

You will thus see that I take a hopeful view of the future, as it relates to the care and treatment of the insane poor. The difficulties which beset the path of the early asylum reformers, have gradually yielded to the progress of wiser and more humane sentiments, and it is only matters of detail that now remain for us to arrange in order to complete and consolidate the working of the system inaugurated by the Lunacy Act, 1845, and already brought to so successful an issue by the united labours of the Commissioners in Lunacy, and of the Visiting Justices and Medical Superintendents of the English county asylums. I have thought that the opportunity which this day has given me would not be unwisely used in reviewing, aided by the experience of the past twenty years, the several details of this system as they relate to the present and future treatment of the insane poor.

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*On Monomania, and its Relation to the Civil and Criminal Law.*  
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the Medico-Psychological Association.

(Read at the Annual Meeting of the Medico-Psychological Association,  
held at the Royal College of Physicians, July 31st, 1867.)

MR. PRESIDENT AND GENTLEMEN,—The fact of my having been frequently summoned as a medical witness in the civil and criminal courts of justice, in cases in which monomania has been alleged to exist, and the examination of the evidence in two recent and important cases of disputed wills induces me to bring under the notice of the Medico-Psychological Association the present practice of the Courts in relation to monomania, and to attempt a concise description of this form of disease for consideration and discussion.

I believe that much misapprehension has arisen and much mischief has ensued from the fact that some medical authors entirely ignore, and others vary in their acceptation of the well-known term monomania, which, although of recent date and erroneous meaning, is constantly used by our law writers, and has become ingrafted in the popular language of all the great countries of Europe.

We owe the first introduction of the word "monomania" to Esquirol, and although it is interesting to trace the process of reasoning by which he arrived at the necessity of a new term to supersede melancholia, yet we must recognise it as unfortunate that he should have coined one so etymologically incorrect, and so much at variance with the true description of the malady he intended to define.

The ancient physicians divided the insane into two great divisions: from the leading symptoms presented by the frenzied and distraught, they called one form of disorder *mania*; from a belief as to their exciting cause, they classed all other forms of insanity under the one generic name *melancholia*. The division thus made by these acute observers, although erroneous pathologists, is exactly equivalent to describing the disease as constituting a complete or a partial insanity, and in that sense the words were understood. It is not necessary to detain you with any attempt at proving this to have been the case; but the instance of monomania familiar to us all, as mentioned by Horace, and the forms of unsoundness of mind which Aretæus has described, demonstrate that melancholia was the term applied to those forms of insanity in which the patient was still to some extent in the possession of his reasoning power. In later years the term *melancholia* became significant of the existence of gloomy and distressful impressions, and in this restricted sense it is employed by Celsus, who does not, however, give any name to the remaining forms of melancholia, or reasoning insanity, thus deprived of their distinctive title. Esquirol, in his nomenclature of mental disorders, adopted the division of Celsus, and divided melancholia, as that writer had done, into two principal divisions. The one he called lypemania, the insanity of grief, the *atrabilis*, or true melancholia of Celsus; for the other he ventured to do that from which Celsus shrank, and coined the new word "monomania."

The mischief done by this ill-chosen word became almost immediately apparent; and Esquirol himself, with the vanity of a neologist, in a note to one of the later editions of his work, drew attention to its first development, without noticing the error he had himself induced. He says, "the French Academy have done me the honour to adopt this word (monomania) into its dictionary." He does not say that they define it as describing a disease in which one delusion only is present; translating, in fact, *monomania*, but of course being in utter ignorance that such a disease is one which may be theoretically possible, but, as far as I know, has never yet been seen, and is certainly not stated to exist, even by the inventor of the term. On the authority of the French academy, the word monomania, however, became popularised, and has since been freely used as implying the existence of a delusion upon one subject. I speak in the presence of many of the first and most experienced psychologists of Great Britain; and I believe they will concur with me in the opinion that such a monomania is practically an unknown malady. Esquirol himself is careful to define monomania, in a sense entirely subversive of its etymological meaning; he describes it as involving *one or a limited number of delusions*; and with further inconsistency he implies that these delusions must be all of a cheerful character, although there can be no reason why monomania, under his own

