From this table it appears that while the rate per head to the population expended in the relief of the poor was 6s. 0½ in 1857, it rose to 6s. 6¼d. in 1867, but that owing to the greater increase in the value of rateable property—an increase due to the labour of the poor—the rate in the pound (on the annual value of rateable property) expended for the actual relief of the poor fell from 1s. 8d. in 1857 to 1s. 4½d. in 1867. The proportion of the maintenance of pauper lunatics in asylums, owing to the greater numbers sent there, rose from 6.8 per cent. in 1857, to 8.7 per cent. in 1867.

Insanity without Delusions. By G. Fielding Blandford, M.D., Oxon.

I purpose to consider in a few pages sundry so-called classes or varieties of insanity, which have given rise to no little dispute. Opinions with regard to these are still at variance, and so it comes to pass, that when we have to approach them, not from a therapeutical, but from a forensic stand-point, we are, by the ingenuity of counsel, launched amidst a multitude of seeming discrepancies, and it is suggested that nothing definite or certain is known about the whole subject. By a closer examination of the cases we see in practice, we shall find, I think, that the greater part of these doubts and difficulties will disappear.

The readers of this journal need not be told that the varieties of insanity, which give rise to the hottest forensic contests, are chiefly cases of the kind known as "moral insanity" and "impulsive insanity." Next to these are the cases of weakness of mind or imbecility, whether congenital, or the results of disease or old age. In almost every *cause célèbre* of later times, the attempt has been made to range the alleged lunatic in one or other of these classes, and the difficulty in reconciling the symptoms with those hitherto known and recognised as indicating insanity has consisted in this, that no delusions were discoverable.

Men who are daily brought into contact with the insane, know that delusions are but one symptom, or one stage, of the disorder we term insanity, or unsoundness of mind; but laymen and lawyers, and even medical men not specially engaged in the study of this disorder, still believe that delusions must be found before any patient can be pronounced insane. This notion appears to have been handed down by tradition;

men trusted unhesitatingly to the *dicta* of great authorities who had gone before them, and never dreamed of testing, far less of upsetting them, by means of their own observation or experience.

As Dr. Richardson says, speaking of blood-letting,* "So long as the dogmatic experience of the one master was alone sufficient to determine the practice of the thousands of disciples, so long there was unquestioned empiricism of practice against which it were illegal to stir; thus, line upon line, and precept upon precept, dogma became so firmly built, that the man who could remember the largest number of recipes of eminent men, *masters*, became the most eminent, and was, in turn, master himself."

The student of mental science will recognise this veneration of authority in a book, with which every such student must needs be familiar—the "Anatomy of Melancholy." In his chamber in Christchurch, Burton compiled his book out of the great works from the wisdom of Solomon to his own time, brought to him from Bodley's library by his friend, John Rouse.

But not to go back so far as Burton's day, we may look at a work of more modern date, written by Thomas Arnold, a physician of Leicester, in the year 1782. This is, in all respects, a remarkable book, and one greatly in advance of the literature of the subject previously put forth. Yet in it we may perceive how great importance was attached to words and definitions, and to the dicta of illustrious teachers of former times, and how men sought to bring their observed facts into agreement with the definitions and classifications already laid down, rather than to found upon them any new laws of health or disease.

The notion that delusions are always present in insanity has been traditionally handed down from the old writers, and is especially perpetuated by the lawyers, who are prone to venerate precedent, and value the judgments of the great legal luminaries of the past more highly than the medical opinions of our own age. The first of these assertions may be illustrated by Arnold's book above mentioned. His first volume is entirely devoted to discussing the definitions and classification of insanity, and he gives the definitions of almost all those who preceded him. "Insanity," he says, "or madness, or lunacy, has usually been considered by medical

* The Practitioner, Vol. I., p. 275.

writers, with some few exceptions, from the earliest ages down to the present time, as consisting of two kinds, to one of which they have almost unanimously given the name of melancholy, and to the other, that of mania, phrensy, or fury." . . . . These two kinds of insanity have generally been defined in words to this effect:—"*Melancholy* is a permanent delirium, without fury or fever, in which the mind is dejected and timorous, and usually employed about one object." "*Mania* is a permanent delirium, with fury and audacity, but without fever."

"In the various definitions of insanity, which are to be found in medical writings, some of which I shall presently transcribe, the term *delirium* or something synonymous is commonly used. It is, however, differently defined by different writers. By many it is not defined at all; and by some it is used in defining madness, in a sense not very consistent either with the usual definition, or with that which themselves have given of this variable and unsettled term.

"But notwithstanding this uncertainty in the use of the word *delirium*, it were easy to transcribe a long list of definitions of melancholy and mania from the most noted practical writers, both of ancient and modern times, in which it would be seen that they universally borrow from the same source; and that almost every successor of Galen treads with little variation in the footsteps of his master, who himself did not materially deviate from the track which had already been marked out for him by his predecessors."*

Now it is to be remembered that the word *delirium* in the authors Arnold alludes to, had not the meaning which we now-a-days attach to it. We should not say that a monomaniac labouring under the delusion that he was the rightful inheritor of the throne, was suffering from delirium, but this would have been described as his malady by the writers of the eighteenth century. Here is the definition of Boerhaave, as given by Arnold.†

"Delirium is the existence of ideas in correspondence with some internal disposition of the brain, and not with external causes; together with the judgment arising from such ideas, and the consequent affections of the mind and actions of the body; and as these exist, in various degrees, and are solitary or combined, they give rise to various kinds of delirium."

* Vol. I., p. 29.
† Vol I., p. 42.

So we find melancholia defined by Sennertus as "delirium seu imaginationis et rationis depravatio, sine febre, cum timore et mœstitia," while mania is thus described: "est mania, seu furor, delirium sine timore, sed potius cum audacia, sine febre."*

This *delirium sine febre* was our delusion; that which we now call delirium was, in old times, *delirium cum febre.* "Phrenitis," says Hoffman, "est insania cum febre, a stasi sanguinis inflammatoria in vasis cerebri orta."

