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PART 1.—ORIGINAL ARTICLES.

On Moral Insanity. By J. R. GASQUET, M.B.

The perusal of Dr. Savage's most interesting article in the July number of this Journal has suggested to me, as no doubt to all who read it, some important reflections. If I venture to submit my own thoughts on the subject, it is mainly in the hope that their consideration may lessen the "abstract metaphysical difficulty" (to which our President confessed in his address) "of conceiving moral as distinct from intellectual insanity." I may say at once, that I believe the difficulty chiefly arises from our disregarding the number and complexity of the mental processes involved in even the simplest moral acts. Let it be remembered that all recent physiological psychology has gone to show how numerous, almost beyond belief, are the factors of even the most rudimentary perception. The ground, indeed, seems almost to fail from under one's feet when one realizes how such an apparently elementary act has been shown to be the sum of numerous observations and differences, of which many are, perhaps, unsuspected, and all are unknown to our direct consciousness.

It may well be doubted whether our higher physical acts can be subjected to any such analysis; but it is reasonable to suppose that they also are very complex, and that much of the obscurity which hinders their study is due to our neglecting this important point. I propose, therefore, endeavouring to unravel this tangled subject, by examining what are the points of these mental processes termed moral, at which insanity may intervene to deprive them of their normal character.

In the first place, an act may be performed, without the intervention of the will, under the pressure of an *irresistible*

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impulse, but this is so obviously outside the limits of moral insanity, that I only mention it here for the sake of completeness. The very first requisite of a voluntary act—spontaneity—is completely excluded by such an impulse, which, like some ruthless tyrant, forces a man to acts that he loathes and detests. But there is another kind of compulsion, higher, indeed, and more complex than mere impulse, which is yet external to the will it constrains. I mean the influence of overmastering *passion*, lust, anger, or the like. Singularly enough, this was the form of moral insanity most dwelt upon by older ethical writers, while it has dropped comparatively out of our notice at the present day. This is probably due, partly to our including many cases of the kind under impulsive insanity (from which, however, it needs no subtle analysis to distinguish them); partly to the extreme difficulty of ascertaining in any given case whether passion has acted with such violence and rapidity as to overbear the moral nature. The law, however, acts frequently on this principle in reducing the crime of murder to manslaughter; and we all practically adopt it in the degree of blame which we apportion to many acts of persons not considered insane. It is a matter well worth scientific investigation; but I do not dwell on it farther now, for it lies outside the province of moral insanity, strictly so called, and its general explanation, on physiological principles, is obvious.

The very essence of a voluntary act, as I understand it, consists in *deliberation* and *choice*. How can either of these factors be so controlled by mental disease as to constitute moral insanity?

To take first the case of *deliberation*, as that which is less doubtful. It is clear that deliberation becomes impossible if any of the facts, relevant to forming a judgment, are unknown; or if supposititious facts are introduced by delusion or hallucination. Even those who are unacquainted with insanity admit that such unsoundness of mind annuls responsibility; but they find it more difficult to conceive that the facts may seem to be perfectly known, and yet their moral value and relations may not be appreciated. For them it may be best illustrated by taking the parallel case, where no moral prejudices can arise, of melancholia without delusion, where all the facts of life are correctly apprehended, but cause for gloom is extracted from them all.

It might be anticipated *a priori* that this *sittliche Anästhesie* would be readily produced. Those moral judg-

ments that we sum up in the word conscience are usually very complex, demanding the comparison of many different terms, and further, needing to be applied to individual cases with some discernment. When it is added to this, as Dr. Savage remarks, that they were last in development among human endowments, we should naturally expect them to be the most liable to fail. Dr. Savage's extensive experience has enabled him to mention numerous cases in which he has observed this form of moral insanity. I gather from his account, and from those of systematic writers, that it occurs chiefly in two conditions, namely, as a precursor or a consequence of more obvious insanity, or else as an inheritance from neurotic parents. I do not know if I am right in endeavouring to distinguish the systems of the two varieties; but perhaps by so doing I may call the attention of some more competent observer to the matter. The cases which precede or follow ordinary insanity are characterised by an alteration in the way they are affected by their surroundings. Their general moral judgments remain on the whole as before, but cannot be applied correctly to particular instances. These are the patients who are indifferent or averse to the persons they had previously loved, who unreasonably change their religion, their occupation, or their mode of life, and who seem to lose all sense of proportion between their income and their expenditure.

The hereditary patients are in much worse case. They also may be abnormally affected by external objects, but the main landmarks of their moral nature seem to have been misplaced, so that they are devoid of the general tests to be applied to individual actions, or—more perversely still—call evil good, and good evil. Abundant illustrations of this are to be found in Dr. Savage's paper, and must be among the most miserable experiences of us all. I am inclined to think this form of moral insanity may be most easily studied, not in these extreme instances, but in the slighter examples of moral eccentricity which we meet with so constantly in persons with an insane ancestry.

