

concluding portion of his address, delivered a few weeks ago, at the Jubilee meeting of the American Association, and they show that in America the same difficulties arise as occur to us here. They also show us that in America, as I hope in these islands, there are enlightened and humane physicians who devote their best attention to endeavouring to alleviate the suffering of the most afflicted of our fellow creatures. No one could have heard Dr. Curwen's words without being touched by their manifest earnestness, and I am sure that every member of this Association is glad Dr. Curwen has come and favoured us with this paper, and brought us such pleasant messages from the other side of the Atlantic. I hope that we shall at these meetings often welcome our colleagues from America.

On Moral Insanity and its Relation to Criminology. By
PROFESSOR BENEDIKT, Vienna.

It is an undoubted fact that the diagnostic terms *moral insanity* and *obsessions* have been the cause of serious misconceptions in science and in criminal practice; and, further, that such misconceptions may paralyze justice and menace the moral standard and even the safety of society. It nevertheless marks a great advance in the progress of psychology to have recognized that many criminal and vicious acts result from congenital defects. These defects are sometimes accompanied by atypical anatomical forms of the body, and especially of the skull; but the value of these abnormalities is relative, not absolute.

The term *moral insanity* has been applied to these cases of congenital psychological defect. But it is equivocal, inasmuch as it excludes other psycho-pathological states, it confounds congenital defect with those other anomalies of moral conduct which result from real psycho-pathological processes.

It will therefore be advantageous to substitute for the expression *moral insanity*, the expression *moral depravity*; and to distinguish between the active form (*moral perversity*) and the passive form (*moral deficiency*). We must distinctly differentiate between those cases of immoral or criminal conduct which result from anomalous moral organization, and those which are symptomatic of a disorder in which intellectual, sensory and motor perversion combine.

The second group is to be diagnosed and treated by psycho-pathologists; the first group is to be studied by the medical profession from a psychological standpoint, but must also be brought under the review of judges occupying the social standpoint, and if necessary remitted to prison.

Insane criminals and criminals who have become insane must be treated by physicians acting in conjunction with the administrative legal authorities. And, further, provision should be made for a class of persons who are found dangerous to society. Institutions are necessary for those individuals of anomalous organization who have proved themselves dangerous by irresistible breaches of the law, after having expiated former misdeeds.

We must bear in mind that every criminal deed is of social as well as scientific interest—that it becomes a question of the safety of society, and that this is not an affair of medicine. Further, it is evident that persons tainted with congenital or acquired depravity cannot be treated in the same manner as the insane.

The confusion of insanity with depravity becomes a real danger to society, especially when a similar confusion exists between “irresponsibility” in the metaphysical and in the criminological sense. Medical and juridical science will not be freed from this danger until the Kantian doctrine of “autonomies” has infiltrated the conscience of every educated man.

Evidence regarding a man’s conduct may be debated as a metaphysical question of irresponsibility; but in general such a debate is outside the procedure of criminal law. Irresponsibility as a reason for exculpation is founded on proof of an insane state—*i.e.*, of mania, delirium, paranoia, idiocy, or melancholic hallucinations.*

It is also necessary to observe that a state of sub-typical intelligence and congenital feeble-mindedness is not sufficient to prove a person of moral perversity to be insane. Every psychologist knows that the feeble-minded may belong to the class of *homo nobilis*, and on the contrary the most ingenious may be notably deficient in moral sense. We do not condemn a voracious wolf from the moral standpoint, because he is created a rapacious animal. Nevertheless we do not exculpate him, nor do we hand him over to psychologists for the protection of society.

I therefore submit these propositions:—

1. Congenital or acquired moral depravity is no reason for exculpation in the case of the criminal or the vicious.
2. Exculpation can only be extended to cases in which

* It will be necessary to enumerate these different exculpating forms of insanity in the text of the laws in order to prevent errors in practice.

criminal or vicious actions have resulted from real insanity—acute, chronic, or periodic.

3. The combination of depravity with congenital feeble-mindedness does not exculpate.

We have still to discuss the question of “obsession,” but it may be stated briefly that only those states of so-called irresistibility can be deemed insane, in which the seizures are mere explosions, and not exaltations of normal conditions. For instance, a very irascible person may become furious, but as a general rule the commission of a criminal act at such a time cannot be exculpated. But when a person becomes furious, without sufficient subjective or objective reason, we recognize the pathological nature of the explosion, even if the real reason cannot be assigned.

