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Moral Insanity. By ROBERT HUNTER STEEN, M.D.
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AT the present time when the Mental Deficiency Bill is before Parliament a discussion on the above subject may be of some interest to the readers of the *Journal of Mental Science*.

The term "moral insanity" embraces, as will be seen later, numbers of cases which can be classified into different varieties, and in the present paper the intention is to deal mainly with one class of case provisionally termed the class of moral defectives.

It has been thought inadvisable to give clinical records of particular patients, many of whom are alive, with any fulness, for reasons which will be self-evident, but on looking over my notes and combining them I find the following crimes against the moral code included in their histories: Thieving of small articles since childhood. "A confirmed liar." Attempted

poisoning of members of the family. False accusations against young men, thereby almost ruining them. Buying goods without payment and giving wrong names and addresses. Hiding clothes in order to have new ones purchased. Stealing and selling clothes. Upsetting the discipline of nursing-homes and private houses by lying gossip. Running away from school and making false accusations against the school authorities. Threats of suicide. Hunger-striking. Thefts at hotels.

This is an account condensed out of many pages of history supplied to me by the relatives. The amount of misery which can be caused by the plausible and frequently clever lies told by these patients which have no apparent motive and are therefore believed can hardly be realised. Characters of harmless people are blasted and their careers injured. A domestic circle, which has enjoyed peace and harmony, when it harbours such a case becomes full of jealousies and troubles, masters are turned against servants, servants against masters, husbands against wives.

It is like the small piece of grit in the engine-bearing, which only ceases from troubling when the offending cause is discovered and removed. The males are the ne'er-do-wells who are tried in colonies, and who beg, borrow or steal money to pay the return passage and again haunt their unfortunate relatives.

Ætiology.—It is difficult to ascertain how common such cases are. The figures contained in the blue-book of the Commissioners in Lunacy apply to all cases of moral insanity, but probably most of these are moral defectives.

These figures show a yearly average admission of 29, in the proportion of 17 males to 12 females.

Among "private" admissions they number 3·5 per 1,000 admissions and 1 per 1,000 in the "pauper" class, indicating that they are more commonly met with in the educated classes.

As a rule there is a family history of neurosis or insanity. In one of the cases summarised the mother's aunt and the father's uncle died in asylums, in a second case a maternal aunt is insane, and in a third the father is a man in disgrace in his profession. I could ascertain no other ætiological factor, and the prevalent view is that they are congenital in origin.

Maudsley states that in his opinion it seems probable that

in young female cases the perverted moral sense is somehow connected with the action of the reproductive organs on an unstable nervous system, because it is mostly met with in unmarried women, is prone to exhibit erotic features, and is sometimes cured by marriage. I cannot assent to this view, and certainly the sex distribution is not borne out by the Commissioners' figures.

Physical and mental state.—On admission there was little to attract attention. In general appearance they were well up to the average in looks. One was rather younger-looking than her age; another had a slightly vacant expression; a man was distinctly good-looking. Stigmata of degeneration were absent. They were all accomplished in various ways—in music, needle work and games.

In looking over the case-book notes the records are chiefly of a negative nature. At times the patients were detected in petty falsehoods of no great moment in an institution where their illness was understood. Occasionally articles such as knives from the dinner-table would be hidden, with the resultant anxiety and trouble. But on the whole these patients were attractive and great favourites with the staff, many of whom pitied them, and probably privately believed that detention was unnecessary. One point should be emphasised—the patients were not erotic. It is true lies were told about young men behaving with impropriety, but I believe this was done not from erotic feeling so much as from the desire to tell a falsehood, which would appear to be with them a natural disposition.

Diagnosis.—As the reader will have realised, the diagnosis has to be made from the history. I know of no condition in the "present state" which will assist in the diagnosis if the patient persists in a denial that those things reported of him or her are false. Often an admission can be obtained that the statements in the history are true, and then the lack of ability to give reasons for such behaviour leads to the true conclusion as to the nature of the case. The points in the history upon which stress must be laid are as follows: (1) The crime is frequently perpetrated with no attempts at concealment. For example, a girl stole a quantity of valuables at a hotel and sent them as a present to her sister-in-law. (2) There is a lack of rational motive. For example, a man stated that he wished to bring disgrace upon his family, because he desired his mother's

love, which was being denied him. (3) Frequently no apparent motive is present. For example, a girl left her bed during the night, scattered the food in the larder, and then had the police called in to investigate the supposed burglary. (4) The crimes may occasionally be committed on the impulse of the moment, but as a rule they are carefully planned out beforehand.

Every variety of mental disease may be associated with immorality (using the word in its widest sense). For example, one of the first signs of general paralysis may be the commission of petty thefts, etc. Similarly in cases of mania, epilepsy, dementia præcox, organic dementia, etc.

There are also cases of pronounced idiocy and imbecility with criminality. There will be no difficulty in differentiating these cases from those under consideration. Obsessional insanity with irresistible impulses must not be confounded with this class of case. The former realise their illness and freely confess their desire to abstain from wrong actions, but their inhibition is weak.

