

THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association
of Great Britain and Ireland.*]

No. 176. NEW SERIES,
No. 140. JANUARY, 1896. VOL. XLII.

PART I.—ORIGINAL ARTICLES.

*Insanity of Conduct.** By GEO. H. SAVAGE, M.D., F.R.C.P.
London, and C. MERCIER, M.B. London.

DR. SAVAGE.

Gentlemen,—I feel that some apology is due in bringing before you a series of rather trivial cases of mental disorder, in which there is nothing very new, and whose interest really lies in their being placed together for special consideration. Experience teaches me that one may often learn more from the slighter deviation from health than from the more serious perversions. In the former one may watch the details much more readily than one can in the latter.

Most of you, having lived with the insane, know how much more disorder may be present than may be evident to the casual examiner; how many persons in asylums are more mad than their speech would connote. With the sane we recognize that their *lives* are more in evidence than their speech, and their relationship with the world is rather to be judged by conduct than by words. A man may smile and be a villain, and he may certainly be a precious talker and yet a pernicious person. We experts in lunacy recognize this, but the world, more especially the legal world, is loath to allow that insanity is often to be judged of by the acts of the individual rather than by his words.

They all allow that an incoherent person, or one with a marked delusion, may commit an act of violence as a result of the mental disorder, and be excused thereof; but they will not admit—if even they recognize—that an act may be the one insane symptom.

Dr. Mercier and I have in view the demonstration that there are many insane conditions in which the conduct of the

* Read at the Annual Meeting of the British Medical Association, London, 1895.

patient must be the gauge of disorder, and that though we do not ignore intellectual or sensory disorders, yet beside and apart from these the conduct of the patient must be studied and recorded.

We do not want to form and name a fresh group of insanity of the Ethically Insane. The battle as to the existence of moral insanity is not over, in England there being still physicians of eminence who do not admit there is any such ailment apart from sinfulness.

We, on our part, wish to re-state our belief in moral insanity, and to go one step further and show that breaches of the conventional as well as the moral laws of society may be but symptoms of disorder or disease of the higher nervous system.

Disorder of conduct will be found to be a symptom of various forms of mental disorder, and will occur in varying degrees.

By our nervous system we guide ourselves, and this system being out of order we may lose our way.

In some of the cases referred to, moral defect is more evident, while in others the change is noticed mostly in the behaviour.

The term, disorder of conduct, must be recognized as varying with the individual; what is abnormal in one being natural in another. Conduct, whether normal or not, represents the motor side of a higher reflex act, and must be looked upon as reaction to the stimuli from without; but this part of the subject may be left for the present.

In studying the disorders of conduct I shall give examples occurring in hysteria, others associated with malingering (hysterical and hypochondriacal), while in some the disorder is associated with ingenuity or even genius; in whom there is a lobsidedness which misleads the patient. In some other cases the disorder precedes some other form of mental trouble, such as mania or melancholia.

In some monomanias, such as kleptomania, the symptoms may be chiefly seen in the conduct of the patient.

In a large group of cases that have passed through one or more serious mental illnesses, disorder of conduct may be the chief defect which is left, the patient being fairly intelligent, without delusions, etc., and yet insane in behaviour. The cases given in brief are as follows:—

Miss M., whose mother, the widow of a professional man, saw me at the request of Dr. S. early in 1895, having sent