4. It follows, therefore, that obsessions are necessarily unexpected and unexpectable and so exculpate. When fits of abnormal conduct appear as exaltations of the usual psychological state they do not exculpate.

The question clears up when we ask what is to be done with a so-called “Urning,” even with a so-called congenital “Urning.” Can he be exculpated when he fails to resist his passion? Certainly not. Is he a proper person for asylum care? By no means. The only satisfactory conclusion is that if he prove incorrigible he should be imprisoned till the time of sexual decadence, and even this may not be sufficiently long. The only possibility of mitigation would be that his painful education might permit the risk of his being confined in an institution for the “degenerate.” But a danger would lurk in this, for we know that moral infection proceeds in geometrical progression.

The PRESIDENT—The subject of moral insanity is one of profound interest, from a scientific point of view, from a medico-legal point of view, and from a social point of view. It is now generally regarded as incontestable that there is foundation for the arguments of Prichard, although, as has been pointed out by Dr. Hack Tuke, and as is clear to every reader of Prichard's work, the cases that he himself cites do not fully prove his contention. Undoubtedly forms of mental disturbance and mental aberration occur in which we can hardly believe that responsibility remains, and in which it seems that the intellectual functions are comparatively little engaged. Nevertheless, I would certainly say for my part, and I think that this is the essence of the contention of Professor Benedikt, that immorality alone can never be held to be proof of insanity. On theoretical grounds I am inclined to doubt the possibility of a profoundly diseased condition of the moral functions, unaccompanied by any intellectual deficiency. The solidarity of all the mental processes seems to forbid it. Practically, I must say that my experience confirms this view. I have been amazed at the degree of imbecility which one has found in so-called cases of moral insanity, imbecility which is often overlooked because it is not at the moment

of examination accompanied by delusion. I have been looking for a case of pure moral insanity for a great many years and have never yet seen one. The lesson to be learned from Prichard and his followers amounts to this—that there are a great number of cases in which there is a want of relativity between the degree of engagement of the moral and intellectual faculties. And there are many cases in which vice is so prominent a symptom that we overlook the existence of a considerable amount of intellectual impairment. Persons come constantly under my notice who have spent years off and on in workhouses and in prisons, and are eventually sent to my asylum. Such a case will on admission very often present no delusion whatever, and to ordinary tests extending over a short period of time very little appreciable intellectual impairment. But on observing these cases for some time, one will generally find profound intellectual weakness. Watch their actions and their apparent motives, and you find that they are not alone immoral, but intensely stupid. Much of their tendency to outrage morality arises from their intellectual incapacity to comprehend that others, unlike themselves, have any grounds of conduct save appetite. To intellectual defect must be also attributed the facility of mind that such persons exhibit—generally, of course, in a wrong direction—and their extreme susceptibility to external disturbing influences. Many such cases live on the very borderland of delusion. Their temperament is intensely suspicious and their intellect exhibits a sort of irritable weakness, which renders it fearful of all its dulness cannot grasp. In fact, delusions of suspicion develop from the most trifling causes. As an example, I may be allowed to mention a typical case. A patient has been in my asylum some years ago now, who had been more than 100 times in gaol and several times in the workhouse, though she was not more than 30 years of age on admission. She became very unmanageable, apparently through mere viciousness of temper, and I unfortunately proceeded to adopt continuous seclusion in her case. When she was first secluded, no more could be said than that she was of a markedly and perhaps morbidly suspicious turn of mind. Under the injurious influence of seclusion, in an incredibly short space of time she developed hallucinations of hearing and an organized system of persecutory delusion, to which she has ever since remained the victim. The intellectual defect in such a case is either originally sub-latent or readily developed, and it is to the intellectual defect that we ought always to look, and not to the mere moral depravity. I think it would be a very sad day for our science and for humanity if ever it should happen that every person who exhibits vicious tendencies in an incorrigible degree is regarded as insane. If we lend ourselves to giving such evidence as that, we will do a great deal of harm and assume a very unscientific attitude. I should just like to say one word with regard to a sentence or two that have fallen from Professor Benedikt in reference to the question of sexual perversion. He has stated that he does not believe there is such a thing as a born “urning.” There is an ambiguity in the use of the word congenital as applied to the sexual functions. These functions, not being in existence from birth, it may be said that any aberration can hardly be called congenital. In using the word congenital or an equivalent phrase in this connection, one means that the person has a congenital tendency to develop certain abnormal conditions at the period of sexual evolution. This being the point at issue, I must say that I entirely agree with Professor Benedikt. A very large book has recently appeared in English containing a large number of cases of so-called sexual perversion. It has been my painful duty to read through this book, and I have not been able to satisfy myself that one single case quoted could be con-

we ought to lose sight of. We are neither teachers of morality, nor custodians of morals, but I think we ought to be careful not to allow our professional opinions to be placed in such a light that there is any danger that they may be prostituted for the purposes of vice.