Acknowledging that delirium, or as we should say delusion, is ever present in insanity, Arnold makes two great divisions —Ideal and Notional Insanity. "Ideal Insanity," he says,† "is that state of mind in which a person imagines he sees, hears, or otherwise perceives, or converses with, persons or things, which either have no external existence to his senses at that time, or have no such external existence as they are then conceived to have; or, if he perceives external objects as they really exist, has yet erroneous and absurd ideas of his own form, and other sensible qualities:—such a state of mind continuing for a considerable time, and being unaccompanied with any violent or adequate degree of fever."

This would seem to correspond very closely to what we should describe as insanity characterised by hallucinations or illusions, while his Notional Insanity would answer to our insanity with delusions.

"Notional Insanity is that state of mind in which a person sees, hears, or otherwise perceives external objects as they really exist, as objects of sense: yet conceives such notions of the powers, properties, designs, state, destination, importance, manner of existence, or the like, of things and persons, of himself and others, as appear obviously, and often grossly erroneous, or unreasonable, to the common sense of the sober and judicious part of mankind. It is of considerable duration, is never accompanied with any great degree of fever, and very often with no fever at all."

Arnold no doubt represented in these words the opinions of most of the writers of his time, yet even he was charged, as he tells us in the preface to his second volume, "with having extended the boundaries of insanity too far, and having either not at all, or not sufficiently distinguished it from mere vice and folly, from the moral insanity of the stoics." Probably

* Op. cit., Vol. I., pp. 45, 49.
† I., p. 72.

the portions of his first volume thus censured are those in which he treats of Impulsive and Pathetic Insanity; and some of these are worthy of reproduction, for although his definitions and those of his illustrious predecessors oblige him to maintain the constant presence of delirium or delusion, yet his own observation appears to have enabled him to forestall those who have, in comparatively modern times, taught as new doctrines the theories of Impulsive and Moral Insanity.

"I call that Impulsive Insanity in which the patient is impelled to do, or say, what is highly imprudent, improper, unreasonable, impertinent, ridiculous, or absurd, without sufficient, with very slight, or with no apparent cause."*

In his account of the varieties of Pathetic Insanity, there are various passages which point to a recognition of what would be called by some modern writers emotional or moral insanity, *e.g.*, Irascible Insanity. "When the prevailing symptom is anger, such insanity merits the appellation of *irascible*, whether this passion exhibits itself in violent and groundless rage, or in as groundless, though less violent anger, from peevishness and discontent, or in a contentious and irritable disposition, which is for ever engaging in quarrels, and flaming with resentment. It is a symptom of insanity much noted by medical writers, and is very apt to exist, especially in the last-mentioned form, when the disorder is either occasioned by, or accompanied with, immoderate drinking. It disposes the patient to every kind of mischief, and not unfrequently to mischief of the most violent and desperate nature, especially when it rises into rage, which is usually a symptom of approaching phrenitic, or incoherent insanity."†

Nevertheless, Arnold, like his contemporaries, asserted that insanity is accompanied with *delirium* or *delusion*. It was reserved for Pinel to teach, in 1802, that there is such a disorder as *manie sans délire*, mania without delusion. In his steps followed Esquirol; he gave to this partial insanity the term *monomania*, instead of its old name, *melancholia;* and he described two varieties of it as existing without delusion, *monomanie instinctive*, and *monomanie affective*, or *raisonnante*. The latter answers to the "moral insanity" of Prichard, the former to the "impulsive or instinctive insanity" of modern authors. The existence of insanity without delusions is con-

* I., p. 207.
† I., p. 252.

firmed in the pages of Hoffbauer, Georget, Gall, Marc, Combe, Prichard, Ray, Reil, Rush, &c.

It is thus apparent that practical physicians who devote their lives to the study of insanity, recognise as beyond question the fact that insanity may exist without delusion. It is otherwise, however, with lawyers. Looking not to medical, but to legal authorities and judgments, they still cling to the old belief that delusion must be ascertained if a man is pronounced lunatic; nay, some of them, that even one delusion is not *per se* enough to absolve a lunatic from responsibility. By lawyers, no man's opinion is more often quoted or more highly honoured than that of the late Sir John Nicholl. "In the judgments of Sir John Nicholl," says Ray,* "in the ecclesiastical Courts, which, in their jurisprudence of wills, have frequent occasion to inquire into the effect of mental diseases on the powers of the mind, are also to be found, not only some masterly analyses of heterogeneous and conflicting evidence, but an acquaintance with the phenomena of insanity in its various forms, that would be creditable to the practical physician, and an application of it to the case under consideration, that satisfies the most cautious with the correctness of the decision."

One of the most celebrated cases upon which Sir John Nicholl pronounced judgment was that of Dew v. Clark, a case constantly referred to at the present time in the Court of Probate. In his judgment upon this he said, "The true criterion, the true test of the absence or presence of insanity, I take to be the absence or presence of what, used in a certain sense of it, is comprisable in a single term, namely —*delusion*. In short, I look upon delusion, in this sense of it, and insanity to be almost, if not altogether, convertible terms. On the contrary, in the absence of any such delusion, with whatever extravagances a supposed lunatic may be justly chargeable, and how like soever to a real madman he may think or act on some one or all subjects; still, in the absence, I repeat, of anything in the nature of *delusion*, so understood as above, the supposed lunatic is, in my judgment, not properly or essentially insane."

When we remember the veneration with which the judgments of Sir J. Nicoll are regarded by the bench and bar, it is plain that a medical witness, propounding opinions opposed to the above, requires great weight of scientific authority to support them.

* Jurisprudence and Insanity, preface, p. vii.

Another opinion referred to by lawyers is that enunciated by Mr., afterwards Lord Erskine, when defending Hadfield, who was being tried for shooting at the King in Drury Lane Theatre, in the year 1800. Erskine, however, was advocate, not judge, and he was contending against the doctrines of Lord Hale, which had prevailed in such cases up to this date. We know that Lord Hale condemned women to death for witchcraft, and therefore it is not wonderful that his opinions with regard to insanity should be equally mediæval, but it is a proof of the tenacity with which lawyers cling to received legal dicta, that these opinions should have prevailed almost to our own times from the period at which Hale lived, for he was made a judge in 1653.