me a very large budget of letters of all sorts. The girl is 28, single, said to be bright, pretty, and accomplished. It seems that where they lived a cousin got engaged to be married; he soon began to receive anonymous letters, then some other young men received similar letters; these contained all sorts of odd remarks and vague threats. In one, was the drawing of a coffin, with "Dead the mother, dead the child." Suspicion fell on the house of Mrs. M., and after much talk it seems, according to the present tale, that the three younger sisters thought the best way was for one of them to say she did it. This was done by the second, B. They say they thought as the eldest was much in society and was going to be bridesmaid they would screen her. The mother seems not to have known of this then. The eldest daughter went to be governess to a child of a lady of title, and she seemed to get on all right; but later anonymous letters were renewed. Then it was found she was saying many things which were not true, thus, that she had won an open scholarship at a college and was going to have a holiday; that she had been riding and driving a pair; that she had many invitations to stop with friends (the statements in letters were always of the grand kind likely to please her mother). I have seen some letters remonstrating with her mother for making inquiries as to the truth of some of her statements. Beside all this, some time before, she had had a peculiar skin affection, which was proved to have been produced by herself by burning with hair-curlers; she also made the sore bleed, and she seemed to pay no attention to the wound. This skin affection recently reappeared. She has had no permanent love affair, but has had offers of marriage. The whole thing looks like grave hysteria.

There was most supreme self-confidence, apparent affection for her relations, and her vagaries seemed at times to have been associated with a desire to please her mother. She had great general ability, and was able to perform her duties as governess and to mix in good society without displaying any peculiarity. Yet all the time she was leading a double life. She later became engaged to be married, and the other troubles passed away. The chief points in the case were malingering and mischief-making in a guise of high moral and intellectual culture depending on hysteria.

Disorder of Conduct preceding an Attack of Melancholia.

Miss B., aged 30, brother insane, who had been living the life of an ordinary English lady with relations and friends, complained of sores in the palms of both hands, and later of similar sores which occurred symmetrically elsewhere. She professed the utmost anxiety to have these sores cured, and was taken at considerable expense to leading general and special medical men, and so ingeniously had she contrived that for some time they did not discover that these symmetrical sores were self-inflicted, and a leading consultant had drawings of the strange malady prepared. Later the patient became sleepless, refused her food, was suicidal, trying to throw herself into the fire, and also talking of killing herself if ever she got the chance. With an attack of influenza temporary mental improvement followed, and further amelioration followed change of residence from one asylum to another.

In relationship to this case, and the one of Miss M., I would say that it is not at all uncommon to meet with hysterical young women who put themselves to great personal torture without any apparent object, for in some I have known injuries produced artificially and most artfully concealed, just as one has known of hysterical patients who ate and drank their excretions without any possible object in view. Allied to the last, I would consider those cases which seem to partake in part of hysteria and in part of hypo-chondriasis, such cases feigning disease or inflicting local or general injuries upon themselves. Some such cease to take any interest in themselves or their surroundings; men who have been enthusiastic lovers of work or sport, who have been active and useful, without illness or visible external or internal cause, "give up." These patients repudiate any feeling of melancholy, and in some cases will defend their indolence and their change of habit. In some cases, doubtless, the individual is naturally of selfish temper, and has been capable of work only when stimulated from without, or when from mere vital energy there was a desire to do something; yet such cases may exhibit absolutely no signs of mental disorder or weakness apart from their disinclination to work or to fulfil their duties. In some, physical disorder may suffice as the starting point, and may throw the patient out of step, as it were, and he is never able to recover his lost position, and seems incapable of trying.

Disorder of Conduct as an Early Stage of Mania.

The following is an example of a very common form of disorder chiefly met with in young neurotic persons, and may be associated with periods of depression, so that the patient passes through cycles of mental disorder which may lead to a habit of instability, which may become permanent.

Some of these patients belong to the class of eccentric geniuses, who are so nearly allied to the insane.

A medical student, aged 22, whose mother was insane, who had always been steady, and who had lived with his relations, after working rather hard for an examination was for a time sleepless and feeling out of sorts. He then began to do extravagant and unusual things. He offered marriage to several ladies, he spent money recklessly, buying useless things, he dressed "loudly," and assumed the airs of a man about town. He no longer submitted to the ordinary home discipline, and his language was often violent and profane. Yet during several prolonged interviews it was quite impossible to discover any defect of intellect, his memory being clear, and while admitting that his conduct might give rise to misconceptions, yet he showed no signs of delusion of any kind. This patient went as a voluntary boarder to an asylum, where lately he became maniacal. He recovered, resumed his professional work, but a year later there was a repetition of the disorder of conduct. Of course I recognize that in this case all the disorder depended upon defect of higher control, yet the study of disorders of conduct would be incomplete without reference to such cases.

