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PART 1.—ORIGINAL ARTICLES.

Moral Insanity. By GEO. H. SAVAGE, M.D., Medical Superintendent of Bethlem Hospital.

The subject of moral insanity has already been considered from several points of view, but I think that when typical cases occur it is well to record them, so that, by a careful examination of published cases, more general information may be obtained concerning this malady. It may seem to the philosopher rather a mistaken way of considering the mind to divide it into intellectual and moral, but we in asylums have constantly to take notice of cases in which the moral side of the patient suffers very much more than the intellectual; and though I should not deem any person capable of being intellectually complete and yet morally defective, I would maintain that the defect on the intellectual side may be so little appreciated, or of so little importance in reference to the individual's relationships with the outer world, that it may be disregarded. In considering the cases at present under notice we shall have to point out that most of them have undoubtedly some defect or excess, if I may use the term, in their intellectual processes. When I say excess I refer to the presence of hallucinations and false perceptions that frequently occur in such cases. In attempting to define moral insanity it is easier to describe what it is not than to come to a comprehensive definition which will include all the cases falling into this group, and no others; and, by way of clearing up the condition, I would say that I look upon the moral relationships, so called, of the individual, as among the highest of his mental possessions, that long after the evolution of the mere organic lower parts, the moral side of man developed; that the recognition of property and of right in property developed with the appreciation of the value of human life, so that the con-

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trol of one's passions, and of one's desires for possession, and of one's passion for power developed quite late in man, and, as might be expected, the last and highest acquisitions are those which are lost most readily. It is frequently noticed that in cases in which slow progressive nervous change takes place the moral relationships are the first, or among the first, to be affected; and in the same way after an intellectual storm it is no uncommon thing to see the intellect partly restored to its normal equilibrium, but still wanting the highest and most humane of its attributes—high moral control; so in the emotional states of acute mania, of general paralysis, or of chronic insanity we have corresponding defects in this highest intellectual control. From this point we shall have to notice moral insanity, it being in many cases a state or stage of mental disease, and not a fixed or permanent condition itself; so that in very many, if not in all, acute cases of insanity there is a period of moral perversion, just as in nearly all such cases there is a period of mental depression. I hardly think it worth my while to make very elaborate distinctions between the varieties of moral insanity. I would take it for granted that all admit what I have already said—that there is a condition in which the moral nature or the moral side of the character is affected greatly in excess of the intellectual side—and I will take the opportunity in this paper of discussing in detail a few of such cases, leaving for myself at another time, or for others, the consideration of cases bearing on the other parts of the subject. I should say that the cases of moral insanity are best considered under the heads of "primary" or "secondary," and when speaking of "primary" I would refer to those cases which, from the first development, have some peculiarity or eccentricity of character exhibited purely on their social side. Such cases may be divided into the morally eccentric and the truly insane. The eccentric person who neglects his relationship to his fellow men and to the society and social position into which he was born must be looked upon as morally insane. Other cases seem from infancy prone to wickedness, and I would most emphatically state my belief that very many so-called spoiled children are nothing more nor less than children who are morally of unsound mind, and that the spoiled child owes quite as much to his inheritance as to his education. In many cases, doubtless, the parent who begets a nervous child is very likely to further spoil such child by bad or unsuitable education. In considering these latter cases—those that from childhood show some

peculiarity of temper and character—it is all-important to remember that inheritance of neurosis plays a very prominent part indeed—that, in fact, the inheritance of neurosis may mean that the children are naturally unstable and unfitted to control their lower natures; that they come into the world unfitted to suit themselves to their surroundings; and, but for the conventional states of society, would soon lose their places and become exterminated. We shall, later, consider cases of this kind more in detail, but I would state before leaving the subject of primary moral insanity as seen in children, that I have seen a state of this kind occur in children of parents who have suffered from some febrile disease, or some constitutional disease like syphilis, before the begetting of the morally insane child, and I have no doubt that more will be discovered in time as to the relationship between the health of the parent at the time of the begetting and the moral state of the offspring.

