never had again, and on the second occasion was thrown for some time into a state which I cannot better describe than as a waking dream, a condition of incoherent thought, but without illusions.

3. Are there not some relatives or intimate friends of Mr. Heaphy now surviving who could throw a welcome light on his habits of thought, and tell us whether the "Narrative" furnishes a solitary instance of its kind, or whether he had not similar stories to tell, strangely blending the real and the unreal? May there not also be some old inhabitant or inhabitants of the Close at Lichfield who can say whether, somewhere about the year 1858 (27 years ago) there was living in the Cathedral Close a gentleman of the name of Lute, who had, at or about that time, a daughter aged 22 deceased and a daughter aged about 15 living, and who was for a while, after the death of his daughter, in a state of derangement from which he recovered? I need not indicate more precisely the questions which arise out of Mr. Heaphy's case. I am sure that I can answer for the Editors of the "Journal of Mental Science" that any trustworthy information of the kind indicated will be thankfully received and acknowledged.*

Moral or Emotional Insanity.† By D. Hack Tuke, F.R.C.P.

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

* We hope that the republication of this Narrative will have this result. Where is the portrait?—[Eds.]

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

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

When we see a young lady in a family who has had the same advantages of a good education and a moral training as the rest, but who is the demon instead of the angel of the house, is an inveterate liar, a thief, and prone to startling irregularities of conduct; and when, although there is nothing in the degree of intelligence which prevents her taking her place in society like other people, there is in the close connection of the immoral acts with the evolution of the system, in the family history, or in some moral shock or traumatism, significant indications of a physical cause of this moral instability which separates it from mere vice; I say, when such a combination presents itself, we witness what every mental physician must have met with, and what we are bound to regard as abnormal and morbid, by whatever name we choose to call it.

As to the term "Moral Insanity," under which the communications I have referred to appeared, I would observe that however objectionable it may be, their writers have striven to convey their sense of there being a form of mental disorder in which there is a loss of control over the lower propensities, or in which the moral sentiments rather than the intellectual powers are confused, weakened, or perverted. The central idea and contention of these papers has been that from time to time cases occur in regard to which especial anxiety and difficulty are experienced—the prominent, characteristic, and by far the most striking and important factor of the mental condition being, not loss of memory, not delusion or hallucination, not any deficiency of talent or genius, not any lack of mental acuteness, and certainly no incoherence of ideas or language—none of

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these—but a deficiency or impairment of moral feeling or self-control, such being either the development of a character natural to the individual or a departure from it, which contrasts most strikingly with its former traits. Am I not substantially correct in this description of what is aimed at by those who insist on the existence of moral madness? We may, perhaps, see our way some day to adopt a happier term to designate this condition, but whether we improve upon the term or not—whether we speak of *mania sine delirio*, or reasoning mania (*manie raisonnante*), or adopt Parigot's term, *diastrephia* (perversion)—I venture to think that the thought which so many desire to convey and clothe in some term or other, and mostly under the much-reviled term of Moral Insanity, is supported by clinical facts—and is no ignis fatuus leading mental physicians astray into the labyrinth of metaphysics. Certainly the term is unfortunate if it leads to the supposition that in all, or even in most instances, there is a disorder of the moral sentiments or emotions themselves, instead of a derangement or defect of inhibitory power and their consequent uncontrolled and irregular action. To this point I shall return.

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

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

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

One interesting case was that of a lady—a Eurasian—born in India, of mixed blood; and her mother, I may say, was insanely jealous. It was reported by a physician long acquainted with the family as one of emotional insanity, without definite intellectual disorder. Subject to violent outbursts of temper from childhood, in consequence of which her father predicted for her an asylum, she at last made a homicidal assault upon another lady. She was soon afterwards sent to Bethlem Hospital, where I have often seen her, and I have Dr. Savage's authority for stating that he regarded her as morally insane. Her intelligence was intact, except, indeed, that her intense jealousy, which she

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inherited from her mother, coloured her estimate of others, leading her to think they were inimical to her. After being two years and a half at Bethlem, she was discharged, and is now at large.

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

We all know the intense, baseless, unconquerable depression which falls upon a dyspeptic for a certain time without the slightest delusion or affection of the memory or reason. This condition of the feelings is one which, if continuous, would be regarded as insanity.* Here it may be urged that the man takes an utterly unreasonable estimate of life and of himself, and that therefore the intellect is involved. I reply that there can be no objection to conceding this, for the sake of peace, if the objector will only be consistent in carrying out this view. But what happens? The objector, a lawyer we will suppose, when he wishes to prove that a moral maniac is not insane and irresponsible, will not grant that a particular state of the feelings carries with it a disorder of the reason.