Inventive Genius with Insanity of Conduct.

Mr. C., civil engineer, 38; married; seen early in 1895; belonging to neurotic family, and himself having been once in an asylum. Of more than usual ability in his profession, well educated, and with good prospects, without any physical signs of disease and without intemperance, he began to do extraordinary things and to cause trouble to his wife. He would possess himself of her jewellery, he would ingeniously pick locks, remove valuables, and again close the doors without leaving any signs of what had been done. Well knowing and recognizing that he had no money he would stop at costly hotels, and without being extravagant would still live comfortably. He would travel by rail without tickets, and always with plausibility would avoid the

consequences of his acts. In conversation nothing could be more reasonable than his defence of his conduct and his enunciation of his schemes, so that in his case no defect of mind, memory or understanding could be detected, though his conduct was anti-social, and was ordinarily considered to be criminal. I believe this patient to be passing through a stage of moral disorder, which will eventually increase and be associated with other forms of disorder of the mental class.

Dishonesty and Sexual Perversion in a Clergyman.

Clergyman of 40, born in the tropics, his mother at time of birth suffering from severe nervous shock. As a child he was somnambulistic; he had also chorea; he was bright, clever, and not differing from other boys, except that he was a precocious onanist. From school he went to University, where he did very well, and later was ordained; he married at 23 a woman much older than himself, from whom he soon separated. After this, though following his profession in a desultory way, his conduct became markedly abnormal. He pilfered jewels, rings, purses or petty cash without any definite necessity for the money, being fully conscious of the danger he ran legally, and yet being quite unable to refrain. With this disorder he also developed perverted sexual feelings, being attracted by men, while women were antipathetic to him. He, as a result of petty thefts, was sent to gaol on more than one occasion, and also voluntarily he placed himself in an asylum to prevent him from committing other crimes. This patient was without any apparent intellectual defect, he was brilliant and eloquent as a preacher, and, while fully recognizing the consequences of his acts, was quite incapable of controlling them.

Tendency to Drink and Debauchery in a Lady of Position.

Miss C., aged 33, had been living with relations, being well off; she had plenty of general ability, with no defect of any faculty of mind or body; at one time she was said to have had some uterine trouble; no amount of influence would induce her either to lead a moral or temperate life, and yet there seemed to be nothing specially abnormal in her desires, her memory, or in her ordinary powers of control. Though repeatedly under the influence of alcohol, and although by her conduct alienating her friends, yet it was quite impossible to treat her as of unsound mind. I recognize that in introducing such a case as this I am stretching the

bounds of disorder of conduct as a neurosis very far, but I am daily impressed by the fact that certain people are drunken or dissipated against their will, and as the result of the tyranny of their organization.

Chronic Insanity Chiefly Marked by Disorder of Conduct.

Captain P., aged 50, who has been for 25 years in an asylum, and whose mental capacity appeared to be perfectly normal. He has a perfect memory for both recent and distant events; he conversed intelligently on science and art, recognizing the latest discoveries and their due importance. He had knowledge of his family, but at once said that a quarter of a century removed from the world prevented him having an interest in his relations. I am told that at first when admitted to the asylum he was extremely violent and dangerous, that still, though to outward appearances sane, his general habits and ways are those of a weak-minded person. He has passed into a condition of perfect indifference as to his personal relations, and appears to be unable to direct himself or his affairs.

