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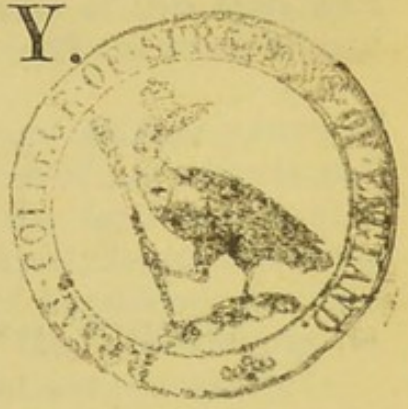
THE

LEGAL RELATIONS

OF

INSANITY.



BY

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MDCCCLXI.

Now, I presume it will be conceded by every one that insanity is a *disease;* that this is universally admitted, appears evident from the fact, that it is everywhere considered the province of the physician to treat it. Nor will it be objected to for a moment, if I go farther and say that it is universally acknowledged that insanity is a *disease* affecting the *mind;* the synonyms for insanity, "mental derangement," "unsoundness of mind," "mental alienation," and others, are sufficient to establish this. I may even go one step further still, and say that it will be admitted by every one at the present day, that insanity is a *disease* of the *brain* affecting the *mind.*

I do not stop to inquire whether phrenology is true—or what part the brain plays in the exercise of thought and feeling—or whether the mind is a separate entity—or thoughts and passions merely the functions or products of a material organ. I think all such inquiries are beside the question in its practical relations; and I think I may, without compromising any theories of mind and brain, assume that it will be admitted by all parties, medical, metaphysical, and neither, that *insanity* is a *disease of the brain affecting the mind.*

I may state here, parenthetically, my belief that there is sufficient evidence to be derived from the *post-mortem* examinations of the brains of those who have died insane, in a vast majority of cases, of *actual disease* of that organ. I may add that our imperfect knowledge as yet of the minute or microscopic anatomy of the healthy brain, is still such as to render us unable to say whether there is not disease of the brain in *every case.* I do not, however, insist on this point; it may be that in some cases there is merely a disease affecting the functional activity of the organ which may be more or less active than is natural, or there may be a poison circulating in the blood.

Whichever of these theories may be adopted, none of them affect the simple and generally received definition of insanity we have arrived at, namely, that insanity is a *disease of the brain affecting the mind.*

I think I hear some one saying—"Well! what of that? Who doubts it? What have you got, admitting this very simple proposition which nobody ever denied? Tell us something more of insanity,—what particular affection of the mind is it that constitutes insanity? I hear another gentleman remarking, at least he did so to me a few days ago,—You asylum doctors, or alienists, or psychological or psychopathic physicians, as you now call yourselves, would make us all mad together; I believe you or Dr Browne would send any of us to an asylum. If a man drinks hard, he is a dipsomaniac; if he eats too much, and gets bilious, and disgusted with the world, he is suicidal and dangerous; if he shoots or massacres any one in cold blood, he is a moral lunatic, a homicidal maniac, and has an irresistible impulse;—why, you have elevated every species of vice into the rank of a disease: fire-raising, theft, and rape are nothing now

but various forms of madness known to medical men as pyromania, kleptomania, and satyriasis. Pray what good does your definition of insanity do towards clearing you of these charges of folly? I hope it does not include all these acts as madness. I do not doubt that insanity is a disease of the brain affecting the mind; but how does it affect it? What affection of it constitutes insanity?—for if all these acts are proofs of insanity, I must demur to your own soundness of mind.

To this category of questions I answer briefly, that I shall tell you a good deal presently about the nature and kinds of mental affections which are produced by this disease; but, in the first place, I would point out, that I have gained a great deal by my definition, brief and meagre as it still appears to be. Enough, I think, to enable us to meet those aspersions upon the medical profession, and on alienists in particular, as to their making out everybody to be mad, and every foolish, vicious, or criminal act to be a proof of madness. I think, moreover, that, simple and obvious as my proposition appears to be, it contains within it a point too often overlooked in questions regarding insanity, both by lawyers and physicians. It seems to be too generally imagined that the evidence of insanity depends solely upon the proof of the existence of one or more delusions, or of some one particular mental state or extraordinary propensity or unnatural habit. And those who are disposed to deny the insanity naturally say,—Why, many learned and sane men have believed in more absurd things: does not this man believe in ghosts, and that one in mesmerism, and that other in homœopathy? Was not Galileo deemed a madman because he believed the earth went round the sun? Is it because a man has peculiar ideas on religious subjects that he is to be accounted insane? What wild and incredible notions have not been entertained in all ages on these subjects by men whose sanity no one questions?

And, again, in reference to extravagant or peculiar or vicious habits, it is said, if you once admit these to be proofs of insanity, there is an end to all distinction between vice and virtue, and to all criminal responsibility.

Now, my position is this, that insanity is a disease—a disease of the brain; and that, of those mental delusions and peculiar habits spoken of, unless they are proved to be symptoms of that disease, I do not profess to have anything to do with them. If, however, I can prove that they are in any instances symptoms of a disease of the brain, then I claim the subjects of them as cases of insanity or unsoundness of mind, and as proper objects for medical care and treatment.

I profess myself—speaking for the profession at large—to be able to distinguish *diseases* when I see them. I contend that we know our profession better than to confound eccentricity, or peculiar tenets, crotchets, or beliefs, with the delusions of the insane. I should be sorry to think that I could not distinguish drunkenness,

or thieving, or any other vice, from a disease of the brain, of which these propensities formed only part of the symptoms. I would as soon maintain that a hot skin was scarlatina, or a shivering fit an ague, or a cough an inflammation of the lungs, as I would assert that any one of the symptoms referred to constituted insanity. I hold myself able and bound in every instance to make out the whole features, history, and progress of each case sufficiently to establish my opinion on the sure basis of a scientific diagnosis. I must make out disease, or the case is altogether beyond my province.

Just as, in the illustrations referred to, scarlatina, ague, and pneumonia, it is not a single symptom that proves the existence of any one of these diseases. A hot skin is common to all fevers, a shivering fit precedes many affections besides ague, and a cough is a symptom of fifty diseases besides pneumonia. But in each of these cases a certain concatenation of symptoms enables me with certainty to make out the disease. So in any case of insanity; in very few cases would a single symptom, whether a delusion or an overt act of vice, folly, or extravagance, afford anything more than a mere presumption of madness. In some cases that presumption might rise to a certainty; as, *e.g.*, where a person imagined himself to be the Deity, or the fourth person in the Trinity, or was the subject of some equally absurd and incredible delusion. In many cases the presumption, although not amounting to the value of a pathognomonic symptom, would be very nearly tantamount to one; as, *e.g.*, when a person imagined he was heir to the throne, or possessed of enormous wealth, either of these things being so *obviously incredible* in the circumstances of the particular patient as to afford strong evidence of their being insane delusions. But possibly none of these beliefs might be insane delusions. There are many things that might at first sight appear to be the delusions of insanity which, after all, are not so. I once had a patient placed under my care, of whom it was stated, in evidence of her insanity, that she laboured under the delusion that she was in "the family way"—a statement to which she gave the lie within two hours of her admission by giving birth to a fine boy! (She was, however, really insane, although the belief that she was pregnant was not one of the symptoms of it.)