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

One case of moral insanity recorded is that of a boy of about five years of age, who is described by an asylum superintendent of great experience as the very spirit of mischief, destructive, and constantly causing alarm in the family; yet this child, the writer adds, was "perfectly intelligent."

Another case contributed by the same observer was that of a clever schoolboy of six, the plague of the house, who, in addition to displaying mischievous tricks, developed a homicidal propensity. Severe no less than kind treatment failed to influence him. Both these youths, it should be

* As Guislain says, "I meet every day with melancholiacs who do not exhibit any disorder in their ideas or lesion of the judgment. Melancholia is exclusively an exaggeration of the affective sentiment; it is, in all the force of its significance, a Gemüthkrankheit, in the sense in which the word is employed by German psychologists. It is a pathological emotion, a sadness, a chagrin, a fear or dread, and nothing more. It is not a condition which sensibly weakens the conceptive faculties." ("Leçons Orales," Vol. i., p. 112.)

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added, were in a good position socially, and were kindly brought up by their parents.

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

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

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

2. In the next case, I find it difficult to see what legitimate objection can be made to it as an instance in point. It is one well known to me, and presented at one time the gravest difficulties, from the impossibility of laying hold of any intellectual defect upon which to take action and exercise control in order to save the patient from himself. A gentleman's son, a boy of five, favourably circumstanced in his moral surroundings, had an attack of scarlet fever. He recovered, but his moral character had undergone a remarkable change. Instead of being a truthful, he became a very untruthful lad. For a time he was honest; then he began to take what was not his own, without the slightest occasion

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for doing so. A further stage was reached—he evinced a disposition to injure others. I ought to add that this attack of scarlet fever did not affect his memory in the least. On the contrary, it was remarkably good. At last he was, when a young man, placed under care, a precaution which it is almost certain averted the commission of some act which would have brought him into collision with the laws of his country. That this was not a case of vice, but of mental disorder, is, to my mind, clear, without the subsequent history of the patient, which fully confirmed the diagnosis made. The lying, the thieving, and the tendency to commit acts dangerous to others are, it is true, common to vice and disease. On the other hand, the causation, the change of character, the contrast to the boy's environment, the absence of any sufficient motive for the acts committed, marked their true nature.

3. I was consulted not long since about a young lady—and the case is one which I am sure you will not regard as a rare one—who, her parents said, rendered home simply intolerable. There was no delusion or hallucination; there was not the slightest incoherence in her conversation. She was not strong-minded, certainly, and I believe she was a dull girl when at school; but there would have been no sustainable plea on this ground had she committed a criminal act. It certainly was not on account of any intellectual defect that her family sought advice. It was because she was, at home, just so much emotional dynamite, ever liable to explode, and now and again doing so with disastrously painful consequences. When no explosion occurred, the patient's condition was frequently that of quiet sulking. Jealous, spiteful, unkind, where she ought to have been most considerate, she rendered home the reverse of happy, and there were times when it was feared that seriously unpleasant consequences might ensue. The only mode of terminating this misery was by removing the unfortunate cause from the family circle. After a time, she would be allowed to return home. At first the hope would be entertained that a new and better leaf had been turned over; but this hope was soon doomed to bitter disappointment. The moral pest was once more in the house, and the old misery was experienced, the old danger renewed. The "attercop"—the poison spider of the household—was once more at work, spinning her net with subtle industry, and poisoning family-life with ill-temper and jealousy.

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4. I possess the manuscript journal of a youth who kept it while at sea, and there is nothing to betray any intellectual aberration. Yet I believe him to have been at that time morally insane; I may say constitutionally unstable in regard to moral character. He was quick at school, but no master would keep him, and he was tossed like a shuttlecock from seminary to seminary. One of his schoolfellows informs me that the other boys thought him very clever; that he would learn his lessons in a shorter time than the rest, and then go to play. When told to go on with learning his lessons, he challenged the master to test him. The latter tells me that the boy attacked him one day when they were walking out, and hurt him severely. On another occasion he pulled out his knife and threatened to use it on any boy who offended him, and in the night he was fond of standing over a boy in bed and threatening his life with a knife. At times he would sulk, and shut himself up in an out-house while the boys were at play. Although brought up in a moral family, he was dangerous at home to the other children; he was, as we see, dangerous at school; he was untruthful; and neither discipline nor kindness made him dependable. He was, when a very young man, placed in an asylum. He did not then develop any delusion, nor exhibit weak-mindedness. He rather suddenly became paraplegic, a condition which I regarded in the first instance as hysterical in character or even feigned; but he grew worse, and died. Distinct structural changes were found. I have little doubt that if he had not been placed in an asylum he would have committed a homicidal act. It would have been impossible to prove him intellectually insane; and that he knew the nature and quality of the act of murder I have good reason to know from conversation with him. I may add that he had a brother, who was particularly intelligent, but was a dipsomaniac.