Dr. URQUHART—I have listened with great pleasure to Prof. Benedikt while he so clearly indicated his standpoint. There has been persistent misrepresentation and misunderstanding of the school he leads so brilliantly, but we can have little difficulty in giving general support to the thesis now presented. We know that there is on the one hand no intention to exculpate all and sundry, and that there is on the other hand a determination to secure a better, a more scientific provision for the criminal classes. Professor Benedikt's address at Antwerp, in 1888, has already borne fruit, for we have with us to-day Dr. Jules Morel, the first inspector of insane criminals, whose special duty it is to examine those detained in Belgian prisons, and to advise the Government as to their treatment. It will remain a difficulty to decide such questions as arise in connection with "obsessions." Such a habit as that of Dr. Johnson's, who could not walk down Fleet Street without touching each post in passing, might have been broken off in the inception. It was rather acquired than congenital. They had to deal with persons whose habits, acquired or congenital, required regulation. Whether it was vice or disease, urgings or inebriates, what was demanded by civilization was the establishment of institutions for their reformation or treatment. And no establishment would be satisfactory unless founded and managed on scientific principles—none complete or satisfactory without active manual labour. For such individuals I know no better prescription than a good hard day's work in the open air.

Dr. HACK TUKE—I for one emphatically agree in rejecting the theory that vice is in itself an insanity and should go unpunished. I think, therefore, that the clear statement of Professor Benedikt upon that point is a great benefit. To preach that those who commit great crimes are irresponsible would, indeed, be a terrible mistake, although we might be following Plato, who said that all crime is madness. Being, as we are, agreed upon that point, I think all other points of difference mainly arise from differences in definition. I really believe that in this question of moral insanity we are practically one, though in terms we may seem far apart. Of course the subject may be approached from the metaphysical as well as the clinical side. From the metaphysical side I should not at all insist upon the theory, and yet we have so great a man as Herbert Spencer who, in his works, insists on the solidarity of moral and intellectual attributes, giving his adhesion to it. When I pointed this out to him he said, "I fully believe in moral insanity." Again, Professor Benedikt admits that a man may have a weak intellect and yet a very fine moral nature. Well, if so, why not admit the reverse? Why not a fair intellect and a very low moral nature, from brain defect or disease? And ought not that to make a man more or less irresponsible? Putting aside the metaphysical question, all I insist upon is this, that there is a class of cases which I think every alienist must have met with in which the intellectual faculties are at any rate very fair, some even remarkably good, and yet the man may be morally insane. There is no such marked intellectual abnormality as to make the law recognize that he ought not to be punished as an ordinary criminal. And yet I say that in such a case there may be a condition of moral perversion which is connected with cerebral disorder. If the lawyers will extend the definition of intellectual observation so as to cover such cases, well and good. But they won't. Therefore we must continue to insist upon there being a class of

expect anyone would adopt it. The only thing is to define it in the clinical sense I have stated. The clinical fact was not recognized until comparatively recent times. Prichard set the doctrine in motion, although most of his cases fall short of the mark. As to the term "depravity," used by Professor Benedikt, the question after all is whether the brain is so diseased that the person is not responsible for crime? Then again as regards the word "obsession," it is a term which seems to me very objectionable, because it conveys the idea that these abnormal conditions are due to the devil, and I think it is the duty of our profession to oppose such a superstitious notion.