I had a gentleman placed under my care some time ago, of whom it was affirmed, by one of our most distinguished physicians, in his certificates, that he laboured under "*metallurgic delusions*." In fact, he believed he could extract gold from pebbles, and he busied himself in operations of a quasi-chemical character, with the view of getting this gold. Now, viewing this delusion abstractly, what, it may be said, was there in it affording greater evidence of insanity than was afforded by the labours of the alchemists of the Middle Ages in their search for the philosopher's stone?

Some one would perhaps reply to this question, that the general knowledge of chemistry at the present day, patent at least to all

educated men, must have made it obviously absurd—insane, in fact—for any one to expect to find gold in common pebbles.

But to this response I imagine I hear an astute lawyer reply, Why, bless me! did not the late lamented Samuel Brown, an accomplished chemist and a man of rare genius, imagine something far more startling than that? Did he not actually declare that he could transmute sand into a metal more valuable than gold? Was he insane?

Certainly not. Then, why the different inference in the two cases?

To this it would be a satisfactory reply to most minds to say, that in the one instance the experimenter went about his work in an absurd and irrational way—a nonsensical way—showing he knew less about chemistry than the most ordinary of intelligent mortals; whereas, in the other case, the experimenter based his assertion upon a series of careful chemical experiments, conducted according to the rules of the science by one who knew it well, and that his results were professedly explained by a chemical theory of the most alluring, plausible, and philosophical kind.

But my friend and patient would have puzzled you in the argument; for, in his anxiety to relieve himself from the imputation of insanity, he very soon found out enough of chemistry to make even his rude theories and experiments plausible. He soon asserted that he only looked for gold in pebbles containing *quartz;* and he maintained, with great ingenuity, that although he had been obliged simply to boil his chucky-stones in milk and ketchup and vinegar, in a saucepan, to get the gold, he did so because he could not get the proper chemicals, and he hoped that the acids generated by his processes and ingredients might dissolve out the quartz and leave the gold!

Now, I question whether in a debate before a jury, turning on this delusion alone, you would not have succeeded in getting a verdict of sanity for this client.

But to what conclusion does this lead? Why, obviously to this, that it is not any particular alleged delusion, or peculiar or absurd opinion, that constitutes insanity. Such a delusion, or singular and incredible opinion, *is not the disease;* it is only *one of the symptoms* which to a medical man indicate the existence of brain disease—of insanity.

Weighed in the balance before an impartial jury, which of the two assertions of the gentlemen referred to—the one, that he got gold out of quartz by means of acids; and the other, that he transmuted an elementary substance, such as silica, into platinum—would appear most incredible? Undoubtedly the latter. Then, why should we consider the former, and not the latter, a proof of insanity? For these obvious reasons, that in the latter the deduction was the result of a rational and careful and scientific inquiry, and in the former it was the result of diseased action of the brain;

it was only one of a great many symptoms indicating and proving *disease*. The belief that gold could be got from common pebbles, was not the *disease*—that belief, or delusion if you like, was not *insanity*—it was only one of the symptoms of it, like the hot skin of scarlet fever or the cough of pneumonia. That disease of the brain, amounting to insanity, affected the gold-seeker in this case, was made out conclusively by a variety of symptoms, all combining to establish this fact as conclusively as the entire concatenation of symptoms and history which go to complete the picture of a scarlet or a typhus fever.

In this particular case, to illustrate the subject more fully, there was the following array of symptoms:—

A gentleman, naturally and habitually of retiring habits, modest and unassuming, amiable, very frugal and temperate, becomes vain and boastful; intrudes himself as a friend and visitor into houses where he is unknown; dines at the mess in the neighbouring barracks, by means of self-introduction; runs about to all the scenes of excitement in the neighbourhood, at all of which he drinks to excess; he makes proposals of marriage; takes a country house, at a rental of L.500 per annum; purchases the carriages, horses, and wine, at a cost of L.600; orders L.200 worth of jewellery, and L.300 worth of paintings. During all this time he is restless and sleepless, unless when narcotized by hard drinking; does not keep his bed above two or three hours, and is up, and full of projects, which vary every hour. A short search for pebbles and a hurried search for gold is followed by the painting, with hair-oil, all the pictures and ornaments that can be got; this, by efforts to polish some of the pebbles; and this, again, by abortive attempts to play the flute or violin, on all of which he thinks himself a proficient, although unable to play a single tune. He will sing any song in any company, and accompany any singer or any orchestra on the piano, although as unable to play either in time or tune as if he had never seen the instrument. Add to these symptoms, great animosity and suspicion against his relatives; a constant craving for stimulants, which he takes every means to obtain in any way,—drinking other people's wine and beer, bartering postage-stamps for it in the absence of money. Add to this craving, the loss of any appreciation of the *meum* and *tuum*, —he borrows a book from one gentleman and makes a present of it to another; copies poetry from obscure authors, and professes it to be his own; produces gold which he has scraped from a sovereign, and asserts that he extracted it from his pebbles. To complete the picture, I might add further details of a more revolting character, but I forbear. I make only one statement more, that this is the fourth attack, and that the previous ones were characterized by similar symptoms; and, on recovery, the gentleman always presented the same natural reserve of character,—visiting no one unless invited; quiet and modest in company; very temperate; extremely frugal, so much so as to spend little more than a third of his income.

Such a description completes the natural history of an attack of insanity; in other words, it affords as much evidence to the mind of a physician of the existence of disease affecting the *brain*, and through it the *mind*, as would the entire description and detail of every individual symptom of a case of scarlatina, typhus, or pneumonia give of the existence of any of these diseases. In short, we are as sure of the existence of disease in the one instance as in the other,—our opinion being founded upon medical experience and a review of the entire evidence afforded by all the symptoms of the case.

On precisely the same grounds as in the case of scarlatina or typhus, the physician is permitted to declare authoritatively his opinion, and treat his patients according to the principles of his art, do I contend that, in such a case as that described, he is the proper person to pronounce as to the existence of the *disease* called insanity, and that it is his province and privilege to treat that disease according to the rules of his profession.