5. Quite recently I have been consulted about a patient who exactly illustrates the character of some forms of moral insanity, or whatever you prefer to call the mental condition present which led to so much difficulty and distress. A boy of eight is the subject of violent paroxysms of so-called temper, and has in consequence to be removed from the school at which he is placed. There is no distinct intellectual defect which I can discover. He has been too much pressed, however, with his lessons, and some may be disposed to argue that because he has thus suffered it shows he is weaker

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intellectually than other boys, but this is not the sense in which disorder of the intellect is generally employed. And here I would, in passing, complain of the shifting sense in which the term "intellectual disorder" is used. At one time it is employed to mean downright weak-mindedness or a delusion; and this is done when an alleged lunatic's insanity is challenged on the ground that these are absent. At another time it is used when there is the very slightest mental dulness; and this course is adopted when a physician denying moral insanity, admits the individual's unsoundness, but desires to show that he is not only morally but intellectually insane. It is enough for such an advocate that the man is not very brilliant.

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

The cases whose leading features have been thus briefly sketched added to those recorded in the Journal divide themselves into (1) those in which there was a constitutional defect in the normal balance between the passions and the power of moral control or will. (2) Those in which a well-marked change of character took place in regard to the disposition and the higher sentiments, whether from moral shock or from fever. This would comprise cases of sexual impulse. (3) Cases in which the emotional disorder was manifested simply by the feeling of intense depression, without the patient himself being able to formulate a definite delusion, this being the exaggeration of the natural character,

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or what, I think, is more usual, the most complete contrast to it. Among the cases which have appeared in the "Journal of Mental Science" there is one in which drink was clearly an important factor in the production of the symptoms, and those whose craving for stimulants really amounts to irresistibility labour under a species of moral insanity, which may properly form a fourth division.

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

None of the cases reported in the Journal were associated with epilepsy, but I need hardly say that some of the most difficult cases of mental disorder related to crime are those in which there have been epileptic attacks at some period of a man's life, but not at the time of the alleged crime; or in which there have been no fits at all, but the character of the action, the mental symptoms, and the family history, suggest very strongly that the epilepsy is latent or veiled, such cases resembling an attack of scarlet fever without rash or even sore throat. It is only during the last few years that these cases have been clearly recognised, but the proof of their connection with epilepsy does not, it seems to me, take them out of the category of the class of affections which Prichard had in view, even though we should regard the mental symptoms present as the consequence, not of their directly exaggerated force, but of the removal for a time of the inhibitory power of the higher centres. The non-mention of epilepsy in these cases is of interest, because Westphal says he "scarcely remembers a case of moral insanity which was not connected with it." I believe that this relationship only applies to a limited, although very important, class of cases, but when it does occur, it certainly presents, as Tardieu says, the most grave and difficult problem, in regard to responsibility, which can possibly fall under the consideration of the expert.

Passing now from the clinical facts illustrative of the class of cases which have given rise to the recognition of the group of mental disorders known as moral insanity, I proceed to offer a few observations on the psychology of this form of alienation. On this aspect of the subject Dr. Savage has

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already touched briefly in his contribution to the Journal, July, 1881, but it is so important, and as Herbert Spencer says in a letter I have recently received from him, "so involved," that I desire to call attention to it on this occasion.

I have said that the term Moral Insanity is unfortunate so far as it leads persons to think that Feeling is itself always the primary seat of disease, while the other mental functions are healthy. It is very certain, on the contrary, that what happens is oftentimes only a weakening of the higher centres which, involving as this does paralysis of volition, permits an excessive and irregular display of emotion in one of the various forms it assumes. This view, which transfers the seat of the mischief from the emotions themselves to volitional or inhibitory power, might suggest the more accurate term of Inhibitory Insanity, but I think the opponents of Moral Insanity would still object that no delusion or weakness of intellect was present to justify the idea of insanity in its legal sense.

