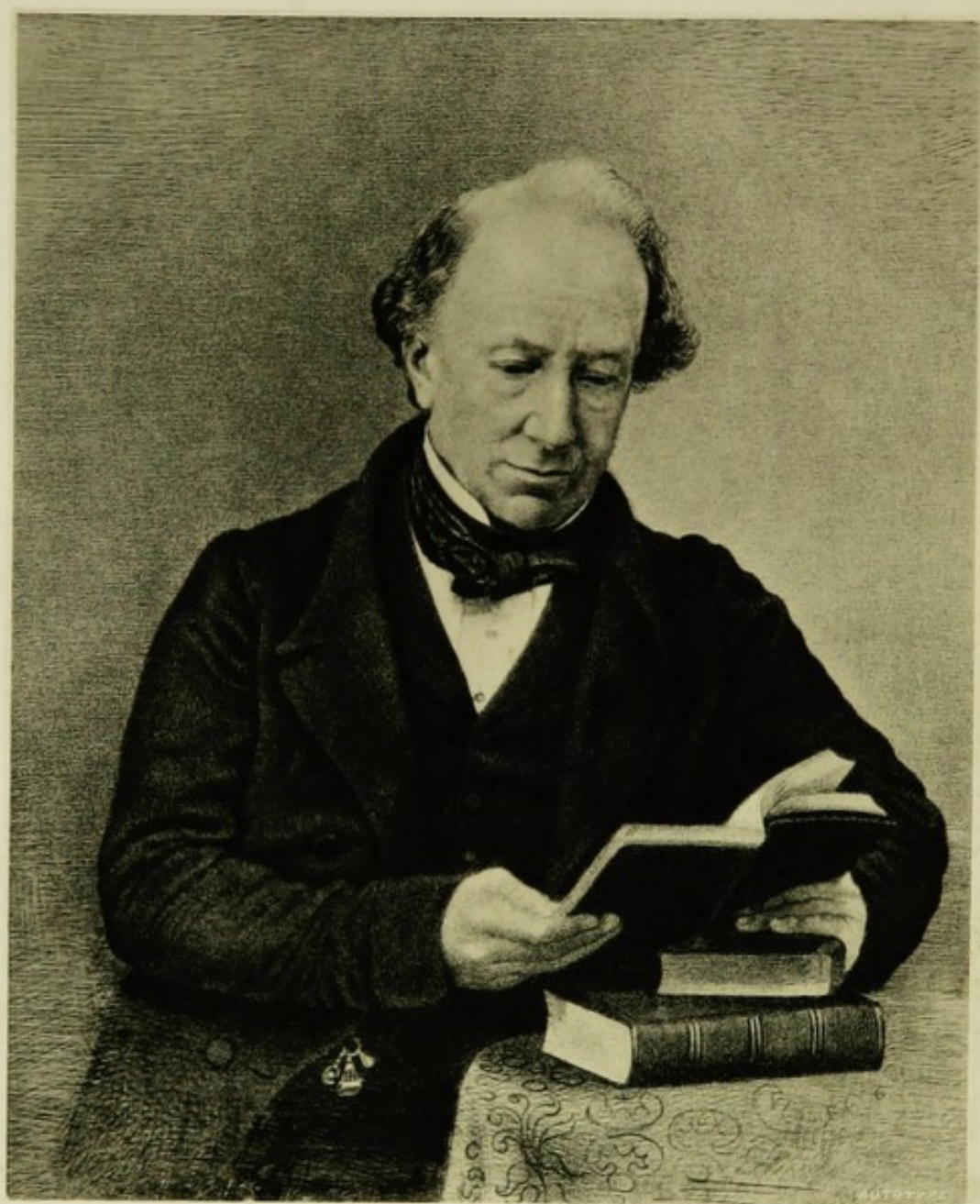
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D. H. T.

July 1891.







J. C. Richard.

PRICHARD AND SYMONDS

IN ESPECIAL RELATION TO
MENTAL SCIENCE

WITH

CHAPTERS ON MORAL INSANITY

BY

D. HACK TUKE, M.D., LL.D.

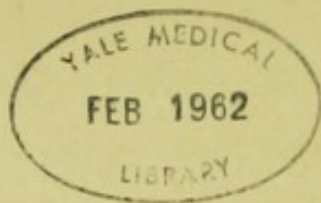
Examiner in Mental Physiology in the University of London

LONDON

J. & A. CHURCHILL

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NOTICE.

ALTHOUGH the Essay on " Prichard and Symonds " owes its existence to the accident of the Medico-Psychological Association holding its May Meeting this year at Brislington House, Bristol, personal feeling combined with the connection of these names with the locality to induce me to prepare this slight study of the character and work of these remarkable and estimable men.

I have availed myself of the opportunity thus afforded to add two articles on the mental disorder which is so closely associated with the fame of the one, and so powerfully attracted the interest of the other.

Nothing can be further from my intention than to treat this difficult and important question in a partisan spirit. I am fully alive to the superficial and objectionable manner in which it has been frequently presented, and have no sympathy whatever with such a presentment of the doctrine of Moral Insanity as would afford an apology for the real criminal and shield him from the punishment which he merits. Dr. Nicolson, the Medical Superintendent of the State Criminal Asylum at Broadmoor, has, in his speech on this Essay, very properly protested against the abuse of the doctrine, while fully admitting its truth.

Those physicians who have had large experience of the insane are essentially agreed as to the existence of a group of cases of a very peculiar and painful character. Any difference of opinion there may be, has far more reference to the best name by which to label them than to the clinical fact, and rests mainly upon the definition of psychological terms.

Further, those who hesitate to say with Professor Ball, of Paris, that there exists "a true form of insanity, durable and systematized in character, designated by Prichard, "Moral Insanity," are quite willing to admit with Griesinger that "the great majority of mental diseases are first manifested, not by senseless discourse or extreme acts, but by morbid changes of disposition, anomalies of self-feeling and the sentiments, and consequent emotional states;" and that "in cases of crime, where individuals are *quite rational* ("ganz vernünftig"), the physician cannot be too careful "to study the anomalous condition of the affections."

63, WELBECK STREET, W.

July 2, 1891.

PRICHARD AND SYMONDS

IN ESPECIAL RELATION TO MENTAL SCIENCE.

I HOPE that you will agree with me that it is well to seize the occasion of our meeting in this locality to recall the memory of two remarkable physicians who practised for many years in Bristol—one, Dr. Prichard, who distinguished himself not only as an ethnologist, but as the author of by far the best English work on insanity in his generation, who was the most celebrated Medical Commissioner that ever sat at the Lunacy Board, and who produced a profound sensation in the legal and the psychological world by enunciating the doctrine of so-called "Moral Insanity," the echoes of which have not yet died away, nor are likely to do so as long as crimes are committed, and the question of human responsibility has to be determined. The other, who will be

ever remembered by those who knew him as the beloved physician, the late John Addington Symonds, the friend of Prichard, and one who, although not an alienist, felt a keen interest in, and had a great capacity for psychological research, having written several Essays, quite remarkable for their insight into some of those problems in psychology which we are yet far from having solved, and which we discuss with some heat even at the present moment.

Both Prichard and Symonds were representative men—examples of all that is noblest and best in the traditions of the medical art; men whose lives, absolutely free as they were from “the leaven of malice and wickedness,” tend to raise us above the petty jealousies and misunderstandings which too often intrude upon our professional life. They differed, certainly, in some of their mental characteristics. Their tastes in the direction of poetry and art were not equally strong; their facility of speech differed, I believe, considerably; and Symonds did not suffer from the shyness which friends of Prichard tell me characterized him. But they were essentially alike in the true modesty of their natures, in their stainless honour, in their refinement, and in the union

of intellectual endowments with sweetness of disposition.

If I do not restrict myself to their scientific work, it is because I thought you would be interested not only in Prichard's and Symonds' views of psychology, but also in the psychology of Prichard and Symonds themselves, as they lived and moved and had their being in this neighbourhood, and conferred renown upon it, not solely by their brilliant careers, but by their characters as men. I would add that although Bristol may justly claim them as her adopted citizens, their name and fame are the heritage of the medical profession.

Had time permitted, I should have given some account of Dr. Carpenter, who was not only a noted physiologist, but occupied an important position in the special domain of mental physiology, and must always be remembered in connection with Bristol; for although born in Exeter he was only four years of age when his parents removed to this city. His first work in the direction of psychology dates as far back as the year 1837, when he wrote a paper on the "Voluntary and Instinctive Actions of Living Beings." With his name has been associated the

phrase "unconscious cerebration," and although, I think, it must be admitted that in the regrettable contention for priority which occurred between Dr. Carpenter and Professor Laycock, the latter's claims were well founded, Dr. Carpenter's exposition of mental automatism was able, and on the whole formed a valuable contribution to psychology. It was in 1874 he published his "Principles of Mental Physiology," which covers an area of mental science too much neglected and of great importance. Even so far back as 1853 he embodied in his "Human Physiology" the phenomena of hypnotism, having become convinced of their reality and interest from witnessing the experiments of Braid. But I must resist the temptation to set forth Dr. Carpenter's position in relation to mental science. So much I have thought it incumbent upon me to say in reference to a remarkable man, whose unremitting industry and careful study of nature are worthy of our imitation, carried on as they were to the time when a painful accident, which excited universal sympathy, terminated an honourable career.

Born in 1786 at Ross, in Herefordshire, James Cowles Prichard was never sent to school, but was

educated at home, and acquired a knowledge of French, Italian, and Spanish. His father was at one time residing at Bristol, and young Prichard occupied himself "in finding out and examining the specimens of the natives of different countries who were to be found amongst the shipping of this port. His familiarity with Spanish and modern Greek was in part attributable to this cause" (Hodgkin).

After his studies under private tutors were completed he commenced the study of medicine in this City in 1802.

Subsequently he continued his medical studies at St. Thomas's Hospital. In 1806 he went to Edinburgh, and even when a student in that University he formed definite opinions in regard to the varieties of the human race. One of his fellow-students has stated that in their daily walks "this subject was always uppermost. A shade of complexion, a singularity of physiognomy, a peculiarity of form, would always introduce the one absorbing subject. In the crowd and in solitude it was ever present with him."

After he had taken his degree in Edinburgh, Dr. Prichard resided a year at Trinity College, Cam-

bridge. It was in 1810 that he commenced practice in Bristol. He, however, found time for his anthropological researches, and brought out his work on the "Physical History of Man" in 1813. As is well known, he opposed the opinion that the blackness of the negro was due to the action of the sun through a long period of time, and maintained on the contrary that our first parents were black, the white varieties of the human species being the result of civilization. As Dr. Hodgkin observes, "he related many curious facts, collected from several parts of the globe, in support of this bold and ingenious theory, the announcement of which excited both surprise and interest."

It affords me sincere pleasure to be able in this connection to read a letter from my friend Dr. E. B. Tylor, Professor of Anthropology at Oxford, in which he replies to my inquiry as to the position held by Prichard in the estimation of ethnologists at the present day.

He writes:—"It is always a satisfaction to find that Dr. Prichard's reputation does not die out, but rather grows with time. As an anthropologist his work is admirable, and it is curious to notice how

nowadays the doctrine of development rehabilitates his discussion of the races of man as varieties of one species. We may even hear more of his theory that the originally dark-complexioned human race produced, under the influences of civilized life, the white man. I have wondered that Prichard's merit as the philologist who first proved the position of the Keltic languages as a branch of the Indo-European, is so often left unnoticed. Adolphe Pictet made his reputation by a treatise on the same point, which was received with applause, no one seeming to know that Prichard had done it before."

It is important to bear in mind what Dr. Hodgkin points out, that had Prichard written nothing on ethnology he would have been a distinguished physician. "He established a dispensary. He became physician to some of the principal medical institutions of Bristol. He had not only a large practice in his own neighbourhood, but was often called to distant consultations. Notwithstanding the engrossing nature of these occupations he found time to prepare and deliver lectures on physiology and medicine, wrote an essay on fever, and one on

epilepsy, and subsequently a larger work on nervous diseases." In view of the distinguished position occupied by Dr. Prichard in our own special branch of medicine, the question arises, How did he obtain his knowledge? He himself tells us in the preface to his "Treatise on Nervous Diseases," published in 1822, that his work owed its existence to his having held, during ten years, the appointment of physician to St. Peter's Hospital, where a great proportion of the cases brought under his observation belonged to the class of mental diseases. "Here," he says, "a variety of phenomena presented themselves, from time to time, to my notice which have appeared to throw light on some practical indication. It is now several years since the idea first occurred to me that by publishing a selection from those cases which have seemed worthy of record, I might be enabled to make some addition to the general stock of knowledge respecting the interesting and obscure class of disorders to which they belong; and in this hope I have been in some measure confirmed as I have proceeded, by observing that the examples of disease which continued to present themselves, seemed in general to coincide with certain patho-

logical distinctions which I had been led to adopt."

He goes on to say that he suspected that disorders of the nervous system are often symptoms of some latent disease in another part of the constitution. He adds :—"Some of the diseases of which I purpose to treat are commonly regarded, at least in cases of long duration, as almost incurable by any efforts of human art . . . yet numerous instances occur in which Nature in some period or other of life, effects a cure. The diseases are found to cease in consequence of some spontaneous change which takes place in the state of the constitution. If medical practitioners, instead of hunting after specific remedies, carefully directed their attention to trace the method by which these natural terminations are brought about, or to ascertain the process of those constitutional alterations, in consequence of which the diseases alluded to disappear, it is probable that they might be enabled, in some instances, to imitate the salutary operations of Nature." The author says of his book that if he did not imagine it to contain something more than is universally known on the subject, he should

not have had the presumption to offer it to the public.

In the words of Dr. Symonds, this appointment to St. Peter's Hospital was "more memorable than any other that he subsequently held, because this institution contained a class of patients whose maladies gave an impulse to his prosecution of a particular department of pathology with which his name will ever be associated."* We may well judge of the remarkable mental capacity which he possessed, when we consider that he has left his mark in two vast departments of knowledge—psychological medicine and ethnology. Had he left either of these departments untouched he would still have gained the highest point in the one to which he had confined himself.

It is very striking to find Dr. Prichard in this, the first work he published which treats of mental disease, taking a position diametrically opposite to those views of which he subsequently became the able exponent. He quotes a case reported by Dr. Gall, in which a "disorder of the propensities" followed an injury to the head caused by a fall from

* "Miscellanies by Dr. J. A. Symonds," edited by his Son, p. 117.

the fourth storey of a house, only to smile at the absurdity of such a statement, adding that if such reports gained credit, "the College of Surgeons may expect one day to march in triumph and take possession of the vacant seats of the criminal judges; and we shall proceed forthwith to apply the trepan, where now the halter and the gibbet are thought most applicable" (p. 35).

Further, he observes in another part of the same work:—"I have scarcely seen any instances of alteration in the temper and affections which did not bear a pretty exact proportion to the *irritamenta* that were connected with it, or which, in cases bordering on lunacy, were not dependent on some latent hallucination or false impression. If this explanation can be admitted in all instances where the affections appear to be perverted, it will follow that we have no decided instances of original disorder in this part of the mental constitution; and the argument which has been drawn in proof of the intimate connection of the mental processes with organic operations in the nervous system must, as far as it relates to this class of phenomena, be abandoned."

From other passages of this treatise it is obvious that Prichard was at that time imbued with the old-fashioned notion that while the physical organs might be closely connected with intellectual acts, as memory and thought, it was altogether out of the question to say the same of our feelings and moral sentiments. What must have been the cogency of facts, on the one hand, and the candour of Prichard on the other, to lead him, after thirteen years' more experience, to maintain that the temper and disposition have been known to undergo a change in consequence of, or immediately after, some severe shock to the bodily constitution—a disorder affecting the head, or a slight attack of paralysis. (“Treatise on Insanity and other Disorders affecting the Mind,” 1835, p. 13).

I have already said that he wrote the best work on insanity in his day. This was the treatise now quoted from, which had its foundation in an article in the “Cyclopædia of Practical Medicine.”

We have then a period of three-and-twenty years during which Dr. Prichard devoted himself with ardour to the clinical study of insanity. I venture to think that the amount of knowledge gained and

the intelligent use made of that knowledge during this period, were of infinitely greater value than that which would have accrued from the study pursued during double the period by many other men. I should like to know how many of the medical superintendents of asylums who have had the same or longer experience could have produced a standard work on mental diseases equal to that which Dr. Prichard did actually produce.

There was only one writer on insanity at that period from whom he could obtain help on a considerable scale. That writer was Esquirol, but there is this striking fact, that he himself writes a letter to Prichard acknowledging how much, in one department at least, he had been enlightened by him ; and again he declares in his great work on *Mental Maladies*, as we shall see directly, that he is indebted to Prichard for clinical information and original conclusions. So that we have this remarkable testimony to the knowledge and sagacity of the English physician from a man whose field of observation in the Paris Asylums was second to none in the world. Esquirol's work did not appear till 1838.

Prichard also wrote articles on delirium, hypochon-

driasis, somnambulism, animal magnetism, soundness of mind, and temperament.

“ I shall never forget the satisfaction,” writes Dr. Symonds, “ which I derived from the study of the article ‘ Insanity,’ in the ‘ Cyclopædia.’ The light which I then derived from it has repeatedly been a help and a guide to me in the investigation of cases of derangement in which no lesion of judgment was discoverable.”