Let me illustrate this position in reference to those cases of *moral insanity* to which I have referred. I take only two of the forms of moral insanity which I have named: *kleptomania*, or the insane propensity to *steal;* and *dipsomania*, or insane drinking.

Of the former I remark, briefly, that the cases are comparatively few where it exists as an uncomplicated monomania. It is generally a symptom only occurring in other forms of mania, not unfrequently in the general paralysis of the insane. It was partially developed in the case which I have just described. In all such cases there can be no doubt of its being the result of disease.

There are, however, some well-authenticated instances of persons —one or two of them still alive—who appear to have been otherwise quite sane, and to have conducted themselves in other respects rationally, who showed this propensity under such circumstances as could leave no doubt of its being a *morbid* one. The strength of that presumption in any such case must depend upon the circumstances. But I presume, when a lady of good family and ample means is known habitually to purloin articles of lace or other finery when shopping, and to allow them, without remark or remonstrance, to be sent back next day by her friends, or to be charged unchallenged in her accounts by shopkeepers who are forewarned of her propensities; or when a member of H. M. Privy Council, an able officer of State, of unblemished character in other respects, is known to pocket silver spoons and other articles of plate, where he visits, and allows his pockets to be searched by his valet, and the articles returned to their respective owners without any remonstrance,—I presume it will be admitted, even by the most incredulous opponent of a *moral* insanity, that these persons laboured under morbid propensities, and *quoad* these propensities were *insane*. I claim even such cases as coming within the province of the physician as *diseases*. I do not assert that they require seclusion in an asylum, or any

special medical treatment; but I certainly claim them for protection, and protest against their being taken before the police magistrate.

It may be allowed that there must be difficulty, in some such instances, in distinguishing between insanity and mere eccentricity; but in reference to all these monomaniacs (and they are very few), where there seems to be only a single insane delusion or a single morbid propensity, like that of theft, I would remark, as was long ago pointed out by Georget and afterwards by Prichard, that "such persons are really more insane than they appear to be, and are ever liable to display perversities both in feeling and action." If we were able to follow those persons into private life, and observe their habits and deportment, we should generally find many other proofs of diseased action of the brain. We should probably find, in the history of the individual, evidence of a hereditary predisposition, of a sudden change and perversion of the moral character and feelings, occurring after some obvious and common cause of insanity; of prolonged fits of gloom and suspicion, or of acts indicating morbid irritability and violence; of altered habits; and, in fine, a chain of symptoms completing the natural history of an attack of that disease of the brain which we call insanity. In some of the cases many of the general symptoms may have subsided or disappeared altogether, and left only a single delusion or morbid propensity, giving the disease the character of a true monomania (Prichard, 28–29). In regard to dipsomania, the only other illustration of a form of moral insanity with which I propose to illustrate my position, I state at once that the existence of such a form of insanity must be determined by the same criterion. If a man steals from the impulse of a natural and rational motive, he is a *thief;* and if he steals from a *morbid* impulse, without any such motive, he is *insane.* So with equal truth it may be asserted, that if a man drinks to excess from natural and obvious motives, or from such motives strengthened into the force of seeming necessities by habit, he is a drunkard; the force of the habit, and the duration of it, makes him nothing more than by habit and repute a drunkard; it does not make him insane. But if he labours under a *disease* which impels him to drink to excess by morbid impulses over which he *has no control,* then I maintain he is insane; his mind is unsound; he is no longer responsible, and is a proper object of medical treatment for the care and cure of the disease which produces those symptoms. Unless I make out, unmistakeably, by the symptoms and history, the existence of a *disease*—a disease affecting the mind, so as to produce morbid impulses and desires destructive of the powers of self-control and self-government—I admit at once I have no case.

I have no intention of going fully into this subject here—it was much more ably discussed in this Hall by Dr Christison, on a former re-union of this kind, than I could hope to do it. I only wish to illustrate the subject, so far as it serves my present purpose—that of

placing insanity in its proper point of view, viz., as a *disease*. I am the more anxious to illustrate this form of insanity from that point of view, as in no instance has it been more frequently overlooked than in such cases. In proof of this I might refer to a recent and very able article on dipsomania, in which it is treated throughout the whole paper as "the VICE of inveterate drunkenness;" and it is only casually and reluctantly conceded, that there may be a few cases where it is the effect of insanity, *i.e.*, of *disease*. Now, I know of no dipsomania unless a *disease* under that name, and do not consider myself as a physician entitled to have anything to do with inveterate drunkards, except in the way of friendly advice, remonstrance, warning, nephalistic lectures, or such other appeals to their moral sense as may move them to amended habits. A man may be carried to bed drunk every night of his adult life, and give no room for any question as to his sanity, or any privilege for interference with his habits in the way of restraint or medical treatment. But if it appears clearly that he is drinking from the influence of disease over which he has no control, and that he is really insane, then I contend he is as much the object of medical treatment, and, if necessary, of constraint, as if his morbid impulses led him to dance about naked, destroy dress and furniture, bedaub his person and his room with filth, and curse and swear without ceasing. He may do all these things without any delusions, and with as perfect a preservation of his intelligence as the insane drinker. If in the latter case he would be regarded as mad by all mankind, and yet labours only under *morbid impulses* and *loss of self-control*, I can see no reason why in the former he should be debarred from the benefits of medical treatment and protection if his *impulses* are really *morbid*, and his loss of self-control as complete.

The only reason that can be offered is, that sane people frequently get drunk; whereas sane people, at least in civilised countries, never perform the fantastic tricks I have described.

True; and that brings us to the marrow of the matter, namely, that, as persons of reputedly sound mind get drunk, it is not always easy to determine when the drinking is the result of insanity, or, in other words, a symptom of diseased brain.

Now, I by no means deny the difficulty in many cases; but that no more relieves me from the responsibility of solving it, if possible, than I am relieved from the responsibility of discovering and treating properly any bodily disorder because it is obscure. Nor is the difficulty of the subject any argument whatever against the existence of such a disease. In many cases there is no difficulty at all; nor would there be any dubiety in the mind of the most casual observer. If a distinguished clergyman, say, of known integrity and proved piety, who had spent a long life with unblemished character, known to be a pattern of temperance and moderation in all things, were suddenly seen rolling along Princes Street in open day in a state of beastly intoxication, I can imagine the whole community

would say, Why, the reverend doctor must be ill; there must be something wrong with him. And if, upon inquiry, it were found that he had sustained some great moral shock, or had been overstraining his mental energies; that he had lost sleep, wandered about at night, had become gloomy and irascible, and did many things totally unlike his former self,—beat his wife, for example; put his Bible, or a loaf of bread stuck full of candles, into the fire; and such like acts,—the evidence of diseased cerebral action would, I think, be sufficient to convince any reasonable man. So, in most other cases of this so-called dipsomania, there will be found some obvious cause, such as a blow or fall on the head, the loss of a large quantity of blood, or some other cause; or the drinking is preceded by a sudden change of character, irritability and violence, gloom and despondency, or unusual elation of spirits, and a variety of other symptoms, of which the drinking to excess is perhaps the most prominent, but only *one of many*, all of which indicate brain disease.