definition, should not involve the most sad and depressing delusions. The American writer, Dr. Rush, has appreciated this difficulty, and has divided partial insanity into two divisions, to the first of which he has given the far more distinctive appellation of *tristomania*, marked by sad delusions; the second he calls *amenomania*, characterised by lively and cheerful excitement. The more etymologically correct nomenclature of Rush is forgotten, the *lypomania* of Esquirol absolutely ignored, but *monomania* is still in general acceptance, although it expresses a disease that does not exist, and translated literally can only lead to error. It is not surprising, then, to find that many of our writers do not employ it at all; that it is not found in our records or case-books; that some, as our late president, Mr. Commissioner Brown, define it as an insanity embracing a group of symptoms arising from disorder of some special faculty of the brain; that others confuse it with moral insanity; and that judges, lawyers, and juries, find themselves perplexed by the use of a term by medical men which means so much more than its etymological signification; so very much more than its popular acceptance. I would specially insist upon the importance of this last error. There is no greater mistake that juries or judges can fall into than imagining that monomania in a patient can exist, and at the same time perfect sanity upon other subjects can be safely assumed; and yet this error is the most common of all.

A purist in language must of course decline to use the word monomania as meaning anything else than a belief in a single delusion; but as monomania has become an acknowledged word, and new terms in science are not often useful, it will be well to retain it, only assigning to it a wider significance. I only attempt a definition of *monomania* that may accomplish this purpose, in the hope of eliciting from some of the many psychological physicians I see around me some suggestion that may render my definition less imperfect, and as much as possible in accordance with our individual experience and observation.

*Monomania is a disease of the brain in which delusions, or erroneous impressions, with morbid states of feeling, exist on one or more subjects, while on others the intellectual powers remain apparently uninjured.*—It will be objected to this definition that it requires disease of brain to be admitted; delusions or erroneous impressions may arise from other causes, and therefore declaring monomania to be disease of brain, and disease of brain, monomania, is arguing in a circle. I have considered this objection, and demur to its validity. It is true that a delusion may arise, or an erroneous conviction be persisted in, while the brain is healthy. In such a state were the people of whom the apostle spoke as being under "delusion," they "believed a lie;" such is the state of the believers in the ghostly power of Hume, and in the supernatural wonders of the Davenport

brothers. But in the monomaniac there must be disease, and that disease will be indicated by the very nature of the delusions, or by the general medical history of the case. The want of attention to the possible existence of erroneous belief, or even of absurd fancies, with perfect sanity, led to the mistake of the two physicians who declared, or who are said to have declared, their belief in the insanity of Luther: it was a mistake excusable enough when speaking under the pressure of severe cross-examination; but how great a mistake it is, and how unconsciously it may be committed, was curiously illustrated by a well-known professional writer in the 'Pall Mall Gazette,' who, coming to the "rescue," as he calls it, of Luther, in effect admits that he should have thought that "distinguished ecclesiastic," as he oddly styles him, to have been insane, if he had still persisted in his asserting that he had seen the devil after the writer had examined him, and had by argument shown the folly of his belief!! The story itself is apocryphal: but, assuming that Luther said, and persisted in saying and thinking, that he had seen the devil, it by no means certainly indicated insanity; nor would persistence in such belief make any difference: the whole tenour of the Reformer's life proved his mental soundness; his vision was the result of an overworked brain, his conviction of its reality was consistent with his deep religious feeling, his ascetic devotion, and with the superstition of the age. There was as much and no more insanity in the honest belief of Wesley and his chaplain that the prayers of the former had instantly calmed the sea, or the fixed impression of Dr. Samuel Johnson that he heard his mother call him "Sam," she being then at Lichfield and he in London. But if we contrast this with the really monomaniacal, we meet at once the evidence of disease: thus, Swedenborg we might possibly conceive to have been sane when he fancied he had seen angels and spirits. We recognise illusion or hallucination, and that they alone do not prove brain disease; but we know him to have been mad, when we find him writing and publishing wicked lies about the Society of Friends, which he gives upon the authority of the said angels, without the slightest consciousness of the incongruity and folly of quoting such beings as uttering falsehoods and absurd scandals. On this subject, his reasoning power has left him.