"There is a partial insanity," says Lord Hale,* "and a total insanity. The former is either in respect to things *quoad hoc vel illud insanire*. Some persons that have a competent use of reason in respect of some subjects, are yet under a particular *dementia* in respect of some particular discourses, subjects, or applications; or else it is partial in respect of degrees; and this is the condition of very many, especially melancholy persons, who for the most part discover their defect in excessive fears and griefs, and yet are not wholly destitute of the use of reason; and this partial insanity seems not to excuse them in the committing of any offence for its matter capital; for, doubtless, most persons that are felons of themselves and others are under a degree of partial insanity when they commit these offences. It is very difficult to define the invisible line that divides perfect and partial insanity; but it must rest upon circumstances duly to be weighed and considered both by judge and jury, lest on the one side there be a kind of inhumanity towards the defects of human nature; or, on the other side, too great an indulgence given to great crimes."

I quote this to show the ideas against which Mr. Erskine had to contend when he defended Hadfield, a partially insane man, with undoubted delusions. His client being a partially insane patient, he laboured to show that delusions were essential to insanity, in order to prove that his client was truly insane, and entitled to acquittal on that account. He was careful not to go one step beyond what was wanted to exculpate the prisoner, and therefore his speech, which has been so often quoted, must always be looked upon as essentially that

* Pleas of the Crown, 30.

of an advocate. This will be understood if I quote a passage: —"Delusion, therefore, when there is no frenzy or raving madness, is the true character of insanity, and when it cannot be predicated of a man standing for life or death for a crime, he ought not, in my opinion, to be acquitted; and if courts of law were to be governed by any other principle, every departure from sober, rational conduct would be an emancipation from criminal justice. I shall place my claim to your verdict upon no such dangerous foundation. I must convince you, not only that the unhappy prisoner was a lunatic within my own definition of lunacy, but that the act in question was the immediate, unqualified offspring of the disease. In civil cases, as I have already said, the law avoids every act of the lunatic during the period of the lunacy, although the delusion may be extremely circumscribed, although the mind may be quite sound in all that is not within the shades of the very partial eclipse, and although the act to be avoided can in no way be connected with the influence of the insanity; but to deliver a lunatic from responsibility to criminal justice, above all in a case of such atrocity as the present, the relation between the disease and the act should be apparent. Where the connection is doubtful, the judgment should certainly be most indulgent, from the great difficulty of diving into the secret sources of a disordered mind; but still, I think, as a doctrine of law, the delusion and the act should be connected."

Such was the legal doctrine at the time Erskine spoke, not only that delusion must be ascertained, but that it must be connected with the act, and this notion still prevails to some extent at the present time. It is against such a weight of medical and legal authority that medical witnesses have to contend when they assert that insanity may exist without delusion. To what authorities can they appeal for support? What has been said, and what can be said on this side of the question?

Various divisions and classifications of insanity have been constructed by writers of our own country to prove that delusion is not a necessary concomitant. Dr. Prichard divided it into moral and intellectual insanity; Dr. Bucknill says that insanity may be either intellectual, emotional, or volitional. Dr. Noble speaks of it as being either notional, or intelligential; Dr. Daniel Tuke divides disorders of the mind into those which affect—1st, the intellect; 2nd, the moral sentiments; 3rd, the propensities; and Dr. Maudsley says

that the different varieties of mental disease fall into two great divisions—affective and ideational. As subdivisions of the first of these, he speaks of impulsive and moral insanity.

Two different principles of classification seem to have existed in the minds of the writers who framed the above-mentioned divisions. Some, as Dr. Prichard and Dr. Daniel Tuke, appear to think a perversion of morality, of the moral sense, is equivalent to insanity. "Virtuous and vicious tendencies," says Dr. Tuke, "would often appear to be hereditary; or, as congenital, are displayed from the earliest infancy in children subjected to the same educational influences. The moral faculties may be either excited or depressed by disease." "Who has not seen," asks Dr. Rush, "instances of patients in acute diseases discovering degrees of benevolence and integrity that were not natural to them in the ordinary course of their lives? Dreams affect the moral faculties as well as the intellect; under their influence we are benevolent, devotional, passionate, and affectionate, as well as imaginative and talkative."* And he quotes the case of a patient, formerly in the Richmond Asylum, Dublin, of whom it is said that "he exhibited a total want of moral feeling and principle, yet possessed considerable intelligence, ingenuity, and plausibility."† Similarly, Dr. Prichard lays great weight on the perversion of a patient's moral sense. Moral insanity he defines to be "madness, consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect, or knowing and reasoning faculties, and particularly without any insane illusion of hallucination."‡

In the general overthrow of the mind brought about by insanity we every day see that the moral sense, the sense of duty, propriety, and decency, is perverted or destroyed; patients are obscene in conduct, dirty in habits, altogether abominable. But the absence of this moral sense in any given case does not prove or constitute insanity any more than its presence proves sanity; for its absence may be due to early education and the example of associates, to hereditary transmission from a long line of criminal ancestors, and if we weigh it by a subjective standard of our own we shall hardly by this method determine the sanity or insanity of an individual.

* Bucknill and Tuke, p. 179.
† p. 180.
‡ Treatise on Insanity, p. 6.

The police records of our own and foreign capitals will testify that no crime is too gross, no vice too bestial to be committed by men and women perfectly sane, and perfectly able to take care of themselves. Probably greater wickedness is daily perpetrated by sane than ever was committed by insane persons, so that when immorality makes us question a man's state of mind, it must be remembered that insanity, if it exists, is to be demonstrated by other mental symptoms and concomitant facts and circumstances, and not by the act of wickedness alone.

Those writers who, like Dr. Bucknill, speak of intellectual, emotional, and volitional insanity, divide it according to the commonly received classification of the mind. Some such classification as this, in treating of the mind generally, has been adopted by many authors, as Dr. Daniel Tuke points out,* and a corresponding division of insanity has been suggested by it. Here we have on the one hand ideational, or intelligential insanity; on the other, affective or emotional, when no marked defect of intellect, above all no delusions, are discoverable.