Rev. L. P., brother of the above, who has also been in an asylum for a quarter of a century, though not so intelligent as his brother, yet he was quite able to converse freely about the past, about his present position and his future prospects. His profession occupied his chief care, and he appeared to be deeply read in Scripture. He had some rather brilliant notions for doing good to society, more particularly to the poor, which, though hardly practical, were certainly not insane. This gentleman, like his brother, exhibits, in his ways and habits, evidence of disorder in conduct and inability to fit into his proper social surroundings, and it is noteworthy that in many asylums there are large numbers of "wrecks" who are alien to society and unfit to return to family or relations as a result of defective power to direct their conduct.

Kleptomania as an Insanity of Conduct.

I have met a considerable number of patients belonging to nervous families who, under depressing nervous conditions, have developed kleptomania. In these cases it is quite common to meet with perfectly normal mental states associated with inability to refrain from pilfering. In such cases experience of punishment for faults has no power to control in any way. Patients recognize the

effects of their actions and can reason clearly and fully about them and yet cannot refrain from their repetition. Such cases have been described as depending upon uncontrollable impulse, and no particular harm results from so considering them, though I believe it to be more natural to place them with the cases in which disorder of conduct is the chief indication of nervous disease. Cases being so frequent, and being well recognized, renders it unnecessary for me here to give examples.

In completing the subject I think it necessary to refer to certain cases in which the conduct is perfectly normal, while there is evident intellectual defect. Thus, in one case a young lady who was heir to considerable property, who belonged to a nervous degenerating family, who had been placed under the most favourable conditions for education and development, was still, when by age entitled to her property, quite incapable of doing the simplest sum or of making the most ordinary money transaction. She understood her incapacity, and allowed others to act for her. She was equally incapable of reading or taking in from books any simple abstract notion, and yet she was able to conduct herself so well as the result of her training as to pass in society as a quiet, rather shy, but not evidently mentally defective person.

Another similar case was that of a young man also entitled to property, who, though capable of behaving himself in a way which impressed strangers with the fact that he was not only intelligent, but in some particulars accomplished, yet, as far as ordinary education was concerned, he was incapable of development. In his case we have the correlative of those cases of genius associated with defect of power of control, for he was brilliant along a special line and yet incapable of abstract education.

In the last case to which I will refer a young man of position passed through the ordinary English systems of education, but at the end was incapable of writing a letter such as an ordinary boy of six would write, and was equally incapable of learning from books, and yet was able to mix with his social equals without their detecting anything abnormal. Doubtless those practising chiefly among idiots and imbeciles can record similar instances of persons who, being intellectually weak, yet by their conduct do not give evidence of this weakness.

And now, gentlemen, for the conclusion of the matter. We recognize that insanity affects all the actions of a man, and cannot be localized as a special entity. It shows itself in manifold ways, and I have specially brought before you cases in which the conduct of the patient was more eloquent of his disorder than was his speech. I recognize that we cannot trace the underlying disorder in many cases of insanity, but yet we must lay sufficient weight on the fact that madness may show itself first or chiefly in acts.

The lawyer will be hard to persuade that the incriminated act shall stand apart as a symptom of insanity, and the public will be almost as infidel, yet we must not shrink from asserting what we believe to be true. Insane acts may follow insane delusions which are evident, or insane acts may follow concealed delusions, this occurring more particularly in cases of mania of persecution with highly developed caution. Again, insane acts may precede evident unsoundness of the mental faculties; they may occur as a kind of habit, and may have no apparent relationship to the mental state; in some cases they seem to be an altogether abnormal reaction to the ordinary stimuli.

DR. MERCIER.

The following case came last year under the observation of Dr. Savage and myself:—A gentleman, now about 60 years of age, had had an exceptionally brilliant career. He distinguished himself at Oxford, not only by taking a first class, but by achieving among his contemporaries a very high reputation for ability. Entering a profession, he not only rose to a high position, but published works which gained for him a European reputation. He was chosen on important occasions as special correspondent of *The Times*. He filled various appointments with ability and success. Throughout his career he displayed abundant evidence of exceptional intellectual attainment. At length something happened which compelled him to retire from his profession, and thereafter, for ten or twelve or more years, he lived a life which was strikingly at variance with his former career.

