MORAL DEFICIENCY.*

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THE harmonizing of legal administrative practice with the development of scientific concepts in the field of medicine is sometimes difficult. The law has to be understood by everybody, whereas scientific knowledge is too often considered the privilege of the educated few. Thus, the law must be simple and directly applicable, leaving for the expert, critical examination of causes and effects. When the definition of a situation depends upon physical findings, a decision can be made without very much difficulty as to how the law is to be interpreted; but in questions of behaviour interpretation of rules may be much more troublesome, and special care is required in drafting laws which define psychological concepts.

It is not altogether surprising that the definition of mental deficiency in the 1913 Act should have little relationship to scientific concepts. The surprising fact is, as it seems to me, that the law, which normally has no intention of intruding upon the scientist's domain, has attempted to do so in this case. It is most important *not* to assume that the class of legally certified persons can be treated in any way as a scientific entity. Presumably the Law should provide a convenient instrument for certifying or otherwise handling individuals whom most people are agreed would be best under the care of institutions, guardians, etc. This state of affairs was underlined by the attitude of the authors of the Wood report in 1929, who went to some lengths to explain that the real criterion of mental deficiency was a social one, i.e., not a judgment based on clinical medicine or psychology. Social incompetence is not a scientific concept; it is a relative quality estimated differently by different people in different places according to circumstances. It must, therefore, be considered anomalous that the law relating to mental deficiency takes great pains to give the outward signs of following scientific classifications by specifying Idiots, Imbeciles, Feeble-minded and Morally defective. The foremost authority on mental defect Tredgold, in the first edition of his text-book (1907), referred to two other types of defect. One of these, Religious deficiency, was the incapacity to feel reverence towards "a Supreme Being, who has superhuman control over the destiny of man or the powers of nature." The other type, Aesthetic deficiency, was lack of appreciation for "all that is beautiful in form, colour, sound, etc." Perhaps it was fortunate that no further complications were added to the Acts, but there are some who might have argued that the religiously or the aesthetically defective were more dangerous to the community than the intellectually defective.

According to modern standards, if a mental deficiency Act had any real intention of being scientific, it would distinguish those types of defect, which

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can now be clearly defined. We should have a long list. American recommendations for statistical classification recognize defect associated with cranial anomalies, congenital paralysis, mongolism, post-traumatic and post-infective types, those with endocrine disorder, familial types and mental defect without signs of clinical disease; but the Americans are wise enough not to include any of these ideas in statutes which determine certification. As scientific inquiry advances, methods of diagnosis and treatment change. The Law, which is intended to be as permanent as possible, should beware of accepting the definitions of types which are in vogue at the moment. In 30 years' time, details of statutory descriptions of all types of defectives made now, backed by the best clinical opinions, would appear as foolish then as the definitions of the 1913 Act seem to us now. Consider, for example, the definitions of idiocy and imbecility. These take no heed of test results, which are the main basis of grading in practical work. The way in which imbeciles are singled out as those who are "incapable of managing themselves or their affairs" strikes rather a ludicrous note. Moreover, when three categories of intellectual defect were specified, why were three categories of moral defect not also specified? "Moral idiot" and "morally feeble minded" would have been picturesque designations to extend logically the category of moral imbecile. Had legislators accepted the ideas of religious and aesthetic defect, symmetry would have demanded that atheists should be catered for by the diagnosis of religious idiocy, and I think quite a large proportion of the population might have qualified for the diagnosis of aesthetic imbecility. I draw attention to such trivialities because they emphasize the absurdity of attempting to categorize psychological types by Act of Parliament. Not only are the present legal categories unsatisfactory for descriptive purposes, they are also totally unnecessary. The Acts could specify what constitutes mental defect and leave it there. Indeed, the M. D. Act of 1927 does define "mental defectiveness" as "a condition of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent causes or induced by disease or injury." If we add, "in a person who requires care, supervision and control for his own protection or welfare or for the protection of others," what more is required? If, moreover, following the advice of the Wood Report, the definition of arrested development of mind should be based upon criteria of social capability, this could be explicitly stated. On the other hand, if, as some people think, the definition of mental defect should be based upon intellectual capacity, the maximal performance required on tests could be specified. Simplest, however, is to leave the matter open and to assume that the certifying physicians know their job, can recognize mental defect and need for care when they find them, and can give their reasons adequately at the same time. Such common-sense procedures do not seem to lead to misunderstanding or abuse in the United States or in Canada. Lack of detailed specification leaves more freedom for the development of clinical or statistical research than too rigid criteria. Furthermore, it is hard enough on the parents to have their child labelled mentally defective without calling it legally an idiot as well.