The question here arises, what do we mean by the emotional part of the mind, and what by the intellectual? Is there also an emotional tract of the brain apart from an intellectual? Can the emotional part of the mind be so divorced in operation from the intellectual, that the one can become insane, the other remaining perfectly sane? I confess that I cannot bring myself to believe that there is an emotional part of the brain, for emotion, on the one hand, may be so general that it appears to affect every idea which exists in the mind; on the other, each idea would appear to have its special emotion. The emotion of a collector, when he discovers a rare engraving or a unique coin, is intense in degree, but it is perfectly special and peculiar to the idea, which years of education have implanted in the mind. The coin collector derives no pleasure from the engraving, and the possessor of the latter cares naught for coins. So the man of æsthetic education experiences emotions in accordance. The vile daub which gives pleasure to the boor causes him disgust, while the savage prefers his feathered idols to the marble of Phidias. I would here quote a passage from Dr. Maudsley's work on the mind†—"It is in reality the specific character of the

* Op. cit., p. 87.
† p. 136, 1st ed.

idea which determines the specific character of the emotion, and accordingly emotions are as many and various as ideas. And it has been before shown that the character of the idea is determined by the nature of the impression from without, and by the nature, as it has been modified by a life experience, of the reacting nervous centre; this now containing an organization of ideas as its acquired nature, or as the expression of its due development. How difficult it is to explain matters from a psychological point of view is easy to perceive. While we are in such case considering the relation of emotion to idea, they are both concomitant effects of a deeper lying cause. As there are subjective sensations, so also there are subjective emotional states. It depends upon the nature of the fundamental elements—the internal reacting centre, and the external impression, whether in a given case we shall have a definite idea with little or no emotional quality, or whether we shall have the emotional quality so marked that the idea is almost lost in it.

"The hemispherical cells are confessedly not sensitive to pain; still they have a sensibility of their own to ideas, and the sensibility which thus declares the manner of their affection is what we call emotional. And as there may be a hyperæsthesia or an anæsthesia of sense, so also there may be a hyperæsthesia or an anæsthesia of ideas. Certainly there do not appear to be satisfactory grounds either in psychology or physiology for supposing the nervous centres of emotion to be distinct from those of idea."

When we see that the same sight or piece of news may affect men differently, calling up emotion in varying degree, or that an individual may be very differently affected on two different days by the same thing; when we see him become so melancholy, or so hilarious, that the whole of his ideas are tinged by the prevailing emotion; that one person is thrown by an idea into such a state of terror, or delight, or anger, that every other idea is absorbed by it, while another under all exciting circumstances retains perfect command over every idea in his mind, one cannot help the conviction that the emotion felt at any time depends greatly on the physical condition of the individual, on the amount of what I would call the "force" possessed by his nerve centres. I believe that when the impression from without is conveyed to the centres of idea, the emotion caused thereby is in proportion to the strength of the stimulation in a state of perfect health, but when the force of the centres is abnormal, then the emotion may

be abnormal also—may be altogether that of depression or the reverse, altogether out of proportion to the strength of the stimulation. There is, however, in either case a constant and close relation between emotion and idea.

Upon theoretical grounds, then, we should expect that mental alteration would be due to changes which may truly be called physical. Something in the mechanism which produces the nerve force of the system goes awry, and the patient evinces depression or excitement in a degree unusual, and this may continue for a long or a short time, without other defect being noticeable. As a matter, not of theory, but of practice, those who have had opportunities of watching the gradual approach of insanity will agree that such a stage generally precedes that of intellectual aberration. Probably depression is found more frequently than excitement; some say that it always precedes excitement: *mania melancholiæ proles** is a very old saying, which has been reasserted in modern times by Guislain and others.

Men suffering from low spirits may go into society, or go about their daily business, without being called insane; others do the like under the influence of unusual excitement, buoyancy, and exuberance of spirits. But those who know such men thoroughly, and watch them and their words and works all the day long, can tell us that their ideas very soon participate in their feelings. The depressed man goes about his business, it is true, but he thinks that everything is going wrong, he is afraid of everything he undertakes, is all for economy, and fidgets and worries those about him past all endurance. The hilarious man buys a lot of things he does not want, alters his house, drinks more than he ought. His ideas of things are changed. He is not in a condition to be consulted in a matter requiring grave deliberation. Yet it cannot be said that there is intellectual aberration, if by this we mean delusion, or any coarse defect of intelligence. But intellectual alteration there is: the opinion of such men, especially about matters which concern themselves, is not worth so much as formerly. They confirm Dr. Conolly's assertion. "Insanity never exists without such an impairment of one or more of the faculties of the understanding as induces or is accompanied by some loss of the power of comparing."†

* δοκέει τὲ δὲ μοι μανίης τὲ ἔμεναι ἀρχὴ καὶ μέρος ἡ μελαγχολίη. Aretæus. Morb. Diuturn. I., 5.

† "Indications of Insanity," p. 306.

When a man's ideas are tinged by the prevailing emotion that pervades him, he is not to be reasoned with any more than a maniac. Although they have not formed themselves into those new combinations which we term delusions, they are not the less those of an "altered" man, of one who is "not right." And in accordance with these ideas, whether he is conscious of them or not, he commits acts which are equally those of an altered man.

But whether the physical condition causes ideas to be coloured by the prevailing emotion, or even brings about new ones in accordance with it, or whether in ordinary health specific ideas give rise to specific emotions, we see throughout that emotion and idea are closely connected, and are not to be divorced. And so it comes to pass that there cannot be an emotional part of the mind or brain, capable of becoming insane, while the ideational portion remains sound and unaltered. I believe that in every case of insanity defect of the ideational, that is of the intellectual, faculties exists.

To realise the practical bearing of what has been said, let us suppose ourselves to be in a court of law as witnesses to the unsoundness of mind of a person in whom no delusions are discoverable, yet who is said to be irresponsible, or incapable of taking care of himself or his affairs.

There are at least four varieties of such patients, all of which have in modern times been subjects of legal dispute, some of them having given rise to forensic contests of great celebrity.

I. The first that I shall speak of is that of persons who from senile decay, or disease of the brain, have become imbecile and fatuous, such fatuity being of various degrees, and manifested by loss of memory, neglect of personal cleanliness, filthy habits, loss of all self-respect and self-control.

Such patients are not insane in the ordinary sense of the word, and great stress is laid on this by opposing counsel; but interpreting insanity in its wide sense of "unsoundness of mind," we clearly bring them within its definition.

Here are two cases of individuals who up to the time of inquiries made by the Commissioners in Lunacy had been called sane by those who had charge of them; both were living away from their friends, and were not under certificates of lunacy.