I would at once say that I consider the question can be approached only on the lines opened out to us by Laycock in regard to the reflex action of the brain itself; by Monro in regard to the negative and positive states of this organ present at the same moment; by Anstie, who so clearly showed the true nature of alcoholic excitement; and by Herbert Spencer and Dr. Jackson, who, in their respective spheres of thought, have so greatly elucidated psychology, and the pathology of nervous diseases.

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

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

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

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

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

The same observation may be made in reference to dipsomaniacs; and as regards Anstie's explanation of the effects of alcohol, I would say that the keynote to his observations is contained in a single sentence, in which he says that "mental excitement implies cerebral paralysis, and is no proof of stimulation. . . . Violent outbreak of the passions is due, not to any stimulation of them, but to the removal of the check ordinarily imposed by reason and will." ("Stimulants and Narcotics," p. 78, 1864.)

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

There are cases, I would say, which may be aptly described as examples of *immoral resolution,* while others are more correctly designated as cases of *moral irresolution.* The latter occur in men of feeble organization, or of mental constitution originally robust, but enfeebled by disease; they are, so to speak, negatively immoral. The former constitute a class with abnormally strong impulses, natural or acquired,

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the result of disease or congenital malformation. They are the positively immoral.

One word may be said here arising out of the fact that one of the earliest symptoms of insanity, whatever course it may ultimately run, is the change which takes place in the feelings. This is so striking a fact, that some* have, as we know, held that all insanity originates in disordered emotion. It has been no less truly than aptly said by a French alienist (Lélut), that at the beginning, insanity is still reason, as reason is in countless instances already madness. Insanity is still reason, because Volition and not Thought is affected. If the emotional genesis of insanity be true, what follows? Why, that there is a stage in the progress of the disease in which it has not yet invaded the domain of what are generally designated the intellectual faculties. What if a crime is committed when a patient is in this early stage of the disorder? Is he not to that extent the subject of emotional or moral insanity? Is the fact altered because in a few more months distinct delusions or decided loss of memory succeeds to emotional disturbance?

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

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

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

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becility should appear, is surely consistent with all modern teaching on heredity. In others, again, who possess normal constitutions at birth, it may well happen that disease will destroy the activity of those sentiments which have been more recently evolved, while the lower centres are left intact.

But I grant that an apparent difficulty presents itself in treating the question of moral insanity from the standpoint of evolution. It is this: If intellect or thought is of later growth than feeling, and if, as evolutionists suppose, the most recently evolved—the least organised therefore—is the first to go, how is it possible that Feeling can be disordered without the Intellect being involved? In other words, how can the deeper down Feeling go before the higher up Intellect? As Dr. Savage, in the paper referred to, does not take notice of this evolutionary difficulty, I conclude he does not recognise it, or holds that a speculative difficulty of this kind does not destroy the force of clinical facts.

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

Having regard to man's past history, it cannot be said that when his moral development was retarded by his predatory or other egoistic pursuits he was an imbecile; and if not, why should there be any difficulty in crediting a sporadic reversion to a parallel condition in the midst of a moral and refined state of society?

It is worthy of note that while the more voluntary power may be lamentably weak, those intellectual faculties which remain in force are of a very automatic character. Musical ability is a striking illustration. We all know that Handel, Beethoven, and especially Mozart, felt their wonderful powers to be so extremely automatic that they attributed them to inspiration. With painters there has been the same feeling,

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as with Claude of Lorraine, said to be a stupid boy; and even Raphael, who so far from taking credit to himself for his marvellous facility with the brush, said that a spirit, which he believed to be that of his deceased mother, inspired his imagination with forms of beauty which he had only to copy.

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

Again, in the absence of congenital defect, where the moral character changes for the worse under conditions which imply disease instead of mere vice, Spencer finds a clue to a probable cause in so simple an occurrence as fretfulness, which arises, as we all know, under physical conditions, such as inaction of the alimentary canal. Fretfulness is, as he justly says, "a display of the lower impulses uncontrolled by the higher." This is essentially a moral insanity. So is the irascibility of persons in whom the blood is poor, and the heart fails to send it with sufficient force to the brain. Spencer puts it in terms which bear directly upon