He now eschewed altogether the society of his equals in social standing, and lived in solitude, a solitude relieved only by the companionship of the family of an old manservant who looked after him, and broken by occasional

outbreaks of a nature which eventually brought him under care.

From his early college days he had been addicted to drinking, and to drinking in a peculiarly sottish manner. It was not at wine parties with his fellow students that he got excited by companionship and exceeded the bounds of prudence. He drank in solitude and with deliberation; drank to great excess; but was able to carry his drink so well that he rarely got into trouble. Throughout his career his tendency to drink, and his ability to conceal the effects of drink, continued; but after his retirement from active life his alcoholic debauches became complicated by a new manifestation. They became accompanied by manifestations of sexual perversion.

From time to time, at intervals of a few weeks, he would leave his home suddenly, without notice to his servant, without preparation, and without luggage; and, after a few days, or a week or more, he would be found staying at an hotel, or in some disreputable haunt, surrounded by youths of the lowest class and the most abominable propensities, with whom he had been carrying on his abnormal and criminal practices. Again and again his medical attendant and his servant rescued him from this position; again and again his disreputable associates extorted from him large sums of money by way of blackmail; again and again he escaped from a criminal prosecution by the skin of his teeth.

It was after one of these periodical outbreaks that he first came under my observation, his medical attendant being convinced after long acquaintance with him that he was insane. Upon the most careful examination I failed to discover in his conversation any evidence of mental defect or of mental disorder. He was not only rational, but was courteous, gentlemanly, and impressed one as being a man of acute intellect and a thorough man of the world. He was neither excited nor depressed, he was not suspicious, nor irritable, nor confused, nor did he display in conversation any mental peculiarity. He was quite uncertifiable, and I was unable, and refused, to sign a certificate with regard to him. But there were two or three circumstances which were distinct evidence of insanity, though they did not constitute proof sufficiently cogent to embody in a certificate. One of these was that he was in the habit of writing numerous letters to his associates in vice; letters of the

most revolting description, in which he described in the plainest terms and with the most unctuous delight the practices in which he and they were accustomed to indulge. Some of these letters he posted, but many of them he left openly lying about in different parts of his house, for the perusal of his servant, the wife and daughters of his servant, or any one who might chance to pick them up. They were not even enclosed in envelopes, but were freely exposed to view. Another circumstance was that he appeared wholly insensible to the turpitude of his conduct, and to the horrible nature of his efforts to corrupt innocent boys; though he was quite fully sensible of the danger which he incurred of coming within the operation of the criminal law. A third peculiarity was the astoundingly voluminous character of his correspondence. He could not write a letter upon the simplest matter without filling page after page and sheet after sheet with writing, all of it well and grammatically expressed, well written, and more or less germane to the subject on which he was engaged; but not only wearisome in the extreme, but positively abnormal in its extraordinary voluminousness. I purposely exclude from consideration such matters as his personal uncleanness and other signs which were observable only after his debauches of drunkenness, and were obviously due to them. At these times he was, as is so commonly the case, easily certifiable, and after one of these debauches he was certified and admitted upon an urgency order. Upon a petition being presented to a magistrate for a judicial reception order the magistrate refused to make such an order, the signs of insanity due to drink having in the meantime cleared away.

Subsequently he became the subject of an inquisition in lunacy, and there being no real opposition on the part of the patient, who saw that his only alternative to his being found lunatic was his conviction by a common jury at the Old Bailey, the Master in Lunacy, with some misgiving, found him insane.

Some months after the inquisition the insanity of the patient became in issue at a trial before one of the ablest of the Chancery judges, who decided after a long and patient hearing that the insanity was proved up to the hilt. The only fact of importance that was proved at this trial in addition to those above given, was that the patient had allowed a young lad to obtain a great influence over him,

had not only given the lad large sums of money, but had placed himself largely under the lad's control, and ordered his conduct much as the lad directed him.