The first was a gentleman, aged fifty-five years, who had had had two attacks of hemiplegia; when I saw him, however, he could walk some miles in a day, though his gait

was slow and somewhat shuffling. He had no memory, could not recollect how long he had been in the house, whether months or years; by night he had forgotten that he had seen his daughter in the morning; he could not tell the name of the proprietor of the house, nor the name of his daughter, nor anyone's name, in fact, but his own. He kept repeating the same sentence over and over again, without being addressed. His habits and person were filthy in the extreme, as was also the wretched hole to which he nightly retired to sleep in perfect contentment. This man was so palpably imbecile and silly that a child could not have failed to perceive his condition, yet it was argued that, because he had no delusions, he was not legally of unsound mind. Here intellect was not disordered; it was gone, and no one could have told from his existing condition through what stages, whether of insanity or other brain disease, it had declined to this state of utter dementia.

The other gentleman had been insane, and had frequently been an inmate of asylums. For the last ten years, however, he had been living with an attendant in lodgings. His memory, too, was gone, probably from the effects of drink. He did not recollect that he had executed a deed and assigned all his property to trustees. He spoke of drawing cheques and transacting business, whereas he had done nothing of the kind for years, and he spoke of a circumstance as having happened two years ago, which had taken place eight years before. He repeated over and over again the same sentence. He, also, was dirty in his habits.

In estimating the unsoundness of mind of patients whose chief defect is loss of memory, it is obvious that the degree of this must be taken into account. The memory of many persons is defective to some extent. Some cannot remember names, others confuse dates. What we have to consider is whether the failure of memory is so great as to render it impossible for an individual to take care of himself and his property. A man who does not recollect that he has executed a deed of trust, by which he has placed all his property in the hands of others, cannot be held capable of managing his affairs; neither can he who is unable to remember the name or residence of his son-in-law and daughter, and when to this are added childishness and fatuity, as evinced in conversation and habits, the disorder of the intellect is but too plain.

II. Another class, on which an opinion will have to be

given not unfrequently, is that of the weak-minded, who from childhood have never been able to take care of themselves, but have been the perpetual torment of parents and guardians.

We are generally consulted about these at the time of their lives when they cease to be boys and girls, and are beginning to be responsible as men and women; frequently just before the age of twenty-one the question arises whether they are fit to be entrusted with the care of property. Such patients are most difficult to deal with legally. They are not insane in the ordinary sense of the word. They are not changed and altered from what they once were, for they have always been the same; always eccentric, obstinate, incapable of being taught, though capable, it may be, of learning a good deal of what suits their individual taste, most commonly depraved, fond of low company and every vice; generally liars, often thieves, vain and quarrelsome, spiteful, often horribly cruel.

The distracted parents seek our aid, but the patient, on his best behaviour when brought face to face with the physician, has frequently cunning wit enough to stand even a close cross-examination. Delusions he has none, his memory is often remarkably tenacious, and his misconduct he does not justify, but admits that it is wrong, and possibly promises amendment, for he is given to making promises which are immediately broken. In this category the petitioners sought to place the late Mr. W. F. Windham, and they failed, because his appearance and answers did not confirm that which had been alleged of him. It will often happen that we are unable to come to a conclusion in such cases from lack of opportunity of observation. Only those who live constantly with such youths can perceive how they differ from others, how incapable they are of rightly taking care of themselves or their affairs.

In giving evidence in inquiries as to these weak-minded youths it is of no use to lay stress upon the depravity of their conduct; neither must we look for this in all cases, for some are good and affectionate and easily controlled, but unable to control themselves or to transact business of any kind. Neither can we infer much from the mere amount of information they may have acquired. Idiots may be found at Earlswood who have extraordinary memories, and fill them with facts of all descriptions. Yet they are wholly unable to apply these, or to act with judgment for themselves. To use

the language of the old logicians, they can perform the first operation of the mind, *simplex apprehensio*, the receiving a notion of any object, but the others, *judicium* and *discursus*, the forming judgments, and proceeding from certain judgments to another founded upon them, are beyond their powers.

If such patients are closely watched, and their sayings and doings carefully analysed, there will be no difficulty in detecting intellectual defect as well as moral depravity, and it is upon the former that stress must be laid. Those that have come under my own observation bear this out, as do cases recorded by others. I watched for some time a youth who has since figured in the newspapers, and has been an inmate of a gaol. On one occasion an attempt was made to place him under legal restraint, but it failed, because the certifying medical men could testify to nothing but acts of depravity, which the Commissioners in Lunacy refused to receive as evidence of insanity. Probably on no one single day could sufficient facts indicative of insanity have been observed, as required by the statute when a certificate is to be signed. Nevertheless, by an affidavit his whole mental nature might have been declared.

When I first knew him he was between 15 and 16 years of age; he had been considered as deficient in intellect when a child, and had made no way with his education, though he had been to several schools and tutors, from all of which he had run away. I found him living with a man who kept him in sight always, and whom he thoroughly hated and feared. He was perfectly idle, would neither occupy nor amuse himself. Thence he was sent to a farmer's, where he had opportunities of indulging in drink and low company. He assaulted the maid-servant one evening, took out a horse from the stable, and rode off to a neighbouring town, where he lived for some days at a small public-house. He was brought back to his former quarters, whence he soon escaped, pawning all he could carry off, and going to Brighton. He then was placed with various attendants with whom he was on good terms generally, but periodically he had outbursts of passion, and fits, or exacerbations, of depravity, so to speak, and when restrained from going where he liked, he was violent and foul-mouthed beyond all belief. He would not go to the theatre, or opera, or any reputable place of amusement. Low music-halls were his especial delight, or any still more questionable haunt. At times his conduct was everything that

could be wished, and when, after a year and a half, he was sent to the house of a medical man, the statements which were made about him were not at first believed, so immaculate was his conduct, and so obliging his disposition for a month or two. Then he broke down; he couldn't help it, as he himself said, and an attempt was made to place him in an asylum, which unfortunately failed. Since that time I have only seen or heard of him at intervals; twice he enlisted in the army, but was injudiciously bought out again. Here, however, he kept clear of scrapes and had a good reputation in his company, though he was looked upon as "not right." Next he took to frequenting race-courses and such places, and cheated in the betting ring, threatened his father's life, and was locked up for three months, not being able to find bail to keep the peace. Since then I have not heard of him, but he will probably be not unfrequently an inmate of a prison, unless he is fortunate enough to get to an asylum. At times he would ask to be allowed to go to one, though at others he would defy anyone to confine him, quoting the case of Mr. Windham, whom he was proud to resemble.