Turning now to focus on the concept of "Moral Deficiency" (the 1927 Act euphemistically drops the term "Imbecility"), it is of some interest to inquire

whence this concept originated. In his 6th edition Dr. Tredgold admits that the inclusion of this concept in the Acts has led to much diagnostic and administrative difficulty, yet he believes that there is a real, though small, group of cases to whom it rightly applies. Dr. C. Mercier, who drafted the original definition of Moral Imbecility, evidently intended it to apply to a type of defective not ordinarily regarded as being defective. The crux of the matter, then, for the present purpose is to ascertain, first, whether or not such a class of persons exists and, secondly, to consider whether or not, if they exist, they should be regarded as mentally defective. It is obvious that, if such cases were recognizably defective in the ordinary sense implying intellectual impairment, no separate legal category would be needed under which to deal with them. To understand how this group of cases has come into prominence we must delve into the past.

In the latter half of last century, the investigation of criminals, from both morphological and psychological points of view, became very fashionable. The study had the dignified name of Criminal Anthropology, and it is still sometimes pursued even at the present time, though with much less enthusiasm than formerly. The " science " grew up on the basis of work of anatomists like Broca (1859), and of students of heredity like Prosper Lucas (1847) and Morel (1864). Thus Maudsley in 1872, speaking of " instinctive criminals," remarked that it was a matter of common observation that this criminal class constituted " a degenerate or morbid variety of mankind, marked by peculiar physical and mental characteristics." These physical characteristics were easy to observe. " I do not need to see the whole of a criminal's face to recognize him as such " said Vidocq ; " it is enough for me to catch his eye." Such views were supported by the observations of Dr. G. Wilson, who read a paper at the British Association in 1869 entitled, " The Moral Imbecility of Habitual Criminals as Exemplified by Cranial Measurements." Bruce Thomson made observations on 5,000 prisoners at Perth and this survey, together with the researches of Despine (1868), laid the foundations for the study of criminals throughout Europe, which reached its apex in the work of Lombroso of Turin (*L'Uomo Delinquente*, 1889). The result of all these inquiries, conducted often with prodigious energy and summarized by Havelock Ellis (1890), added up to this, namely, that a great many physically and mentally abnormal human beings found their way into prisons. However, these investigations entirely failed to prove that there was anything which could be recognized as a " criminal type." To take one example, Galton suggested that, if the physiognomies of criminals showed a common factor characteristic of criminality, then a composite photograph should extract this quality. The exact reverse proved to be true. Composite photographs of faces of criminals, particularly those who were defective or insane, gave rise to portraits, rather pleasing and noble both in feature and expression, which would pass well for rather blurred photographs of clergymen. The factor common to all kinds of criminals is that they are basically human. There is, in fact, no " criminal type " as emphasized by the results of Charles Goring's very complete survey made in Parkhurst Prison (1913). It follows, as a corollary, that there is no " morally defective type ".