I hold in my hand a letter from Dr. Prichard to my father, dated Bristol, July 22nd, 1834, in which, after referring to the preparation for publication on a larger scale of his treatise on insanity in the “ Cyclopædia,” he proceeds :—“ I am desirous of knowing whether you have observed (at the York Retreat) any cases of moral insanity. By that term I distinguish the mental state of persons who betray no lesion of understanding, or want of the power of reasoning and conversing correctly upon any subject whatever, and whose disease consists in a perverted state of the feelings, temper, inclinations, habits, and conduct. Such individuals are sometimes unusually excited and boisterous ; at others dejected (without any hallucinations), sometimes misanthropic or morose.”

Here, as you see, is laid down in the fewest possible words the proposition which is associated with Dr. Prichard's name, although shadowed forth by a previously expressed opinion of Pinel in regard to one particular form of emotional disorder ; as also by the celebrated Dr. Rush, of Philadelphia.

Most modest of men, Prichard, however, distinctly claims to have been the one who "first recognized and described moral insanity."*

Recently a medical writer, in opposing this doctrine, cited Esquirol in his support, but he quite forgot to add that he subsequently, after more extended experience, gave his assent to it in an unqualified manner. I thought every alienist knew this, but as such is clearly not the case I must quote the paragraph. Bear in mind, if you please, that it was published three years after Prichard's book appeared, and is therefore a striking homage to the Bristol physician's thesis. After describing four cases, he continues thus:—"These are borrowed from the work of Dr. Prichard, who reports them as examples of moral insanity. This learned *confrère*, who published in 1822 a very good work on the 'Diseases of the Nervous System,' has since

* "A System of Practical Medicine," Vol. ii., 110.

then enriched science with the most complete work we possess on mental disorders. This able physician, by a series of very interesting observations, has described the symptoms of this variety of partial insanity in which the character, the habits, the affections of the patients undergo a change without disorder of the intelligence. Dr. Prichard has not, perhaps, sufficiently distinguished moral insanity from another variety of insanity, which exists [not only] without intellectual disorder, [but] without disorder of the affections, which Pinel has called *manie sans délire*." ("Des Maladies Mentales," 1838, Vol. ii., p. 63.)*

"But does there really exist a mania," asks Esquirol, "in which patients who labour under it preserve their reason intact, whilst they abandon themselves to the most condemnable actions? Is there a pathological state in which man is irresistibly impelled to commit an act which his conscience

* There appears to be some confusion in Esquirol's observations upon Pinel's *manie sans délire* or *raisonnante*. In the above passage he speaks of there being no disorder of the affections; and he also records (p. 70) a case in which there was no disorder of the reason and the affections, and yet at p. 71 he gives the symptoms of *manie raisonnante* as "the change—the perversion—of the habits, the character, and the affections."

condemns? I do not believe it." This denial of moral insanity has been largely quoted by readers who have not taken the trouble to read further, or they would have seen his recantation, in which he says that such was his opinion in 1818, when he wrote his article "Manie Homicide," in the "Dictionnaire des Sciences Médicales," but since that time he has observed cases of *manie sans délire*. "I have," he adds, "been obliged to submit to the authority of facts" (p. 98). Time will not allow of my following Esquirol in his further remarks, most instructive as they are.

Since the time of Esquirol a large number of distinguished alienists, in our own country and abroad, have ranged themselves on the side of moral insanity. Though he did not live to see it, Prichard has had his triumph.

It must be admitted that the Doctor laid himself open to criticism by narrating some illustrative cases which scarcely bore the construction which he put upon them. It must also be admitted that the doctrine may be abused in the interests of criminals. But when all is said that can fairly be urged against moral insanity, it remains a clinical

fact, however rare, that there are certain persons who are insane and unaccountable, but in whom there is no disorder of the intellectual faculties which can be regarded as sufficiently marked to establish the fact of insanity or imbecility in the eye of the law.

For the recognition of this truth, we ought to acknowledge our obligation to Dr. Prichard, and meeting as we do to-day near the scene of his thoughtful observation of mental disorders, it is fitting that we should publicly express the debt under which we lie to him.

At no period since Prichard wrote has the question which he raised assumed more importance than at the present time, when criminality has been studied with unprecedented attention by the Italian school of which Lombroso is the representative. In this study and in the warm debates which have taken place, the subject which had so much fascination for Prichard has necessarily come to the front and been keenly discussed—not always wisely. But what I wish to emphasize is the fresh interest which has been excited in regard to a class of persons whose moral nature is blunted by disease or defective

at birth, and the endeavour which has been made—one which would have so greatly attracted Prichard—to ascertain what, if any, are the physical accompaniments and signs of this abnormal state. The result has been that the doctrine of Prichard has been in its essence adopted, and has indeed been more strongly emphasized in regard to congenital moral defects, which Prichard recognized, but could not work out, at so early a period of the study of moral disease. It is held that in addition to acquired moral insanity, there is an organization which may with reason be styled congenitally criminal. Certain it is that although it would in my opinion be untrue to regard the great mass of the inmates of our prisons as stamped with stigmata which point to their having been cast in the same mould, we are more and more recognizing the fact that certain organizations are from the cradle devoid of ordinary moral sense, and have proclivities to motiveless cruelty, along with such a measure of intelligence as would in the eye of the law be deemed amply sufficient to carry with it responsibility. I ask your especial attention to the manner in which I have worded this clause. He who denies moral imbecility or insanity may show

that the intelligence is not of a high order, but he is bound for all practical purposes to show much more than this. Can he prove inability to understand what is taught in an elementary school? Can he demonstrate that there is loss of memory greater than what thousands of people suffer from, whom no one dreams of calling imbeciles or lunatics? Can he detect hallucinations or delusions? If he can, then, of course, the case is taken out of the region of moral insanity. I assume that he can do none of these things, and I say that if he cannot, and if along with this state of the intellect, there is a hopelessly obtuse moral sense or an impulse to commit cruel acts to children and animals, which can be fairly regarded as the result of congenital defect or acquired disease, the condition meets the requirements of Prichard's moral insanity: that is to say, it is not the defective state of the intelligence which attracts observation to the individual, but the abnormal conduct, the insane emotions, which so arrest attention, that it is absolutely necessary to defend society from the results, and to either punish the culprit or to place him in an asylum. Prichard's sagacity laid, it may be said, the foundation stone

of modern criminal anthropology. Morel added a most important superstructure of facts as to moral no less than intellectual degeneration. Those who are now taking the lead in raising this building to a greater height deserve respect, so long, at least, as their conclusions are grounded on and restricted by scientific observation.

Now, is the position taken by Prichard consistent with the doctrine of mental evolution as expounded by Herbert Spencer? I have the highest authority for saying that it is, for within the last few weeks he has told me that there is nothing in his psychology opposed to it, and that, in fact, he unquestionably believes in moral insanity. I endeavoured, in a paper I read before the "Psychology" Section of the British Medical Association, in 1884, to express the bearing of the evolution of the cerebral functions upon Prichard's doctrine; and I pointed out that the term "moral insanity" is unfortunate, so far as it induces the belief that the moral feelings are themselves necessarily affected by disease, while the other mental functions are sound. It is very certain, I said, that, on the contrary, what happens is oftentimes rather a weakening of the higher centres,

involving paralysis of voluntary power, and so permitting an excessive and irregular display of feeling in one of the lower forms it assumes. This view, which transfers the seat of mischief from the feelings themselves to volitional or inhibitory power, might suggest the more accurate term of "inhibitory insanity." Speaking generally, the higher levels of cerebral development which are concerned in the exercise of moral control, *i.e.*, "the most voluntary" of Jackson, and also "the altruistic sentiments" of Spencer, are either imperfectly evolved from birth, or, having been evolved, have become diseased and more or less functionless, although the intellectual functions are not seriously affected, the result being that the patient's mind presents the lower level of evolution in which the emotional and automatic functions have fuller play than is normal.* I admit that Prichard does not carry me with him in regard to some of his varieties of moral insanity, and that as to the particular instances which he gives in support of other varieties, justified by clinical observation, I think a more rigid

* See Paper read before the section of Psychology at the meeting of the British Medical Association, held at the Queen's University, Belfast, July, 1884.

examination would have detected in them some fixed idea or other disorder of the intelligence. He pointed the way, and our own experience suffices to adduce examples—better, perhaps, than his own—which confirm and illustrate his position.

I am not concerned to uphold the doctrine of moral insanity in too absolute and literal a sense. Grant, if you like, that there is no sharp line of demarcation between intellect and emotion; and grant further, if you will, that every so-called case of moral insanity, if tested and re-tested in the most rigorous and exhaustive manner by medical and legal experts, could be made to yield some proof or indication of intellectual enfeeblement or delusion, it is quite sufficient for my present purpose to maintain that disease of the brain may wreck the moral nature, while the patient would not be placed under medical care or legal restraint on the ground of weakmindedness, delusional insanity, or mania.

Although, however, I do not consider it necessary to demand more than this, it is of great interest to note what the most distinguished psychologist of the present day holds in regard to the relation between intellect and emotion as to their being separately

affected by brain disease. Further, it is of great clinical interest to place on record cases in which no definite intellectual disorder is observed along with indisputable moral aberration, however possible it may be to allege that it exists in spite of the most careful endeavour to discover it.

I cannot avoid referring to one of Dr. Prichard's remedies in the treatment of insanity and some other affections of the brain, which he described in the *Medical Gazette* of 1831 ; it was the somewhat heroic mode of producing counter irritation by an incision in the scalp along the sagittal suture, the wound being kept open by means of peas. He returned to the subject in 1836, in a paper which was read for him by Dr. Symonds before a meeting of the British Association held in this city. It was received by the audience with great interest. This method may no doubt seem very tame at the present day, when nothing is thought of trephining the skull. There is reason to believe, however, that in some cases at least, Dr. Prichard's issue was attended with benefit.

Dr. Prichard joined the Medico-Psychological Association when it was established in 1841. He

attended several of the annual meetings. When the Association met at the York Retreat in the autumn of 1844 the suggestion of having a Journal for the Association was first broached, in consequence of the German Association having published its first number. The editor, the distinguished Professor Damarow, presented a copy, accompanying it with the desire of the members that the English Association should publish a similar periodical. Naturally Dr. Prichard, with his literary as well as his scientific tastes, would warmly support this proposal. The seed, in fact, was then sown, although some years elapsed before it germinated. Half a century has elapsed, and I hope we may regard the tree which has grown up in consequence as being in as flourishing a condition as Dr. Prichard and his friends could have expected.

In 1845 Dr. Prichard became a Commissioner in Lunacy, resigning his office of Physician to the Bristol Infirmary, held by him for more than 26 years, and became a resident in the Metropolis.

The National Institute of France and the French Academy elected him a corresponding member; he became a Fellow of the Royal Society, and the

University of Oxford had already conferred upon him "her very highest honour," the degree of Doctor of Medicine by Diploma.

Dr. Hodgkin states that the subject of his last conversation with Dr. Prichard as they walked home together from the last meeting of the Ethnological Society at which he presided, was the publication of plates of human skulls illustrative of ethnology somewhat on the plan of the "*Crania Americana*," prepared by Dr. Morton, of Philadelphia. This, however, was not to be; but fortunately Dr. Thurnam, at that time the Medical Superintendent of the York Retreat, carried out the idea, in conjunction with Barnard Davis, in their great work, "*Crania Britannica*."

Dr. Carpenter, in reviewing Dr. Prichard's "*History of Mankind*," in the "*British and Foreign Medical Review*," July, 1847,* expresses his sense of the "vast obligation under which both science and philanthropy have been laid by the persevering devotion manifested by Dr. Prichard, through his entire professional life, to this great object, than which nothing can well be conceived to be less

* Edited by John Forbes, M.D., F.R.S.

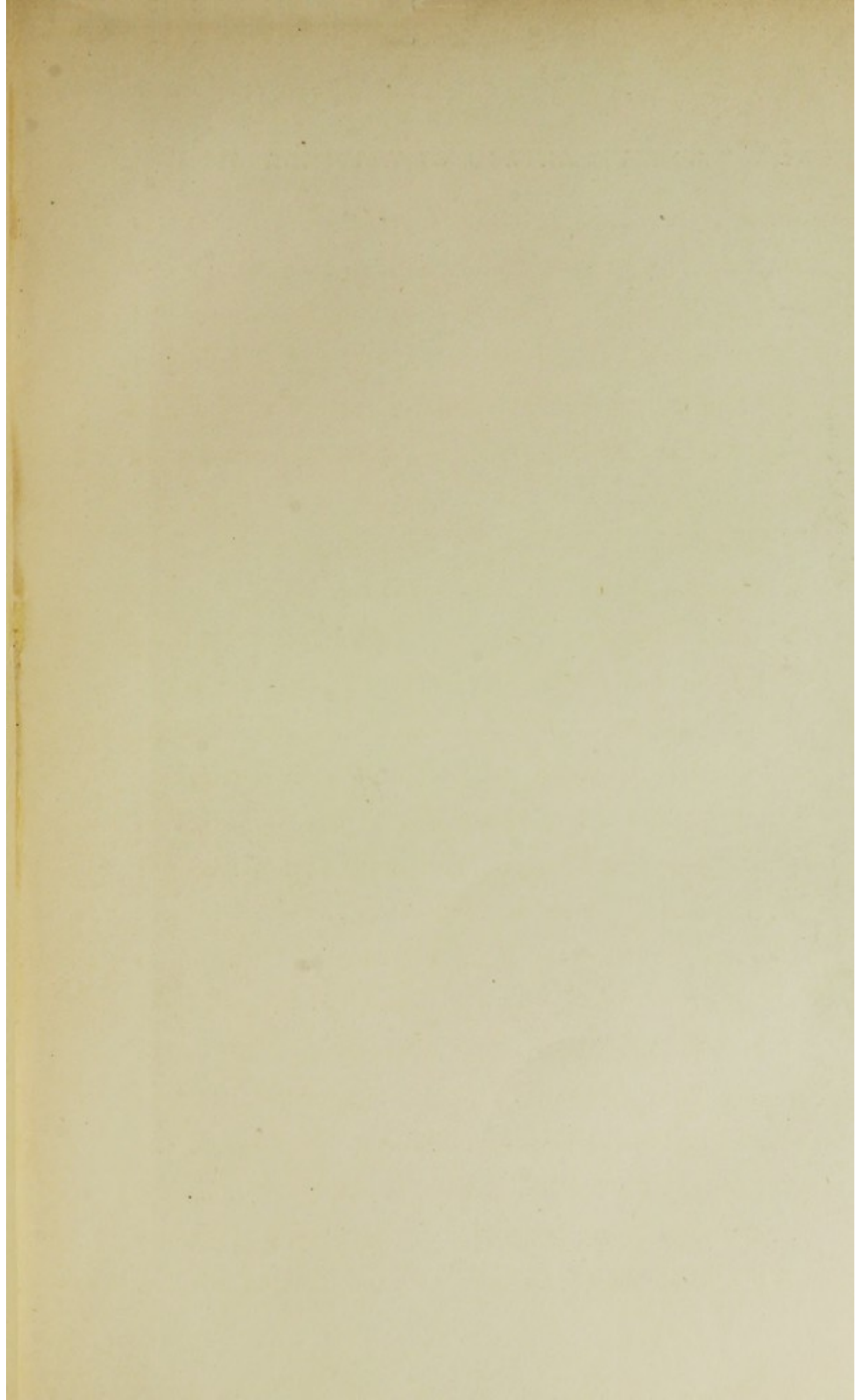
remunerative, either directly or indirectly, when weighed in that commercial balance by which we are too much accustomed to estimate the merit of our pursuits."

