

*Practical Observations on Insanity of Feeling and of Action.*

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Dr. Maudsley publishes in the 'Lancet' some observations on the vexed question of Moral Insanity. "It is well known (he says) that Dr. Prichard described, under the name of Moral Insanity, a variety of mental derangement which has been the occasion of angry and contemptuous reprobation by many who, without experience, but not without self-confidence, have not cared to recollect Dr. Prichard's great experience and high philosophical character. The name was perhaps ill chosen, and some of the examples which he brought forward in support of his opinion properly belonged to other recognised forms of mental disease; but when these admissions have been made, it still remains an unquestionable fact that there do occur in practice actual cases of mental disorder in which, without any illusion, hallucination, or delusion, the derangement is exhibited in a perverted state of what are called the active and moral powers of the mind—the feelings, affections, propensities, and conduct. Experience establishes, so far as experience can establish anything, the existence of such a variety of insanity, whatever name it may be thought best to give it. Moral insanity is an objectionable term, because it is not sufficiently exact, and because it lends some show of justice to the cavils of those who suspect the design of making out all sorts of vice and crime to be insanity. But Dr. Prichard never for a moment thought that a vicious act, or a crime, however extreme, was any proof of moral insanity; for he expressly insists upon tracing the disorder in each case to some recognised cause of disease. 'There is often,' he says, 'a strong hereditary tendency to insanity. The individual has previously suffered from an attack of madness of a decided character; there has been some great moral shock, as a loss of fortune; or there has been some severe physical shock, as an attack of paralysis or epilepsy, or some febrile or inflammatory disorder, which has produced a perceptible change in the habitual state of the constitution. In all these cases there has been an alteration in the temper and habits.'

"Now, if, after a cause that is known to be capable of producing every kind of insanity, a person in good social position, possessed of the feelings belonging to such social state, does undergo a great change of character, lose all good feelings, and, from being truthful, modest, and discreet, becomes a shameless liar, shamelessly vicious, and outrageously perverse, then it is surely impossible not to see the

effects of disease. Or, again, if a person of religious habit of mind, and hitherto without reproach in all the relations of life, does, under conditions known in many instances to lead to insanity, suddenly become desperately suicidal or homicidal, what avails it to point out that he or she knows the nature of the act, and thereupon to affirm that there is no insanity? It were neither more nor less true to assert that the man whose limbs are painfully convulsed is not suffering from disease because he is conscious of the wrong action of his limbs—because he knows that he is convulsed. But if the evidence drawn from its own nature and causation were insufficient, the fact that it is often the immediate forerunner of the severest forms of mental disease might suffice to teach the pathological interpretation of the condition commonly described as moral insanity, but which would be better called Affective Insanity.”

Dr. Maudsley relates two cases which came under his care and observation, as examples of such mental derangement without positive intellectual alienation. In the first of them the attack was clearly traceable to a strong hereditary predisposition, in conjunction with physical and mental depression arising from the suckling of a child and from frequent and long absence from home of the husband.

A married lady, aged thirty-one, who had only one child, a few months old, was for months afflicted with the strongest and most persistent suicidal impulse, without any delusion or any disorder of the intellect. After some weeks of zealous attention and anxious care from her relatives, who were all most unwilling to send her from among them, it was found absolutely necessary to send her to an asylum, her suicidal attempts were so numerous, so cunningly devised, and so desperate. On admission she was most wretched because of her frightful impulse, and often wept bitterly, deploring piteously the great grief and trouble she was to her friends. She was quite rational, even in her horror and reprobation of the morbid propensity; and all the fault which could possibly be found with her intellect was that it was enlisted in the service of the morbid impulse. She had as complete a knowledge of the character of her insane acts as any indifferent bystander could have, but she was completely powerless to resist them. Her attempts at self-destruction were varied and unceasing. At times she would seem quite cheerful, so as to throw her attendants off their guard, and then would make with quick and sudden energy a preconcerted attempt. On one occasion she secretly tore her night-dress into strips while an attendant was close by, and was detected in the attempt to strangle herself with them. For some time she endeavoured to starve herself by refusing all food, and it was necessary to feed her by means of the stomach-pump. The anxiety which she caused was almost intolerable, but no one could grieve more over her miserable state than she did herself. Sometimes she would become cheerful and seem quite well for a day or two, but would then relapse into as bad a state as ever. After she had been in the asylum for four months she appeared to be undergoing a slow and steady improvement, and it was generally thought, as it was devoutly hoped, that one had seen the last of her suicidal attempts. Watchfulness was somewhat relaxed, when one night she suddenly slipped out of a door which had carelessly been left unlocked, climbed a high garden-wall with surprising agility, and ran off to a reservoir of water, into which she threw herself headlong.

She was got out before life was quite extinct, and after this all but successful attempt she never made another, but gradually regained her cheerfulness and her love of life. The family was strongly saturated with insanity.

In face of such an instance of uncontrollable impulse—and it is not very singular—what a cruel mockery to measure the lunatic's responsibility by his knowledge of right and wrong! In Dr. Maudsley's other case the morbid impulse, not less desperate, was homicidal.