Dr. MERCIER—I appear before the Association in regard to this subject in the unenviable garment which is known as a white sheet. In earlier days I strongly controverted the idea that there could be any such condition as moral insanity. If we mean by that a defect of conduct and motive without any conspicuous intellectual defect, that position I desire publicly to recant. On further experience I am convinced against my own preconceived opinion that there can be no doubt whatever that such cases do arise. I think we are apt to regard the matter too much from the metaphysical standpoint, and consider too much what possibly may be going on in the mind of our patients without sufficient consideration of their conduct. I have always maintained, and still maintain very strongly, that the cardinal factor in insanity is not disorder of the mind, but disorder of conduct, and disorder of conduct is in itself insanity apart from any of the disorder that may exist in the mind. I merely desire, therefore, to say that I have been entirely converted, that I am like Saul among the prophets, and that I believe now, call it what we may, that this condition of disorderly conduct without any conspicuous intellectual defect is a state of things which exists in some people, and constitutes a very grave and extremely difficult state of things to deal with.

Dr. BURKE—I have some practical experience of a class of criminals who are, as it were, the moral lepers of the land—outcasts from the prisons and the lunatic asylums. Looking at the question in the light of responsibility to human lives the effect produced upon those criminals who think that they are irresponsible is very bad. I cannot too strongly impress upon you my own convictions of the evil effect it has upon even lunatic criminals. A man through jealousy (I believe well founded) shot another. He was found to be insane, and sent to the criminal asylum. He killed another man. He frequently showed his animosity towards the governor by attempting violent assaults. The end of it all was that with another patient he committed an assault upon the governor, which was indirectly the cause of his death. I have argued with this man frequently about it, and he said, "What harm can it do me? I killed a man before and am already in this asylum." Now, if that man had known that some punishment would follow he probably would not have been so ready in his attacks.* I greatly fear that the tendency of the present day, which begins by interfering with the proper training of children by taking authority from schoolmasters, is towards a training in crime. Irresponsibility commences in the very earliest years with many of our population. The pendulum of public opinion is sometimes liable to beat too fast, and sometimes too slow. It is sometimes too long and far reaching, and takes in a space that it should not cover. The extreme humanitarians who are inclined to treat all crimes as insanity need regulation. The pendulum ought to be regulated by the deliberations of experts such as I see around me, and after mature consideration they ought to impress their views upon public opinion.

Dr. T. W. MACDOWALL—I would just like to endorse what Dr. Tuke said

laboured under uncontrollable impulses. When a man sins against his inclination and deeply regrets the offence he commits, surely it may be questioned whether that man does not labour under a form of moral insanity. I remember a few years ago, when Dr. Tuke and I were discussing this very subject, he mentioned a very striking case of a young schoolmaster who consulted him on account of an almost uncontrollable impulse towards an offence which he felt he would commit, and would in such a case be sent to prison for it without a doubt. This was a God-fearing, pure-living man, anxious to do well and avoid offence. Yet under certain circumstances he recognized the serious condition of his mental health and the possible consequences, and consulted Dr. Tuke, who advised him to give up teaching.

Dr. HACK TUKE—For a year or so afterwards he struggled against this temptation and did not yield, and under my advice left the school and went and lived in Australia, where he continues to reside.

Dr. MACDOWALL—I hope that Professor Benedikt will not consider me discourteous if I suggest that the propositions which he has laid before us should be laid aside in order that we may consider them before we homologate them.

The PRESIDENT—I don't find that Professor Benedikt puts forward a proposition which he calls upon the Association to adopt.

Dr. HACK TUKE—I quite understood that he does not wish for any final expression of opinion on the part of our Association.

The Need of Special Accommodation for the Degenerate. By
Dr. JULES MOREL, Medical Superintendent of the Hospice
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The subject which I have the honour to bring before this learned Association concerns persons whose mental condition is unsatisfactory, either by arrest of brain development before birth or in early childhood, or as a result of altered intelligence following injury or acute disease in infancy, in adolescence, or even in adult life.

It is not my intention to explain how numerous, if not infinite, are the varieties of psycho-pathological cases met with by the alienist every day; for Dr. Koch, of Zwiefalben, has given ample proof of their multiplicity in his excellent book, "Die Psychopathische Minderwertigkeiten," which was published last year.

The intellectual inferiority of the criminal class is not confined to any country. It is a matter of common observation. More especially has this been noticed since the increase of inebriety and similar habits; and it has been ascertained that there is an increasing number of persons vitiated by an aberration of the moral sense, owing to the same causes.

Anatomy and physiology, normal and pathological, demonstrate the existence of individuals of psychical inferiority who are bound, in different degrees, to act abnormally. The brain, and sometimes the whole nervous system, is in a state that