

## **Definitions of insanity / by William R. Huggard.**

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# DEFINITIONS OF INSANITY.

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BY

WILLIAM R. HUGGARD, M.A., M.D., M.R.C.P. Lond.

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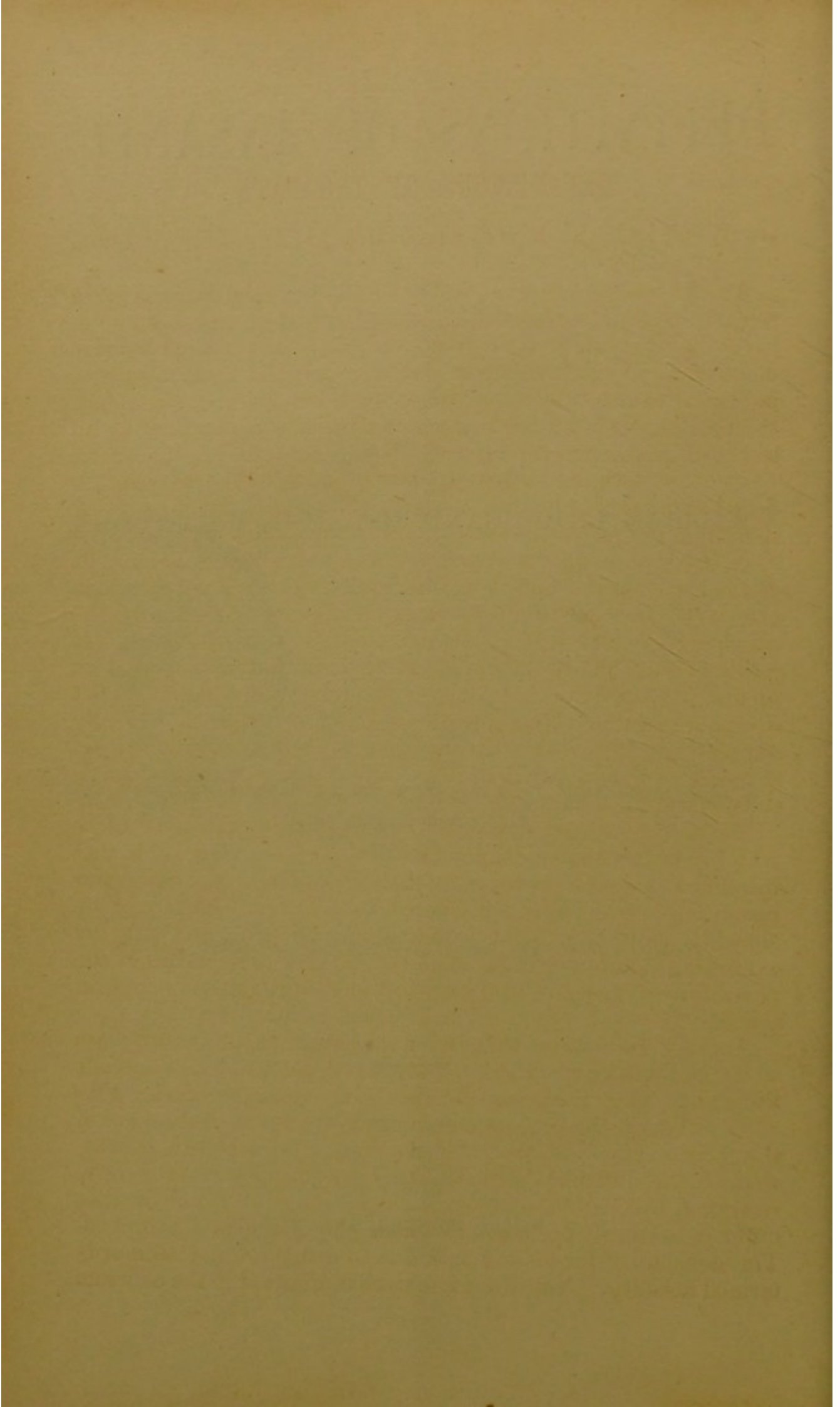
*Read at the Section of Psychology of the British Medical Association, held  
at Liverpool, August, 1883.*

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## DEFINITIONS OF INSANITY.