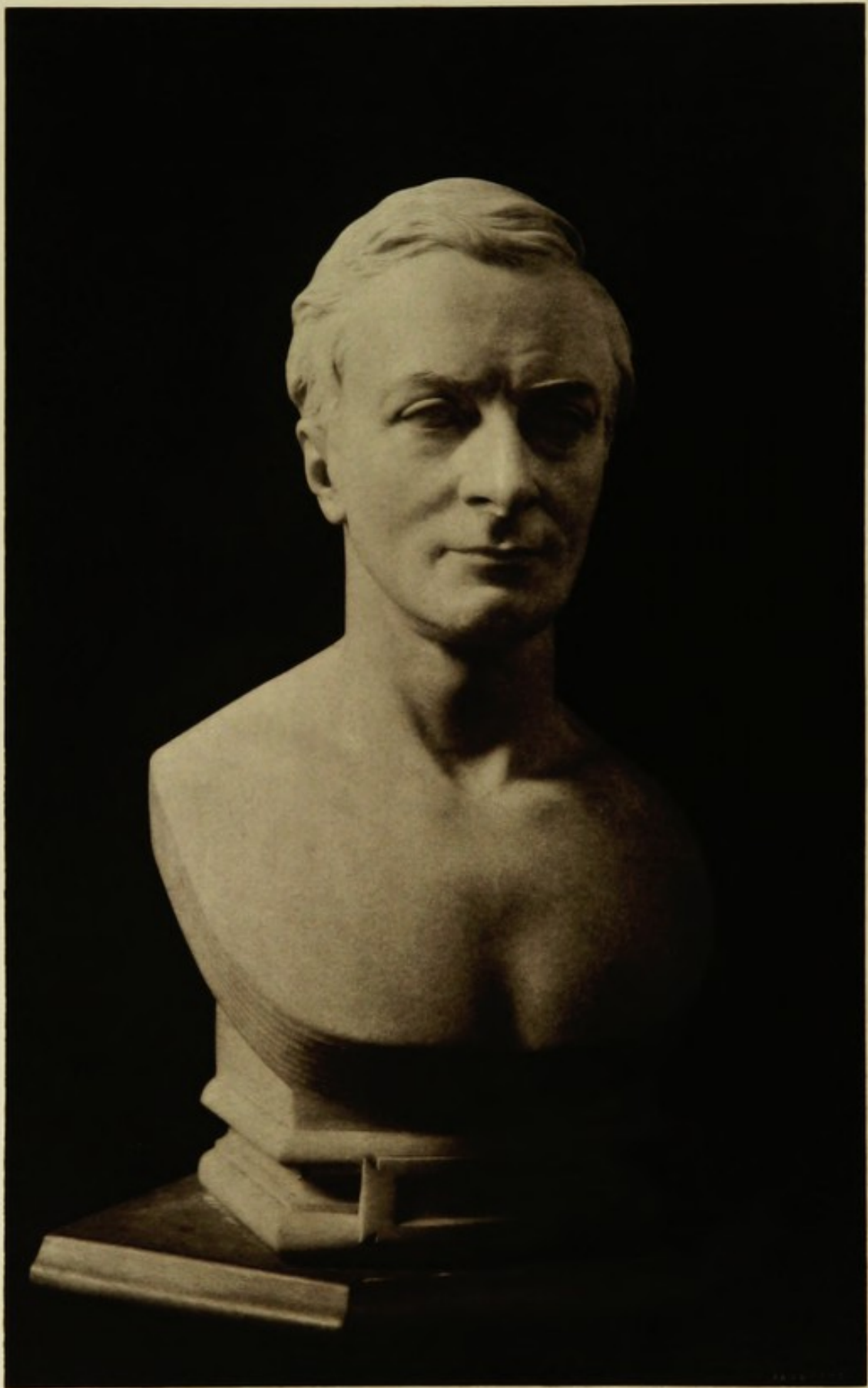
Prichard was on circuit as a Lunacy Commissioner when an unexpected attack of illness, on the 4th December, 1848, prostrated him, and it became necessary to convey him home to his residence in London. Rheumatic fever, complicated with pericarditis, followed by suppuration in the knee-joint, terminated his career, when he was still in the full strength of his intellectual life, at the age of 62.

Thus died a most worthy man—an ethnologist celebrated throughout the civilized world, a psychologist memorable for the mark he made upon psychological medicine, an original member of this Association of whom we have great reason to be proud. When Dr. Prichard died, he was, as I have intimated, President of the Ethnological Society of London. In a sympathetic memoir of him, read before this Society after his death by Dr. Hodgkin, another distinguished member, he observes: "It has forced itself upon my reflection that the year 1848, which must ever be remarkable amongst the years of the 19th

century for the savage atrocities that have signalized those wars of races which have disgraced it, will also be remembered as the year which closed the life of the greatest writer who has treated of the science of ethnology, and investigated and classified the nations and kindreds and tongues of voice-varying men."

When Professor Gibson, of Philadelphia, visited England, he saw and thus described the appearance of Dr. Prichard: "He is a short, compact, close-made man, with bluish-grey eyes, large and prominent features, and expression uncommonly mild, open and benevolent, so much so that almost everyone would naturally inquire who he was. He is very cheerful, sociable, frank, easy and unpretending in his discourse and manners, and has so much modesty, artlessness, and child-like simplicity about him, that no one would be prepared to say, upon slight acquaintance, that he was anything more than an ordinary, sensible, well-disposed man, however much they might be pleased, which they would not fail to be, with his benignant and agreeable countenance. But it is impossible to be in his company long and to hear him talk on any subject, without





JOHN ADDINGTON SYMONDS, M.D.

being strongly impressed with the depth and originality of his views, his sterling good sense and wisdom, his profound and varied information, his clear and luminous conceptions, his ardent and unbounded love of science, his extreme liberality towards every nation under the sun, his entire freedom from envy or jealousy of any description, and from professional rivalry and bitterness, his singleness of purpose, his goodness of heart, and his reverence for all the duties that belong to a Christian, an accountable being, and a man."

This description of Dr. Prichard fittingly closes my brief sketch of the career of a physician of whom the familiar lines are eminently descriptive —

"In manners gentle, of affections mild,
In wit a man, simplicity a child."

I will now pass on to speak of Dr. John Addington Symonds, who, the sixth in medical succession in his family, was born at Oxford in 1807, but resided at Bristol or at Clifton till the end of his life, a period of forty years.

He studied medicine at Oxford and Edinburgh, where he received the degree of M.D. in 1828. Mr.

John Addington Symonds, the gifted son of a gifted father, writes: "At Edinburgh he was distinguished among his fellow-students for the union of literary tastes and pursuits with an unflinching devotion to the studies of his profession. . . . The soundness of judgment and logical precision, with which he was eminently gifted by nature, and the industry of research, which made his diagnosis valuable in all the more complicated cases of disease, were being confirmed and exercised by the perusal of Bacon, Dugald Stewart, and Dr. Brown, his three favourite philosophers. For this unusual combination of philosophical and literary ability, with practical sagacity and wisdom in the discovery and treatment of disease, he continued to be celebrated through his lifetime, forming, as it were, a link between his profession and the world of letters, and carrying on the tradition of the Sydenhams and the Harveys, of whom England is justly proud."*

His son informs me that "for seven generations his progenitors had been Puritans; and he counted one of the regicides, Gilbert Millington, among his collateral ancestors. In the history of his mind this

* "Miscellanies by Dr. Symonds," 1873, p. 10.

fact has to be noticed. Many men situated as Dr. Symonds was in early life would have become revolutionary under the impact of science, philosophical culture, and the modern spirit; he, on the contrary, gradually ripened with the years, developing a sane and comprehensive wisdom, which placed him well abreast with the most thoughtful minds of his period. The postulate of a creative and beneficent Deity appears in nearly all his published writings. At the same time, his receptive intelligence was open to all the influences of biblical criticism, of geological discovery, and evolutionary speculation, which operated so powerfully during his lifetime. In his last years he studied and accepted the Darwinian hypothesis, declaring that he did not find it to be incompatible with a belief in a planning Creator.

“The broad and wholesome development of his mental faculties, his width and sanity of culture he owed, in great measure, doubtless, to a well-balanced nature, but also, I believe, to the co-existence in him of two leading impulses. The one directed him to science, the other to literature and the fine arts, and the latter of these was probably the more instinctive. I always thought that had he been quite free to

choose he would have devoted his talents to the higher branches of criticism. Circumstances led him to adopt the medical profession, and as a practical physician he achieved success. But he could not absorb his whole energies in the daily round of work, or in studies immediately connected with medicine. His literary tastes and gifts demanded exercise. The result was that he produced much excellent work, in which he showed how problems offered to a man of science may be treated with refined style and in the spirit of philosophical culture.

“ His urbane manner of handling dry or intricate speculations, the beauty of his diction, the moderation with which he exercised judgment and drew conclusions, together with his habit of adorning scientific discussions with literary illustrations drawn from his wide reading, marked him out as a scholar and a critic of high rank, but these qualities probably obscured the real sagacity and originality of his insight as a thinker. We might compare him to that eminent physician and illustrious writer, whose works he never tired of studying, Sir Thomas Browne.

“ His real distinction was that of a widely cultivated, largely extensive critic, who never forgot the interconnection of all the intellectual provinces. He brought to bear on every subject which he touched a refined and vigorous common sense, a just idea of what is possible within the limits of the human reason, and a marked impartiality of judgment. This critical perspicacity and moderation, this *humanism*, seems to me somewhat rare in our age of audacious theorizing on the one side and of specialized mental study on the other. His was a large sane mind, mellowed by deep and ardent sympathy with what is rare and beautiful in literature, schooled by the daily dealing of a practical physician with every form of human misery and shame, and pain and weakness.” (Letter, April, 1891.)

It was not long before Dr. Symonds was elected physician to the General Hospital and Lecturer on Forensic Medicine at the Bristol Medical School. In 1836 he was appointed Lecturer on the Practice of Medicine. For 17 years he retained his post at the hospital, and then became honorary consulting physician.

I wish, gentlemen, I could bring before you who were not acquainted with him, the Doctor Symonds whom it was my happiness to know in his prime—full of intellectual life—*Geist*, if that expresses it better—philosophic, æsthetic, having the brilliant qualities which spring from the widest culture and a gifted mind; not only fond of poetry, but himself a poet, although not caring to let it be known, for as he wrote in a private letter in my possession, “There is very ancient authority for uniting poetry and medicine, though the moderns are dead against it, excepting Shelley, who in his beautiful Hymn of Apollo makes the god say :

‘ All harmony of instrument or verse,
All prophecy, all medicine is mine.’ ”

Dr. Symonds goes on to express his opinions on Shelley, Byron, and Milton, and ends his letter with :

“ But I am prosing on poetry. Forgive me ; and above all do not betray me. Nine-tenths of the world would not let me prescribe for them if they thought I cared two straws for poetry.”

His intellectual tastes, his love of art, his refined mind and philosophic cast of thought charmed and elevated those who came within his influence. But

I despair of being able to convey to those who had not the advantage of an acquaintance with him, anything like an adequate idea of his personal charm, the strength yet tenderness of his nature, the magnetism of his character, and the transparent genuineness and purity of his whole being, so happily described in the motto beneath his crest, which was no empty play on his name: *Mundus in mundo immundo.*

Dr. Symonds' countenance and bearing were in full harmony with his character. You were at once won by his gracious manner, and impressed with the intellectual expression of his finely-chiselled features, marked as they were with the indelible lines of thought and culture. These are admirably shown in Woolner's bust, in the possession of his son, Mr. John Addington Symonds.

The enumeration of some of the articles contributed to the journals or lectures delivered by Dr. Symonds will indicate the bent of his studies, and afford ample evidence of the position which I claim for him as a medical psychologist, although I know he would have hesitated to accept this description himself.

I select the following out of the titles of the Essays referred to :—

1. The relations between mind and muscles.
2. Sleep and dreams.
3. Apparitions.
4. Habit.
5. The principles of Beauty—sensational, intellectual, moral, emotional, and ideal.
6. Criminal responsibility in relation to insanity.

Every one of these essays contains ingenious speculations and original thoughts upon the subjects he discusses, conveyed in a style singularly lucid and graceful.

(And here I would parenthetically observe that of these, his article on Dr. Prichard is one of the best examples. Mr. Symonds writes me that his father's "familiar connection with Dr. Prichard was far closer than his own modesty and dislike to introduce personal details into literature, made apparent in the biographical sketch* composed by him. Concerning the speculations introduced into that essay I have no right to speak. I will

* Read at the meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, March, 1849.

only point out the philosophical width and clearness with which he handled Dr. Prichard's theory of the origin of species. At the same time sympathetic, cautious, and independent, this critique seems to me a model of urbanity in scientific discussion.")

In the first paper he discusses with great acuteness the doctrine of effort and volition, instinct, the motions immediately consequent upon certain organic conditions without sensation; and here I must point out that the possibility of this occurrence was only just becoming recognized when Symonds wrote. He enforces the truth that they must not be restricted, as they generally had been, to those involuntary muscular actions which belong to mere nutritive life, as the contraction of the heart from the stimulus of the blood; but that they have a far wider range of activity, that, in fact, *sensation is not by any means a necessary condition of muscular contraction*. When he wrote, Marshall Hall had but recently enunciated his views on the reflex action of the cord, and Laycock had excited surprise by extending this doctrine to the cerebrum.

Passing over the sections in which he treats of motions following internal and external sensations, I

must pause to refer to Dr. Symonds' treatment of the influence of the *emotions* upon muscular action. He points out in a very forcible manner the involuntary effect produced upon ourselves as regards our muscles, when we recognize the presence of a passion in another person—a true reflex action of the brain.

Again, in referring to the effect certain emotions exert upon the breathing, he asks why it should be necessary, when we are engaged in some action requiring stealth and silence, to counsel one another to hold the breath. His reply is, "Under ordinary circumstances respiration occurs as noiselessly to others as unconsciously to the subject. No other probable solution of the question occurs to me than the following. On occasions of the nature alluded to, the solicitude or mental attention produces an unusual excitement of the nervous system, and a consequent hurry of the breathing, which becomes audible, and it is to restrain this derangement of an ordinarily quiet action that the voluntary effort is enjoined."

He enters into the movements which result from irritation independent of desire. He confesses that

it is utterly inexplicable why a person yawns because another does, for to say that it is due to sympathy is but to compare it to something equally unintelligible. Then there is the contagiousness of hysterical exclamations and convulsions, and again, imitative repetitions of atrocious crimes, not only motiveless, but performed by persons who loathe the acts they commit when impelled by this strange reflex impulse.

Another group of involuntary actions consist of movements of habit which are explained by the law that "actions which have frequently co-existed, or followed each other in a certain succession, have a tendency to repeat that association or sequence, even when the causes which originally produced them are no longer acting." This is, of course, admitted by all; but those who read Dr. Symonds' article will be struck with the able manner in which he traces many of our daily actions to a fundamental law of our nature. Automatic writing, again, which has been so much studied since his day, is happily treated of and illustrated. For example, there is, so to speak, a mistake of the muscles when a perfectly educated man writes the *adverb* "there" when he

intended to write the *pronoun* "their." In the same way a man makes a mistake in writing when others are talking in the room; his muscles act reflexly, and a word is written which is heard instead of the word in the writer's mind. As Dr. Symonds puts it, some word diverts the writer a moment from his previous train of thought; the muscles continue to act, and follow the impulse of the word in question. He points out the beneficial influence of the law that motions are as immediately consequent on ideas as they are on sensations and emotions. Thus authorship would be very rare if it were necessary that the writer's mind should be voluntarily instead of automatically directed to his pen. "How many sublime meditations would have been lost to the world if the legs of peripatetic philosophers had required the constant superintendence of their minds. Or to come down to more ordinary pursuits, the knitting needles of the intelligent lady would make but slow progress in their charitable employment, were her muscles unable to guide them without the direction of the mind, which is engaged in the conversation of her friends. How could the weaver sing his psalms, or the waggoner whistle his rustic

strains, did the shuttle of the one, or the whip of the other, require that mental attention which is occupied by their respective melodies?" These examples of unconscious muscular action are excellent illustrations of a great truth in mental physiology, now known to be so important, but barely recognized when Symonds wrote.

The article upon "Apparitions" is an exceedingly thoughtful one, and among other questions, Dr. Symonds discusses the difficult one of the seat of representations of former perceptions, in other words subjective sensations. He was not disposed to believe that "sensible images, recalled in the usual operations of memory and imagination, take place in the external organs," and, therefore dissented from the well-known doctrine of Sir David Brewster that they do.

He adduces the fact that persons who have become blind from paralysis of the optic nerves, or extirpation of the eye-balls, may continue to see objects in the mind's eye. He explains the observation of Dr. Bostock that when he was recovering from an illness he saw spectres constantly for three days, which altered their position according to the

direction of his eyes, by pointing out the tendency the mind has to associate ideas with those of the same degree of vividness; "thus in the first remembrance of an absent friend, he is surrounded by the places and circumstances in which we formerly saw him. Now when we move our eyes, a new field is, of course, presented to us, but the vivified image is still associated with the visible objects, and the idea of motion is produced in the same complex manner as when, on observing a distant carriage, we discover that it moves, not by the feeling consequent on a change of place on the retina, but by seeing it in connection with new objects in the landscape." It would, however, occupy too much time to pursue further the arguments upon which Dr. Symonds bases his conclusions that "apparitions are not to be referred to affections of the retina." At the same time he admits that it is not absolutely impossible that there may be a transmission from the sensorium to the peripheral sense-organ. Now I think that with our increased knowledge of sensory centres we must conclude that while hallucinations arise in the majority of instances in the sensory areas of the cortex, and do not involve the peripheral terminations

of the nerves in the organs of sense, it is quite possible, and indeed probable, that the latter are in *some* instances the seat of the revived impression. My object, however, is to show how intelligently, and with what scientific acumen, Dr. Symonds occupied his mind and pen in endeavouring to unravel some of the difficult psychological tangles of his and our own day.

Mr. Symonds has been given to understand—and correctly—that his father's "open-minded inquiry into the phenomena of double consciousness (in the essays on 'Apparitions' and on 'Sleep and Dreams'), his analysis of the interaction of memory, association, and imagination in the formation of dreams, his attribution of a real psychological importance to the operation of the mind in sleep, and his acceptance of dreams as a form of unconscious art-creation, indicate a remarkable prevision of the way in which such delicate psychological problems are being now approached. That is to say, he had a liberal, a philosophical and a sympathetic mind; handling these moths and phantasms of our consciousness with curiosity and tenderness, not dismissing them upon the ground of some assumption, recognizing

their relative value, and even accepting modes of explanation which are adopted by those who devote special attention to such matters. It seems that what he said about apparitions of the living is not even now out of date, while his distinction between the supernatural and the miraculous, and his discourse on the methods of explaining hallucinations—fertile in a hundred ingenious suggestions—remain un superseded by the industry which has been since applied to these phenomena.”

Mr. Symonds further writes to me that his father, as a psychologist, occupied, he thinks, a somewhat peculiar position, and that he exercised the power of a critic, the power of one who brought feeling, common sense, sagacity, and readiness for new ideas to bear upon the matter. He did not attempt to innovate or legislate, he did not pretend to forge theories for facts which have, as yet, been too imperfectly observed. He made it rather his function to classify opinion by the exercise of a widely trained and comprehensive judgment.