The foregoing case is instanced as a sample of a class of cases in which insanity is evidenced mainly—practically entirely—by conduct, and in which disorder of mind, though not entirely absent, occupies an altogether subordinate position. It is now 14 years since I submitted in the "Journal of Mental Science" the doctrine that insanity is not a disorder of mind, and a claim that disorder of conduct should enter as an integral part into our concept of what insanity is. Cases like those cited by Dr. Savage, in which disorder of conduct is practically the only evidence of insanity, are not uncommon; and the time appears now to be ripe for again bringing forward this doctrine. The position that is here maintained is that insanity is not a disorder of mind; that there may be disorder of mind without insanity; and that in insanity there is much besides disorder of mind. At the same time I must not be understood as saying that there can be insanity without disorder of mind. Doubtless whenever there is sufficient disorder of conduct to constitute insanity, some disorder of mind is present. The position is that there is no insanity without disorder of conduct, and that in some cases of insanity the disorder of mind is so inconspicuous that practically we have to depend for evidence of insanity entirely upon the disorder of conduct.

The question whether the unnatural sexual proclivities which this patient displayed, of themselves constitute insanity, is one which cannot be answered in this general form. The question must in every case be decided upon the circumstances of that case. Here we trench, as alienists so often have to trench, upon the provinces of the jurist and the ethical philosopher. We are scarcely yet in a position, or, if we are, this is not the occasion, to lay down in general terms the distinctions between insanity, crime, and vice. This we shall probably all admit—that a craving so perverted and unnatural in character, and of such intensity that neither the frequent and exorbitant demands of blackmailing associates, nor the terrors of the criminal law—the infamy of trial and the fearful severity of sentence—are able to counteract it, that such a craving is essentially morbid in its nature; that the existence of such a craving

is as much evidence of disorder of mind as is the existence of a craving to commit suicide. Those who regard the existence of such a craving as not of itself necessarily a proof of insanity, must admit that disorder of mind may exist without insanity.

Evidence to the same effect is forthcoming in those cases of imperative ideas to which the late Dr. Hack Tuke devoted a paper at the Neurological Society last year. "I refer," he said, "to those cases in which a person would not be regarded as insane. I am anxious to bring into prominent relief the absolute innocuousness and sanity of a large number of imperative ideas." He then related many cases, of which I need quote only one, that of a man who was tormented by the absurd idea that he was pregnant. He would laugh at the notion and say that of course he knew there was nothing in it, but he could not rid himself of it. In such a case there is undoubtedly disorder of mind, but we have Dr. Tuke's strenuous assertion that such a person is not to be regarded as insane. The numerous cases of hallucination in the sane are cases in point. An hallucination is most certainly a disorder of mind, and, as certainly, it by no means necessarily implies insanity. Very many cases have been recorded of hallucinations experienced by persons who recognized their unreal character, and probably most of us have had one or two such experiences.

On the other hand there may be disorder of conduct without any discoverable disorder of mind, save only in the motive which prompts the conduct, and this disorder of conduct may or may not amount to insanity.

Instances of disorder of conduct that do not amount to insanity are given by Dr. Hack Tuke in his paper on "Imperative Ideas," and are parallel with the disorders of mind that have already been dealt with. The following instance, taken from that paper, is the only one that need be given:—A gentleman, in attempting to open a door which he has no reason to suppose is stiff—for example, in his own room—employs unnecessary force to do so, and strikes the architrave in order to assist his efforts to ease the door. Other instances are found in those cases of impulsive insanity which, rare as they are, are incontestably proved to exist. I refer to those cases in which the patient has an overpowering craving to commit some act that he abhors, a craving to which he at length yields, in spite of his struggles to resist. In such cases the act is the only

evidence that we have of insanity, and the sole mental disorder is the craving to commit the act. No other indication of unsoundness of mind may be present.