It cannot be denied that in some cases, where the disease has supervened upon long-continued habits of tippling or drunkenness, the difficulty of determining when the *habit* passed into a *disease* may often be very great; but, notwithstanding the difficulty, it is not the less certain that the habit may engender the disease, as it may engender any other form of insanity; and that the disease being one which destroys self-control, and renders its subject no longer responsible, he is a proper object of medical treatment and protection. That the existence of *diseased* action can be proved in most of these cases even, by a careful review of the history, habits, symptoms, and the development, in particular, of other morbid impulses and perverted desires, I have no doubt. I cannot at this time amplify illustrations on this subject; but I would conclude it with a remark made by Professor Christison, in the Address referred to, which struck me as singularly apposite, and confirmed by all that I have seen. "Should there be any intelligent member," he said, "of the legal profession who still entertains doubts as to the psychology and law of the subject, let me simply say that I have not hitherto met with any of his brethren who did not surrender his doubts as soon as the insanity of drink-craving was brought home to him in the person of a relative, a ward, or a very intimate friend, so that he could observe for himself all the phenomena."

To revert to the position with which I set out, that the province and duties of the physician in regard to insanity are exactly the same as they are in reference to any bodily disease, such as fever. I would remark, further, that as in the latter case it is our duty to discover disease in its earliest stages—to detect, if possible, the premonitory signs, and prevent its further progress or its spread among others if it is infectious—so, in regard to insanity, it is equally the province of the physician to detect its earliest symptoms or premonitory signs, and equally his privilege and his duty to take measures for the cure or prevention of the disease at this stage, or to guard

against its probable consequences to the patient himself or to others.

This point, as we shall presently see, has not only important *practical* relations to the individual himself, but important *legal* relations both to himself and to those who have to regulate his treatment.

The earliest appreciable signs of insanity are generally some marked changes in the temper, the disposition, or the habits. Indeed, of all the features of insanity, morbid emotions, impulses, and feelings, and the loss of control over them, are the most essential and constant. Delusions, illusions, and hallucinations of the senses, are, comparatively speaking, accidental concomitants of the disease; they are generally developed only during its progress, and are sometimes never present at all; but the moral perversion invariably accompanies the invasion of the disease, and seldom, if ever, is absent at any subsequent period.

"The moral alienation," says Esquirol, perhaps the greatest modern authority, "is so constant, that it appears to me to be the proper characteristic of mental derangement. There are madmen in whom it is difficult to discover any trace of hallucination; but there are none in whom the passions and moral affections are not disordered, perverted, or destroyed. I have in this particular met with no exceptions."

It is in these moral changes, therefore, that the earliest traces of insanity are most commonly observed. A person of genial and generous sentiments becomes suddenly morose, taciturn, and penurious; one of frugal habits becomes speculative and prodigal; another, of rigid integrity, is detected in acts of open pilfering; a managing wife is suddenly found to be making purchases out of all proportion to her means or wants; a sober and pious man becomes all at once drunken and licentious, his excesses being gross, open, and unbridled. In another instance, a person of known decision of character becomes suddenly irresolute, wayward, and facile; a modest woman becomes vain and egotistical; an affectionate wife or husband becomes suspicious, jealous, irritable, dangerous;—and so of every conceivable moral perversion that indicates a total change of the natural character, and affords, therefore, a strong presumption of diseased action.

These symptoms are generally accompanied by others of diseased bodily functions, affording to the experienced physician the strongest corroboration of incipient insanity, and in many instances it may even be prognosticated of the most distressing and hopeless kind.

Now, for all such cases I claim for the physician scope and authority to act as he would be enabled and expected to do with an insidious bodily disease or infectious fever, and take steps for their cure while a cure was still practicable, and precautions for the safety of life and property before it was too late.

I think you may possibly imagine I am making much ado about

nothing, and say, "Who doubts all that? These are veritable truisms." My object in dwelling so fully on this point will be more apparent presently. But I would first appeal to the daily records in our public press of horrible murders, of suicides, of wives and children having their throats cut by uncontrolled madmen, and numerous other tragedies, in proof that the early detection of brain disease cannot be over-rated. Have we not lost men of rare genius and worth, from ignorance or want of proper appliances for treatment in such cases? How many lives have been lost, how many fortunes dissipated, by ignorance or neglect, or imperfect means of timely interference, it would be impossible to calculate.

I have been consulted by mothers who were terrified to be left alone with their own babes lest they should murder them, and would leave them untended, and walk up and down the streets till their husbands came home, lest in their absence they should be impelled to so horrible an act; by gentlemen, who have implored me to retain them under my care, and who have been found dead within two days. I have known ladies who had submitted for years to threats of their lives from their husbands, without complaint. In one, the lady had habitually to watch an opportunity of placing her husband's loaded pistols in water, to save herself from being shot; in another, the lady was almost daily threatened for years with the carving-knife, which was several times drawn across her throat; in a third, the lady submitted to innumerable barbarities and degradations for a series of years; and in all these cases the disease was concealed by the long-suffering wives, and the husbands were reputed sane and followed their respective avocations for years, until loss of memory in one, extravagant delusions in another, and open drunkenness in the third, led to a disclosure of their condition. Two of these cases terminated in general paralysis.

In illustration of the legal relations of such cases, I shall cite one out of several, from a paper recently read before the Institute of France, by M. A. Brierre de Boismont:—

"A merchant, aged 46 years, whose conduct had always been honourable, was brought to my establishment in 1846 on account of acts of licentiousness of which he had been guilty over a period of half a year, and which were so entirely opposed to his usual habits, that his family, painfully affected by his conduct, thought that it must be attributed to some mental derangement.

"For several months, moreover, he had given himself up to speculations, of which many had failed. Even at the time when attention had been aroused by his disordered actions, nothing in his discourse and manner of living had excited any suspicion of mental disturbance. He visited the Bourse daily, had numerous communications with persons of his calling, but none of them had perceived his mental state, or at least no one had pointed it out.