Now of those who by constant intercourse with this youth had good opportunity of forming an opinion of his mental state, no one thought him of sound mind. And they came to this conclusion, not because of his depravity, but because of his intellectual defect. He was not the son of a peasant, but of a gentleman. He had had every advantage of education, but his mind was not able to avail itself of such opportunities, and at the age of eighteen it was on a level with that of a child of eight. As Dr. Maudsley says, "in giving an opinion on a case of suspected insanity, it is important to bear in mind that the individual is a *social* element, and to have regard therefore to his social relations. That which would scarcely be offensive or unnatural in a person belonging to the lowest strata of society—and certainly nowise inconsistent with his relations there—would be most offensive and unnatural in one holding a good position in society, and entirely inconsistent with his relations in it." The child-like and uneducated mind which we might find without surprise in a peasant's son of eighteen, we do not expect in the son of a member of parliament. His handwriting, spelling, and style of epistle equally corresponded; in fact, his spelling was worse than a boy's of eight. When sitting with his attendant, he would repeat the same words, or the same question over and over again, like a patient of the last-men-

tioned class. He had that peculiarity so common to these weak-minded people, restlessness and vacillation; he could do nothing which required any continued effort. He got tired of every place, and ran away, unless prevented; was at first good friends, and afterwards quarrelled with every person, and could not, in fact, even amuse himself, except by vice.

The ideational faculties of this youth were extremely deficient, and almost all power of reasoning was absent. His only end was to gratify his animal propensities, like an animal.

Another case was that of a youth who had some few hundred pounds, and as he was approaching the age of twenty-one, his friends sought to protect it by obtaining an order from the Lords Justices without an inquisition, the sum being under £1,000.* This young man had run the same course as the former, but had twice sailed to Australia and back, his friends thinking to make him a sailor instead of a farmer. He was fond of drinking and evil courses, and he ran away from every place he was in. He could tell me nothing about a ship, or his experiences in Australia; could not tell me the name of the street in London in which he was staying. He appeared to be most defective in powers of observation and in judgment. He proposed setting up a dog-cart so soon as he got his money, though this only amounted to four or five hundred pounds, and he seemed utterly ignorant of any mode of investing or taking care of it. On one occasion when he escaped from his attendant, he wandered about the streets of London all night, though he had money in his pocket, and the only thing he did was to indulge himself with a ride in a Hansom. I believe that a great deal of the so-called extravagance of youths of this description is due simply to a defective appreciation of the value of money, and some who are very close and keen about sixpences and shillings, cannot comprehend the meaning of securities or invested property, or of the interest derived thence, any more than can a child of four. The Lords Justices, upon affidavits, granted the order required, the patient not having offered any opposition to the petition.

I could enumerate a number of these cases, for in truth they are common enough. Where the individuals are manageable, they get along without legal interference; where they possess property, their friends but too often shrink from legal proceedings from fear lest it should be said that they

* Under the Act 25 & 26 Vict., c. 86, § xii.

are acting from interested motives, and so they are allowed to squander all they have. So many are under an impression that taking any steps for the control of a patient is equivalent to incarcerating him in an asylum, that friends are by this idea constantly deterred from acting beneficially for the protection of a weak relative. For further illustration of this variety of insanity without delusion, I refer my readers to Vol. X. of this Journal, in which Dr. Stanley Haynes has narrated, from the records of the Edinburgh asylum, fifteen cases of moral imbecility and insanity, which are valuable illustrations of what I have been urging. Dr. Haynes speaks of them as cases in which there is a congenital deficiency of one or more of the moral powers. I dissent from this interpretation, and from the theory that moral powers are congenital faculties, but I think it will be seen that in all there was deficient intellect, deficient judgment, deficient power of collating and comparing the various facts laid up by experience in the brain, a want of co-ordination of ideas, analogous to the want of co-ordination of muscles in cases where muscular power is still present.

Here, as in the last class of cases, the degree of weak-mindedness must be estimated, and in this lies the great difficulty. A youth may be weak, but the question will arise, is he weak enough to be held legally of unsound mind. And this can only be argued in view of the particular case.

III. We have now to consider cases of insanity proper, of that variety called "Moral Insanity." The patient has been sane, like other people, but he has become changed, an altered man, altered in likes and dislikes, in habits and occupations—is intemperate, depraved, dirty, extravagant, whereas he was just the reverse. But no delusions are to be discovered, and men, medical and others, hesitate to pronounce him insane. His acts may be such as no one but a madman would commit, acts not of depravity, but of absurdity, and in this case we are able to come to a conclusion without difficulty; but on the other hand they may be acts of depravity or eccentricity only, which, taken by themselves, would not prove insanity.

The first thing to be observed is that this change may occur at any age. It is often witnessed as the special form of the insanity of childhood. It constitutes the moral insanity of middle life. It appears in the old as the senile insanity of Prichard * and Burrows.†

* Op. cit., p. 25.
† "Commentaries," p. 409.

Children may be affected in this way at a very early age. In them we find, as we might expect, a large amount of action and violence in conjunction with the changed emotions and habits. A child's mental changes have their outcome in immediate bodily action, so that we should expect to find the acts indicating the insanity sooner than in the adult. Dr. Prichard mentions a case communicated by Dr. Hitch which illustrates this form of insanity coming on in a previously sane and intelligent little girl of seven.

When mental disorder makes its appearance in a boy or girl previously sane, its access is usually rapid, and the change so marked, that diagnosis is easy; and the alteration being for the most part excitement, rather than depression, with corresponding acts, measures for restraint and treatment are inevitable, and no one calls in question the propriety thereof; but when the patient is an adult, perhaps the head of a family, when the access of the malady is gradual and insidious, and the acts are those of extravagance, immorality, or ill will, rather than of violence, it may be very difficult to subject such an one to coercion, for he may appeal to a jury, and may be able to make a very good appearance before one.