There are some delusions so gross, that they at once indicate disordered brain; as when a man states himself to be the rightful king of England, or says that his head is only a tin-pot. In minor delusions the question of disease must be determined by the physical symptoms, by the general history, or by the change in the manner and morals of the subject of examination; on this point two great lawyers are singularly correct and clear. Sir H. J. Fust, in the case of *Mudway v. Croft*, quoted with approbation, and applied to the case before him, the opinion of Dr. Ray,

p. 55 (Shelford), "It is the prolonged departure without an adequate external cause, from the state of feeling and modes of thinking usual to the individual when in health, that is the true feature of disorder of mind." Again, Lord Lyndhurst in one of his judgments says, "in monomania, the mind is unsound; not unsound in one point only, and sound in all other respects, but this unsoundness manifests itself principally with reference to some particular object or persons."

With these dicta it would seem that monomania being proved in any case, either by absurd delusion, by physical symptoms, or by a combination of mental, moral, and affective morbid changes, the decision as to the incapacity, of monomaniacs to make a valid testamentary disposition of their property, would be easily arrived at; but, unfortunately, this is not so; juries are too apt to think for themselves, and to despise that which they believe to be the view of a mad-doctor; and, for the reasons I have already given, the definitions of monomania lead to error, inasmuch as they assume sanity upon points not connected with the delusion. Chief Justice Hall defines partial insanity as importing that a person is insane on one or more important points *and sane in all other respects*; exactly contradicting Lord Lyndhurst. Therefore, in the civil courts, it is no uncommon thing for hours to be taken up in reading to the jury the letters of an undoubted monomaniac, with the result of convincing the jury that the writer is perfectly responsible, or has full possession of his faculties, although any one accustomed to observe monomania would be prepared to find even acuteness of intellect in many cases of serious brain-disorder in which partial insanity was demonstrable. It must, of course, be admitted that the border line between the delusion or erroneous impression of a sane, and those of an insane brain, is very difficult to define; but it is obvious that this difficulty has arisen, or, at least, been much increased by the principal test, the presence of disease, being so much ignored; it is forgotten that monomania is only a symptom, it is not the disease itself; and just as a fast pulse does not prove fever, so a delusive impression does not always indicate brain disorder. The question as to whether a case of admitted eccentricity of thought, or extraordinary actions, or strong and even erroneous religious or hypochondriacal impressions, may or may not be one of monomania; that is, may not constitute a form of brain disorder which renders the sufferer irresponsible or unable to manage his affairs, seems to me to be almost entirely a medical question, and in its examination I would dwell specially upon the following points for consideration in cases of alleged monomania:—

1st. Are there any morbid or other physical symptoms that may primarily or secondarily affect the organ of thought and volition? Is there strong hereditary tendency to insanity? Have fits or convulsions appeared, for any of these in addition to a monomania, even

of a slight description, would go far to indicate organic brain disease.

2nd. Is the monomania itself of such a character as to be obviously a symptom of disordered brain? or is it associated with ideas or actions inconsistent with the education, and position, and former conduct of the monomaniac?

3rd. Are there any, and what changes in the affective faculties? have there been changes in the moral conduct, aversion to those formerly dearly loved, or irrational behaviour, which, though in themselves trivial, become important when taken in conjunction with intellectual aberration?