With regard to such cases as kleptomania, pyromania, etc., the matter is one of greater difficulty. Some of these come under the heading of irresistible impulses, others belong to the present group.

Treatment.—These cases should be sent to a mental hospital. They are not so difficult to manage as the history would lead one to expect. They must be treated with firmness, and any display of temper met with by a few days' rest in bed. After a few weeks they adapt themselves to the institutional routine and have an excellent time, as they are usually proficient in games and amusements. Much suffering would be saved if the cases were recognised earlier and dealt with in this way. Difficulty is often experienced in obtaining sufficient material to form a certificate, but if there is a family physician and he has some knowledge of mental diseases he will be able to solve the problem. A greater difficulty is the question of continuing the certificates after the patient has been in an asylum for some time, and the result is he has to be discharged. This is not, however, to be deplored, because it is well that these people should have a trial in the outside world, where they do better than expected. One case discharged nearly four years ago is doing well. On the other hand, a man committed suicide a year after his discharge. I have tried to find out fuller details

with regard to this case, but beyond this fact the friends decline to give me any further information. Still, I adhere to the opinion just expressed and think one chance should be given. If this is unsatisfactory the repetition of the process of obtaining the magistrate's order is rendered much easier by the precedent of the previous certification.

Literature.—Almost every book consulted refers to Prichard as one of the earliest writers on this matter. The outcome of consulting his book, *A Treatise on Insanity*, 1835, was disappointing, as in the main Prichard's moral insanity has but little in common with moral insanity as at present understood.

Prichard's classification of mental diseases was as follows :

- (1) Moral insanity or insanity without delusions.
- (2) Monomania.
- (3) Mania.
- (4) Incoherence or dementia.

The three last, he stated, may be termed "intellectual insanity in contra-distinction to the first variety in which there are morbid perversions of the mind without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusion or hallucination."

On another page he states—"The morbid phenomena in the cases of disease which I am now attempting to describe extend only to the state of the feelings and spirits, the temper, the preternaturally excited sentiments of hope and fear, and the results which these influences are calculated to produce in the mental constitution." As illustrative cases he gives the following :

Those in which a change of character takes place after severe shock or some disorder affecting the head or after a slight attack of paralysis, epileptic fit or some febrile disorder which has produced a permanent change in the constitution.

Another case given is a case of mania with strong homicidal propensity.

He says a considerable proportion among the most striking instances of moral insanity are those in which a tendency to gloom or sorrow is the predominant feature, and then follow cases which we should call cases of simple melancholia or melancholia without delusions.

The following case is one of simple mania.

Then comes a case of obsessional insanity.

To give Prichard his due, however, he does describe one case as follows: "Some insane persons display their condition by a propensity to commit every species of mischief though devoid of any feeling of malevolence. A case of this description strongly marked was lately pointed out to me in the York Lunatic Asylum by Dr. Wake, the able and intelligent physician of that institution. The individual is a youth of good temper, cheerful and active, having no defect of understanding that can be discovered after long observation. He is continually prone to commit every kind of mischief in his power, and not long ago escaped from his confinement and made his way to Bishoptorpe Palace with the design to set it on fire. Dr. Wake has assured me that several cases have occurred precisely similar to that above related in all essential symptoms during his superintendence of York Asylum, which has continued eighteen years." This is the sole reference to the moral insanity as we understand it in fourteen pages devoted to this subject.

His moral insanity includes "all the examples of madness without delusions reported by Pinel." To summarise, then, Prichard divides diseases of mind into two classes—insanity without delusions or moral insanity; insanity with delusions—monomania, mania, and incoherence, or dementia. He does not use the word moral in the ethical sense as the reverse of immoral.

Coming to later days we find moral insanity treated fully by numerous writers—Maudsley, Clouston, Savage and Mercier, to mention but a few. The Kraepelin school deals with this class of case under the heading of psychopathic personalities. In consulting the literature, however, it has been not without interest to note that in recent publications, chiefly American, the whole subject of moral insanity is compressed into a few lines, and this is probably owing to the influence of the present-day psychology with reference to the faculty of willing.

On the other hand, probably owing to the influence of Lombroso and his disciples, the Italian writers deal with the whole question of moral insanity with considerable fulness.

Psychology.—Maudsley postulates a moral sense which he states to be the latest formed product of the social sense. Speaking of moral imbeciles he says: "Education is simply powerless to implant the lines of moral structure which are congenitally absent." Speaking of a case of this kind he says

in his characteristic manner: "Its deprivation means a congenital moral deprivation."

Clouston asks the following question: Do we meet with children so constituted that they cannot be educated in morality on account of an innate brain deficiency rendering them incapable of knowing the difference between right and wrong? etc. and this he answers emphatically in the affirmative. Later authors attribute these cases to insufficient control of instincts.