The case quoted at the beginning of this paper is another instance of disorder of conduct of itself amounting to and constituting insanity, the accompanying disorder of mind being a negligible quantity. The lunatic was thoroughly intelligent, and it was *not* the common case of the intelligent lunatic, who can converse sensibly and even brilliantly, and whose insanity no one would suspect until the subject of his delusions is touched upon. Here there were no delusions. The feature in the case that raised the question of insanity was the conduct, and whatever evidence of mental defect there was, was not of itself sufficient to embody in a certificate with any chance of its being accepted by a judicial authority. As a matter of fact, the evidence did come before a judicial authority, and was by him rejected as insufficient. There was, in fact, some evidence of mental *defect*, the nature of which will be explained subsequently, but it was of so slight a character that it could be used only as corroborative evidence, the main reliance being placed in the disorder of conduct. It will be interesting to examine the features in the conduct of this patient which led to his being regarded as insane by a thoroughly impartial and highly intellectual layman.

The most striking feature in the case was the occurrence of the outbreaks of debauchery, accompanied by practices of sexual perversion, and in addition to the evidence of sexual perversion given at these times, when he was under the influence of drink, there was distinct evidence of a morbid tendency of this nature when he was sober. Although, as already stated, we cannot but regard the existence of sexual perversion as evidence of disorder of mind, especially when an unusually intense sexual or quasi-sexual nexus appears at a time of life at which the sexual power and sexual desire would normally be evanescent; yet it does not need the result of a recent trial to tell us that the practices of sexual perversion are of themselves regarded by legal authorities as crimes and punishable as such, and not as evidences of insanity. It was not this alone, we may be sure, which influenced the judge in coming to the conclusion that the patient was insane. Another peculiar morbid feature in the conduct of the patient was with respect to the letters of which mention has been made. Not only were these letters

of the most revolting and bestial character, not only did they contain, in writing, things which no decent-minded man would say or even think, but containing as they did evidence of crime which would have inevitably have secured his conviction had he been put, as he expected, into the dock, he yet not only posted and sent them to his associates in crime, in whose hands they became instruments for the extortion of heavy sums by way of blackmail, but he left them about recklessly where his servants or any chance caller at his house could see them and take possession of them. A man, therefore, who has committed crimes and is in dread of being punished for them, not only gratuitously and unnecessarily manufactures evidence which is enough to secure his conviction, but sends specimens of this evidence to persons, some of whom have already used it to extort blackmail from him, and leaves other specimens of it about lavishly in places where it is certain to fall into the hands of third parties. In short, he deliberately and gratuitously, without incitement or provocation or reason, does that which is calculated directly to bring upon him a result which he dreads and has reason to dread. Surely such conduct is in itself insane. We need not go behind it to discover the mental state which prompts it. The conduct itself is as sufficient evidence of insanity as is the conduct of a man who, dreading poverty, entrusts some of his property to notorious thieves, and leaves the rest of it about for anyone to take who chooses.

Another peculiarity in the conduct of this patient was his placing himself under the tutelage of the lad who has been mentioned. It was not as if he had been a man originally of weak and facile disposition or of easy, good nature. He had been a man of strong and independent character, had occupied important positions in which he had had control of large bodies of men, and had exercised this control efficiently and successfully. So far from evincing any tendency to sacrifice his own inclinations or to devote his means or his exertions to the welfare of others, he had been cold, self-enclosed, and, in fact, selfish. That such a man, of such antecedents, should place himself under the tutelage, and his means at the disposal, of a vulgar, ignorant boy, was so marked a departure from, and degradation of, his former character, that this phase of conduct was relied on, and successfully relied on, as an indication of insanity.