"When he was brought to me, he neither showed any emotion,

nor manifested any astonishment at being transferred to an unknown house. I spoke to him first upon the acts which had led to his being placed under control. He answered, speaking carelessly, and as if the matter did not concern him, 'That alarm had been readily taken, and that everything would be explained!' I interrogated him afterwards about his business, and the position of his affairs. To these questions, which did not seem to surprise him, he to all appearance responded rationally, but somewhat evasively, and gave no explanation. I referred more particularly to certain of the points on which I sought information, and he said, 'My business affairs, like other commercial matters, are both good and bad; I have not to complain of them. My family behaves well to me; my position is satisfactory, and my health is very good.' I attempted to question him more closely, but he then responded, 'I do not know: I cannot call to mind.' Not being able to elicit anything more from him, I terminated the conversation, and he wished me to allow him to visit the Bourse. This request not being acceded to, he left me, as if the refusal were a matter of trifling importance, and went into the garden.

"During this conversation, it was evident to me that the attention was enfeebled, the memory confused, and consciousness modified; but I did not observe either embarrassment of speech, disorder in the movements, or manifest incoherence. I concluded, however, that the man was under the influence of general paralysis; and I stated to his relatives that grave consequences were to be apprehended, not only to his life, but also to his fortune.

"The examination of his books was a thunder-stroke. They were badly kept, showed great omissions, and the only certain information to be obtained from them was, that ruin was imminent. The commercial position of the unfortunate man presently, however, assumed a more serious cast. The judges of the Tribunal of Commerce pronounced on his affairs a verdict of fraudulent bankruptcy, and directed his arrest; and an officer of the Court presented himself at my establishment with the necessary mandate. I conducted him to the patient, in whom, in the space of three weeks, the following changes had taken place. His memory was entirely lost, and he could not respond to any questions put to him. His look was stupid, and his figure immobile. Already embarrassment of the speech might be noted, and feebleness of the legs showed positively that he suffered from general paralysis, and that the habitual excitation of his life had been masked by mechanical movement. I declared to the officer that in the state in which the patient then was I could not permit him to execute the mandate; and I added, that, from the rapidity with which the affection had proceeded, it was almost certain that a serious termination would very shortly occur. I prepared a certificate to this effect, and forwarded it to the president of the Tribunal of Commerce, and the arrest was adjourned until the re-establishment of the patient's health. Three

months afterwards this patient died in the last degree of degradation and marasmus."

In further illustration of the same subject, M. Boismont says, referring to cases where the early symptoms consist of thoughts of great riches and power:—"Several years ago I was consulted by a rich man in whom I quickly recognised the intellectual dispositions spoken of, although he dissimulated very well his infirmity. He was one of those patients who impose upon those around them by their apparent rationality, their specious arguments, and the observation of the habitual proprieties of life. The substratum of variety which I readily discovered, in spite of his rational address, induced me to intimate the peril he was in to his family. I could not advise them to place the patient in an asylum,—indeed, they would not have followed such advice, he as yet speaking so well; but in presence of his physician, a well-informed man, I advised the family to keep upon their guard relative to his fortune. 'Take precautions,' I said, 'against sharpers; they would easily victimize him. The danger is great on his side, and I warn you of it, because I have seen more than one example of this kind.' A year passed before I heard anything more of this gentleman. Then one day he was brought to me, after a scene of violence which had placed one of his relatives in danger. My prediction was verified; it was necessary to make good a deficiency of 200,000 francs.

"The merchant, whose case is related in the sixth observation, had also in the same manner squandered 600,000 francs, and reduced his wife and children to poverty. At the termination of the sitting of the Academy of Sciences, where I had communicated this paper, one of my friends said to me, 'If these facts had been known, my son in-law would not have lost 800,000 francs, ruined my daughter, and left five children to my charge!'"

These cases are sufficient, I think, to illustrate the necessity of placing insanity in its earliest stages under the control and direction of the physician, and of providing him with such powers and privileges in the treatment of the insane as may enable him to meet his responsibilities for the conservation of the lives and fortunes of his fellow-creatures threatened with this distressing malady.

Definition completed.

The sketches which I have incidentally made of various forms of insanity will now enable me, I think, to complete my definition of it. I had arrived at the conclusion that it was a disease of the brain affecting the mind. I have to complete this definition by saying how it affects the mind. My reply is, that emotions and passions are caused by the *disease*, and not by the motives ordinarily calling into action these emotions —that is *moral* insanity—and that in another class of cases ideas are believed in which have no evidence of their truth: they are neither founded on fact, observation, nor memory, and are such as no sane man would entertain as matters of testimony or observation;

they are, in fact, morbid fancies and beliefs—ideas caused and believed in by disease.

To reduce my definition to a brief compass, I would say that *insanity is an (apyretic) affection of the brain in which emotions, passions, or desires are excited by* DISEASE (*not by motives*), *or in which* CONCEPTIONS *are mistaken for acts of* PERCEPTION *or* MEMORY.

This definition appears to me to comprise everything. The first part of it defines *moral insanity*, in which the propensities, emotions, and desires alone are *morbidly* excited; and the second part of it defines *intellectual insanity*, in which there are actual delusions or hallucinations, so long considered the essential feature of madness. If I would add anything to this definition, it would be the *loss of self-control* or *self-direction*, which appears to me to be the peculiar characteristic of all forms of insanity,—that loss of self-control over the actions, which permits them to be restless, violent, or extravagant; a loss of control over the passions, which permits them to overrule the judgment and the conscience, and ends in acts of vice, debasement, or violence; a loss of control over the succession of the thoughts, which permits them to be incessant, rapid, and incoherent; a loss of control over the ideas, which precludes the insane from the exercise of comparison and judgment, and leaves them (as D. Stewart remarked), like persons in dreams, to mistake the objects of reverie or imagination for realities. In fact, I know of no designation for insanity which more briefly and correctly distinguishes it than the old Scotch one, namely, a man who has *lost his judgment.*

But I shall not dwell on the metaphysics of insanity: what I am mainly solicitous to bring before you this evening are the practical bearings of the subject.

The first difficulty which meets us in the treatment of the insane is a legal one. When called on to treat any other disease, if we know how to do it, there is nothing to interfere with the discharge of our duty. Even in the case of a dangerous operation, rendered necessary for the salvation of life, if the patient refuses to risk the operation, we can with a good conscience throw the responsibility upon his own shoulders, and, having warned him of the consequences, our duty is fulfilled and our obligations at an end.

But with insanity it is very different. If any steps require to be taken disagreeable to the patient, and in which he refuses to acquiesce, we cannot appeal to his judgment, and leave the consequences on his shoulders, for his judgment is gone, there is none to appeal to; his responsibility is gone with it, and cannot be taken off us. Upon us devolves, when such a case is placed in our hands, all the responsibility, and upon us will fall all the odium of the consequences. We have to bear the upbraiding of friends for ruined fortunes, for suicide, and the reprobation of the entire public should some act of homicide result from neglect or inefficiency on our part.