The following view appears to the writer to be the most natural one: A voluntary action is a reflex action in the cerebral plane. It consists of the afferent stimulus, the central association of ideas or "play of motives," and the efferent discharge resulting in movement. In these cases, there is something congenitally absent from the "play of motives," this something being that inhibition which is present in normal people. This something is the same as the moral faculty spoken of by Maudsley. We know there are people who are colour-blind and people who are musically deaf, and though in these cases the defects are in the eye and the ear, yet we must presume, if there are end-organs for the reception of stimuli in normal people, there must also be cortical cells for the perception of the sensations arising from the stimulation of these organs. And we may, therefore, postulate a centre for music and a centre for colour. And in a similar manner I would postulate a moral sense centre, and in the class of case under consideration this moral centre is congenitally absent.

There is the idea that the immoral actions might be due to the persistence of instincts which in normal people atrophy after childhood has passed away. But against this there are the cases of moral insanity sequential to an attack of mania which would indicate that the instincts remain during life but are kept in check by the moral centre.

The psychological views herein expressed will be termed old-fashioned, yet they may be none the less true.

In this paper the expression "moral insanity" has been used in the sense used in many text-books, but it is felt that the cases under consideration require some other name and I suggest "moral defectives."

Cases of moral insanity may be classified as follows:

Congenital:

- (1) Moral idiocy and imbecility.

(2) Moral defectives.

Acquired:

(3) Psychasthenia.

(4) Moral insanity.

(1) In this class are the idiots or imbeciles who display immoral propensities. Did they exhibit no signs of moral perversion they would still be classed as idiots or imbeciles. They are the moral imbeciles in the wording of the Mental Deficiency Bill—"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."

(2) *Moral defectives*.—These are the cases dealt with in the present paper. Tanzi speaks of them under the heading of "constitutional immorality." They are not idiots or imbeciles and should no more be called such than persons suffering from music-deafness or colour-blindness. As already stated, they require institutional treatment, and it is a great pity that apparently they are excluded from the benefits of the Mental Deficiency Bill. If, in the definition as given above, the words "coupled with" were replaced by the words "such as" or "instanced by," the matter would be remedied. The definition would then read, "Persons who, from an early age, display some permanent mental defect *such as* strong vicious or criminal propensities," etc.

(3) *Psychasthenia*.—Irresistible impulses: I was once consulted by a woman who said that at dinner-time when she saw a knife on the table she felt she must plunge it into the breast of her child. Had she done so she might have been termed "morally insane," but such cases form a class by themselves. She dearly loved her child, she did not want to commit the murder; she hated the thought, but she was afraid the impulse would one day become ungovernable. This is an example of a case which is known as "obsessional insanity" with irresistible impulses.

(4) *Moral insanity*.—(a) Primary: This class includes the cases which are morally insane from the intoxication produced by alcohol, drugs, or the toxins of a commencing attack of some form of insanity.

(b) Secondary or sequential: This class includes the numerous cases whose moral balance is disturbed by previous attacks of manic-depressive insanity, dementia præcox, epilepsy, cerebral hæmorrhage, cerebral injuries, arterial sclerosis and such like.

The medico-legal aspect has not been dealt with, and this includes the relationship of these patients to criminals. These matters raise questions which are beyond the scope of this paper. No doubt many persons classed as criminals belong to one or other of the various divisions of moral insanity including moral defectives, but of this I have no first-hand knowledge.

As regards their "responsibility," if the surmise be accepted that these people are wanting in some attribute possessed by normal folk they cannot reasonably be expected to maintain the same moral standard. The colour-blind¹ driver of the locomotive who at night drives past the red signal mistaking it for green is not surely deserving of the same punishment as the normal engine-driver who commits the same crime. It may be said—"True, but the railway company should not have allowed the former to be on the foot-plate." Neither should society allow the mentally defective unrestrained liberty of action.

The words in the Mental Deficiency Bill, "on which punishment has little or no deterrent effect," are unfortunate. The colour-blind person knows that the grass is green not because he sees it green, but he hears it universally termed green, and the mentally defective learns in time what things to avoid if the non-avoidance produces institutional treatment which he regards as punishment. And so it is that sometimes these patients after a term of confinement keep fairly well for many years.

Conclusions.

- (1) That the term moral insanity as now generally employed includes many different types of cases.
- (2) That one distinct class is that of the moral defectives.
- (3) That this class would appear to be excluded from the benefits of the Mental Deficiency Bill.
- (4) That this class should be included in the Bill, as the patients require institutional treatment, which is difficult to procure for them in mental hospitals owing to the requirements of the Lunacy Acts.

¹ Tanzi uses the same comparison. "The character of these persons who are incorrigible in their immorality, examples of true Daltonism of ethical sentiment, is not impetuous, passionate." . . . *Text-book of Mental Diseases*, translation by Ford Robertson, p. 697. The writer had not noticed this till the present paper was under revision. If the reader desires to go fully into the medico-legal aspect he cannot do better than consult this work and Mercier on "Criminal Responsibility."