Rather paradoxically, the popular attention devoted to criminal anthro-

pology tended to relieve the lot of the criminal, for, if crime is due to inborn defect, punishment is obviously useless. Given that a criminal type exists and that some people are born with uncontrollable innate vicious tendencies, there are only two possible courses of action. "The evil doer," wrote Diderot in 1782, "is one we must destroy, not punish"; that is an early example of advocacy of what now is politely called "euthanasia." In England the liberal background to legislation rejects altogether such a harsh alternative, and thus the second possibility of certification under the heading of moral deficiency has been welcomed. I think it is correct to say that among medical psychologists at the present time, the teachings of Lombroso and of his school of criminal anthropologists have been discredited. We no longer look for or dream of finding a criminal type. On the contrary, we have taken over the study of criminal behaviour as a branch of psychiatry in its broadest sense. We speak of the scientific treatment of delinquency. We do not need a concept like moral imbecility any longer unless we wish to return to the ignorance which prevailed a century ago.

As a good general approximation for practical purposes, it seems satisfactory to differentiate between mental defect and mental disorder. The total intellectual capacity of the individual (which may not, of course, be scholastic in character) is a quantity like physical strength, which can be measured reasonably well by existing tests. Disease or developmental defect may impair the intellectual capacity but that which remains can be measured. This property of the mind is distinct from disorder, which implies active illness of an acute or a chronic type. Under disorder are included psychosis, neurosis, psychopathic personality, sexual perversion and epilepsy. Any and all of these can be combined and superimposed on any degree of mental capacity. Some of the oldest workers in the field of mental defect believed that defectives were exceptionally innocent and free from mental or moral disorder. Later workers tended to go to the other extreme, and to teach that defectives were specially prone to psychopathy. In my view, the two qualities psychopathy and defect are distinct and not closely correlated—except possibly in the case of epilepsy. In practice, it is often extremely difficult to distinguish the combined effects of disorder and defect and to assign credible causal factors, e.g., to distinguish early schizophrenia from defect. However, we do now know what causes to look for. Inherited characters are physical and chemical differences between individuals, not deficiencies in moral or religious appreciation. Nature can lay the groundwork on which the development of a delinquent character may be favoured, but the delinquency itself cannot be inborn. Adverse environment or unfavourable nurture acts by way of infectious disease, injury or malnutrition in the physical realm and by way of abnormal conditioning in the psychological realm. The positive effects of the mental vitamins of parental love or its equivalent in foster parents are beginning to be appreciated. All these advances in thought have completely superseded the concept of moral defect, which, I repeat, should be abandoned completely in the interests of scientific research and progressive administration.

In conclusion, I would like to mention one practical question, which seems to me of importance in connection with this discussion. The cases for whom

the category of moral defect was planned and for whom it is presumably still used (though the Board of Control's Reports are not informative on this point) fall in a region which lies between those usually covered by experience in the fields of psychosis and mental deficiency. These are the cases of repeated anti-social behaviour in young persons too intelligent to be easily classed as defective and not enough mentally disordered to be easily classed as insane. They are neither fish, flesh nor fowl and no one wants them. The specialist in psychosis is very glad to get rid of them and to have them handed over to the mental deficiency expert. This he can do legally, under the category of moral defect, and the mental deficiency expert, on receiving them, naturally must assume them to be defective in one way or another. If the Binet score is normal, then perhaps some other test can be found on which they will fail and, if so, his conscience will be eased. I am, however, convinced that this is a matter for co-operation between administrative psychiatrists and experts in defect.

Since only about one feeble-minded child out of 50 actually gets certified, the institutional group of high-grade cases consists largely of patients selected on account of social lapses or, perhaps, anti-social tendencies. Sometimes it is the parent and not the patient who is socially undesirable. Moreover, the psychopath with rather low intelligence, who is prone to anti-social conduct, is much more liable to be caught than the clever one. This selection of psychopathic defectives for institutionalization tends to give rise to the erroneous idea that defectives, as a whole, are prone to crime. Surely, institutions for defectives are loaded heavily enough with such psychopathic cases as these without being burdened with psychopaths, who are not even intellectually defective! Administrative psychiatrists would not all be enthusiastic about accepting a burden of extra patients, but perhaps they might be induced to give up a few good working non-psychopathic defectives in exchange. I wonder! Wherever they should go—to approved schools or special colonies—delinquents who are not intellectually defective, should emphatically not be sent to institutions for defectives, where other patients are sent for their own protection.