Then there was the further evidence of the extraordinary

voluminousness of his correspondence. It was not as if he had been always subject to incontinence of literary expressions. His literary capacity had been proved again and again, and in his position as private secretary to a Cabinet Minister he had had abundant practice in epistolary expression. Yet his letters were so extraordinarily voluminous that they were first the astonishment, then the amusement, and at last the despair, of his business correspondents. To give a single instance—in writing to an official to make a very simple request he filled 16 pages of foolscap of about 400 words each. It must be understood that there was nothing in the substance of the letter, neither in the matter nor the expression, that could be regarded as abnormal—nothing but the intolerable length.

Of course it may be said that these abnormal phases of conduct are, in themselves, evidence of disorder of mind; and I have already admitted that in insane conduct there must always be concomitant and proportionate mental disorder—that, at any rate, when conduct is insane, the motive to conduct must be insane; but none the less is it true in cases like the foregoing that the conduct is the evidence of insanity, and that, having the evidence of conduct, we have no need to inquire further.

In this case there was, in fact, some evidence of disorder of mind over and above that which was directly connected with the peculiarities of conduct that I have mentioned, but this disorder of mind, while to some extent it strengthened the case in favour of insanity, was certainly not of itself sufficient to establish that case. It was proved that the patient was emotionally unstable, that he was easily roused to furious rage, and that his rage readily melted into tears. It was proved that while his mental capacity was still quite up to the average, it was yet below the high standard that he had once attained; so that he exhibited the remarkable spectacle of a man of average, and more than average ability, who was yet a dement. Though he had lost much of his intellectual ability, yet enough remained to keep him at least up to the average, and, his mind being free from delusion, it was impossible to convince a judicial authority of his insanity upon the ground of mental defect or disorder alone.

In conclusion, the following propositions are for debate:—

- (1.) That there are cases, of which the foregoing is one, in which insanity is evinced by conduct, and cannot be established from mental disorder alone.

- (2.) That there are cases in which disorder of mind exists without insanity.
- (3.) That, therefore, insanity is not essentially a disorder of mind, nor ought insanity and unsoundness of mind to be used as convertible terms; but
- (4.) That our concept of insanity is not complete until it is understood to include, as a necessary and integral element, disorder of conduct.

Dr. BEDFORD PIERCE failed to follow Dr. Mercier in making a sharp distinction between disorder of conduct and disorder of mind. He thought the case quoted would be more correctly described as one of disorder of mind, in which the disorder was manifested by extraordinary conduct. Dr. Pierce further alluded to a patient, a clergyman, whose conduct had become quite inconsistent with his past life and the conduct of one in his position. After a careful examination, it was found impossible to sign a certificate of insanity. That the patient was insane and not responsible was quite evident from the history of his letters, yet for several months there was risk of grave scandal in his parish. Dr. Pierce suggested that in certain cases the necessity of including "facts observed at the time of the examination" in a certificate might be advantageously omitted from certificates.

*Mental Symptoms Occurring in Bodily Diseases.** By ERNEST SEPTIMUS REYNOLDS, M.D. (Lond.), M.R.C.P., Senior Physician to the Ancoats Hospital, Manchester; Physician to the Manchester Workhouse Infirmary and Lunatic Wards.

That it would be impossible for anyone in a single paper to adequately treat of the mental symptoms occurring in bodily diseases is self-evident. For it must be remembered, as Maudsley says, "that it is impossible to be out of sorts physically without being out of sorts mentally," so that the subject includes not only the slight emotional changes found in various diseases, but also the actual insanities produced by or accompanying them. All that I propose to do in this communication is to give a short account of the mental changes which I have noticed during a four years' residence in the Manchester Royal Infirmary, and during a longer experience as visiting physician to the Manchester Workhouse Infirmary, where I have charge of over 800 medical beds.

We must first investigate the *slight mental changes* accompanying disease, by which I mean those changes in the

* Read at the Annual Meeting of the British Medical Association, London, 1895.