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

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the question we are discussing when he says, "Irascibility implies a relative inactivity of the *superior* feelings. . . . The plexuses which co-ordinate the defensive and destructive activities, and in which are seated the accompanying feelings of antagonism and anger, are inherited from all antecedent races of creatures, and are therefore well organized—so well organized that the child in arms shows them in action. But the plexuses which, by connecting and co-ordinating a variety of external requirements, have been but recently evolved, so that, besides being extensive and intricate, they are formed of much less permeable channels. Hence, when the nervous system is not fully charged, these latest and highest structures are the first to fail. Instead of being instant to act, their actions, if appreciable at all, come too late *to check the actions* of the subordinate structures."* We see, then, that with Spencer there is no real paradox in holding that cognitions and Feelings are at once "antithetical and inseparable," and that while "no emotion can be *absolutely* free from cognition" (p. 475), it is not impossible that there should be varying degrees of relative development of emotion and cognition; and such "a relative inactivity of the superior feelings," to use his own words, that what is understood as "moral insanity," for want of a better term, is the natural outcome of mental evolution and dissolution.

It is a striking proof of the essential uniformity of human nature in its morbid developments, that we find the questions we are now discussing with so much interest no less the subject of debate in the days of Horace. The third Satire of the second Book is a most remarkable one from this point of view, and would of itself form an excellent text for a discourse on Moral Insanity. Stertinius is the speaker :—

> Mad shall the man be counted, who
> Confounds, on passion's impulse, true
> With false, and doing what he thinks
> Most just, to deeds of vileness sinks ?
> * * * * *
> Well ! if a man shall doom his daughter
> Instead of a dumb lamb, to slaughter,
> Shall he for sane be reckon'd ? Never !
> In short it comes to this,—Wherever,
> Whenever, sin and folly meet,
> There madness is, supreme, complete.

Lastly, I would say that the Great Temple of the ancient Aztecs, in one part of which the officiating priest plunged

* "Principles of Psychology," Vol i., p. 605.

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his knife into the breasts of women and children, while in another the priests were engaged in tending the sick, does not present a greater contrast, or a more amazing contradiction, than the union in the same mind of an acute intelligence and uninhibited passions.

Briefly, then, I would summarise what seem to me the conclusions warranted by what I have brought forward:—

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

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

* Nearly forty years ago the fellow-townsman of Prichard, the accomplished Dr. Symonds, wrote as follows:—"It seems to me strange when we reflect on the large share which the emotions and sentiments and passions bear in the mental constitution of man, and when we consider that there has been no disinclination to attribute susceptibility of separate and independent derangement to another part of our constitution, I mean the purely intellectual; and, moreover, that the most strenuous asserters of the doctrine, that insanity, in all cases, involves a perversion of judgment, do not attempt to conceal that the propensities, tastes, and emotions are often, or indeed in most cases, morbidly affected; I say it seems strange that the question should not have presented itself before as to whether there are not actual cases in which mental derangement is confined to the moral feelings and the emotions, just as in other cases the perceptive and reasoning powers are the sole subjects of disorder; and stranger still, that, whether such *d priori* suspicions ever arose or not, the real existence of such cases should not have attracted observation. That they have been so entirely overlooked can only be explained on the ground that the sentiments and passions of man have been generally considered subservient to the will and reason, and that any undue excitement of the former (the passions) has been consequently supposed to arise either from a criminal want of control on the part of the will, or from a deficiency of rational power; so that, according to this view, a man of violent passions or eccentric conduct, unless proved to

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

The Necessity for Hospital Treatment for Curable Cases of Insanity. By S. A. K. Strahan, M.D., Assistant Medical Officer, Northampton County Asylum.

Dr. D. Hack Tuke in his interesting work, "Chapters in the History of the Insane in the British Isles," has shown how the asylum of to-day was evolved from the madhouse of old. Originally the madhouse was simply a prison in which persons who had shown themselves dangerous to their fellows because of madness were confined and punished. With the general advancement of knowledge and civilization, the lamentable lot of the madman improved. One barbarous and inhuman custom after another was dropped, and at length it was dimly recognised that madness was a disease. Then for the lunatic the day of salvation was at hand—the cell, the chains, and the whip became things of the past, and he stood emancipated from all but his terrible disease.

Since then great strides have been taken in the direction of ameliorating the condition of the insane, and thereby improving their chances of recovery; but who will say that the study of the causes and treatment of insanity has kept pace with that of other human ills? With the aid of all the appliances of modern science, medicine and surgery step on apace—the turbid stream of disease is being followed through a hitherto unknown land, nearer and nearer to her sullied source; yet what is there in psychological medicine to correspond with this general advance? With all the

entertain some delusion or hallucination, must be either wilfully perverse or chargeable with moral delinquency."—"Miscellanies of John Addington Symonds, M.D.," p. 136.

* For the discussion on this paper see "Notes and News." [Eds.]

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