By WILLIAM R. HUGGARD, M.A., M.D., M.R.C.P.LOND.

An old teacher of mine, in days gone by, used frequently to remark in his lectures on Logic that the test of accurate knowledge is the ability to give an exact and comprehensive definition. Now, if this criterion were applied to us, alienists, in regard to the subject we are supposed to know most about, the result would, I fear, be somewhat disastrous, and not at all likely to shed lustre on our speciality.

To start with, let us have a clear idea of what we want to do when we wish to define a word. What is a definition? A definition expresses the meaning of a word, and that only; it fixes by language the connotation of a general name. It states the essential points in which all objects agree to which the term can be applied—those points of community the absence of one of which warrants the refusal of the name. It follows from this, of course, that a definition is a verbal or identical proposition. It does not convey any new fact; it does not state anything capable of proof or disproof. It only expresses in full what is meant when the word is employed. If it increases our knowledge, it is only because a clear idea is substituted for a hazy one.

We are now in a position to look into the opinions of those who say that insanity cannot be defined. One view holds that insanity is a simple or ultimate fact, incapable of analysis or resolution; that, as 'whiteness' can be explained only by showing white objects, so insanity can be explained only by exhibiting insane persons. The test of this opinion lies in the possibility of analysis, and that test shall presently be put in action.

Another view states that the manifestations of insanity are so various and contradictory that no one definition can include them all. This, it appears to me, is the essence of the difficulty; though the language employed clouds the real aspect of the facts. The true import of the facts, the accurate expression of the difficulty, is this. The term insanity is arbitrarily restricted by custom to certain cases, some of which do not differ in essence from cases to which the name is not applied. The delirium of fevers and that due to drugs are not ordinarily termed insanity. Yet if a crime were committed in the delirium



of fever there can be little doubt that a plea of temporary insanity would be allowed. In delirium from drugs the test of legal responsibility, according to Dr. Chevers, is the question whether the unsoundness of mind was wilfully caused by the person himself. Under some circumstances, therefore, and for some purposes, it will be acknowledged that the delirium of fever and the delirium of intoxication would be classified as insanity. The circumstances, nevertheless, that determine such an opinion are purely accidental or extrinsic, and have no reference to the essential phenomena observed in the patient. The delirium of fever would be called insanity if it led to crime. If bhang, taken by compulsion, brought on a state of frenzy, this, too, would be called temporary insanity. The mental derangement in intoxication differs from some cases of universally recognised insanity only in the different duration of the symptoms. And yet chronicity is properly regarded by all as not being an essential factor of insanity. In essential points it follows, therefore, that these cases are identical.

We see, then, that custom makes arbitrary restrictions, restrictions not founded on essential points. It is not to be wondered at, then, if it is found difficult to define insanity when an attempt is made to reconcile science and custom as it stands at present.

Glance at the current definitions. One of the features most commonly regarded as an essential is that the mental symptoms must be caused by disease. This view appears to me to be open to two objections. It is unsound in point of logic and too narrow in point of fact.

As to the logic, supposing it to be true in fact. There are two reasons here why the causation should not be included in the definition. The statement of the cause is a real, not a verbal or identical proposition. It is not involved in the meaning of the term. If in a case of insanity it could be discovered that there were no disease, we should not on that account refuse the name. The second reason why it is bad logic to define insanity by disease is less technical. It is this. The definition moves in a circle. Insanity proves that disease is present, whilst in its turn the disease proves the symptoms to be insanity. It would, indeed, not be illogical to say that insanity is a disease, meaning thereby that the term disease might be applied to the group of phenomena characterising every case of insanity. Such a use of the word "disease" would not, however, be in accordance with the



meaning given to that word in the other applications of it, as I think will presently be seen.