In the treatment of bodily disease there is rarely any hurry or trepidation, and an appeal to the reason and judgment of the patient leads him at once to act on the advice offered. But with insanity it is far otherwise;—the disease leads the subject of it to commit open acts of seeming vice or folly; acts injurious to himself, to his own interests and those of his family. He threatens his own life, it may be, or that of another; the voice of reason is lost upon him; he obeys the impulses of a disease; and, as he cannot control himself, his acts must be controlled by others; he must be watched and guarded, and in a large majority of cases deprived of personal liberty. How is the physician prepared and armed for this step? Why, in the very worst possible way—in such a way as to hamper and intimidate him, and cause the greatest delay and danger to his patient. Such is the jealousy with which, in this free country, the rights of personal liberty are guarded, that the physician is hedged round with a phalanx of difficulties; in some cases he is barely able to save life, and in many he is rendered impotent to check disease by timely interference, or to prevent family ruin, the dissipation of fortune, or the unbridled indulgence of diseased passions. The physician, and all associated with him in the care of the insane, are looked upon with peculiar suspicion and distrust; and legal difficulties are heaped upon each other, so as to throw impediments in the way at every step, and render the fulfilment of their duties to the patient as hazardous and unpleasant as possible.

In cases of raving madness, by an arbitrary exercise of power the patient may be restrained in his own house or in some private dwelling for a time, under the care, or undue harshness, of nurses; but these, as well as most of the less turbulent forms of insanity, can only be properly restrained in an hospital provided with all the required appliances for the humane and efficient treatment of the malady. To send any one to such an hospital, which I may assume to be necessary in a large proportion of cases, it is necessary first of all to get a *sheriff's warrant*, as if the patient were a *criminal*, and not a *sick man!*

To get this warrant, two medical men must see him; and, so suspicious is the law of collusion, they must see and examine him separately. They are also burdened with disqualifications, which I do not stop to detail. In the midst of the hurry and trepidation, it may be, attendant upon the case, they must state in their certificates the grounds upon which their opinion rests, as the result, first, of their own observation of *facts;* and, second, of the testimony of others; and no certificate is good without *facts* observed by the doctor himself. The agitated and distressed relatives have to fill up two printed documents, and sign them; and any accuracy, even an obvious clerical mistake, made in the hurry and distress of the moment, may invalidate all that has been done. Very often even this stage of the procedure is not arrived at without considerable delay. A second doctor is not always to be had; perhaps, after he

comes, the fear of an action of damages leads him to refuse any such certificates, and another is sent for; and very often, as we shall see, although the insanity and even urgency of the case is quite manifest, they find it not easy, from inexperience, to express in a few words such an account of the facts observed by themselves as shall be afterwards by the sheriff satisfactory evidence of insanity.

However, after this is done, the sheriff's warrant must be got; that can only be procured between 10 and 3 on ordinary week days, between 10 and 12 on Saturdays, and not on Sundays at all.

Suppose the sheriff is 30 or 40 miles distant, the paper must be sent to him for his signature.

But the difficulty is only beginning. When the paper reaches the sheriff, there is some fault found: the certificates are not satisfactory—there is some blunder; the petitioner, poor woman, in her hurry, has forgotten to sign her name, or signed it in the wrong place, and the schedule must go back to be corrected. In this way very often a delay of several days takes place, during which the poor patient cannot be controlled. He is either at large, endangering himself and others, or struggling and fighting with some ignorant neighbours in a lodging, perhaps tied with ropes, or getting his ribs fractured, and becoming daily worse, his friends fretting at the expense and anxiety, and cursing the law's delay.

These delays have been partially obviated by a clause which I was fortunate enough to get introduced into the present statute, through the courtesy of the Duke of Argyle, at the eleventh hour, when the bill was passing through the House of Lords. That clause permits patients to be kept 24 hours in an asylum without a warrant, if it is certified by a medical man that it is a case of emergency.[1] Even that, however, only meets the difficulty imperfectly, and only in some places; for, if the sheriff resides at any distance, or if he is dissatisfied with the medical certificates, 24 hours are found insufficient to complete the warrant. Large penalties would be incurred by all parties unless the patient were sent out of the asylum at the end of the 24 hours, to remain in some lodging till the warrant is signed; and this has so often happened, that some asylum superintendents refuse to receive any patients now on these certificates of emergency.

But the principal cause of delay arises from the circumstance that the sheriffs now generally consider themselves bound to judge whether the facts contained in the medical certificates prove insanity,

[1] Since writing the above, I have learned that the clause referred to was suggested by the Royal College of Physicians of Edinburgh, and pressed on the notice of the Lord Advocate, along with other amendments, by a delegate sent to London by the College. The Lord Advocate agreed to the clause in the words proposed by the College; and got the Duke of Argyle, who took charge of the bill in the Lords, to propose it as an amendment. I was led to make the above statement from being told that the Duke of Argyle referred in particular to my letter on the subject when moving the introduction of that clause into the bill.

according to their ideas of it. I am aware that this is not universal: some sheriffs grant warrant, whatever the facts are, considering the medical men responsible, and their solemn certificate of insanity sufficient; but these cases are exceptional.

The result of the present practice is the greatest diversity in different counties, owing to the varied views of insanity entertained by the different sheriffs. So much is this the case, that it is impossible for any medical man who is not acquainted by experience with the practice of the particular sheriff before whom his certificate is to go, to conjecture beforehand whether it will be accepted as sufficient or not.

No delay arises in England (and it was from the English statute that our new form of certificates was copied), because there no sheriff's warrant is required, but only the order of a friend, or, in the case of a pauper, of a justice. There the patient is at once received; and if there is any defect in the medical certificates, they are afterwards returned by the Commissioners in Lunacy to be amended. The practice there is, accordingly, uniform, the judges being always the same.

In Scotland, however, the Commissioners seem to think the sheriff's warrant supersedes their judgment; and as the adjustment of the certificates is thus left to them, and every sheriff has a different standard, medical men are at a loss to know what they may respectively require.

I speak with all respect of the sheriffs; my comments reflect quite as much upon my professional brethren as upon them; but I think it right to state what is the real cause of the difficulties and delays which are so distressing, injurious, and expensive to the insane and their friends.