4th. Is the will that has been made unjust? or the trust deeds executed absurd? or the recent marriage ridiculous? or the libel cruelly promulgated, unprovoked, or unaccountable? The "factum" as the lawyers call the provisions of a will, in itself is often the strongest indication of insanity. And here let me observe that, often as I have heard the jury in such cases charged by the judge to consider the necessity of upholding the will of a deceased testator as a solemn document, which they should respect, as they would wish their own wills righteously carried out, I have frequently listened in vain for the admonition that apparent justice to the dead may be the greatest injustice to them and to the living also. Which of us would not wish, should an inexplicable monomania attack him, and at his death his will should leave his property to keep cats, and his intestines to be made into fiddle-strings, that the condition of his mind should be medically investigated, and those nearest and dearest to him not left to the tender mercies of juris-consults who know nothing of mental or physical disease, and who, in deciding the validity of his will, would seriously consider whether such monomania was or was not consistent with a disposing power.

Of course, in thus arrogating for the profession of medicine so great a responsibility, I am aware that there is much to be done before medicine can take the place it ought to hold in our law courts. It is not now the time to discuss medical evidence; I would only suggest the paramount importance of educating medical men to some knowledge of mental disorders, and training all to the habit of careful and logical reasoning. Our procedure, also, as to consultations before giving evidence, and the advisability of having one expert always appointed by the court, are subjects of grave importance in the consideration of this question.

If, however, the procedure in the civil courts is sometimes contrary to recognised scientific truths, the criminal courts show a still more lamentable variance in their decisions. The introduction of the question as to the existence of a "disposing power" in monomania, is a trivial mistake to that which condemns the monomaniac to the scaffold, upon the hypothesis that though insane he knows right from

wrong. The course of the legal proceedings in cases of insanity in which homicide has been committed seems to depend very much upon the individual judge, and not upon any fixed law. I am aware that this is a strong assertion, but let me illustrate the proposition, and judge yourselves of its truth. One judge is reported as saying: "Is there any necessity, Mr. Attorney-General, after this (medical) evidence, to carry the case further;" and the prisoner is acquitted. Another judge said recently, "I don't consider the prisoner in a state to plead," and at once took the jury's opinion as to whether the culprit was insane or not. A third judge, in my hearing, informed the counsel, who was about to open a defence upon the ground of insanity, that the question he (the judge) should put to the jury, and to which he advised the counsel to speak, was not the insanity of the prisoner, but his knowledge of the difference between right and wrong: and that this issue only should be put to the jury.

I have never heard a counsel bold enough to venture upon the doctrine of the possibility of a disorder of volition, although it is known so well to us all that intellectual disturbance is so frequently accompanied by deranged impulses and uncontrollable propensities. But this is a negative fault in the law; there is another and more extraordinary proceeding of frequent occurrence. One judge, having almost compelled a jury to find a verdict of guilty, will, upon his own belief that there is some lurking delusion in the prisoner's mind, write privately to request a further inquiry, or ask for a remission of his sentence; while another judge, rigid in his own view of the law, will allow a monomaniac to be hanged, in spite of earnest and repeated representation of the uselessness and cruelty of the proceeding. In such cases the prisoner is not tried by a jury, but by the judge, is not condemned by the law but by the Home Secretary. One remedy seems to be patent for these cases—abolish altogether the punishment of death. The inconsistency of the legal course is rendered obvious in another way. Homicides already certified lunatics are always removed from the asylum to prison to await their trial; and yet we hear that, at the last assizes at York, a prisoner having become insane, has been removed from prison to an asylum, and therefore cannot appear! I will not dwell upon the error, and sometimes cruelty, of trying and condemning to death or lifelong imprisonment the unfortunate victims of puerperal monomania who have killed their children. It may be state policy—it may, indeed, be necessary—that infanticide should be severely dealt with; nevertheless, it is our duty to say boldly that law in these cases may not be justice; the teaching of medical science and the experience of physicians should be called in to avert the punishment of a crime so frequently the result of physical disease.