The second point to be noted is that moral insanity, insanity without delusion as I prefer to call it, may correspond to each variety of emotional disturbance. Melancholia is more rare in children than in adults, yet it is to be met with. In the latter it is common, and it may, by its overwhelming influence, drive them to suicidal or homicidal acts; yet, apart from the act, we may not be able to discover delusion. I shall have to return to this in speaking of *impulsive* insanity. We may have the irascible and furious variety, and also the gay, exalted, and hilarious patients, who commit acts of extravagance and absurdity.

Melancholia without delusion, presents, perhaps, the most perfect form of what may be called Emotional Insanity, though we do not always find it discussed under this head.* Depression, lack of nerve force, weighs down the individual, and renders him unfit for mental work, as it destroys his capacity for hard bodily exercise. But positive delusion may be wanting. I lately saw a man who fell into low spirits, and one day wandered away from his home and office, and remained out of sight for a month. At the end of this time he returned, still in the same depressed state. I could find

* In Bucknill and Tuke's "Psychological Medicine" Melancholia and Emotional Insanity are discussed separately.

no delusion about this man: he was sorrow-stricken because he could not do his work at his office, and this made him run away from it. His mind was overwhelmed by the depressed state, and all his ideas were tinged by it, and though they were not confused into delusions, it was impossible to say that his intellect was sound. It was a marvel that he did not commit suicide, for this is the very type of the innumerable cases where suicide is committed by patients whose friends "only thought them a little low, and had no idea that they would do themselves any harm," but who are extremely anxious that the verdict should be *temporary insanity* and not *felo de se*.

Between the cases of depression and those marked by ex-extravagance and hilarity, we find some whose altered character shows itself in extraordinary irascibility, unfounded suspicions, and ill-treatment of others. As examples of this variety, I may refer my readers to two of Dr. Hitch's cases, 1 and 5, reported by Dr. Prichard.* No. 1 was that of a man of forty, steady, regular, and domestic, who, by over anxiety and exertion in business, became altered, hasty and irascible, finding fault with everything at home, addicted to drink and strange women; he forsook his family and business, and wandered about the country, so that he had to be confined in an asylum, where he perfectly recovered in three months. He had no fixed notion or delusion, but he talked incessantly. He was capable of making the nicest calculations connected with his own affairs, but would have expended his money in the most useless purchases. When left to himself his conduct and language were ridiculous in the extreme. The other case was that of a woman of thirty, who became changed, neglected her children, abused her husband, and evinced the greatest hatred of him. She resided with various people, quarrelled with all, broke all the windows and crockery of the workhouse, and everything in her husband's house, and was then sent to the asylum. "Her mind appeared totally unaffected as to its understanding portion, but in the moral part, completely perverted."

We also find patients, as I have said, gay and hilarious, extravagant and vain-glorious, who have no absolute delusion, but whose intellect is as truly disordered as that of any monomaniac—nay, who are often much more irrational and incoherent than the latter.

* Op. cit., p. 51.

A gentleman used to come under my care periodically for attacks of mania, who had originally received a concussion of the brain in a railway accident, and had subsequently an epileptic fit, and after a long interval a second. He was noisy, ostentatious, used to order carriages and pretend to be a very grand person, but he never had any downright delusion. There was a great want of consecutiveness in his conversation, and he was sometimes very hysterical and depressed: there was very little else to be said about him. His conduct and demeanour were quite different from his natural habit, and no one acquainted with him could have failed to perceive the alteration. He was very excited and passionate at times, and one of his fits was the result of a violent temper into which he put himself on one occasion. He was admitted six times under my care, but died at home, his health generally failing. Twice he recovered after an attack of gout. Although there were no delusions, his conversation on one occasion became perfectly incoherent; in fact, he was in a state of complete subacute mania. It was most difficult to sign a certificate in this case, at any rate for one not previously acquainted with the patient, yet no one who was with him for twenty-four hours could doubt the disorder of his intellect.

With this patient on one occasion there was also under treatment another, whose case was, in some respects, similar. This I have already briefly mentioned in the summary of my lectures.* His malady also commenced with an epileptic fit, from which time he gradually became an altered man, though three years elapsed before he did anything that warranted legal restraint. He then rode on horseback to the end of the chain pier at Brighton, assaulted the police, was locked up, when bailed did not appear, and was then sent to an asylum.

When there he justified his acts in an absurd way, and talked and wrote great nonsense, but had no delusion at any time. He rambled in his conversation, and still more in his letters. These, which he wrote incessantly, sufficiently indicated the confusion of his ideas, and the disorder of his intellect; yet certain persons thought him unjustly detained, and sent a lawyer to see him. This gentleman thought him insane, but only because he could not keep him to the point on any subject; and because—though the matter was of so

* "Med. Times and Gazette," Sept. 1st, 1866.

great importance—he was frivolous and absurd in his conversation upon it. He had no ascertainable delusion. He recovered sufficiently to leave the asylum, and died within a year, it was said, of abscess of the liver. One of the alterations in his character was, that instead of being a most temperate man he had become greatly addicted to drink.

Such cases must occur in the practice of all alienists, and I therefore abstain from enumerating more. Besides these patients whose insanity is manifested by their conduct, and not by delusions, we shall find others, who, in the early stage, show no delusions, but in whom they are discoverable at a later period. Also there are patients who have recovered so far as to have lost their delusions, but have not returned to their normal mental condition. These half-cured and semi-insane people are often most difficult to deal with, legally or remedially, but to them the same rule is applicable. We must seek for intellectual defect in their irrational justification of absurd acts, and in incoherent writing, in which such patients often betray their malady. Nor must it be forgotten that patients evidently insane are not unfrequently said to have no delusion, because their delusion is kept hidden, and revealed to no one. Yet it may have lurked there for years, and by it their whole conduct may have been regulated. I saw a lady the other day, who was said to be morally insane. By accident, I heard that she talked to herself a great deal when alone, and then it came out that she was, and had been for years, tormented by "voices."

IV. I now come to the last class of cases of insanity without delusions, one which is, perhaps, the most difficult of all, pathologically and judicially, to examine. It is that described as *impulsive* or *instinctive* insanity. Such patients, when it falls to our lot to see them, have, for the most part, committed, or desired to commit, some crime, being impelled, it is said, *instinctively*, to the deed. The special mental condition under which it was done has often passed away, having, perhaps, lasted but a very short time, and we are left to conjecture its nature.