That I may not be supposed to overstate the case, I shall give one or two facts in illustration:—In several counties the sheriffs grant warrants if the fact stated is simply that the patient is a dipsomaniac; while in others, again, if anything is said about drinking propensities at all, the warrant is refused, even although it should appear in addition on the certificate that the patient has threatened suicide. In these counties, however, where people are allowed to cut their throats, it will be found quite easy to get a warrant if the facts stated are such as the following (I quote from actual warrants):—Facts observed: "Great loquacity and restlessness!" The old women in that county better *look out*. In another, the certificate states, "He has hallucinations, and is likely to *become* suicidal, and his sister is afraid he would *become* outrageous;" and the second doctor certifies, "Sullen taciturnity, and suicidal tendency dreaded;" and "his friends say he appears quiet to strangers, but fear, as in the previous attack, that he *may become troublesome*."

Take another: the facts observed are, "Shakes his head in a curious way!"

Of another it is certified that "he is incoherent in his *appearance!*" I could discover nothing incoherent in this person's appearance except what was occasioned by the want of braces.

There is something more "incoherent in the appearance" of the facts stated in the following certificate for another patient:—"Is exceedingly confused; could not recollect where he resides; his EYE restless and wandering; but following the usual occupation of *breaking stones!*" I think the sheriff who granted a warrant for the first of these cases could have no hesitation in granting one for the doctor who signed the certificate for the second.

I cite only one more, which will astonish my clerical friends. Facts indicating, etc., "wants a Bible, and is anxious about her soul's salvation!" It is to be hoped, I think, for the sake of the ratepayers, that the sheriff who granted a warrant in that case does not reside in a county where revivals are going on!

That warrants should have been procured on such evidence of insanity as was afforded by these certificates, while the greatest delay and difficulty is so often experienced in cases of real urgency, will, I think, satisfy you of the necessity of some improved provision for the confinement of the insane, so as to procure their speedy protection and early treatment.

Did I venture to suggest a remedy for this anomalous and unsatisfactory state of matters, I would have no hesitation in saying that the best thing we could now do would be to adopt the English practice altogether, as we have adopted the English forms of certificates, and do away with the sheriff's warrant. In making this suggestion, I have the satisfaction of knowing that I express the opinion of all the asylum superintendents in Scotland. The effect of it would be not only to obviate all the difficulties and delays described, but it would have the additional recommendation of rendering the Commissioners in Lunacy in Scotland the judges, as in England, of the sufficiency of the medical certificates. We would then have a uniform practice in regard to the nature of the proofs of insanity required, and at the same time a more efficient protection to the patients themselves in a tribunal composed of skilled persons, whose special province was to adjudicate on such points.

This change would also have this great advantage to commend it, that of tending to remove a prejudice, too common in Scotland, that being confined in an asylum under a sheriff's warrant implies criminality and some measure of disgrace,—a feeling which leads the patients to regard the asylum as a prison rather than a home or an hospital. I am constantly asked by my patients, "What have I done?" "What charge can anybody lay against me?" etc. A gentleman of superior intelligence, who had been twice an inmate of the Asylum, lately visited it; and, walking in the grounds with one of his old acquaintances, he said: "It's a nice place this, man; I could come and live here always if it was not that d—d sheriff's

warrant!" I need scarcely add, that such a feeling is prejudicial to the happiness and recovery of the patients; and operates to a great extent, especially among the higher classes, so as to prevent removal to asylums till every other means have been tried, and the patient's case has perhaps become hopeless. Under the old practice in Scotland, when the medical certificates simply bore that the patient was insane in the opinion of the certifiers, the warrant of the sheriff could only be a guarantee that the document was signed by qualified medical men; yet, under that *regime*, there is not a shadow of evidence that any one was ever unlawfully confined in a Scottish asylum. The Royal Commission of Inquiry reported that there was not one single instance of unjust detention of any patient met with in any asylum in the country. Under the present statute I think I have cited sufficient evidence to show that the new forms of medical certificates afford no additional guarantee of the propriety of the warrant. In point of fact, the sheriff must rely almost entirely upon the good faith and trustworthiness of the medical men, as he has no means of testing their opinion either by examining them or the patient.

In fine, I cannot help the conviction that the two medical certificates and the order of a relative, as in England, Ireland, America, and elsewhere, is all that is necessary to secure the rights of the subject, burdened as these orders are, and the reception of them in improper cases, by heavy penalties, the surveillance of the Commissioners, and the subsequent risk of actions at law.

But I have not completed the picture of the phalanx of difficulties that harass those who undertake the treatment of the insane.

No sooner is a patient admitted into an asylum than copies of all the papers connected with his confinement must be sent to the Commissioners in Lunacy, *under penalties*. The patient may write and complain to the Commissioners or sheriff as often as he likes; they may visit him and report upon his case, or order his discharge, whenever they think fit. He is visited twice a year by the Commissioners, and he is entitled to be visited by a variety of other persons, to whom he can pour out his complaints, if he has any. All this is quite as it should be; and no physician, conscious of doing his duty, would care to have it otherwise if it would only satisfy the general public that persons were not liable at any hour to be hurried away for the sake of their money, and immured in an asylum on the pretence of insanity, there to be kept during their natural life. Such a thing, if it ever did take place, must have occurred in the bygone days, when the insane were consigned to the custody of ignorant keepers, who speculated for gain upon the public ignorance and neglect of their insane.

It is painful to see so absurd an idea propagated and repeated in our periodicals week after week, where it used to point the horrors of some tragic tale. It is not less painful to know that credence is attached to such suspicions, and that societies have been organized

for the protection of lunatics, and efforts made to introduce still more stringent and odious enactments regarding the insane. It has been proposed, and urged upon the House of Commons, to have all cases tried and decided before a magistrate before their reception into asylums. It has been suggested that at least the medical certificates should be verified before a magistrate, who should also examine the patient. It has also been urged, that orders should be granted at first for confinement for three months only, and to require at the end of that period a fresh inquiry and a new order.

It is gratifying to know that the first of these recommendations at least has been condemned, in the Report of the Select Committee of the House, in terms which apply not only very strongly to this point, but to all additional legislation on that part of the subject.

The Report begins with this statement, referring even to the worst conducted private asylums in England :—"Indeed, it may be said that the instances are extremely rare in which, under the present law, the confinement is or has been unwarranted." It goes on to show the evils that would arise from any additional inquiry; the painful publicity which would be given to an illness which, in many instances, was transient; the injury to the feelings of the friends and the prospects of his children, or to the business of the patient; and, above all, the prejudicial influence upon his own condition and chances of recovery by the nature of such an inquiry and the delay occasioned by it.

I remark, further, that after these cumbrous regulations have been complied with; after the patient has been legally and properly confined; after he has been visited and examined again and again by the Commissioners in Lunacy, and considered by them a proper object for detention; after he has been cured of a violent fit of raving madness, and restored to liberty,—the medical men who interposed to save him, and the medical superintendent who tended and cured him, are all liable in an action of damages for depriving him of his liberty. Such actions, as many here know, have been brought where there was not a shadow of evidence of any haste, error, or imprudence in the steps taken, but, on the contrary, distinct proof that all parties had simply been discharging their professional duties, and in the best interests of humanity; and yet the medical men had to pay large sums of money and make great sacrifices of time in defending themselves from such actions.