Another view taken of insanity is to say that it is a condition of mind in which the free-will has been destroyed by disease. This point, and the question whether disease is always present in insanity, will be dealt with in the exposition of the view now to be laid before you.

In the first place, and chiefly, then, insanity, as I understand it, must be regarded as a relative term—as a social or legal expression rather than as a medical one. It is, indeed, frequently said that insanity is a relative term—that what is a mark of insanity in one case is not a mark of insanity in another. It is not, however, in this comparatively trivial sense—the relative value of the marks of insanity in different cases—it is not in this sense that I use the expression ‘relativity.’ I use it in reference to the notion of insanity itself; that insanity is relative to what may be termed the standard of sanity; and further, that this standard of sanity is not a fixed and definite thing; that, on the contrary, it varies from time to time and from place to place, and that it has a constant tendency to rise with the progress of civilization.

The notion of insanity understood as a relative term involves still two elements. One is mental defect, congenital or acquired; the other concerns the nature and amount thereof.

In short, then, insanity may be said to be *any mental defect that renders a person unable to conform to the requirements of society.*

This definition comprises three notions—mental defect, inability, and the requirements of society. Two of these, inability and the requirements of society, must themselves have their meaning fixed.

To understand the meaning of ability or inability as used in the definition, it is needful to glance at the relationship between body and mind. As this point is fundamental, and as a clear grasp of it is essential to the right consideration of insanity, I trust I may be pardoned for recalling a few facts well known to all.

I am not going to take up your time with a discussion of the free-will controversy. I may say further that ontological questions touching the nature of mind and of matter are altogether irrelevant. Matter may be only a mode of mind, or mind may be only a function of matter. It does not concern us. Even allowing that mind and matter are both separate and independent entities, we have nothing to do with the



nature of the connection between them, or with the way in which one acts on the other. We may think with Descartes that there is a system of Occasional Causes; that when the mind makes a resolution, God prompts the body to the necessary movements for the performance of it. Or we may think with Leibnitz that there is a Pre-established Harmony—that the mind and body were originally so tempered and welded together, that the mental effort and the physical movement are simultaneous; that, in fact, body and mind, like two clocks, are wound up to go together.

It was needful to say so much to prevent misapprehension. Our sole object is to express the fact of the concomitance of mental and nervous action, and to state the laws that bind together the two series of phenomena—mind and matter.

The general laws connecting body and mind may, I think, in so far as they concern us, be formulated somewhat in this manner :—

I.—The brain is the organ of mind, and all mental action is preceded or accompanied by molecular changes in some part of the higher nervous centres.

The evidence of this law is found in various facts. (1) Prolonged mental exercise induces a sense of fatigue in the head, just as prolonged gymnastic exercise produces a sense of fatigue in the muscles. (2) Injuries and diseases of the brain are attended with mental symptoms. The facts put before us by experimental researches on the functions of the brain are of especial value in this connexion.

A second law of wide reach, which may be called the Law of Quality or of Kind, may be expressed as follows :—

II.—As is the constitution or structure of the brain, so will be the mind and character; and likewise, if it be preferred, as is the mind and character so will be the constitution and intimate structure of the brain.

The proof of this law lies in three sets of facts: (1) the correlations of the anatomy and psychology of man, (2) the comparative anatomy and psychology of man and the lower animals, and (3) heredity. There is a gradation in brains corresponding to the gradations in mind. Idiots are deficient not merely in mind; they lack also the brain development. Moreover, heredity displays itself in mental not less than in physical characteristics. In such cases it is clear that the finer shades of character are determined by organization.



A third law, which might be called the Law of Plasticity, may be formulated thus :—

III.—Mental action tends to modify the constitution of the nervous tissues.