After perusing the reports of various cases of so-called impulsive insanity, one is led to the conclusion that many different varieties have been comprised under this head by various writers, the one connecting link being the committal of a crime. Some have been cases of melancholia, others of acute mania of brief duration, others of epileptic *furor*, or of transient delirium connected with vertigo or other cerebral

symptoms. In others there has been some hidden delusion, or transient mania connected with that condition of brain which we so often encounter in patients suddenly waking out of sleep, which passes off in a short time, varying from minutes to hours. In others there is a "fixed idea," which is, to all intents and purposes, the same as a delusion, a morbid idea fixed in the mind, which, like a delusion, may be controlled for an indefinite length of time, but being some day no longer controllable, may hurry the patient into violent action. "It happens that the patient succeeds in controlling the morbid idea for a time, calls up other ideas to counteract it, warns his probable victim to get out of the way, or begs earnestly to be himself put under some restraint; but at last, perhaps, from a further deterioration of nervous element, through bodily disturbance, the morbid idea acquires a fatal predominance; the tension of it becomes excessive; it is no longer an *idea* the relations of which the mind can contemplate, but a violent *impulse* into which the mind is absorbed, and which irresistibly utters itself in action."* This I believe to be the true explanation of that which best deserves the name of impulsive insanity, and if it be so, how can it be said that the intellect in these cases is sound, and that the ideational centres when disordered must evince delusion in every case?

The particulars of examples of so-called impulsive insanity require very close analysis. It is to be remembered that insane persons commit every day insane acts, which are set down without question or comment as engendered of their malady, and yet we frequently cannot connect them with any special delusion or idea. Thus, one breaks the windows, another tears up or strips off his clothes, another daubs his excrement about the walls, or even eats it. We do not call these acts impulsive, and yet we cannot assign any cause for them; the patient being manifestly insane, we do not make the attempt. Why, then, when the act is murder or arson, should we place it in a separate and special category, and call the patient a homicidal monomaniac? Two cases of impulsive acts I have lately encountered. A young officer, who had been "odd" for about a week, was staying with a medical man, under no special control or surveillance, but because it was thought right that he should not be altogether without advice. He was sitting by himself one day, when a sudden idea seized him that he would like to pull down the

* Maudsley's "Physiology and Pathology of the Mind," p. 310.

chimney-piece; this he accordingly demolished, and then rang the bell to announce the fact. His mental disorder seems to have passed off in the act, for when I saw him the following day, he appeared better than during the preceding week—in fact, entirely recovered. He could assign no motive whatever for what he had done, except that it came into his head to do it. He did not defend or in way account for it. Here was a genuine case of impulsive action committed by a patient, in whom the following day no sign of insanity was observable, yet in the preceding week he was manifestly disordered in mind; there was, however, no apparent connection between his mental symptoms and his assault on the chimney-piece: it was an insane act. Another gentleman was the most suicidal patient I ever knew, yet he was not in the slightest degree melancholic, nor were any of his mental symptoms or delusions, which were manifest enough, connected in any discoverable way with self-destruction. He had, like Dr. Skae's patient, a simple abstract desire to kill, not another, but himself, and he lost no opportunity of making the attempt. Here, however, was a disordered intellect, and his suicidal propensities were a part of the general disorder, not to be accounted for, and not to be referred to any category of suicidal impulse. Another patient, a young woman in service, felt the impulsive idea, but controlled it so that it did not explode in action. She had been reading, she told me, some poetry about the Fenian executions, when suddenly an idea came over her that she must murder her fellow servant who was with her at the time in the pantry. She resisted it, however, and it appears to have passed away. A twelvemonth later she became low spirited, and now an impulse to commit, not murder, but suicide seized her, her notion being that she was too wicked to live on account of having previously thought of murdering her fellow servant. This also she had successfully resisted, and had made no attempt at self-destruction. Here was a case which, when I saw it, was one of genuine melancholia. She had been on the verge of committing a crime at both times, but had controlled the impulse. Such cases, where an idea arises but is controlled, are most valuable, and ought to be recorded whenever we meet with them, for here there is no possibility of the allegation that impulsive insanity is invented to excuse crime. We can study these cases in our practice, not in the arena of a court of law, and none serve better to illustrate the absurdity of the legal dictum as to the knowledge of right and wrong.

This was a case which, in the first instance, certainly deserved the name of impulsive insanity. It afterwards became melancholia, either as a reaction from the first state, or as a development of it, for murder may be committed by melancholic patients just as is suicide by those who are not melancholic. Seeing her at the time of the marked depression, it was not possible for me to say, with accuracy, what her mental condition was at the time of her first impulse.

I mention these cases to show how we may explain many acts of violence, or impulses thereto, without betaking ourselves to a special form of insanity. Nevertheless, after extracting allwhich ought to be classed as mania, melancholia, or the like, there remain some which truly deserve the name of impulsive insanity, and cannot be brought under any other category. To quote the words of Casper, whom no one will accuse of undue leniency towards alleged lunatics, "There are still other cases whose actual existence I am all the less inclined to deny, as I myself have had occasion to make similar observations. These pure cases, that is, those in which, without the individual having laboured under any form whatever of insanity, or having been from any bodily cause suddenly and transitorily affected by mental disturbance, those cases, therefore, in which there co-existed with otherwise mental integrity an 'inexplicable something,' an 'instinctive desire' to kill (Esquirol, Marc, Georget, &c.), are extremely rare, or rather there are extremely few of these cases published; for I am convinced that such pure cases actually occur far more frequently than their literary history would seem to show."*

Whether these impulses spring from a sudden idea, or a "fixed idea," there is in all, I maintain, an idea or thought of some kind. They depend on disorder of the ideational centres, though they are true examples of insanity without delusion.

In all these varieties of unsoundness of mind, there is, in my opinion, defect of intellect, defective or abnormal ideation, in addition to the moral depravity or violent action which may be the chief distinguishing feature; and to make this plain and undeniable should be the object of our examination, when we are going either to sign a certificate or to give evidence in a court of law.

* Casper's Forensic Medicine, iv., 334, Sydn. Soc. Trans.