I do not offer any suggestions for the removal of this monstrous injury to which we are exposed in the discharge of our professional duties; but I must say it seems a hardship that, while the insane are protected at every step of their treatment by a most jealous system of regulations, and now also by a complete surveillance and court of appeal, the medical men who treat them have no legal protection at all. At every step of their treatment they are exposed to fines or imprisonment for omission of some legal form; and when their patient is cured, neither the sheriff's warrant nor the Com-

missioner's verdict can save them from vexatious actions at law. During the whole of their professional services to those labouring under the most distressing of all maladies, they are subjected to laws which are a continuous expression of distrust, and which, however conscientiously obeyed, afford them no protection whatever.

I have left myself little time to make any remarks upon the legal relations of the subject as respects the property of the insane, the legal custody of their persons, their capacity to make wills, and their criminal responsibility.

In regard to the first, I can safely content myself by expressing my admiration of that part of our Scottish legal practice which takes care of the property of the insane. The appointment of a *curator bonis* by the Court of Session is a process so simple and so cheap compared with the expensive and, when opposed, ruinous steps required by the English laws, and it affords so complete a security for the property of the insane, that it is, I think, above all commendation.

I cannot pay the same compliment to our laws regarding the custody of the person of lunatics; they are, I think I may now say, *obsolete*. The process of cognition, as you all know, requires the jury to find that the person is either an *idiot*, or *fatuous*, or *furious*. Now, as nobody about whom any such inquisition requires to be made is either an *absolute* idiot, or totally fatuous, or perfectly furious, it results that no jury will find a verdict in any case which is defended. I might refer to the well-known case of David Yoolow, or to the more recent case of Mr Lockhart, in proof of this averment. Indeed, I think it will not be disputed by any lawyer conversant with this and other cases, that in Scotland it is now practically impossible, by the only process the law allows, to get a legal sanction for the care and custody of the person of any one of unsound mind except such custody as an asylum affords, liable, it may be, to the interference of numerous parties having conflicting interests.

I respectfully submit, that, in any revision of the laws regarding insanity, for Scotland, it would be desirable to have some new process for the old and inoperative one of cognition. If that process were simplified, and at the same time if patients were placed in our hospitals on the order of a relative instead of a sheriff's warrant, a double benefit would be conferred on the unhappy subjects of this disease. Those labouring under transient or curable forms of insanity would have the comfort and advantage of feeling that they were going to an hospital merely as invalids, and were not being consigned to a lock-up, like criminals, under a sheriff's warrant; and, on the other hand, those whose prospects were hopeless would have the protection of the law in the disposal of their persons in the manner best suited for their permanent comfort and security.

The subject of *criminal responsibility* would in itself afford ample material for a long lecture. Perhaps you anticipated that this

would be my theme; if so, I hope I have not disappointed you. It was necessary for me to approach that subject from my point of view, namely, that insanity is a disease,—from which point alone it can be understood. In this review I have introduced matters of more everyday interest, yet not the less important, as they have been so seldom discussed. I have not yet even hinted at the question of criminal responsibility, because I consider it a separate one from that of simple insanity. If my 670 patients were not responsible beings in a certain sense and to a certain extent, and influenced by moral suasion, they would be more difficult to govern than the Channel Fleet in a storm.

The legal right to treat a patient as insane, either in an asylum or out of one, is a simple question as to the legal powers and privileges of relatives and physicians in such cases; but the confinement in an asylum, in my view of the case, neither disqualifies a man legally for civil acts, nor renders him legally irresponsible for crime. It certainly affords a *presumption* of incapacity or irresponsibility, but one which may be set aside by proof. The difference between the legal position of one out of an asylum and of one in, is simply this,—that the one is presumed to be *sane* until insanity is proved; the other is presumed to be *insane* until sanity is proved. In the one case, insanity must be proved by those who plead it; in the other, the sanity, or that amount of sanity which infers capacity or responsibility, must be proved by those who contend for either. The presumption and the *onus probandi* simply change places.

I do not regret that I have precluded myself from entering at length into this subject, as it has been fully discussed by the medical profession in a number of monographs on the Criminal Responsibility of the Insane, recently published. I shall name only one, the very able Sugden Prize Essay by Dr Bucknill. He takes the same ground as I have taken; and, by a remarkable coincidence, uses nearly the same words in defining insanity as I have used to-night, and have been in the habit of using in my lectures for twenty years. He points out strongly that the real question at issue in every case where insanity is pleaded in defence of criminal acts, is whether the acts of the individual have been the result of *disease*. If this is clearly established, the difficulties respecting the responsibility of the insane are immensely diminished.

Referring to such cases of *moral* insanity as we have had under review, and which are the fruitful source of difficulty in criminal trials where insanity is so often pleaded, Dr Bucknill says,—and with this citation I close my address:—"However interesting it may be to the psychologist to trace the growth of a vicious indulgence in some passion or instinct, through all the gradations of mental habit, until he feels himself satisfied in denominating the result a state of insanity, he must not forget that, in the trials of criminals supposed to be insane, the question is not alone respecting the existence of insanity, but respecting that of irresponsibility also. The man who

would claim for a criminal exemption from punishment on the plea of insanity arising from the vicious and uncontrolled indulgence in some passion or emotion, would have to establish not only the existence of such a form of insanity, but to defend two other positions,—namely, that a man is not responsible for conduct resulting from vicious habits of mind, provided the latter gain over him a complete mastery, and compel him, contrary to all dictates of prudence, to actions injurious to society and ruinous to himself; and, secondly, that neither the fear nor the infliction of punishment will prove efficacious in preventing the repetition of such acts.

"It would be a puerile employment to show the untenable nature of such positions; and it must suffice to express in this place our conviction that insanity resulting solely from vicious habits of mind without disease, cannot confer irresponsibility for criminal acts, and that punishment, or, more properly speaking, corrective discipline, is competent to restrain its mischievous manifestations.

"Cicero says that all fools are insane; and Hale, that all criminals are insane; and when folly and criminality have reached their climax and borne their fruits, it is not an edifying spectacle to behold the psychological physician stepping forward for the purpose of claiming immunity for the offender.

"The element of *disease*, therefore, in abnormal conditions of mind is the touchstone of irresponsibility; and the detection of its existence or non-existence is the peculiar, and oftentimes the difficult, task of the psycopathist." [1]

[1] *Bucknill on the Criminal Responsibility of the Insane.* London, 1857. Pp. 33–35.

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