In speaking of secondary moral insanity I would say that it may be secondary to some distinct attack of mental disease, or the condition may be secondary to some more general cause, such as intoxication; and in referring to intoxication it should be noted that not only is it a sign of moral insanity in many cases, but that it also produces it. With cases of this latter kind might be classed some that seem to me to have resulted from other acute febrile diseases, and I believe that I have seen one or two well-marked instances of moral insanity following upon an attack of febrile disease; so that a person, having suffered from a severe attack of rheumatic fever, became altogether morally perverse. As to the first class of this sub-division—those in which the moral insanity is secondary to some other attack of mental disease—many writers have already recognised this condition. Dr. Bucknill, years ago, considered such cases, as did Prichard, as always following some attack of insanity. On the other hand, as I have said, I am rather of opinion that some cases may come on primarily, though I admit that the majority of these cases must be considered as the wrecks left by the mental storm. Before speaking more fully of some of these cases I would point out that it is important that they should be recognised by the legal as well as by the medical profession. I am not one who would allow every person who has lost self-control through disease to escape punishment, but it is surely worthy of consideration whether these classes of morally insane patients should not be treated in an intermediate manner—neither with

the severity of the gaol nor with the comparative luxury of the asylum. I am quite certain that some can only be properly dealt with by being treated with a firm hand. As seen in children, the primary moral insanity may be due almost entirely to inheritance of neurosis, or it may be due to some physical disease. It has probably been associated in some cases with a condition that has ended in tubercular disease either in the brain or lungs; in fact, the patients are to be considered unstable from birth. Undoubtedly injury or bad treatment may have had something to do with their condition. In cases of this kind it is not very uncommon to find some genius, or, at all events, some precocity, and in some morally insane children one is disgusted to find not only precocity in some lines of intellectual life, but a precocity of the animal passions also. Sexual desires are developed at an unusually early—in fact, sometimes at an infantine—age. The moral insanity may show itself before five years of age, though this is rare. In my experience it is seen to come on in these cases between five and ten. I have seen two cases, born of patients who were in Bethlem while they were pregnant, so that the children were saturated with insanity while still in the womb. The mothers told me that these infants seemed to be perfect little devils from birth. In both cases the mothers had had other children, and were well acquainted with the ordinary troubles of maternity, but the children which they bore after they themselves had been insane were the most fretful, the most exacting, and the most restless that they had ever had any experience of. The prospect of life in these children was, however, so small that there was a speedy issue to the terrible troubles that I believe might be considered as the earliest examples of moral insanity. I may be thought to be going rather far in attributing morality to infants, but I think that as a complete investigation of these cases is required, it is better to record such facts as the above, putting my own interpretation upon them, and allowing my readers the same privilege, so they may agree with me these infants were suffering from moral perversion or not, as they please. The morally insane child generally begins to evidence the fact by persistent lying, and I have seen one or two instructive cases in which the power of romancing as a genius and the power or habit of lying was scarcely to be distinguished. In one case I was consulted by a father, a most honest and straightforward man, who was almost heartbroken because his only daughter—he having four healthy and normal-minded sons—could not, as he

expressed it, tell the truth; but when, on investigation, I enquired whether she told lies to her own advantage or to the advantage of other people, I found that nothing of the sort was the case, but that she had a habit of romancing, and on every available occasion would tell her parents the most extraordinary tales of her adventures, and of the people whom she had met, and what they said to her, without malice and without truth. In other cases the lying is of a lower order, so that the child lies either to damage those who are injurious to him or against whom he has a spite, or he lies on every occasion to cover his faults or to escape well-merited punishment. These, of course, are very natural failings of all children, but the morally insane child does it persistently, and with such wonderful power that he lies like truth. At the same time that the child takes to lying he probably takes also to stealing. These two are the most common, and one is associated with the other in so far that the child steals, and lies to conceal his thefts. Another class of patients take to cruelty, and become not only bullies but unmitigated brutes, torturing anything in their power, beginning with the smaller animals and birds, and gradually, as they gain confidence, torturing their school-fellows. This last type of boy not uncommonly develops further—into the masturbator, and in this capacity works endless harm in schools, taking all sorts of advantages over smaller and weaker children. In some cases I have seen the children develop so-called pyromania, and one boy, whose case I knew, set fire to every house that he was sent to after he had been there for a short time. In other cases the same thing has happened, and without rhyme or reason, and often for the mere love of seeing a blaze. These people will set light to house, church, or haystack. In the more truly morally insane it seems to be done out of spite or malice, and not absolutely wantonly, but no amount of teaching, training, or threatening seems sufficient to prevent these patients following out their evil ways. To my mind, one of the most marked characteristics of this state is the fact that experience of punishment does not seem to affect them; so that the boy punished to-day will repeat his crime to-morrow, and if he learns anything, it is only to be more deeply cunning or more completely brutal. In tracing the development of these symptoms I have noticed the relative periods at which they appear. At puberty, often, children who have been morally insane before, but controllable, become quite uncontrollable; and I have seen several cases in which such patients had to be secluded shortly after the age of