It is necessary here to guard against misconception from the phraseology employed. Any of these laws could be expressed either in terms of mind to suit the Idealist, or in terms of matter to suit the Materialist. In the case of the present law, for example, it might be said that the molecular changes that accompany mental changes tend to become themselves ingrained in the constitution or structure of the nerve-cells. Nevertheless, such language, however correct it might be, would fail for the purpose in hand. It would obscure or altogether hide the part of the law that is significant for us; that the mental phenomena—thoughts, emotions, and volitions—re-act on the body so as to mould its configuration. This is the ultimate meaning of education; and it is recognized in the popular expression, “formation of character.” In accordance with this law, too, habits are formed. The emotions, moreover, stamp their impress upon the face; and the expression in repose denotes the predominant cast of mind. All the facts illustrating the effects of mind upon body are in point. Ideas become actualities. Sydenham could always bring on an attack of gout by thinking of his great toe for half-an-hour. This law, observe, is expressed rather as a tendency than as a fact. The limits within which it is operative are fixed by the Law of Quality or Kind.

These are the chief laws that regulate the interaction of body and mind. Whatever may be the ultimate nature of mind, there can be no doubt that it conforms to the material laws imposed upon it by its bodily organ. If mind be not a function of brain, it is at least held in absolute thralldom by it. Notwithstanding this, our attention must be directed, not to the physical phenomena, but to the mental; and for a very obvious reason. The presence and the nature of the mental phenomena are indicated with tolerable certainty by various marks; but the nature of the molecular changes that underlie a brilliant thought, or an insane idea, are alike beyond the reach of human eye. The important thing to remember is that the brilliancy and the insanity are equally impossible without the molecular changes; and that the nature of these changes, the circumstances that determine whether the thought shall be a spark of wit or an insane delusion, depend altogether



on antecedent physical causes, such as organization, congenital and acquired, as well as the molecular changes immediately preceding. Even supposing the mind to be a separate and independent entity, it must have an organization of its own, and obey laws as unbending and of the same nature as those that govern the instrument it uses.

From these facts it is evident that they err who say that the freedom of the will may be lost by disease. Leaving out of the discussion the expression "free will," we find that not less in health than in disease does the material organ determine the thoughts, desires and actions. But, perhaps, there may be a grain of truth underlying what they say; or, perhaps, they mean something which is true though by the form of expressing it they make it false. In health the thoughts and actions—the "choice"—are in harmony with the previously known mental organization; in diseases of the brain, accompanied by insanity, the mental phenomena are out of harmony with the only previously known factor, the mental organization, though they are still of necessity conformable to the physical organization. Thus in health, mind obtruding itself we are apt to forget that it is for us indissolubly linked to body, and consequently obedient to the laws of the matter that serves it. In disease it preserves the individuality thus fallaciously obtained; but here its total subjection to matter can no longer be concealed. It is, however, glossed over and disguised by recognizing merely the subjection of the will.

Those who have followed me so far will have no difficulty in understanding what is meant by ability in the definition. It means not so much, "Is he able?" as "Can he be made able?" Do the nervous structures, or if it be preferred, does the mental organization possess such plasticity that it can be educated up to the required standard? To put the matter in a less general form, in what does the lunatic who breaks the law differ from a criminal? The lunatic is not able to conform to the requirements of society, and cannot be made able. The criminal, on the contrary, though he may not have been able to withstand his temptation, will, if he is punished, be able to withstand it next time. In other words, if a man breaks the law he is either a criminal or a lunatic. If, owing to mental defect, punishment will not cure him, he must be regarded as insane; in other cases, as a criminal.

We come now to the last term in the definition, the requirements of society. It is in considering this point that we see the broad sense in which insanity is a relative term.