I would here observe that Dr. Symonds' essay, entitled "The Principles of Beauty," brings out in a striking manner alike the psychological

acuteness and the fine artistic perception with which he was endowed. I fully agree with his son that in this discourse his gifts, as a writer, "appear in passages of the purest prose, while his philosophical temper of mind and his scientific acquirements are exercised on a congenial topic. It may, perhaps, be regretted that he devoted so much attention to developing a theory of the harmonic ratios upon which beauty, in the physical world, depends. But the way in which he grasped and expounded that theory throws light upon the groundwork of his philosophical creed. He truly believed that the universe is the work of God, the manifestation of the mind of God, and that, therefore, in all the rhythms of the world we shall find one order and one music." And Mr. Symonds adds, "This is a belief which, to my mind, is being forced upon us by the evolutionary hypothesis. Certainly it is one which psychologists, in an age addicted to so-called materialistic explanations of phenomena, might well keep steadily before them."

I must now draw special attention to his admirable article on "Criminal Responsibility in Relation to Insanity," read before the Bath and Bristol Branch

of the British Medical Association, which met at Clifton in 1869. Of this essay the "Journal of Mental Science" wrote (1865, p. 273), "It is almost needless to say that Dr. Symonds' essay is worthy of perusal. / Any contribution to practical medicine bearing his honoured name would necessarily command our attention."

It was written shortly after the conviction of Townley for murder, which raised such a storm of medical discussion on the question of his insanity, Dr. Bucknill and others in England being prominent upholders of his responsibility, and the celebrated Dr. Morel, of Rouen, taking a decided view that the man was insane and irresponsible. Dr. Symonds took the former view, and considered that the alleged delusion of Townley was the outcome of violent personal feeling, and was not sufficient to prove a diseased state of mind. It should be noted that he did not hold that mental unsoundness should *always* exempt the criminal from punishment. He maintained that it is not the business of the mental physician to determine the question of responsibility; that all he is called upon to declare is whether the man is sane or insane—in short, what

he said was this, if we declare him to be unsound in mind, "let moralists and legal judges settle the question whether he is responsible for his actions." The alienist must in each case inquire (1), "As to delusions, whether they were of so gross a nature as in themselves to argue a diseased state of the understanding; or whether, though of an insulated nature, and not involving the whole mind, they had a direct bearing on the crime. (2), As to cases without manifest delusions, whether the state of the emotions and moral feelings was so perverted, either with reference to the ordinary standard, or with reference to what was the patient's temper and character, as to indicate a morbid condition, that condition telling in particular on the power of self-control. (3), As to the impulsive forms of mania, these ought not to be admitted except on the strongest evidence." He points out that fortunately in such cases "the evidence is usually very convincing, if not to the legal mind, to those who have any practical acquaintance with the great variety of the forms which mental disorder can assume."

I have already adverted to what Dr. Symonds

himself felt that he owed to Prichard for what he had taught him about moral insanity, but I should like to quote further some of his remarks upon the general subject. "It seems to me strange," he says, "when we reflect on the large share which the emotions and sentiments and passions bear in the mental constitution of man, and when we consider that there has been no disinclination to attribute susceptibility of separate and independent derangement to another part of our constitution—I mean the purely *intellectual*; and, moreover, that the most strenuous asserters of the doctrine that insanity, in all cases, involves a perversion of judgment, do not attempt to conceal that the propensities, tastes, and emotions are often, or, indeed, in most cases, morbidly affected; I say it seems strange that the question should not have presented itself before, as to whether there are not actual cases in which mental derangement is confined to *moral* feelings and the emotions, just as in other cases the perceptive and reasoning powers are the sole subjects of disorder; and stranger still that, whether such *a priori* suspicions ever arose or not, the real existence of such cases should not have

attracted observation. That they have been so entirely overlooked can only be explained on the ground that the sentiments and passions of man have been generally considered subservient to the will and reason, and that any undue excitement of the former (the passions) has been consequently supposed to arise either from a criminal want of control on the part of the will, or from a deficiency of rational power ; so that, according to this view, a man of violent passions or eccentric conduct, unless proved to entertain some delusion or hallucination, must be either wilfully perverse or chargeable with moral delinquency.”*

Well may Dr. Symonds add that “On the whole I cannot help viewing the subject as one of the most interesting in the whole range of morbid psychology. And it is impossible to think of it without having the mind filled with very melancholy reflections. . . . The consideration of that perversion of the natural feelings, tastes, and habits which constitutes ‘moral insanity’ introduces us to a wide world of human suffering, which, though it may not be peopled with such appalling apparitions as have

* Life of Dr. Prichard, in “Miscellanies,” p. 136.

risen before the imagination of poets, and been embodied into the undying forms of Orestes, Ajax, and Lear, yet swarms with unhappy beings—sufferers whom we view not in those throes of anguish which by their novelty throw an air of elevation or sublime indistinctness over their subjects, but in the ordinary habit of the mind, in the quiet paths of life, in the domestic chamber, and by the friendly hearth” (p. 158). Dr. Symonds, after pointing out that while patients suffering from other forms of mental disorder “are followed in their retirement by feelings of tenderest compassion and regret,” adds, “Alas! how different the fate of those who are afflicted, not with aberrations of judgment, which are detected by even the simplest of sound-headed observers, but with marked obliquities of feeling which are so easily confounded with bad passions wilfully indulged, and with evil habits wilfully pursued” (p. 139).

Dr. Symonds supplied Dr. Prichard with the particulars of a case which he regarded as one of moral insanity.* Some years previously the patient

* See “Treatise on Insanity and other Disorders affecting the Mind,” by James Cowles Prichard, M.D., F.R.S., 1835, p. 50.

had had an attack of acute mania. After his recovery his moral character was found to have undergone a change. But "there was no evidence that he entertained any belief in things morally or physically impossible, or in opposition to the general opinion of mankind." Dr. Symonds adds that after deliberation he came to the conclusion that although he had been unable to trace any positive intellectual error, "there was such a morbid condition of the feelings, habits, and motives as to constitute a case of what has been correctly designated by Dr. Prichard as moral insanity." I am bound, however, to say that other features of this case appear to me to take it out of the category of pure moral insanity.

His son justly remarks, in reference to this subject (moral insanity), "it must be remembered that a theory of insanity apart from mental delusions was at that time novel, almost revolutionary. When I read these dissertations, I feel how little we have advanced beyond the principles there advocated; and how valuable were the calm humane philosophy, and the cautious exercise of the author's judgment upon topics involving such immense moral and legal

difficulties. If anyone should turn to those modest essays by Dr. Symonds after the perusal of Lombroso's work on 'Criminal Psychology' he will not fail to perceive what it was in the temper of my father's mind which I think worthy of imitation. Realists in art, and realists in science, might object that he approached the painful topic far too superficially; I can only answer that I have watched him labouring with loss of appetite and loss of sleep under the pressure of some case of obscure mental disease, which he had professionally to deal with. And, for myself, I admire the sanity of judgment which enabled him, after those trying episodes, to survey the dark subject-matter in the spirit of an Aristotle or Hippocrates."

But I will not pursue further the consideration of a doctrine which has had the good fortune to be illustrated and defended by these two remarkable men.

I think I have quoted enough from the writings of Dr. Symonds to prove that it is not without reason that I recall this gifted physician to the memory of a company of medical psychologists. Of the

estimate in which his professional skill was held, the practice which he enjoyed for many years in this city and the neighbourhood, is a sufficient indication. A large number of his patients came from a distance, attracted not only by the climate of Clifton as a health resort in the winter months, but by the reputation of Dr. Symonds.

He was interested in all the social questions of the day, sceptical of nostrums and fads, but warmly supporting sound plans for the amelioration of the miseries of his kind, whether moral or physical. It was indeed after his health had broken down and when he ought to have had a long period of much needed repose, that he took a leading part in the meeting of the Social Science Association held at Clifton in 1869, and presided over the Section of Health, at which he delivered an able, eloquent, and practical address, one also full of hope for the future of our race, ending as it did with the words, "We cannot easily suppose that our earth will have lost her heat, or our sun have ceased to burn, before man has experienced and enjoyed the perfect evolution of all those capabilities and faculties with

which his Maker has endowed him—before all that is now only potential and latent has come out into form and action.” *

It was shortly after the delivery of this address that his professional life closed.

Professor Newman thus writes to me respecting Dr. Symonds, who was his junior by four years: “His amiable manner and his excursive mind made him a universal favourite, while his extensive medical study prepared him for a high place in his own profession. He was already a proficient in out-lying literature quite beyond me, though time did not allow him to attain any such eminence as his son has achieved, but on the topic of Greek tragedy he had knowledge, and on this we had many a friendly gossip. I had no means of cultivating taste for art such as Dr. Symonds more and more indulged, but I could not help feeling that had medicine not been his first pursuit, his mind would have carried him into several directions of beauty. I once accepted hospitality from him when he was the leading physician in Clifton, and on my return to live there, in 1866, I found in him a geniality

* “Miscellanies,” p. 400.

quite unaltered. I soon believed that he was overworking himself. At last I took on myself the responsibility of remonstrating with him, and spoke to the following effect: 'You have amassed in your elegant house stores of various beauty, which you have not time to enjoy. Your distant patients will kill you. Evidently you need more rest. Take rest before nature forces you to take it.' He listened kindly and silently, but some days later said that he had lessened the calls upon him, so far as he could, *without cutting through his principal artery*. I remember this characteristic metaphor. Alas! when I saw him for the last time he said, 'Oh, Newman, your word to me was like that of a prophet. I no longer have the power to choose what I will or ought to do.' He died soon after, most regretted by all who knew him best."

"If before his illness his life had been a pattern of strenuous activity," writes his son, "it now became no less remarkable for patient endurance, and for cheerfulness under privation. Struck down at the early age of 62, suddenly arrested in the midst of a career of usefulness, smitten by a slow disease, forced to exchange authority for obedience

and energy for inaction, he never murmured, but supported himself with a philosophy of tranquil and unquestioning acceptance.

“To the last he continued to converse with pleasure upon all topics, showing a mind at rest—perfectly content to quit this world, serene in the certainty that it must be well with those who have striven to conform themselves to the divine will.”* His son does not speak too strongly when he concludes his too brief memoir of his father by the remark that he has endeavoured “to give some faint idea of the character and genius of a man whom those who loved him felt to be as good and great as man on earth may be,” or when he applies to Dr. Symonds the words employed by himself to express his own ideal of a perfect character, as manifested in “those who, in passing through the world, escape contamination, who devote their faculties, endowments, and exertions to the promotion of the happiness of others, by making them wiser and better, and who show, in all their actions and feelings and endurance, that the moral sentiments are developed to the greatest height commensurate with humanity

* “Miscellanies,” p. xxvi

—because they are interpenetrated with, and become assimilated to, the Divine light and the Divine pattern.”

Dr. Symonds died on the 25th February, 1871. No physician in Bristol was more loved in his lifetime, none more mourned in his death,

“Nor e'er was to the bowers of bliss convey'd
A fairer spirit or more welcome shade.”

The following Discussion followed the reading of the foregoing Paper read at Bristol before the Medico-Psychological Association, May 1, 1891:—

The PRESIDENT (Dr. Yellowlees)—I shall be glad to hear any remarks, not necessarily confined to the subjects of the paper, but dealing with the great doctrine which Prichard advocated and Symonds approved. I can hardly expect you to add to the tribute that has been paid to the memory of these men by the reader of the paper, and so worthily paid.

Dr. NICOLSON (Broadmoor)—The question of moral insanity which Dr. Prichard foresaw so clearly and defended so strongly is one in regard to which we are only now seeing the practical results arising from what were in his time more or less matters of theory. And it is the more to the credit of one who lived in those, what we may call darker days of superstitious notions about things, to have evolved this and brought it into the clear daylight of science, so that in our day it should be capable of bearing good fruit, as it undoubtedly does. Having been 25 years connected with criminals at all angles, I suppose I may claim some kind of right to say something on this subject. (Hear.) Moral insanity is a subject that can, no doubt, be made too much of, like everything else, and in individual cases we have to be careful not to let our feelings carry us away, otherwise a most objectionable

result will come of it. If we were to screen a man whose mere moral obliquity had brought him to a court of law, if we were to allow the term to be too influential in our minds, we would be thwarting justice, and cutting our own throats as men who were endeavouring to carry out scientific ideas : so that instead of carrying weight in the courts of law we would be laughed at. With that caution I think we may very safely allow ourselves to accept it as a fact that there is such a condition of mind as may be rightly and properly described as "moral insanity." But then we must be careful not to allow this term to be a stepping-stone to the criminal to evade justice. It being a term which is less acceptable than some others to the legal minds on the Bench, we must be very careful not to make it a convenience in our difficult cases, when we have to give an opinion in cases where the individual has committed a criminal act. I can only say from my own experience in prisons that we have it very largely demonstrated that there may be cases of insanity in which the intellectual faculties are not involved ; and a very brief experience amongst convicts and amongst prisoners will satisfy anyone who turns his mind to the subject, that such and such an individual is perfectly capable of reckoning up the value of his conduct, but that he is unable, whether under measures of repression or under measures of the utmost possible kindness, to conduct himself as he knows he ought to : so that there can be no question about the existence of a condition of the moral sense which has to be borne in mind in dealing with individuals at this angle : and the fact is now universally observed and given attention to in all regulations in regard to convicts, that certain individuals are unable to behave themselves in the face either of whipping or of kindness ; and this consideration has compelled the authorities, even against their own will, to introduce measures of leniency in certain instances where they find that the ordinary penal discipline fails to take effect. These cases are very numerous, and have largely compelled our prison authorities to modify the old—what is now called hard—treatment towards those who come under their sway, so that that may be taken as a practical outcome of Dr. Prichard's life and work. And I think we may point to that distinctly as one of the ultimate and present outcomes

of the grave and responsible work he initiated. When we come to moral insanity in relation to such a case as murder we all know that the attachments, the emotions, and affections generally must be considered before we can say whether the insanity is such as would warrant the reprieve of a man from punishment. I am extremely reluctant to say that in any cases we are able to admit it. We have to get an amount of cumulative evidence, not only with regard to his relations to the individual killed, but also as to his impressions at the time, and his antecedents ; so that unless we have some other evidence we are scarcely able to point to merely moral conditions, or rather the absence of moral conditions, as sufficient grounds for saying, "You are doing wrong if you inflict any degree or measure of punishment upon that individual." And I think there are instances in which, although we have moral insanity or grave moral obliquity, we are not able to avoid inflicting some kind of punishment just as you would punish a child that had done some moral wrong or had committed some offence, although you would not punish it by death.

Dr. SAVAGE—My professional paths have led me to an experience of criminality as well as insanity. Now one has to recognize that the moral and the intellectual grade one into the other ; that one sees cases in which there is a very slight, almost imperceptible, intellectual perversion and very great moral perversion—however difficult it may be to meet with absolutely pure cases of moral insanity. We see certain individuals who do not grow up into moral manhood, and on the other hand one sees many degenerate through insanity into moral weakness. One feels that one may have too much of a good thing, and I must say that some of the anthropologists—criminal anthropologists of Italy—are going very far indeed. A reviewer recently wrote : "It seems to me that in the next generation we shall hang at sight." (Laughter.) That is, we shall hang on such and such a face at once, and there will be no further evidence. We shall then agree that a certain formation of the head, chin, or nose implies "that a man must be bad" ! Some of us who have had experience with the foreigner from Central Europe, in America, know that he was willing to place his hand upon you or me and say "Forger," and of course he was able

to say "If you live long enough you will become so." (Laughter). Joking apart we have the fact that there are certain cases in which moral insanity is detected, and where intellectual insanity cannot be detected at all. One would, however, hesitate to accept the moral insanity that could be detected by either the reflexes, or the shape of the head, or any one physical characteristic. In nearly all these cases it is a question of cumulative evidence, and there is no doubt that the chronic lunatic and the true criminal do approach one another very much indeed in the type of face and body. I can only add that one feels particular pleasure in hearing this paper at the scene of the work of these eminent men. We, all of us, feel much pleasure in coming here, and still greater pleasure in having heard such an interesting paper; and I trust that some of our local friends and brother members will contribute something to the subject.

The PRESIDENT—There is Dr. Prichard's son among us. (Applause.) For his father's sake as well as his own we would like to hear his voice. (Hear, hear.)

Dr. PRICHARD, who was received with applause, said—Mr. President, I feel, with others, very much obliged to Dr. Tuke for the paper he has read, but I am entirely unqualified to discuss this matter. My lines of life have been entirely different from that in which you are employed and in which my father was employed, and I really should not be able to discuss with any of you the question of moral insanity, firmly as I am convinced of the existence of such a disease. I rise as you have asked me to do so. I felt very much pleasure in listening to Dr. Tuke's paper, and feel very much obliged to Dr. Bonville Fox for asking me to come to this very pleasant meeting. (Applause.)

The PRESIDENT—With regard to moral insanity it has always seemed to me that the most significant proof of its real nature, the proof that it is disease and not mere depravity, is found in the subsequent history of the cases. If you watch the progress of confirmed cases you find in the course of years that they gradually deteriorate and eventually sink into dementia. I have in my mind several cases in which moral perversion was for long periods the only sign of the brain degeneration in which they terminated. I should

like to ask Dr. Nicolson whether this accords with his large experience.