puberty in consequence of their disgusting and lascivious conduct. In one or more cases I have seen education, home life, and careful discipline work a slight improvement in young cases, and by punishing and watching some good has been done up to the time of puberty, but then, as it were, the whole thing was started afresh, and the result was disastrous. The chief characteristic of the moral insanity of pubescence is the uncontrolled sexual passion exhibiting itself in self-abuse, unrestrained sexual intercourse, even with near relations, and bestiality of the lowest description. Cases of this kind find their way into asylums, or what surprises me more, in not a few cases into private houses, where they are a constant source of anxiety and trouble. But patients of this kind are always objected to, whether in private or public asylums, and are, therefore, thus forced into private care. The disease, fortunately, does not often last, in a very active stage, long, and the patients may become exhausted by their vices or chronic and less ingenious in their exercise of them. Later on in life one would have to consider the adult moral lunatic, and I fear that it is almost impossible to draw a definite line between the criminal and the person who is more truly morally insane—between the man who ought to be punished and the man who ought not necessarily to be punished, but who certainly ought to be treated. In this last class we meet patients who at adult age develop tendencies to crime and to vice. We see those who take to drink without any education or without any special liking either for the state of drunkenness or the process of getting drunk; we see cases in which the offspring of nervous patients—and I would refer to one patient who was the son of a mother who suffered for years from *paralysis agitans*. This patient had, at about 21 or 22 years of age, developed a typical craving for drink. Instead of going out and enjoying the society of his fellows or of sitting quietly sipping the drink for a whole evening, he would, when the loss of control exhibited itself, go to the nearest public-house or the nearest source of intoxicating drink and pour it down as quickly as ever he could, only stopping when he was too drunk to help himself further; and he would say on recovery that he had no pleasure whatever in getting drunk, and that he had no power of preventing himself from doing so. When this passion for drink came on he would, although secluded in a retreat, prove himself to be morally perverse in every sense of the word. He would lie, steal, forge, or do anything that was improper in order to gain his end. Such cases, or similar ones, form a class of

ne'er-do-wells. Besides these, we must notice that there are certain patients in whom the moral loss is only slightly in excess of the intellectual. There are badly-built minds—if one may use the expression—minds in which the parts are not well and compactly built together, and in which one function—say, the musical, or the mathematical—may be predominant. You may have a musical genius or a calculating boy, one part of whose mind seems to have suffered or to have been developed at the expense of other parts. Such cases are sometimes morally insane. I have seen one man, of a highly nervous stock, who had plenty of ability with his fingers; in fact, it seemed as if his fingers had got all the brains, and that the rest of him was starving. With every opportunity of doing well and of succeeding in life, he always failed. That he failed seemed to me due to his nervous inheritance—his want of moral control, which in his case was distinctly the result of a neurotic inheritance, and which could not be replaced, even by the most careful education. Such cases, then, must be considered as connecting links between those who are distinctly, and, I may say, completely morally insane, and those who are only on the borderland between crime and insanity. I am in doubt as to whether I ought not to consider under this head separate classes, but having already referred to kleptomania, oinomania, and homicidal mania, it is scarcely worth further subdividing, for the symptoms are rather accidents of the surroundings than any essential part of the disease itself. Thus it is easy enough to speak of cases of homicidal insanity as cases of loss of moral control. In some of these cases—such as are developed out of the cruel children—it seems to be a moral defect, but in certain others it scarcely deserves to be considered apart from crime, for the patients know intellectually the harm they are doing, and have not sufficiently striven to curb their impulses to destruction. Undoubtedly, if the person knows the evil of his crime, knows also his tendency to commit that crime, and yet, with all his education and endeavours, cannot prevent himself from committing it, he is scarcely to be considered morally responsible; but at the same time it is going rather far to consider such patients morally insane. We have at the present time in Bethlem a lady of mixed race, and of a very emotional nervous temperament, who has suffered from neuralgia of one kind and another, and from severe trouble. She attempted to injure a lady of distinction, and has never been convinced that her crime was a crime; and though at first it was difficult to satisfy one's self of her true