It is generally recognized that sanity and insanity shade into each other by insensible gradations; that they are not separated by any sharp line of demarcation; that though the extremes are clearly contrasted, the margin of transition is broad and ill-defined. This is true so far as it goes, but it falls short of the whole truth. Thus the opinion seems to prevail that the line of separation, though not clearly marked, is one altogether of Nature's making. We have good reason for thinking, however, that this is not so; and that the line is to a large extent conventional. Nature makes a broad margin of gradations, but the circumstances that determine in what place the line should be drawn are the result chiefly of convention and of accident.

Thus it can be readily understood, on the one hand, that a man able to conform to the laws of a primitive society, may be absolutely incapable of complying with the exacting requirements of a more advanced community; and on the other hand, that a man able to take care of himself in a pastoral or nomad stage of civilization may require to be taken care of in the more sharp-witted and dishonest civilization of to-day, when people rob not so much by violence as by fraud. In the lower types of society less self-control is required on the one hand, and less brains on the other.

For example, amongst a barbarous and ferocious people, the fury of the epileptic, the paroxysmal violence of the general paralytic, and the boisterous excitement of acute mania if evanescent, might in some cases differ so little in outward appearance from the normal manifestations of undisciplined passion that they would be passed over as transient outbreaks of temper. Again, there is a variety of mania to be found in every asylum, the manifestations of which are almost identical with slight intoxication. The mind is always in a state of excitement of one kind or another. The ideas flow with great rapidity, but are bound together not so much by a natural or logical association as by the varying emotion of the moment, or by some accidental connection, such as verbal similarity. Speech, though not actually incoherent, is inconsecutive. These lunatics are mischievous and cunning. Though they lack self-control, yielding to every passing impulse, they can, like drunken people, pull themselves together, so to speak, under the spur of a strong emotion or of impressive circumstances. Thus at times they can hide their delusions, if they happen to have any, and can talk connectedly and with as much shrewdness and common sense as any sane man.

Who can doubt that, in a stage of civilization somewhat



lower than ours, such persons would be regarded as of sound mind? To this it may be answered that the reason would simply be that their insanity was not recognized; that they were not the less on that account really insane.

This answer will not, however, stand examination. It proceeds on that narrow and erroneous view of insanity that regards it as something fixed and absolute, and not merely as a relative term.

It may be laid down in general terms that the question of insanity cannot arise except in regard to matters that are below the general standard of the particular society. There can be no insanity in matters that are indifferent. It would be unmeaning to talk of homicidal mania as a form of insanity where murder is a recognized social habit. If one of the assassins of the Middle Ages, or one of the Thugs of India felt a homicidal impulse, he had no difficulty in satisfying his desire at once. Amongst the Kamtschadales murder, suicide, adultery, and rape were looked on as in themselves quite indifferent matters; while to rescue a man from drowning was regarded as a mortal sin. In this last case there might be some suspicion of a man's intellect if he saved a friend's life, but none if he destroyed it. Hence the derangements in question if recognized would only be regarded as diseases of the nervous system, not accompanied by insanity.

What is meant by the requirements of society or the mental standard may be further illustrated by one or two examples from our own times and from our own country. Take the case of sexual excesses. A sexual tendency that overbalances prudence and conquers self-control would in a young lady of high station be regarded as nymphomania, and would be held to warrant any restraint that might be necessary. In a young man of the same circumstances, the case would be looked on simply as one of "wild oats." Disease is not necessarily present any more in the one case than in the other. Should public opinion ever come to condemn sexual excesses as severely in men as in women, an attempt to sow "wild oats" will be regarded as a definite form of insanity. Habitual drunkenness is another example. It may be said to be in a stage of transition. Not until recently has it been held to be a form of insanity. One author of eminence still holds it to be a vice, and nothing else. A hundred years ago drunkenness was thought nothing of. A hundred years to come the insanity of the habitual drunkard will be unquestioned.