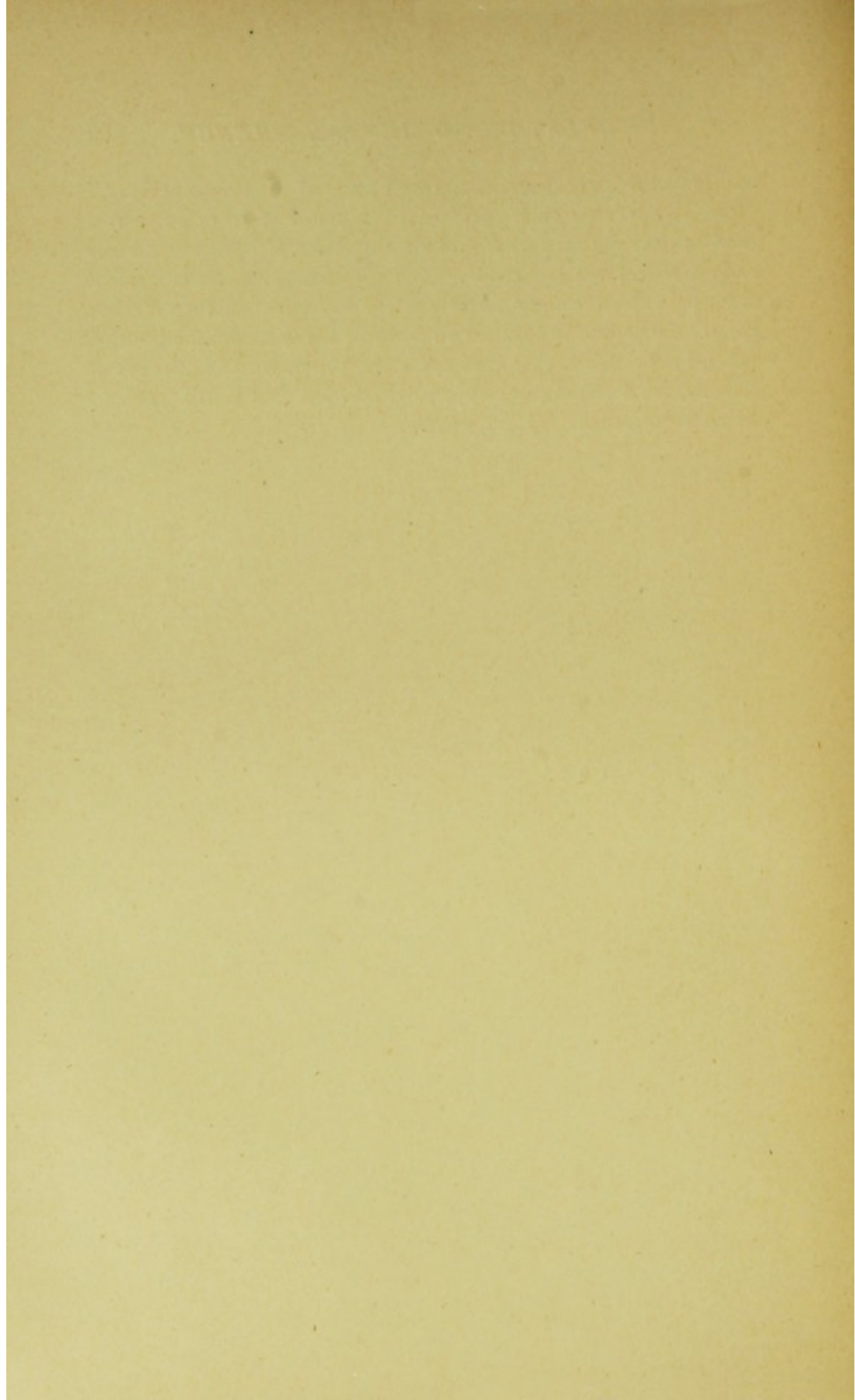
Dr. NICOLSON—I am a little bit handicapped in having to deal with such a question on the spur of the moment, but I will say that a great many of the convicts, whose acquaintance I made twenty years ago, and who used to be sent from prison to prison—I mean men who were not insane enough to be moved to an asylum, but who were unable to be dealt with under the ordinary prison rules—we all remembered the cases of men unable to bear the prison discipline, and I can say that these men—a number of these men we now have in asylums have come there, not through the prisons, but by direct transmission from social conditions to asylum life. And I have a strong feeling, especially in recent years when there is a cry about the diminution of crime, or in the number of criminal occupants of prisons, that at the same time we find that our asylums are becoming more largely populated. I am quite sure that there is a considerable element of that explainable on this footing—that men formerly dealt with purely on the criminal footing subsequently become so insane that they are placed in asylums and become chronic demented, and thereby diminish day by day the number of prison occupants. I think that this is well worth working out; as the important question of early diagnosis of insanity will show this as one of the reasons why the number of prisoners is diminished. Of course there are the training ships and schools for street arabs and individuals of that class, and these tend to relieve prisons of a certain proportion of inmates, as well as a great many other philanthropic schemes that exist. The Discharged Prisoners' Aid Society is also an element in this matter. But after all I think it will very likely be found—the relative proportion being in the inverse ratio that the fewer we have in prisons the more we have in asylums—that these will be observed to be explainable in relation to each other. Of course I am only giving what is my own impression; yet there is a good deal in the facts that asylum life is very different from what it used to be, that relations are more willing to allow their afflicted to be placed in asylums because they are satisfied that asylums are doing what they can for

them, and they know that they are better off than they could be at home : and domestic life is so strained now that they could not be bothered with them. I think, Mr. President, that the suggestion you make, so far as I am able to express an opinion, is perfectly correct, and would be proved on the question being investigated. (Applause.)

The PRESIDENT—That is a very interesting answer, and I am glad it was elicited. It confirms the opinion that many cases begin in purely moral insanity, undergo gradual degeneration and sink into dementia ultimately, thus affording the best possible proof that the moral perversion into which they first fell was truly the beginning of the insanity. Very seldom do we meet a case which we can call pure moral insanity. I had one the other day, one of the purest cases I ever met. A man and wife came together to see me, and the man implored me to take care of him because he had a dreadful and unaccountable impulse to kill his wife. They were quite comfortable and happy in their daily life ; nothing ailed him so far as he knew. He had no delusion of any kind whatever, but he had this horrible feeling impelling him to kill the wife whom he dearly loved. He is now with me as a voluntary patient, and he does not wish to leave until he gets rid of that feeling. Dr. Nicolson spoke of the perplexity and difficulty of dealing with these moral lunatics, and said you must measure to them some sort of punishment or retribution to mark your sense of the wrongness and your desire to right it. That is to me a most significant confirmation of the wisdom of gradations of punishment according to the mental condition in each case, which I believe to be the only medium course between no hanging at all and the terrible doctrine of hanging at sight, which some one anticipates as a revulsion from undue leniency. (Hear, hear.)

Dr. TUKE, in reply, said—I have to thank you for the kind way in which you listened to my paper. I had just finished writing it when I received a letter from Dr. Herbert Major, who says he has been consulted about a girl of 14, and goes on to mention a number of defects and delinquencies which indicate moral disease, and then he says, “I am unable to detect any intellectual defect whatever. The child is intelligent, assiduous,

and plodding as to lessons, and well behaved in every other way." Now, whether that child becomes in the course of 10 or 20 years a dement does not affect her present condition in the eye of the law should she commit a crime. And therefore if, as the President says, the subsequent condition is a degeneration of the former stage of moral insanity, it does not in the least detract from the position taken by Prichard. It does not affect the question in the eye of the law, because no judge or jury can decide what is to happen 10 or 20 years hence. (Hear, hear.)



MORAL INSANITY.*

MOST of you are aware that not many months ago the Editors of the "Journal of Mental Science" invited communications from members of the Association of which it is the organ on a subject which never loses its interest, simply because events are frequently occurring which force medical psychologists to direct their attention to it. I refer to what usually passes under the name of Moral or Emotional Insanity. The very fact that it is thus forced upon our notice proves it to be a practical, not a merely speculative question. I offer no apology, therefore, for making it the theme of my paper to-day, especially as I have not joined in the discussion which has taken place in the Journal, and which now has terminated. I say "discussion," but

* This paper was read before the Section of Psychology, at the Meeting of the British Medical Association, held at the Queen's University, Belfast, July, 1884.

one of the most marked features of these communications is their essential unanimity.

In the first place, then, one cannot disregard this unanimity, and it is more important because these communications proceed from the superintendents of asylums or those attached to them. And it must not be forgotten that for one case of moral insanity which is sent to an asylum, scores may exist which never cross the threshold of home, or are otherwise disposed of. They may be the plague of life, the thorn in the flesh, the skeleton in the cupboard, but may never be certified as lunatics, or pass through the portals of Broadmoor. In fact, it may well be that numerous cases of moral insanity are scientifically but not legally mad, and that medical men cannot supply facts "observed by themselves" which would in the eye of the law be sufficient to warrant a medical certificate.

When we see a young lady in a family who has had the same advantages of a good education and a moral training as the rest, but who is the demon instead of the angel of the house, is an inveterate liar, a thief, and prone to startling irregularities of conduct; and when, although there is nothing in

the degree of intelligence which prevents her taking her place in society like other people, there is in the close connection of the immoral acts with the evolution of the system, in the family history, or in some moral shock or traumatism, significant indications of a physical cause of this moral instability which separates it from mere vice ; I say, when such a combination presents itself, we witness what every mental physician must have met with, and what we are bound to regard as abnormal and morbid, by whatever name we choose to call it.

As to the term "Moral Insanity," under which the communications I have referred to appeared, I would observe that however objectionable it may be, their writers have striven to convey their sense of there being a form of mental disorder in which there is a loss of control over the lower propensities, or in which the moral sentiments rather than the intellectual powers are confused, weakened, or perverted. The central idea and contention of these papers has been that from time to time cases occur in regard to which especial anxiety and difficulty are experienced—the prominent, characteristic, and by far the most striking and important factor of the

mental condition being, not loss of memory, not delusion or hallucination, not any deficiency of talent or genius, not any lack of mental acuteness, and certainly no incoherence of ideas or language—none of these—but a deficiency or impairment of moral feeling or self-control, such being either the development of a character natural to the individual or a departure from it, which contrasts most strikingly with its former traits. Am I not substantially correct in this description of what is aimed at by those who insist on the existence of moral madness? We may, perhaps, see our way some day to adopt a happier term to designate this condition, but whether we improve upon the term or not—whether we speak of *mania sine delirio*, or reasoning mania (*manie raisonnante*), or adopt Parigot's term, *diastrephia* (perversion)—I venture to think that the thought which so many desire to convey and clothe in some term or other, and mostly under the much-reviled term of Moral Insanity, is supported by clinical facts—and is no ignis fatuus leading mental physicians astray into the labyrinth of metaphysics. Certainly the term is unfortunate if it leads to the supposition that in all, or even in most instances,

moral conduct is perverted by a disorder of certain impulses or instincts, instead of derangement or defect of inhibitory power and their consequent uncontrolled and irregular action. To this point I shall return.

Of the cases reported or referred to in the Journal, one had become morally insane after an attack of rheumatic fever; his temper, his habits, his feelings being changed without intellectual weakness or delusion.

With others, uncontrollable sexual proclivities dominated the mind from infancy upwards, along with fully average intellectual ability.

Then there were examples of persistent lying without object or interest, carried to such an extent that it was impossible to regard the condition present as other than one of moral disorder.

One interesting case was that of a lady—a Eurasian—born in India, of mixed blood; and her mother, I may say, was insanelly jealous. It was reported by a physician long acquainted with the family as one of emotional insanity, without definite intellectual disorder. Subject to violent outbursts of temper from childhood, in consequence of which

her father predicted for her an asylum, she at last made a homicidal assault upon another lady. She was soon afterwards sent to Bethlem Hospital, where I have often seen her, and I have Dr. Savage's authority for stating that he regarded her as morally insane. Her intelligence was intact, except, indeed, that her intense jealousy, which she inherited from her mother, coloured her estimate of others, leading her to think that they were inimical to her. After being two years and a half at Bethlem, she was discharged, and is now at large.

Again, cases were referred to in which melancholia more or less profound affected an individual, without any distinct delusion—an overpowering sense of misery.

We all know the intense, baseless, unconquerable depression which falls upon a dyspeptic for a certain time without the slightest delusion or affection of the memory or reason. This condition of the feelings is one which, if continuous, would be regarded as insanity.* Here it may be urged that the man

* As Guislain says, "I meet every day with melancholiacs who do not exhibit any disorder in their ideas or lesion of the judgment. Melancholia is exclusively an exaggeration of the affective sentiment; it is, in all the force of its significance, a *Gemüthkrankheit*,

takes an utterly unreasonable estimate of life and of himself, and that therefore the intellect is involved. I reply that there can be no objection to conceding this, for the sake of peace, if the objector will only be consistent in carrying out this view. But what happens? The objector, a lawyer we will suppose, when he wishes to prove that a moral maniac is not insane and irresponsible, will not grant that a particular state of the feelings carries with it a disorder of the reason.

Think again of the terrible sense of depression produced by a drug, hyoscyamine, for example; and is it not here demonstrated by experiment that the feelings, in the sense ordinarily understood, may be acutely and irresistibly affected without the intellectual functions, as generally defined, being implicated?

One case of moral insanity recorded is that of a boy of about five years of age, who is described by an asylum superintendent of great experience as the

in the sense in which the word is employed by German psychologists. It is a pathological emotion, a sadness, a chagrin, a fear or dread, and nothing more. It is not a condition which sensibly weakens the conceptive faculties." (*"Leçons Orales,"* Vol. i., p. 112.)

very spirit of mischief, destructive, and constantly causing alarm in the family; yet this child, the writer adds, was "perfectly intelligent."

Another case contributed by the same observer was that of a clever schoolboy of six, the plague of the house, who, in addition to displaying mischievous tricks, developed a homicidal propensity. Severe, no less than kind treatment failed to influence him. Both these youths, it should be added, were in a good position socially, and were kindly brought up by their parents.

Lastly, there is the case of a man in a low social position, in whom, superadded to a cunning, inferior, and unstable moral nature, drink played an important part. He was placed in an asylum, where the superintendent describes him as having an irresistible impulse to kill himself or others.

To the cases given in the Journal I will add several of my own. The descriptions must be very brief.

1. A most instructive case of temporary impulse, altogether motiveless, fell under my observation one day at a hospital in London, where a man, labouring under paralysis following fright, attended in the out-patients' room. While examining him, and ascer-

taining his history, he incidentally mentioned to me, as an inexplicable and horrible circumstance, that he one day experienced a sudden impulse to injure one of his children, towards whom he felt nothing but affection. Happily he was just able to control the impulse, and nothing happened; but what a significant illustration it presents of the initial stage of a homicidal impulse, which might have ended in the actual commission of an act, due obviously to cerebral disease—motion and emotion being alike disordered by the shock the nervous system had received. The man died several years afterwards, and coarse brain disease was discovered. The impulse in this case must be clearly distinguished from the irritability or passion, which occurs so frequently in paralysis, from mere loss of control. Here there was neither irritation nor passionate temper, but the simple, motiveless impulse to injure the child, as in a case I have elsewhere recorded, in which a lady bitterly deplored an impulse under which she laboured to kill her boy.

2. In the next case I find it difficult to see what legitimate objection can be made to it as an instance in point. It is one well known to me, and presented

at one time the gravest difficulties, from the impossibility of laying hold of any intellectual defect upon which to take action and exercise control in order to save the patient from himself. A gentleman's son, a boy of five, favourably circumstanced in his moral surroundings, had an attack of scarlet fever. He recovered, but his moral character had undergone a remarkable change. Instead of being a truthful, he became a very untruthful lad. For a time he was honest ; then he began to take what was not his own, without the slightest occasion for doing so. A further stage was reached—he evinced a disposition to injure others. I ought to add that this attack of scarlet fever did not affect his memory in the least. On the contrary, it was remarkably good. At last he was, when a young man, placed under care, a precaution which it is almost certain averted the commission of some act which would have brought him into collision with the laws of his country. That this was not a case of vice, but mental disorder, is, to my mind, clear, without the subsequent history of the patient, which fully confirmed the diagnosis made. The lying, the thieving, and the tendency to commit acts dangerous

to others are, it is true, common to vice and disease. On the other hand, the causation, the change of character, the contrast to the boy's environment, the absence of any sufficient motive for the acts committed, marked their true nature.

3. I was consulted not long since about a young lady—and the case is one which I am sure you will not regard as a rare one—who, her parents said, rendered home simply intolerable. There was no hallucination ; there was not the slightest incoherence in her conversation. She was not strong-minded, certainly, and I believe she was a dull girl when at school ; but there would have been no sustainable plea on this ground had she committed a criminal act. It was certainly not on account of any intellectual defect that her family sought advice. It was because she was, at home, just so much emotional dynamite, ever liable to explode, and now and again doing so with disastrously painful consequences. When no explosion occurred, the patient's condition was frequently that of quiet sulking. Jealous, spiteful, unkind, where she ought to have been most considerate, she rendered home the reverse of happy, and there were times when it was feared that

seriously unpleasant consequences might ensue. The only mode of terminating this misery was by removing the unfortunate cause from the family circle. After a time she would be allowed to return home. At first the hope would be entertained that a new and better leaf had been turned over ; but this hope was soon doomed to bitter disappointment. The moral pest was once more in the house, and the old misery was experienced, the old danger renewed. The "attercop"—the poison spider of the household—was once more at work, spinning her net with subtle industry, and poisoning family life with ill-temper and jealousy.