unsoundness of mind, yet I am now fully persuaded, from her conduct in relationship to other patients, that she is not trustworthy at large, and that if discharged she would certainly cause some grievous crime. In her case other neuroses are exhibited. There is some history in the family of a neurotic tendency, and there is an uncontrolled and unreasonable jealousy that would lead her to injure any object of which she might be jealous, without regard to consequences. I do not believe that any amount of suffering or any amount of experience would prevent this lady from injuring any one of whom she was jealous. Certain others—by far the most difficult to handle—are those in whom the intellectual powers seem to be intact, but in whom the social relationships are not fully appreciated. One sees this type most commonly in patients who have suffered from insanity. My own feeling is that it follows more commonly in those who have insane inheritance, and upon attacks of mania than attacks of melancholia. It exhibits itself in loss of self-control, loss of temper and industry. Probably the most common is to be looked upon as a kind of partial moral dementia. The patients neglect their business, their duties, and their rights, so that they would willingly allow their nearest and formerly dearest relations to suffer in consequence of their laziness; and this they fully appreciate, but fold their hands and do nothing. In some of these cases, technically one may say there is a want of will, a want of power to balance motives. It is not merely a want of memory, a want of perception that if they do not act in the present they will starve in the future, but there seems to be a moral languor that prevents them acting, though they thoroughly appreciate what is said to them. You may tell them that they will go to the Workhouse, and they say, "Oh, yes," or, "We won't come to that, I hope;" but they fold their hands and let happen what may. Cases of this kind, or in this stage, may take to drink, so that we have very complicated cases admitted or readmitted into asylums—patients who, having had an attack of insanity, get well, then break down on their moral side, neglect their business or take to drink, get into bad health and bad social conditions, which produce a fresh attack of mental unsoundness, in which the causes of the outbreak have been very mixed. In some of these cases the moral change is seen in the dislike to family ties, in dislike of wife to husband or of mother to children. One has been surprised that upon sending a patient home to her husband after an attack of insanity she has declined to

have any further connection with him, and seemed to have lost all her former inclinations towards him; that in another case a mother, who had been industrious, active, and pains-taking towards her children, neglected them, occupied herself in religious observances, or expended a fair amount of energy in looking after other people or their children, leaving her own to starvation and the streets. All these are difficult cases to handle, but they are ones to be recognised; and they are cases that, unfortunately, from my experience, are very unfavourable as far as prognosis goes. In a certain number of cases the moral side of the man seems to be entirely altered through the intellectual; so that a man having delusions of hallucinations telling him that he is to be rich, or the Saviour of the world, or is to take twenty wives, may very naturally change his whole habits of life, and become the indolent man, waiting for something to turn up, the prophet that is to convert the world, or the founder of a religious sect. These cases have to be considered from a different standpoint to those we have already noticed. They puzzle one from their general intellectual ability, their chief failing being a want of appreciation that there has been any intellectual loss in themselves. That they have been insane is to them doubtful or untrue. They think that their friends have treated them badly, and naturally feel inclined to act in an unfriendly way towards these relations. Some of these cases cause more anxiety and trouble in asylums than is ordinarily conceived, for they are patients who belie the general belief as to combination. Patients of this kind will not only combine with other patients, but they will organise the others, and in every way endeavour to prevent their doing useful or even necessary work, and are constant obstructives to the discipline as well as to the cure of other patients. The fact has to be recognised that a certain number of patients have moral insanity. As a rule, I should say that moral insanity is associated with intellectual insanity, being either a stage of its onset or a stage of its recovery—a stage of recovery, unfortunately, that may never be completely recovered from; that this moral insanity may be a primary disease, coming on with childhood; that it may be secondary to mental disease; that it may be secondary to physical disease; that it may be simple—*i.e.*, with little or with no intellectual loss—and may be compounded with every variety of intellectual loss; and that when it occurs as the residuum after an attack of insanity, and lasts for twelve months, the prospect of any future improvement is small in the extreme.