An old lady, aged seventy-two, who had several members of her family insane, was afflicted with recurring paroxysms of convulsive excitement, in which she always made desperate attempts to strangle her daughter, who was very kind and attentive to her, and of whom she was very fond. Usually she sat quiet, depressed and moaning because of her condition, and apparently was so feeble as scarcely to be able to move. Suddenly she would jump up in great excitement, and, shrieking out that she must do it, make a rush upon her daughter that she might strangle her. During the paroxysms she was so strong and writhed so actively that one person could not hold her; but after a few minutes she sank down, quite exhausted, and, panting, would exclaim, "There, there! I told you; you would not believe how bad I was." No one could detect any distinct delusion in her mind; the paroxysm had all the appearance of a mental convulsion; and had she unhappily succeeded in her frantic attempts, it would certainly have been impossible to say honestly that she did not know that it was wrong to strangle her daughter. In such event, therefore, she ought legally to have been hanged, though one may doubt whether the juridical farce could have been played out, so palpably insane and irresponsible was she.

"These cases are examples of uncontrollable impulse without manifest intellectual disorder; they properly belong to what might be described as the *impulsive* variety of affective insanity. It is not true, as some have said, that the morbid impulse is the entire disease; the patient's whole manner of feeling, the mode of his affection by events, is more or less perverted, and the springs of his action, therefore, are disordered; the morbid impulse is the outward symptom of a deeper lying disease of the affective life, which is truly more dangerous than disease of the intellectual life, because its tendency is to express itself, not as intellectual derangement does, in *words*, but in *actions*. Man *feels, thinks, and acts*; in other words, has *feeling, cognition, and volition*. The feelings mirror the real nature of the individual, and it is from their depths that the impulses of action come, while the function of the intellect is to guide and to control. Consequently, when there is perversion of the affective life there will be morbid feeling and morbid action, which the intellect cannot check nor control, just as, when there is disease of the spinal cord, there may be convulsive movement, of which there is consciousness, but which the will cannot restrain. The existence of dangerous insanity of action and feeling, without marked intellectual derangement, is in strict accordance, not only with the physiology of the

nervous centres, but also with the first principles of a sound psychology; it is established also beyond all possibility of question by the observation of actual cases of insanity.

*On the Functions of the Cerebellum.*

Dr. Davey has addressed the following letter to the editor of the 'Lancet' on the Functions of the Cerebellum:—

"In your review of Professor Owen's 'Comparative Anatomy and Physiology' I find it stated that his views are adverse to the existence of any relation between the cerebellum and the sexual instinct as maintained by Dr. Gall, but in favour of its more or less intimate connection with locomotive power. With reference to this point, perhaps some of your readers may be interested to know that at the meeting of the British Association at Bath, in 1864, Mr. Prideaux, a warm advocate of the general soundness of Gall's views as to the special functions of different portions of the brain, read a paper on the 'Functions of the Cerebellum,' in which he adduced evidence to show that the central and lateral lobes had separate functions; the median lobe, or vermiform process, being the great ganglion of the nerves of muscular resistance, giving a perception of the position of the body and its relation to gravity, and being constantly developed in the ratio of the animal's locomotive power and capacity for balancing the body during rapid motion; the lateral lobes being the great ganglion of the nerves of cutaneous sensibility, and always developed in proportion to the development of the cuticular system of nerves.

"These views were sought to be enforced by a comparison of the nervous system and physiological manifestations of birds, cetaceans, and bats. The cetaceans were illustrations of the extreme development of the cuticular system of nerves, and equally so of the lateral lobes of the cerebellum. In the porpoise the size of the cerebellum, compared with the cerebrum, was as 1 to 2½, this unusual bulk being due to the enormous development of the lateral lobes, which equalled in absolute size those of man.

"In birds the development of the cuticular system was at a minimum, and equally so that of the lateral lobes of the cerebellum, which were, in fact, quite rudimentary, and consisted almost entirely of the root of the fifth pair of nerves; whilst the development of the median lobe bore the closest relation to the powers of flight, being as 1 to 13 in the slow gray owl, 1 to 11 in the crow, 1 to 6 in the swift hawk, and 1 to 4 in the agile swallow. The bat combined the acute tactile sensibility of the cetaceans with the agility of the bird; and, in conformity, united the large lateral lobes of the former with the large median lobe of the latter. In the common pipistrelle the weight of the cerebellum was .96 of a grain to a cerebrum of 1.78, being in the proportion of 1 to 1.85.

"Gall's mistake in locating sexual feeling in the cerebellum Mr. Prideaux maintains to be rather an error of inference than observation, the convexity of the lower fossa of the occipital bone and their protrusion backwards and downwards being principally due to the development of the under surface of the posterior lobe of the cerebrum, in the same way as the prominence of the eye and pouching of the lower eyelid, indicative of philological talent, is caused by the development of certain convolutions of the under surface of the anterior lobe resting on the roof of the orbit. Gall's views on the functions of the cerebellum were greatly strengthened by several remarkable