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(²) *Scottish Lunacy Report*, 1857, p. 135.—(³) *Second Annual Report, Scottish Board of Lunacy*, 1860, p. xli.—(⁴) *Tenth Annual Report, General Board of Control for Scotland*, p. xliii.

Certification as a "Moral Imbecile."(¹) By JOHN MAURICE
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THE term "moral imbecile" used in the Mental Deficiency Act is generally recognized as an unhappy one. It is responsible for much difference of opinion as to the class of case which can be properly so described. There is a view widely held and often expressed that the number of such cases is very small; that to certify them is an unsafe procedure, and that consequently, their inclusion within the Act is of little or no practical value. Those who adopt this view seem to be guided by their own opinion of what constitutes a moral imbecile rather than by its statutory definition. The term, unfortunately, is suggestive of the existence of a moral sense as a mental entity, and the connotation of an almost complete deprivation or imbecility with regard to it. Those who interpret it in this way and who believe in the existence of this hypothetical moral sense illustrate their point of view by the citation of comparatively rare cases, such as the person of good intelligence and education who foolishly and without any compunction or regard for the opinion of others persists in a life of crime—one who, in short, takes to crime not for material profit, but for the gratification it brings. Those who similarly interpret it, but are not of the same belief, consider it as nugatory as its supposed implication. There are

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others who lay stress on the "imbecility," and take the word in its usual acceptation of signifying a very low grade of intelligence. This view is more frequent or perhaps solely exists in the lay mind. It is exemplified in the tentative correction "immoral imbecile," which was once offered to me in a court of law. Possibly of those varying concepts of a moral imbecile some may be found which fit the term better, but it is by its legal definition alone that those who put in force the provisions of the Mental Deficiency Act must be exclusively guided. When we turn to the Act we find that all ambiguity and conjecture as to meaning disappears. It defines moral imbeciles as "persons who from an early age display some permanent mental defect, coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect." This legal definition seems to be singularly free from the original sin of obscurity, and to require no baptism by way of judicial elucidation. Nor does it give any occasion for displaying our agility in metaphysical subtleties by "mounting the airy stilts of abstraction." It divides the essential conditions of moral imbecility into two main, and to a large extent, independent considerations :

(1) Some permanent mental defect, which has existed from an early age.

(2) Vicious or criminal propensities undeterred by punishment.

Taking the first of these conditions, we find that apart from the difficulty about "an early age" which presents itself in each of the definitions of the four classes of mental defectives that come within the Act, the limit of what constitutes "some permanent mental defect" is bounded only—and in my opinion properly so—by the good sense of the community, for after all it must be remembered that it is the community or its representatives who are the judges as to whether the evidence of "some permanent defect" of sufficient degree has been established, and not some, perhaps, fanciful psychologist whose mind has become complexed by a too ardent worship at the shrine of a theoretical idol. The defect, in short, must be a demonstrable one, but it seems clearly to have been the intention of the framers of the Act to bring within its scope those cases which exhibit vicious or criminal propensities undeterred by punishment, yet whose mental defect viewed apart from delinquency is not of itself sufficient to justify certification as a "feeble-minded person." In other words, they enacted that a lesser degree of defect should suffice for certification if coupled with incorrigibly vicious propensities. If a person is mentally capable of being a "hewer of wood and a drawer of water" there are no grounds for certification under the Mental Deficiency Act, but if to this low mentality there is added incorrigibly vicious criminal propensities,

then it seems clear such a person comes within the statutory definition of a moral imbecile. Conduct in his case has revealed a deeper defect than can be plumbed by any measure at our disposal. In the estimation of this defect it seems to me that too much reliance and value is placed upon intelligence tests. They are sometimes used as if they had the exactness of a foot-rule. Invaluable as confirmatory tests for mental defect otherwise observed, the most they can indicate is whether the defect is an intellectual one or not. They leave unexplored what is, in criminal cases, the larger field of that which for want of a better term we must call emotional or temperamental defect. We have no semblance of a foot-rule here, nor indeed any laboratory test of recognized value, but we have what is the best of all tests—the struggle and competition of life itself. The defectives are readily weeded out in the process. Our tests, then, may not show us the presence of a defect which has been thus revealed and displayed to many, but that is not a reason for gainsaying its existence. It is rather a reason for the recognition of how imperfect the tests are. With a clear history of mental defect before him the duty of the examiner is not to dispute its existence, but to bring to that history the knowledge of a trained experience to ascertain its causes and form the opinion as to whether it is permanent or not. If the history shows that this emotional defect has not been confined to the adolescent period there will be good grounds for the opinion that it is permanent, and the stage at which this opinion can be arrived at is furthermore the one at which the question of incorrigibility can also be determined. Of course he must be satisfied that the history which forms the demonstrable basis of his opinion is trustworthy, reliable and intelligent, and that it covers the age of schooling and employment. We are fortunate in possessing throughout the country mental welfare agencies, who readily secure all that may be required for our information.

The second consideration for certification as a moral imbecile is vicious and criminal propensities undeterred by punishment. It will be observed that there is here no mention of moral sense. Its concept was too fluid to admit of definition. The abstraction has crystallized out into the more concrete "incorrigibility" which we all can understand, and of which demonstration is not difficult. Here, again, it is for the judicial authority to decide as to whether it has been established, but it is a fair submission that that person is incorrigible who fails to be corrected by all the recognized and possible resources of the State. From the point of view indicated above—the only one which seems consistent with the wording of the Act—it would follow, *à priori*, that moral imbeciles should not be

infrequently met with by those who have to examine large numbers of youthful delinquents. This deduction is amply borne out by my experience, which convinces me of the great importance and value of the subsection of the Act which brings them within its meaning.

Clinical Notes and Cases.

The Treatment of General Paralysis at Hanwell Mental Hospital. [Reported by G. A. LILLY, M.C., M.A., M.D. Camb., D.P.M., Assistant Medical Officer.]

In July, 1923, the Hospital for Tropical Diseases at Endsleigh Gardens enabled us to inoculate our first general paralytics with malaria (*Plasmodium vivax*), and eventually 36 patients (29 men and 7 women) were so treated.

For administrative reasons, the inoculation of patients suffering from general paralysis was discontinued at Hanwell Mental Hospital in March, 1924; after that date, such cases as were deemed suitable were transferred to other London County Mental Hospitals for malarial treatment.

It was thought that little useful information could be gained until a considerable time had elapsed to allow the results some degree of permanency on which to base conclusions, and even now it is premature to pronounce more than tentative judgment on the later patients who have returned to civil life.

The process of inoculation was that usually carried out at most hospitals, *i.e.*, 3 c.c. of infected blood was withdrawn from a vein of the donor, and injected subcutaneously into the arm of the recipient; in 3 cases, however, mosquitoes which had previously been fed on an infected patient were used to inoculate patients. These mosquitoes were supplied and the inoculation supervised by Lieut.-Col. S. P. James, M.D., of the Ministry of Health.

At first the course of the malarial fever was controlled by the clinical picture, but later, blood slides were taken daily and the degree of infection watched. An end to the fever was obtained by 2-gr. doses of quinine sulphate, given three or four times a day for two months, and in no case was it found necessary to give more. No signs or symptoms of malarial trouble reappeared after the first administration of quinine.

It was noticed, however, that the cases which were inoculated in January, 1924, exhibited more serious rigors and experienced greater prostration than those inoculated at first. The seriousness of the clinical condition corresponded also with a greater number of parasites detected in their blood-films.