4. I possess the manuscript journal of a youth who kept it while at sea, and there is nothing to betray any intellectual aberration. Yet I believe him to have been at that time morally insane ; I may say constitutionally unstable in regard to moral character. He was quick at school, but no master would keep him, and he was tossed like a shuttlecock from seminary to seminary. One of his schoolfellows informs me that the other boys thought him very clever ; that he would learn his lessons in a shorter time than the rest, and then go to play. When told

to go on with learning his lessons, he challenged the master to test him. The latter tells me that the boy attacked him one day when they were walking out, and hurt him severely. On another occasion he pulled out his knife and threatened to use it on any boy who offended him, and in the night he was fond of standing over a boy in bed and threatening his life with a knife. At times he would sulk, and shut himself up in an out-house while the boys were at play. Although brought up in a moral family, he was dangerous at home to the other children ; he was, as we see, dangerous at school ; he was untruthful ; and neither discipline nor kindness made him dependable. He was, when a very young man, placed in an asylum. He did not then develop any delusion, nor exhibit weak-mindedness. He rather suddenly became paraplegic, a condition which I regarded in the first instance as hysterical in character or even feigned ; but he grew worse, and died. Distinct structural changes were found. I have little doubt that if he had not been placed in an asylum he would have committed a homicidal act. It would have been impossible to prove him intellectually insane ; and that he knew the nature and quality of the act of

murder I have good reason to know from conversation with him. I may add that he had a brother, who was particularly intelligent, but was a dipsomaniac.

5. Quite recently I have been consulted about a patient who exactly illustrates the character of some forms of moral insanity, or whatever you prefer to call the mental condition present which led to so much difficulty and distress. A boy of eight is the subject of violent paroxysms of so-called temper, and has in consequence to be removed from the school at which he is placed. There is no distinct intellectual defect which I can discover. He has been too much pressed, however, with his lessons, and some may be disposed to argue that because he has thus suffered it shows he is weaker intellectually than other boys, but this is not the sense in which disorder of the intellect is generally employed. And here I would, in passing, complain of the shifting sense in which the term "intellectual disorder" is used. At one time it is employed to mean downright weak-mindedness or a delusion; and this is done when an alleged lunatic's insanity is challenged on the ground that these are absent. At another

time it is used when there is the very slightest mental dulness ; and this course is adopted when a physician, denying moral insanity, admits the individual's unsoundness, but desires to show that he is not only morally but intellectually insane. It is enough for such an advocate that the man is not very brilliant.

I heard the other day from a lady, a near relative of this boy, that his last escapade at school was on the occasion of being locked up in a room at the top of the house for some offence. When left alone, he coolly broke the window and crawled out on to the roof, an old high-pointed one without a parapet, to the horror of the authorities. His cat-like facility of springing and jumping about saved him from harm, and after exploring the roof as much as he wished, he adroitly returned to his room through the window. My informant adds that when she entreated him to be good he clutched and looked at her most earnestly, exclaiming "I can't." He slept in the same room as a boy of 13, but has now been removed, as it was found that he tormented this older lad intolerably. Yet his mistress says he is for short periods so good and sweet, that although

he is the torment of her life, she loves him better than any of the other boys. In the letter I have quoted, the lady says that he is the picture of health, that he is very quick, and can learn as well as any of the other boys.

The cases whose leading features have been thus briefly sketched, added to those recorded in the *Journal* divide themselves into (1) those in which there was a constitutional defect in the normal balance between the passions and the power of moral control or will. (2) Those in which a well-marked change of character took place in regard to the disposition and the higher sentiments, whether from moral shock or from fever. This would comprise cases of sexual impulse. (3) Cases in which the emotional disorder was manifested simply by the feeling of intense depression, without the patient himself being able to formulate a definite delusion, this being the exaggeration of the natural character, or what, I think, is more usual, the most complete contrast to it. Among the cases which have appeared in the "*Journal of Mental Science*" there is one in which drink was clearly an important factor in the production of the symptoms, and those

whose craving for stimulants really amounts to irresistibility labour under a species of moral insanity, which may properly form a fourth division.

In the thoughtful contribution on Moral Insanity made to the Journal by Dr. Gasquet, April, 1882, he eliminates from it all cases of so-called irresistible impulse as not falling properly under this head. I shall, however, venture, with Heinroth and Prichard, to include such cases under the term, as they are generally so regarded, and it is more convenient for the practical object I have in view.

None of the cases reported in the Journal were associated with epilepsy, but I need hardly say that some of the most difficult cases of mental disorder related to crime are those in which there have been epileptic attacks at some period of a man's life, but not at the time of the alleged crime ; or in which there have been no fits at all, but the character of the action, the mental symptoms, and the family history suggest very strongly that the epilepsy is latent or veiled, such cases resembling an attack of scarlet fever without rash or even sore throat. It is only during the last few years that these cases have been more clearly recognized, but the proof of their

connection with epilepsy does not, it seems to me, take them out of the category of the class of affections which Prichard had in view, even though we should regard the mental symptoms present as the consequence, not of their directly exaggerated force, but of the removal for a time of the inhibitory power of the higher centres. The non-mention of epilepsy in these cases is of interest, because Westphal says he "scarcely remembers a case of moral insanity which was not connected with it." I believe that this relationship applies to only a limited, although very important, class of cases, but when it does occur, it certainly presents, as Tardieu says, the most grave and difficult problem, in regard to responsibility, which can possibly fall under the consideration of the expert.

Passing now from the clinical facts illustrative of the class of cases which have given rise to the recognition of the group of mental disorders known as moral insanity, I proceed to offer a few observations on the psychology of this form of alienation. On this aspect of the subject Dr. Savage has already touched briefly in his contribution to the *Journal*, July, 1881, but it is so important, and as Herbert

Spencer says in a letter I have recently received from him, "so involved," that I desired to call attention to it on this occasion.

I have already said that in Moral Insanity the lower impulses may not be themselves the primary seat of disease, while the other and higher mental functions are healthy. It is very certain, on the contrary, that what happens is oftentimes a weakening of the higher centres which, involving as this does paralysis of volition, permits an excessive and irregular display of so-called animal feeling or instinct in one of the various forms it assumes. This view, which transfers the seat of the mischief from the feelings themselves to volitional or inhibitory power, might suggest the more accurate term of Inhibitory Insanity or Abulia, but I think that it would still be objected that no delusion or weakness of intellect was present to justify the idea of insanity in its legal sense.

I would at once say that I consider the question can be approached only on the lines opened out to us by Laycock in regard to the reflex action of the brain itself ; by Monro in regard to the negative and positive states of this organ present at the same

moment; by Anstie, who so clearly showed the true nature of alcoholic excitement; and by Herbert Spencer and Dr. Jackson, who, in their respective spheres of thought, have so greatly elucidated psychology, and the pathology of nervous diseases.

It is, in the first place, clear that in those cases in which passion and impulse predominate, there is no proof that there is any disease of the lower or automatic functions of the brain. It suffices to hold that the highest level of evolution—that which Jackson terms provisionally “the most voluntary”—is affected, and that here we witness only the unchecked action of the lower level, consequent upon the dissolution of the higher. Thus the positive symptoms which we witness are themselves healthy; they are only out of proportion. Certain cerebral areas which are in a negative condition are the real seats of disease. If in consequence of the driver of a coach being drunk, or asleep, the horses run away, it is obvious that they are healthy enough; the cause of their running away rests with the man who is no longer able to hold the reins.

There are other forms of moral insanity which do not so much suggest that the passions have been

freed from control in consequence of the "most voluntary" centres becoming functionless, as that the higher levels of evolution with which the altruistic sentiments are associated have become the seat of such morbid changes as cause their inaction.

With regard to the class of cases in which the character has always been morally sub-normal, the highest level of evolution reached is a low one; the controlling power is weak, and the altruistic sentiments are feebly developed.

That Epilepsy should in some instances be associated with Moral Insanity, both in its impulsive and egoistic forms, accords with what we should expect from a consideration of the fact that there is an exhaustion of the higher centres with which are associated the most voluntary acts and the altruistic sentiments.

The same observation may be made in reference to dipsomaniacs; and as regards Anstie's explanation of the effects of alcohol, I would say that the keynote to his observations is contained in a single sentence, in which he says that "mental excitement implies cerebral paralysis, and is no proof of stimulation. . . . Violent outbreak of the passions is due,

not to any stimulation of them, but to the removal of the check ordinarily imposed by reason and will." ("Stimulants and Narcotics," p. 78, 1864.)

There are, indeed, cases of moral insanity in which I think it may be doubted whether the sequence of events is that now referred to as proceeding from above downwards. Thus if a man in consequence of the presence of worms in the rectum is seized, as has happened, with uncontrollable sexual impulses, which pass away when the cause is removed, peripheral irritation sets up reflex action of the brain so powerfully that the highest voluntary centres are unable to control it. Here the order of events is clearly not such as I have been insisting upon. The same remark would apply to the disturbances and excitement of sexual passion which occur at puberty. It is not that any change has taken place in the first instance in the highest evolutionary centres; they are secondarily incompetent from the increased activity and force of lower centres.

There are cases, I would say, which may be aptly described as examples of *immoral resolution*, while others are more correctly designated as cases of

moral irresolution. The latter occur in men of feeble organization, or of mental constitution originally robust, but enfeebled by disease; they are, so to speak, negatively immoral. The former constitute a class with abnormally strong impulses, natural or acquired, the result of disease or congenital malformation. They are the positively immoral.

One word may be said here arising out of the fact that one of the earliest symptoms of insanity, whatever course it may ultimately run, is the change which takes place in the feelings. This is so striking a fact, that some* have, as we know, held that all insanity originates in disordered emotion. It has been no less truly than aptly said by a French alienist (Lélut), that at the beginning, insanity is still reason, as reason is in countless instances

* Dr. Bucknill propounded the emotional theory of Insanity, and that "intellectual disturbance is always secondary," in the "Medico-Chirurgical Review," Oct., 1853, and Jan., 1884, and the "Journal of Mental Science," Oct., 1874, and consistently with this view, stated that "all medical men of experience now acknowledge the occasional existence of mental disease, without disorder of the intellectual faculties." The non-occurrence of intellectual disturbance in Prichard's cases is attributed to "the unusual force of a conservative tendency in the intellectual faculties." ("Journal of Mental Science," Oct., 1874, p. 486.)

already madness. Insanity is still reason, because Volition and not Thought is affected. If the emotional genesis of insanity be true, what follows? Why, that there is a stage in the progress of the disease in which it has not yet invaded the domain of what are generally designated the intellectual faculties. What if a crime is committed when a patient is in this early stage of the disorder? Is he not to that extent the subject of emotional or moral insanity? Is the fact altered because in a few more months distinct delusions or decided loss of memory succeeds to emotional disturbance?

I think that the occurrence of moral insanity or moral imbecility might be predicted from a consideration of mental evolution and moral development from one stage or level to another. To one difficulty in the acceptance of moral insanity, pure and simple, I shall refer later on. But putting that aside for the moment, one would expect that the development of the individual might stop short of the highest—the altruistic—sentiments, while only the egoistic (or at most the ego-altruistic) feelings may be in healthy activity. We must remember that what is in startling contrast with modern

civilized society may represent the normal tide-mark of a former barbarism.* That some should at birth revert to the condition of a prior ancestry and that moral imbecility should appear, is surely consistent with all modern teaching on heredity. In others, again, who possess normal constitutions at birth, it may well happen that disease will destroy the activity of those sentiments which have been more recently evolved, while the lower centres are left intact.

But I grant that an apparent difficulty presents itself in treating the question of moral insanity from the standpoint of evolution. It is this: If intellect or thought is of later growth than feeling, and if, as evolutionists suppose, the most recently evolved—the least organized therefore—is the first to go, how is it possible that Feeling can be disordered without the Intellect being involved? In other words, how can the deeper down Feeling go before the higher

* “The ego-altruistic sentiments may develop to a great height, while the altruistic remain comparatively undeveloped. For under past conditions of social existence, the welfare of society, and of each individual, have not necessitated any repression of the ego-altruistic feelings; but contrariwise, the pleasure of the individual, and the well-being of society have both demanded the growth of these feelings.” (“Principles of Psychology,” Vol. ii., p. 611.)

up Intellect? As Dr. Savage, in the paper referred to, does not take notice of this evolutionary difficulty, I conclude he does not recognize it, or holds that a speculative difficulty of this kind does not destroy the force of clinical facts.

This difficulty has clearly no force in those instances to which I have just referred, in which reflex cerebral action is induced by distal irritation. The difficulty occurs when we regard the lower mental levels coming into force, and, in fact, forming the then existing character of the individual, and the higher levels of mind as being either undeveloped or rendered powerless by disease. It must be remembered, however, that while simple Feeling lies deeper than Thought, the highest feelings of all—the altruistic—are of later growth; and are quite as recently organized, to say the least, as the faculty of reason or cognitions in general. It seems also very credible that the more voluntary centres may be undeveloped or suspended, while what are usually understood as the intellectual powers may be unaffected.

Having regard to man's past history, it cannot be said that when his moral development was retarded

by his predatory or other egoistic pursuits he was an imbecile ; and if not, why should there be any difficulty in crediting a sporadic reversion to a parallel condition in the midst of a moral and refined state of society ?

It is worthy of note that while the more voluntary power may be lamentably weak, those intellectual faculties which remain in force are of a very automatic character. Musical ability is a striking illustration. We all know that Handel, Beethoven, and especially Mozart, felt their wonderful powers to be so extremely automatic that they attributed them to inspiration. With painters there has been the same feeling, as with Claude of Lorraine, said to be a stupid boy ; and even Raphael, who so far from taking credit to himself for his marvellous facility with the brush, said that a spirit, which he believed to be that of his deceased mother, inspired his imagination with forms of beauty which he had only to copy.

I once asked Herbert Spencer how he would reply to a lawyer opposing the doctrine of Moral Insanity on the ground that as Intellect is held to be evolved out of Feeling, and as Cognitions and

Feelings are declared by him (Spencer) to be inseparable, there cannot be organic or acquired *moral* defect without the *intellect* being involved. Spencer's reply contains nothing which militates against what I have said. On the contrary, he finds* an indication of such structural deficiency as may lead to results alleged to be present in moral imbecility (and insanity) in the following position. Every complex aggregation of mental states is the result of the consolidation of simpler aggregations already established. This higher feeling is merely the centre of co-ordination through which the less complex aggregations are brought into proper relation. The brain evolves under the co-ordinating plexus which is in the ascendancy, an aggregate of feelings which necessarily vary with the relative proportions of its component parts. But in this evolution it is obviously possible that this centre of co-ordination may never be developed; what Spencer calls the higher feeling, or most complex aggregation of all, may never be reached in the progress of evolution, and moral imbecility may be

* See the same views expressed in the "Principles of Psychology," Vol. i., p. 575.

the result, or such waywardness of moral conduct from youth upwards as it is maintained occurs without marked disorder of the intellect.

Again, in the absence of congenital defect, where the moral character changes for the worse under conditions which imply disease instead of mere vice, Spencer finds a clue to a probable cause in so simple an occurrence as fretfulness, which arises, as we all know, under physical conditions, such as inaction of the alimentary canal. Fretfulness is, as he justly says, "a display of the lower impulses uncontrolled by the higher." This is essentially a moral insanity. So is the irascibility of persons in whom the blood is poor, and the heart fails to send it with sufficient force to the brain. Spencer puts it in terms which bear directly upon the question we are discussing when he says, "Irascibility implies a relative inactivity of the *superior* feelings. . . . The plexuses which co-ordinate the defensive and destructive activities, and in which are seated the accompanying feelings of antagonism and anger, are inherited from all antecedent races of creatures, and are therefore well organized—so well organized that the child in arms shows them in action. But

the plexuses which, by connecting and co-ordinating a variety of inferior plexuses, adapt the behaviour to a variety of external requirements, have been but recently evolved, so that, besides being extensive and intricate, they are formed of much less permeable channels. Hence, when the nervous system is not fully charged, these latest and highest structures are the first to fail. Instead of being instant to act, their actions, if appreciable at all, come too late *to check the actions* of the subordinate structures" (*op. cit.* p. 605). We see, then, that with Spencer there is no real paradox in holding that cognitions and feelings are at once "antithetical and inseparable," and that while "no emotion can be *absolutely* free from cognition" (p. 475), it is not impossible that there should be varying degrees of relative development of emotion and cognition; and such "a relative inactivity of the superior feelings," to use his own words, that what is understood as "moral insanity," for want of a better term, is the natural outcome of mental evolution and dissolution.

It is a striking proof of the essential uniformity of human nature in its morbid developments, that we find the questions we are now discussing with so

much interest no less the subject of debate in the days of Horace. The third Satire of the second Book is a most remarkable one from this point of view, and would of itself form an excellent text for a discourse on Moral Insanity. Stertinius is the speaker :—

“ Mad shall the man be counted, who
 Confounds, on passion's impulse, true
 With false, and doing what he thinks
 Most just, to deeds of vileness sinks ?

* * * *

Well ! if a man shall doom his daughter
 Instead of a dumb lamb, to slaughter,
 Shall he for sane be reckon'd? Never !
 In short it comes to this,—Wherever,
 Whenever, sin and folly meet,
 There madness is, supreme, complete.”

Lastly, I would say that the Great Temple of the ancient Aztecs, in one part of which the officiating priest plunged his knife into the breasts of women and children, while in another the priests were engaged in tending the sick, does not present a greater contrast, or a more amazing contradiction, than the union in the same mind of an acute intelligence and uninhibited passions.