With regard to minor offences, the law is again in a most unsatisfactory condition. There seems to be no fixed rule to guide judges

or magistrates. In one case, a man charged with assault, and whom I examined at Pentonville Prison, was not brought to trial because insane; again, an insane gentleman, whom I found undergoing imprisonment in a county jail, and very resignedly picking oakum, had already been brought to trial and condemned; and in a third case, one of forgery, by a man whom I had stated to be suffering under brain disease, the judge, to my astonishment, in his charge to the jury, informed them that if they believed me the gentleman would be confined, perhaps for life, as a criminal lunatic, whereas, if found guilty, he would have only a short imprisonment. I may as well mention that the jury, in this case, solved the legal difficulty by finding the prisoner "not guilty," and, acting on the judge's hint, said nothing as to his insanity.

In defining monomania then as essentially a disease of brain, it would seem to result that all wills made by monomaniacs must be considered invalid; and that for all acts done by them they must be irresponsible. My argument would hardly go so far. It is by no means necessary that all sufferers from chronic or acute brain disease must necessarily die intestate; let the validity of the wills in question be tried before a jury, and if found reasonable, let presumption of a lucid interval be fairly laid before a jury or a competent arbitrator. The provisions of the will would afford the strongest evidence of the capacity of the testator. I take it, that alienation of property from relatives, that sudden and causeless testamentary changes, that codicils hurriedly added, would hardly be admitted as valid where medical evidence strongly proved the testator's brain to have been diseased. Opposition to a perfectly fair and rational will would be undertaken at the peril of the opposer, who would, however, have an easy task where the medical evidence was strong and the will itself strange, capricious, and unfair.

The admission of the possibility of a monomaniac making a will that may consistently with justice be considered valid may seem to involve the admission of the criminal responsibility of those suffering under brain disorder, and to a certain extent it clearly does do so; I can see no reason why the monomaniac who is so far well as to be able to enjoy his freedom and exercise his civil rights should not be responsible for minor offences unconnected with his special delusions, otherwise all monomaniacs should be confined, which would be cruel and indeed impossible.

I would punish the monomaniac not to revenge any wrong he may have done society, but to prevent other monomaniacs from imitating, or himself from repeating, his offence. Carefully examining the objects and mode of proceeding of the criminal, it would rarely happen that any injustice could be done. The semi-insane, if allowed to be at large, must feel the necessity of self control, and they often can and do exercise it; it is a false philanthropy that



would excuse all monomaniacs from punishment, because such impunity must involve a punishment still more severe; for if monomaniacs are to be irresponsible they must all be confined or restrained.

To sentence a monomaniac to minor punishments seems to me to be possibly justifiable upon grounds of public policy, but to hang a lunatic involves, in my opinion, the commission of an absolute crime, and nothing I have said as to his responsibility for minor crimes can excuse such a sentence, supposing that the convict is of unsound mind. For not any man can swear that at the moment of the act the prisoner knew right from wrong, nor can any jury decide that his crime was unconnected with his lunatic impression. The disease of brain must lead to doubt, and of that doubt by English law and by common justice the prisoner should have the benefit.

I have to apologise to you, sir, and to the members of the Association for taking them over ground that must be so familiar to them; but I have tried to show that lawyers differ as much or more than doctors: thus the law is as uncertain as medicine is thought to be. The remedy for all this is careful, deliberate, and public discussion of disputed points; and I believe that our Association can be made instrumental in rendering essential service to medicine and the law, if the collective opinion of its members upon such questions as those I have brought before them to-day could be elicited and recorded; carrying, as it would, the weight of the practical experience and long study of so many men of high reputation in the special branch of medicine to which they have devoted their attention.

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*On the Insane Poor in Middlesex, and the Asylums at Hanwell and Colney Hatch*, by JAMES G. DAVEY, M.D. St. And., M.R.C.P.L., late Medical Superintendent of the Middlesex Lunatic Asylums at Hanwell and at Colney Hatch, &c.

(Read at the Annual Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, July 31st, 1867.)

THOSE of us who have kept our attentions directed to the insane poor of Middlesex—to say nothing of outside counties—must have been struck with their largely increased and increasing numbers year by year. Whilst it is a high source of satisfaction to us to know