An instructive case of "Emotional Insanity with Homicidal Violence" is recorded in the "*Journal of Mental Science*" for



Jan. 1882. A young lady of mixed blood (father an Englishman, mother a Persian) had a most ungovernable temper. On one occasion she made a fierce attack with a pair of scissors on another lady. Upon this she was put in an asylum, and the Commissioners in Lunacy approved of the step. The writer of the article, however, though he regarded her confinement as perfectly justifiable, nevertheless did not consider her insane, and he accounts for her temper by her racial characters and by her mixed descent. As I understand the word insanity, that woman was genuinely insane in reference to an English standard of sanity. She was *unable* to conform to the requirements of English society. Her disposition was so ingrained in her that mere punishment could not cure it.

This case, too, shows why I think it wrong to speak of insanity as being a disease, much more to its being considered as of necessity caused by disease. The word disease is too narrow: insanity may be due not only to disease but to congenital defect. In fact, most cases of moral insanity are of this last description. The defect may be of the nature of an original absence of balance of the various faculties or appetites, or an imperfect quality of the organism characterised by little plasticity. In the case just mentioned the ordinary characteristic of one race becomes a defect in a race more highly organized. A large proportion of what are known as incorrigible criminals would also be found to come under this head. And should that day ever come when it is considered more important to prevent crime than to discover the criminal, an effective machinery of supervision will put it out of the power of persons labouring under congenital or acquired mental defect to damage irretrievably other members of the community. It is not, as some have declared, a sufficient test to say that a man differs from his former self; that whereas he was once amiable and affectionate, he is now irritable and morose. That this test omits cases of congenital defect where there has not been a change in the character is decisive against it. And again, in many cases, though the character is changed and the change is due to disease, it is not of such a kind or is not so great in amount as to constitute insanity.

It may perhaps be said that the definition here put forward does not serve as a *test* of insanity. It is not meant to do so. That is not the business of a definition. We may know what constitutes insanity, and yet be unable to lay down a satisfactory test, or set of tests, that will indicate unfailingly the presence or absence of the essential elements. The definition only shows what we must try to find out.



It may further be said, that delusions are not included. But they are included in so far as they concern us. If a delusion is of such a kind or of such degree that it does not interfere with conduct or with the ordinary affairs of life, it cannot, according to the meaning here given to insanity, be considered an insane delusion.

One point further requires explanation. A standard implies that there must be some persons to make the assay; some persons to judge each case by reference to proper tests. The standard, in the last resort, is public opinion; and it is represented indirectly in the professions of medicine and of law, and directly in a Board of Commissioners.

May I be permitted to say a word here about a definition of insanity given by Dr. Charles Mercier in a somewhat elaborate paper on the "Nature of Insanity?" Dr. Mercier defines it as "a failure of the organism to adjust itself to its environment." Without criticising the way in which the definition was reached, I may say that it appears to me to have three faults. First, it defines an obscure term by others still more obscure. In this respect it reminds one of Dr. Johnson's definition of network. That eminent scholar said that network was "anything reticulated or decussated, having interstices between the points of intersection!" Secondly, it is vague. What amount of mal-adjustment constitutes failure? It may be so understood that it includes, or that it excludes, all persons whatever. Everyone fails to adjust himself to his environment in some ways. In a broad sense, on the contrary, the inexorable laws of nature do not permit such a thing as mal-adjustment at all; everything fits in perfectly. The third fault is, that it is too narrow. It does not take account of the insanity so long as it remains in thought, though it may be quite evident that it will soon express itself in action. The failure must first occur. And again, an acute maniac, who, when put into a padded room, knocks his head against the wall, adjusts himself to his environment, and so, by virtue of the definition becomes sane.

In conclusion, I may remark that it is a principle of nomenclature that every term should have a definite meaning, and that every important idea should have a term to represent it. I submit that the term insanity has hitherto been without this definite meaning, and that the meaning I have ascribed to it is an important and definite idea requiring a term of its own, and that moreover it is the meaning that underlies every application of the term insanity.