Briefly, then, I would summarize what seem to me

the conclusions warranted by what I have brought forward :—

1. The cases recorded in the "Journal of Mental Science," along with those I have mentioned in this paper, afford examples of a morbid cerebral condition in which the mental symptoms displayed are the emotional and the most automatic rather than those concerned in cognition, and may be referred to the form of mental derangement usually called Moral Insanity, although the moral sentiments may themselves be free from disease.

2. There are several varieties of this form of insanity, but, speaking generally, the higher levels of cerebral development which are concerned in the exercise of moral control, *i.e.*, "the most voluntary" of Jackson, and also "the altruistic sentiments" of Spencer, are either imperfectly evolved from birth, or having been evolved, have become diseased and more or less functionless, although the intellectual functions (some of which may be supposed to lie much on the same level) are not seriously affected; the result being that the patient's mind presents the lower level of evolution in which the emotional and automatic have fuller play than is normal.

3. No absolute rule can be laid down by which to differentiate moral insanity from moral depravity, but each case must be decided in relation to the individual himself, his antecedents, education, surroundings, and social status, the nature of certain acts and the mode in which they are performed, along with other circumstances fairly raising the suspicion that they are not under his control. In no other form of insanity is it so necessary to study the individual—his natural character, his organization, and his previous diseases.

DISCUSSION.

The President of the Section (Dr. Savage) said there certainly was a group of mental diseases deserving the name "Moral Insanity." There were arrests of development so that the subjects of it were not of the proper social standard, and there were cases in which decay is most marked in loss of self-control. There were two classes of hysteria, one the Rossetti-like women, who, like the grave, seem very hungry; and the second, women who were gross, fat, and sensual looking. There were two similar classes of morally insane. In some cases there is perversion at puberty just at the time of the addition of a new vital force—a great force added to life, and not controlling power with it. In one lady I received a description, saying that at puberty she began to develop lying and thieving; they were objectless. In other cases there is mathematical or musical power, or wonderful power of memory specially marked by small details, though the individual is morally insane.

Dr. Deas remarked that though we should all be agreed as to the existence of cases where the perversion or impairment of the so-

called moral faculties is so marked, along with the absence of any decided symptoms of intellectual impairment, as to justify their being classed under some such term as moral insanity—still he was strongly inclined to the belief that in almost all such cases some evidences of intellectual impairment will be discovered if the mental condition is carefully probed; and Dr. Tuke's emphasizing the view that in many cases the moral faculties themselves are not so much diseased as the higher centres by which the lower propensities are as a rule controlled, points in this direction. Even in cases of apparently congenital want of development of the moral faculties, of which a striking example was quoted, there will often be found some intellectual defect as well. In connection with Dr. Tuke's remarks on the impulsive nature of many cases of moral insanity, and their relation to epilepsy, he mentioned a remarkable case of impulsive homicidal insanity, in which, without any epileptic seizures, there was a distinct subjective aura before the outset of the homicidal attacks, with a loss of consciousness as far as the patient having no recollection of the attack is concerned. He also alluded to certain cases of doubtfully spurious insanity, associated with great moral perversion, and a propensity to obtain admission into one asylum after another, which may almost be considered a special form of moral insanity.

Dr. Rees Philipps mentioned an interesting case which had been under his care, and was now under that of Dr. Deas.

Dr. Yellowlees thought that, referring strictly to the moral insanity of which Dr. Tuke had spoken, it was invariably the result of hereditary tendency, and associated with other forms of neurotic disorder among the relatives. In the individual the perversion is usually congenital, or associated with arrested development. The condition differs from the impulsive explosions which occur in epileptics replacing the convulsions, for in these the patient has no recollection of the explosions. It is also quite different from the impulsive tendencies occurring in coarse brain disease, or from the prurient manifestations sometimes seen in old age. The proof that this moral insanity is the result of a brain condition is that such patients are found, when the full history is known, to die from brain disease. In the treatment of such cases punishment is utterly and

hopelessly futile, but they are most unwelcome inmates of an asylum. In the worst cases, and chiefly for the sake of others, the passive restraint of a prison seems the only recourse. He did not agree with the view that such cases were merely imperfectly civilized beings, who would have been deemed sane if judged by the lower standard of morality and propriety prevalent some hundreds of years ago. The mental pathology of such cases is defective inhibition from a loss of regulating and controlling power in the highest centres. To use Dr. Tuke's illustration, "The horses ran off with the coach because the driver had let go the reins." But there are many cases where this theory does not seem to suffice, and where *the morbid perversion of the emotions seems the primary and essential condition*, or to continue the same illustration—where the horses bolt and run off with the coach in spite of all the driver can do.

Dr. Wiglesworth said he wished to express the pleasure he experienced in listening to Dr. Tuke's address, and his entire agreement with the line of argument with which the subject had been approached. Without doubt the moral sense is the latest acquirement of civilization, and one of the first to be lost. Moral sense is indeed a necessary consequence of the development of civilization, for men cannot live together in communication without the development of some such sense. There is undoubtedly, as Dr. Tuke had pointed out, a psychological difficulty. Feeling being primordial, and intellect having been developed out of it, it might be expected that intellect ought to give way first; but probably the intellect is in some cases not so totally unaffected as has been thought, the higher qualities of volition and attention being deficient, whilst the more automatic qualities may be well developed. He had seen cases in which the intellect was of a low grade, though they were not insane intellectually. He would like to emphasize the fact that the morally insane individual may be insane only as regards the present state of society. At an earlier period in the development of the race, his undeveloped moral nature would not, in a sense, have constituted lunacy. An important question is, what is to be done in these cases? They are the curse of every asylum to which they are sent, and in his (Dr. Wigles-

worth's) opinion, an asylum is not the place for them, but rather the prison. It was no use appealing to higher sentiments of which they were destitute, and one must use as treatment a method which they can understand.

Dr. Conolly Norman said that three cases which he had noted in this connection were very interesting. In one there was, however, really aberration with dominating delusions, which were for years concealed, during all this time the only sign of alienation being profound change in moral and social sentiments. In two other cases there was true moral insanity or imbecility of the congenital type. Those patients were morally insane, nevertheless; both patients having got into trouble through immoral acts, simulated acute attacks of insanity, and thus obtained admission to asylums, though till then the nature of their real ailment had not been detected. That the insane may simulate insanity must be admitted.

Dr. Tuke, in reply, admitted that very careful examination of a patient would often detect some intellectual disorder; but the difficulty often was that, when found, it was not of a character which was admitted legally as evidence of insanity or irresponsibility, as, for instance, an inferior grade of intellect. It had been said that the will itself is an intellectual function, and that as it is held that volitional power is lost in moral insanity, the contention in favour of the latter falls to the ground. This resolved itself into a question of terms, and if it is preferred to comprise volition under intellect, and the law will admit that loss of control is sufficient proof of intellectual aberration, the same goal will be reached as by the ordinary presentment of moral insanity. He objected to the confinement of such cases in prison. If there was, as he held, cerebral disease or defect, though not intellectual derangement, they must be treated as insane persons, but strictly guarded as in Broadmoor. This was the logical conclusion of his paper.

CASE OF CONGENITAL MORAL DEFECT
WITH COMMENTARY.*

WHEN I was at the Kingston Asylum, Ontario, last August, a male patient had just escaped from the institution, and made a criminal assault upon a little girl in the neighbourhood. From the inquiries I made, I found that the case was one of much interest in its bearing on moral insanity (or imbecility), and I was allowed to read the notes in the well-kept case-book of the asylum. Dr. Metcalf, the medical superintendent, has very kindly permitted me to make use of them, and the further particulars of this patient's history and acts, which he has given me. A photograph was subsequently taken, which I have had reproduced by the London

* Paper read at the Annual Meeting of the Medico-Psychological Association, held at Queen's College, Cork, August 4th, 1885.

Autotype Company. (See "Jour. of Ment. Sci.," July, 1885.)

W. B. was born at Swansea, Wales, on 26th June, 1843. In his tenth year he migrated to Canada with his father, stepmother, and brothers. He was not known to his stepmother until about a fortnight before leaving for Canada, as he had been away at school. His stepmother states that he has been of a sullen disposition ever since she has known him; uncommunicative, idle, sly, and treacherous; that at an early age he evinced a disposition to torture domestic animals, and to cruelly treat the younger members of the family.

On one occasion he took with him his young brother, a lad five or six years of age, ostensibly to pick berries, which grew wild, not far away. On arriving at a secluded spot, he removed the clothes from the child, and proceeded to whip him with long lithe willows, and, not satisfied with this, he bit and scratched the lad terribly about the arms and upper part of the body, threatening that if he made an outcry he would kill him with a table-knife, which he had secretly brought with him. The cries of the boy attracted the attention of a labourer, who promptly came to the rescue, and in all probability saved the little fellow's life. Shortly after this act of cruelty to his brother, B. was apprehended for cutting the throat of a valuable horse belonging to a neighbour. For some little time prior to this act considerable anxiety had been felt by people in the neighbourhood where B. lived for their live-stock. Horses were unsafe at night in the pastures, as several had been found in the mornings with wounded throats. In the stables they were equally unsafe, as a valuable beast was killed in its stall in broad daylight. About this time, also, people in the neighbourhood observed an unaccountable decrease in the number of their fowls. When B. was apprehended for cutting the horse's throat, he confessed that he not only did this vile act, but also that he had maimed the other animals to which reference had been made, and that he had killed the fowls, twisted their necks, and then concealed them in wood piles, etc. For these offences he was sentenced to twelve months in gaol. When he returned home, after serving out his sentence, his

family were more suspicious of him, owing to past experience, and he was more carefully looked after. He was watched during the day, and locked in a separate room at night. These measures were necessary to protect the family, as he had made an effort to strangle a younger brother while occupying a dormitory with him.

One day, soon after his discharge from gaol, B.'s stepmother left a little child asleep upstairs while she proceeded with her household duties, not knowing that B. was in the house. In a short time afterwards she was informed by one of the other children that the baby was crying, and on going to the room where she had left the sleeping baby she discovered that it had disappeared. B. had taken the little child to his own room, put it in his bed, and then piled a quantity of clothing, etc., on top of it. When rescued, the child was nearly suffocated, and was revived with difficulty. Immediately after this attempt to suffocate his baby sister, B. abstracted a considerable sum of money from his father's desk, and attempted to escape with it; he was recaptured, however, and the money taken from him. For this offence he was tried, found guilty, and sentenced to serve seven years in the Penitentiary. While serving out this sentence he was transferred to the criminal asylum connected with the prison, but on the expiration of his sentence he was discharged. On being released he crossed over to the United States, and enlisted in a cavalry regiment. In consequence of the horse assigned to him not being a good one he was obliged to fall behind on a march, and, taking advantage of this, a favourable opportunity offering, he drove this animal into a deep morass, and belaboured the poor beast until it was fast in the mire; there he left it to its fate, and it was found dead the next morning. B. now deserted, and after undergoing some hardships again returned home, where he was, as before, carefully watched.

His next escapade was the result of an accident. B. and his father were at a neighbour's one evening, and while paring apples the old man accidentally cut his hand so severely as to cause the blood to flow profusely. B. was observed to become restless, nervous, pale, and to have undergone a peculiar change in demeanour. Taking advantage of the distraction produced by

the accident, B. escaped from the house and proceeded to a neighbouring farm-yard, where he cut the throat of a horse, killing it.

Recognizing the gravity of his offence, he escaped to the woods, where he remained in concealment until circumstances enabled him to commit another and still graver crime. Observing a young girl approaching the wood, he waited until she came near to his hiding-place, when he rushed out, seized her, and committed a criminal assault on her; for this last crime he was condemned to be hanged, but the sentence was commuted to imprisonment for life. While serving sentence he was again transferred to the prison-asylum. After serving about ten years of his sentence he was pardoned; *why* he was pardoned remains a mystery. On his way home from prison, and when within a short distance of his father's house, he went into a pasture, caught a horse, tied it to a telegraph pole, and mutilated it in a shocking manner, cutting a terrible gash in its neck, another in its abdomen, and a piece off the end of its tongue. For this act of atrocity he was tried, and though there was no doubt of his guilt, he was acquitted on the ground of insanity, and by warrant of the Lieutenant-Governor transferred to the Kingston Asylum. He was received at the asylum on the 29th Sept., 1879, and placed under careful supervision.

On the 19th August, 1884, he made his escape while attending a patients' pic-nic. He had only been absent from the asylum about an hour, and while almost in sight of pursuing attendants, overtook a young girl whom he attempted to outrage. Her cries, however, brought help, and his designs were frustrated. For this offence he was handed over to the civil authorities, tried, convicted, and sentenced to six months in gaol. He is now serving out this sentence, and on its expiration will, no doubt, be released—to commit, it is to be feared, more crimes.

Dr. Clarke, the assistant medical officer at the Kingston Asylum, writes to me that the trial seems to have been conducted in a very remarkable manner, and that the question of the prisoner's sanity or insanity was not gone into. "Poor B. was brought in 'guilty,' and the judge sentenced him to *six months' hard labour in gaol*, stating that he must *be lenient under the circumstances*. What the *circumstances* were, the asylum authorities have not yet discovered,

but we may expect very interesting developments at the end of six months. We should not blame a foreigner if he asked the question, 'You have a Criminal Asylum—why do you *punish* criminals who are insane?'

His grave offences have been enumerated in the preceding statement, but besides these, B. was guilty of very many minor offences, both while at home and while in the prison and asylum. While in the Criminal Asylum he attempted to castrate a poor imbecile inmate with an old shoe knife, which he had obtained in some unknown way. Another helpless imbecile he punctured in the abdomen with a table-fork until the omentum protruded; not satisfied with this, he bit the poor fellow, who had not even sense enough to cry out, in many places over the abdomen and chest.

He killed many small animals and birds, such as dogs, cats, doves, fowls, etc. He taught many innocent patients to masturbate, and introduced even more vicious habits.

He is a great coward, and was never known to attack any person or thing that would be likely to offer resistance.

Young girls, children, helpless lunatics, animals, and birds were selected for his operations.

The very sight of blood, as we have seen, had a strange effect on this man, and worked a wonderful transformation. His countenance assumed a pallid hue, he became nervous and restless, and unless he was where he could be watched, he, so he stated, lost control of himself, and indulged in the proclivities for which he was notorious.

If so situated that he could not indulge his evil propensities, he was a quiet and useful man, but he could never be trusted. He had a fair education, and enjoyed reading newspapers, letters, etc., sent to him.

It is very doubtful if he entertained much affection for anyone. He seemed to like his stepmother better than anyone else, but even she, who had been a mother to him since early boyhood, he, according to his own confession, planned to outrage.

POSTSCRIPT.

Since the foregoing case was recorded in the "Journal of Mental Science," Dr. Clarke, now Medical Superintendent of the Kingston Asylum, Ontario, has obtained

further particulars in regard to the early history of W.B. The additional facts show that the case must be regarded as congenital, and that he laboured under a distinctly neurotic inheritance. It is right to state that not only was he extremely feeble in body as a child, his legs being so weak that he required artificial support for his ankles and knees, but that he required coaxing and bribing to induce him to make any effort to learn, so that he did not advance beyond the elements of knowledge. His father was his teacher, a nervous, restless hypochondriac. It is difficult to be quite sure how much of the son's imperfect advance in knowledge was due to actual incapacity, and how much to the misfortune of having his father as his instructor. Something must be set down to his perverse nature which led him to hate instruction. It is stated that as under constant nursing the child gained the use of his limbs he began to be mischievous and destructive. Let us assume that it was difficult to educate him, the fact remains that when he grew up he was regarded by an attendant in the Kingston Asylum as "more knave than fool," and that "he was the referee upon all subjects." Further, and this is the really important point when the legal question has to be considered, the judge before whom he was brought did not consider him irresponsible by reason of intellectual deficiency, and therefore sent him to prison. Lastly, in spite of his credulity and backwardness when a delicate child, Dr. Clarke states, that when one is first acquainted with him, "the impression is created that he has a mind equal, if not superior, to that of the average of his class in life. His memory is wonderfully good. He talks intelligently on most subjects, is a ready talker, and has an attractive manner."

The patient is now in the Hamilton Asylum, Ontario. Dr. Forster, the Assistant Medical Officer, has kindly forwarded to Dr. Clarke the following notes from the Case Book, which I have permission to use.

May 27th, 1886.—W. B., admitted to this asylum to-day. Was quiet, tall, and not unpleasant looking man, and certainly not the man to be suspected of the deeds recorded in his past history.

October 1st.—Has continued quiet since admission, but has been well watched. On one occasion when the attendant was shaving a patient he drew blood, and B. turned pale at the sight and was much disturbed.

January 1st, 1887.—No change to report. Still well behaved. Writes long religious letters to a lady in Kingston who takes an interest in him, but is very anxious to know about any money she sends him, and to have it spent in tobacco, etc.

April 1st.—Continues quiet, but is inclined to tease H. R., an old dement, in the same ward.

September 29th.—Last night a kitten got into the ward where he is confined. He caught the cat and took it into his room, where he subjected it to the tortures in which he delights. The floor was besmeared with blood. When he saw the attendant he threw the kitten out of the window, and afterwards paced up and down his room "like a mad man," as the attendant expresses it.

October 8th.—Last night he caught a mouse, and it was with great difficulty

he could be got to give over teasing it and give it up. He tells stories of the mice he has caught.

January 1st, 1888.—Is in first-rate bodily health, and is well behaved. Works well in the ward.

January 4th.—Asks to go home in the spring, and if refused he threatens to put an end to his life.

October 22nd.—Is asking daily to be removed to another ward. Says he cannot get along with P. M., and threatens to injure him if not removed.

January 1st, 1889.—In good physical health. Walks fairly well in the ward, and at times is inclined to quarrel with the other patients. A few days ago was detected in planning his escape with another patient.

May 29th.—Was fighting to-day with M., who said he had been teasing him. B. denies this, but says he would sooner kill M. than have M. kill him.

January 1st, 1890.—Good physical health, and unchanged mentally.

January 1st, 1891.—Ditto.

In sending the foregoing Dr. Forster writes :—" W. B. is under the supervision of a very trustworthy and capable attendant, who has a proper appreciation of the outrages he is capable of. However, when any opportunity presents itself to torture or maim he has instantly seized it, as the cat episode shows. The attendant tells me that he once gave a sick patient his meal, and then slipped out of the door to watch through the key-hole, and in an instant B. took most of the dinner away, although he himself was well supplied with food at the time. He has also unmercifully tortured a dement, who could not relate the circumstances, with pins and needles.

" He is a pleasant, agreeable sort of fellow, and is always tidy, and anxious to be well dressed."

Commentary.—I would point out the great interest of this case over and above the moral insanity or congenital defect of the moral sense under which this man labours, in regard to the influence of blood upon him. There can be no doubt that with some individuals it constitutes a fascination. If it be allowable to add to our psychological terms, we might speak of a *mania sanguinis*. I have notes of a musician admitted into Bethlem Hospital under Dr. Savage, in a state of acute mania, one of

whose earliest symptoms of insanity was the thirst for blood, which he endeavoured to satisfy by going to an abattoir in Paris. The man whose case I have brought forward had the same passion for gloating over blood, but had no attack of acute mania. The sight of blood when he cut the horse's throat was distinctly a delight to him, and at any time blood aroused in him the worst elements of his nature. Instances will easily be recalled in which murderers, undoubtedly insane, have described the intense pleasure they experienced in the warm blood of children. Is it not a more scientific proceeding to recognize and study this taste for blood than to deny its existence as a moral insanity?

In reference to moral imbeciles, I would cite the opinion of Dr. Kerlin, because his views as to educating them are very striking and important, coming as they do from the head of an institution for idiots. He says, in his last Annual Report:—
“It is a mournful conclusion that has been reached after twenty-five years of experience, that in every institution of this kind, and probably to a far greater extent in our refuges and charity schools, there exists a class of children to whom the offices of a school-room should not be applied; these are the

so-called moral idiots, or juvenile insane, who are often precocious in their ability to receive instruction, but whose moral infirmity is radical and incurable. The early detection of these cases is not difficult; they should be subjects for life-long detention; their existence can be made happy and useful, and they will train into comparative docility and harmlessness if kept under a uniform, temperate, and positive restriction. The school-room fosters the ill we would cure; in teaching them to write we give them an illimitable power of mischief—in educating them at all, except to physical work, we are adding to their armament of deception and misdemeanour.”

I received only within the last few days a letter from Mr. Millard, the late superintendent of the Eastern Counties Asylum for Idiots at Colchester, in which he writes:—“I have often had cases of moral imbecility under my care which require special attention. I know a respectable young man now in Ipswich gaol, for the third time, who is morally insane.”

The practical question which presents itself is that of punishment. If we could but free ourselves for a moment from the legal questions connected

with such a case as that I have narrated, we should surely be more able to study it from a purely pathological standpoint. We are still, it seems to me, if I might use a theological term, under the curse of the law. Is it not, then, true that men are born with organizations which prompt them to the commission of acts like those committed by this unfortunate man, and that the lower instincts are in abnormal force, or the controlling power is weak? Such a man as this is a reversion to an old savage type, and is born by accident in the wrong century. He would have had sufficient scope for his blood-thirsty propensities, and been in harmony with his environment, in a barbaric age, or at the present day in certain parts of Africa, but he cannot be tolerated now as a member of civilized society. But what is to be done with the man who, from no fault of his own, is born in the nineteenth instead of a long-past century? Are we to punish him for his involuntary anachronism? It is scarcely possible to conceive a more delicate question for medical or legal adjudication than whether the man who commits a crime is an example of vice, or whether he has so far passed beyond the influence of deterrent motives that he is morally irresponsible for the act.

Can deterrent motives cease to be efficacious in any mind in which reason remains intact? Let us see how the pure psychologist, not the mental physician, regards this question from his point of view. Take for instance Mr. Bain. After referring to weakness of intellect and to delusions as causes of inability to recognize the consequences of actions, he has no metaphysical difficulty in admitting that in moral insanity there exists a mental condition in which, while the subject is not beyond the influence of motives of prospective pain or pleasure, he has so furious an impulse towards crime, that the greatest array of motives which can be brought to bear upon him is insufficient to prevent its commission. "If," he observes, "the organism were somewhat less, the motives might be sufficient; they have their weight, but are overpowered by a mightier force. . . . Any one who has not to deal with a whole community, but with separate individuals, apart and out of sight, does make allowance for moral inability and inequality of moral attainment. . . . The public administration is hampered by general rules, and is therefore unable to make the same degree of allowance." Bain contrasts the case of the school-boy whose anger has led him to injure

another boy with the subject of moral insanity. In the former case it is right because it is possible to supply through punishment another motive which will counteract the repetition of the act, but in the latter case, where there are impulses morbidly strong which can only in a very limited degree be counterworked by the apprehension of consequences, Bain allows that the application of a stronger motive falls through, and that punishment is no longer the legitimate remedy. It is as cruel as it is useless. We must, however, make it impossible for him to indulge his deplorable propensities, and in some instances, perhaps, moral influences may modify the tendencies of even this class of beings.

DISCUSSION.

The President (Dr. Eames *) said that it was well known to all gentlemen connected with asylums or who had studied mental diseases that such cases, although not common, were to be met with. He had himself met with cases not quite so well marked as Dr. Tuke had mentioned, but corresponding to a great degree.

Dr. Rayner said they were very much indebted to Dr. Tuke for giving them such a case, which he thought might fairly serve as a type of this form of insanity. He did not think he had ever heard or known of any case which was so thoroughly typical of the particular state of mind which might be described by the term moral insanity or imbecility. He thought they should recognize that this, like all other phrases and forms of insanity, might be a persistent state, persisting throughout the whole lifetime, but it

* The Medical Superintendent of the Cork Lunatic Asylum.

might also exist in the development of any case of insanity, in some, perhaps, simply being a momentary, unobserved phase, perhaps for only twenty-four hours, perhaps for longer. In senile insanity, especially, one often saw a state of moral imbecility, so to speak, persisting sometimes for even weeks or months, causing great trouble to friends. The earlier mental stages of general paralysis might also be called states of moral insanity. Of course the question arose whether the acts of these moral lunatics were to be regarded as vices to be punished or as an abnormality to be treated, and whether the punishment or the treatment was the better thing. One astonishing thing was the utter loss of self-control. The individual was apparently unable to see the relation of anything but in so far as the fact before him was pleasant or disagreeable. The results he utterly ignored, accepting the immediate thing before him regardless of future consequences. That loss of self-control, being persistent throughout a life, certainly should not subject the individual to the ordinary modes of punishment. He should be treated, but whether he should be treated by being deprived of education, as Dr. Kerlin suggested, he (Dr. Rayner) would be inclined to doubt. He thought that they would have the greatest chance of establishing self-control by developing as many of the faculties as possible. To do this in a case such as that under consideration, when it had become a chronic or life-long case, would be very difficult indeed, but it was a question whether, if the patient had been taken in early life, something might not have been done. It appeared that this man was educated in the advantages of moral insanity. He was recognized as being morally insane, and escaped treatment. He had throughout his life an education in moral insanity, which might, perhaps, have been less developed had he been appropriately treated from the outset.

Sir Charles A. Cameron, President of the Royal College of Surgeons, Ireland, said that the case which had been so graphically described by Dr. Tuke was one of great psychological interest. It proved that the most cruel elements of man's nature could be co-existent with a fair amount of intellectuality, but still might be practically uncontrollable, owing to the almost, if not altogether, complete absence of moral attributes. This hideous creature

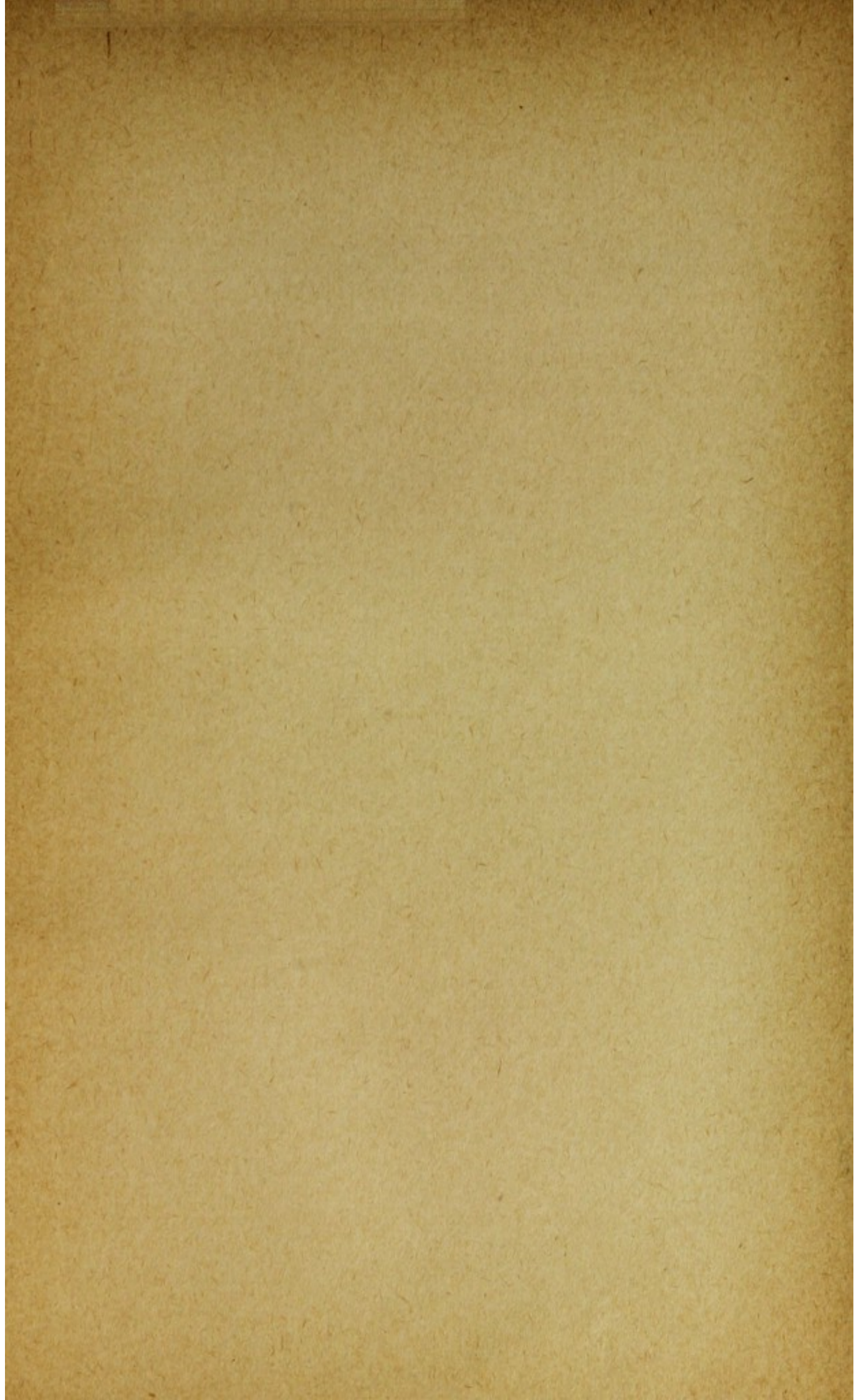
delighted in acts of cruelty ; the sufferings of sentient beings were to him a real pleasure, and the intense desire to gratify it led him to commit crimes which he was intellectual enough to know would, if detected, bring punishment down upon him. Many savage races enjoyed an exquisite pleasure in practising cruelties, and our early ancestors were not insensible to this horrid source of enjoyment. Even at the present time children were frequently observed to take delight in torturing animals. Plucking legs from flies, throwing stones at dogs, cats and birds, are favourite practices with the young, though under the influence of education, religion, example, and public opinion, cruel schoolboys grow up to be kind and tender-hearted men. Dr. Tuke's case might be regarded as one of moral atavism,—the reproduction of a ferocious, savage ancestor. The term moral imbecility applied to this case seemed to be the best that could be used. It was an exaggerated instance of an utterly debased moral nature, with an instinctive love of cruelty, such as is found amongst many of the carnivores, who kill even when they do not desire to devour their prey. No doubt many of those criminals, who, like Tropmann, appear to have had no adequate motive to induce them to commit their cruel and murderous deeds, were as morally imbecile as Dr. Tuke's case. As crafty and cruel as the tiger, they are equally devoid of moral attributes. Perhaps it would be as reasonable to blame the tiger or the wolf for their ferocious disposition as to hold responsible for their want of morality men such as that described by Dr. Tuke. One thing seems certain, that we should treat them as we would a dangerous animal—not unkindly—but in such a way as to prevent them from indulging their malignant propensities.

Dr. (now Sir John) Nugent said he had met with cases which, taken numerically together, represented the several characteristics of the case quoted by Dr. Hack Tuke, but he had never met with those characteristics all concentrated in any one case. He questioned whether the term "moral insanity" was strictly applicable to it, but rather moral imbecility, the case having commenced with infancy and continued, as described by Dr. Tuke, up to the very moment of his being punished for six months. It was a most interesting case. He was inclined to think that the man had never exercised his intellect, or that he did not understand or give himself time to consider whether his guilty actions were crimes or not.

It was an unaccountable impulse which induced him so persistently to adopt the course of life he did. He (Dr. Nugent) had known persons who were naturally of a cruel temperament though very kind at times, and individuals of that temperament continued generally thus through life, although they might be altered or improved. The important question for consideration was whether the man referred to was a criminal or not. He did not think he was a criminal. He thought that nature had implanted in him a disposition that nobody could regulate besides himself. What was the duty of society? To come in and protect him as far as possible from the results of his own actions, and at the same time to protect society from the results of his bad conduct. Was a prison or a lunatic asylum the best locality for a man of that temperament? He (Dr. Nugent) conscientiously thought, under the circumstances, that the man, being more or less an irresponsible person, a lunatic asylum would be the best place for him. There he would be carefully watched, and, if any prospect of improvement should appear, that improvement could be very much better carried out at a lunatic asylum, under men conversant with mental disease in all its forms, than in a prison, where the result of his association with prisoners would be to make him and them worse. The important point, therefore, in this case was as to treatment.

Dr. Savage said he concurred with Dr. Rayner that Dr. Tuke's case must form the classical case to which reference in the future should be made. It was complete as far as it went, but it would have been a good thing if they could have learnt more of the personal characteristics. As regards his own experience, he mentioned the case of a young fellow who from four years of age had been addicted to lasciviousness. At the same time he had exhibited considerable power on the lines commonly associated with moral imbecility. He had a wonderful memory for isolated facts, so that when he was examined at the court, he corrected the witnesses in the most glib way by saying, "You are wrong; it was two o'clock on such and such a day," or correcting them in regard to similar matters of perfect indifference, but showing extraordinary memory. He was a fair musician. His skill and acuteness were such that the special jury inquiring into his case found that he was of sound mind. He was then twenty-seven years of age. He was afterwards found guilty of an indecent offence, and sent to gaol,

and had lately after his discharge been behaving sufficiently well to be at large and control his affairs after a fashion. Here was a case begun very early in life, getting worse in adolescence, and finally becoming so bad that society, frightened, thrust him aside when he was a man; and yet that person had been well enough to be at large for two years. How far should punishment be made use of in such a case? He agreed with Dr. Nugent in regard to this. As to love of blood, he had seen several cases. That which he would make special reference to would fall in with what Dr. Rayner referred to as to cases passing through a stage of moral loss of control in the development of acute mania. The case he quoted was a most talented musician, a man looked upon as the tenor of the future. Unfortunately there was insanity in the family. He went to an abattoir and ordered a pint of fresh blood, which he drank off at one draught. He went again, but by that time they had got suspicious. His thirst for blood was so great that he would almost certainly have murdered a child to get a drink of blood. While referring to this case he would like to say a word on an allied condition. There were other impulses which most people who were not moral imbeciles or morally insane would recognize in themselves to a certain extent, and in their friends to a greater extent—the tendency of not liking to look down from a height or a feeling of throwing one's self before a train. These impulses were all connected. He saw a child whose mother was in Bethlem immediately after his birth. The child was brought to see him under these circumstances: a very little work, reading or writing, or that sort of thing, caused pain at the top of the head, and it was a question whether he should be treated in the way described by Dr. Kerlin. Education was given up for a time, and on inquiry from the little lad himself it appeared that the two dreads of his life were heights and railway trains, and he could not go back far enough to tell me when those dreads came on. It had so grown that the very sight of a ladder caused the lad to catch hold of anyone with whom he was walking. He (Dr. Savage) would conclude by merely observing that this was an interesting addition to the symptoms of moral insanity.



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