At any rate, both these symptoms are readily accounted for on physiological principles. To begin with the latter case: It is clear that, on any hypothesis of the relations between mind and body, all the cortical centres must be capable of acting together, and some must be habitually associated (either congenitally or by practice) as a condition necessary for the normal working of the mind in discovering

the mutual relations of ideas. We have only to suppose that certain of these are dissociated, or that (by congenital malformation) certain cortical cells are connected which are normally separated, to conceive how either the most unnatural associations of ideas, or moral insensibility, may occur.

I have already said that we have a perfect analogy to the condition in which patients are abnormally affected by their surroundings in the state of melancholia without delusion. In both it is probable some change in the nutrition of the cortical centres makes that painful which before was pleasant, or the reverse. The change is well recognised in the case of the organs of sense: "*Palato sano pœna est panis, qui sano est suavis; et oculis œgris odiosa lux quæ puris est amabilis.*"

I now come to the more difficult inquiry, how any bodily disease can interfere with our moral choice. In order to suggest an explanation, I am compelled to deal with the subject of free-will; and, lest I should be suspected of partizanship, I had better say at once I am fully conscious of the difficulties surrounding this subject, and that I envy all who can be satisfied with either the libertarian or the determinist solution. To come to my point: In the great debates on free-will in the seventeenth century, two different views were for the first time distinctly propounded. It was on the one hand contended that our moral freedom consists in our power of choosing what appears at the time the less desirable of two courses, so that the will need not follow the judgment; which would be, I suppose, the popular notion of free-will, if it could be put into precise language.

On the other side it was maintained (for this was the older view) that the will always follows the judgment, and that we always do what most commends itself to our reason at the moment of choice. Our freedom, on this view, consists not in our independence of motives, but in our liberty of thought (*liberum arbitrium*), whereby we can turn our thoughts in any direction, so as to look away from the motives on one side, introduce fresh ones on the other, and finally close the debate when we please, or continue it until we are satisfied. The two views have been well expressed by Dr. Carpenter. He says: "It has been held by some that when a man is struggling with a temptation . . . the will acts as an independent preponderating power, like a hand pushing down the scale-beam on one side. It appears to the

author, however, to be much more conformable to the results of a careful examination of our own conduct to regard the will as imparting an augmented gravity (as it were) to the weights on one side, by directing attention to their value, . . . whilst it diminishes the force of those on the other side, by preventing the mind from giving its attention to them."

Each of these views has difficulties of its own, but taking the latter (as I do) to be much the more accurate, it will not be difficult to see how our freedom of choice will depend upon the integrity of our brain. For the power over our own thought, which on this theory is the essence of free-will, is clearly of two kinds; on the one hand, fresh subjects may be at any time introduced to determine the choice, or, on the other, some motives may be excluded from consideration, or the debate finally closed. That is to say, we have to do with a process which in both its positive and negative aspects corresponds with attention. And it is generally held by physiologists that the cerebral function requisite for attention is a process of inhibition over the cortical centres (akin to that which controls the inferior provinces of the nervous system) which Dr. Ferrier localizes in the anterior lobes of the brain.

I think abundant evidence of the correctness of this view may be derived from considering the pathology of mind. To begin with the slighter instances, who is so fortunate as never to have experienced periods of irresolution and vacillation, when he could not "make up his mind" to take one of two courses, perhaps in some very unimportant matter? Those who have suffered from it will, I think, agree that this condition is closely akin to the inability to concentrate the attention on any subject which is even more common.

Cases where irresolution and inability to determine upon any course of action are carried to the extent of positive insanity are not very frequent; but every one must have seen such (I have two well-marked ones in my recollection), and have witnessed the misery they cause to the patient and his surroundings. In such cases there is no inability to realize the motives on either side; the failure is rather the contrary, an absolute incapacity to exclude any that present themselves to the mind.

Happily this loss of inhibitory power is generally due to some disturbance of the general health, or of some distant organ. It is not ordinarily permanent, and there is no im-

pairment of the higher perceptive centres, so that motives of all kinds still co-exist, and the patient is not usually morally perverse, but rather scrupulous and capricious. But when more direct injury to the brain weakens or destroys these higher centres, as well as those concerned in inhibition, no motives will be present to the mind save the lower ones, and the mind will be incapable of looking at the other side of the question. Such is, I believe, the explanation of that absolute loss of self-control and subjection to the passions (notably to the most imperious of them all) which will break out suddenly as a result of sun-stroke, of injuries to the head, of acute febrile disease, and in the early stage of general paralysis.

I have now completed the analysis which I proposed to myself at the beginning of this paper, and it will probably be considered by any one who has had the patience to follow me that I have been thoroughly unpractical, having detailed no new cases of interest, but only indulged in psychological speculation. Such has, indeed, been my object. I am convinced that the obscurity which involves the study of "moral insanity" is due to our confounding many wholly disparate states under that term. I by no means pretend to have exhaustively stated all the different ways in which moral perversion may be produced by bodily disease, but I trust that I have made a beginning, which may induce some one more competent than myself to undertake the task.

Some Observations on the State of Society, Past and Present, in Relation to Criminal Psychology. By DAVID NICOLSON, M.D., Deputy Superintendent, State Criminal Lunatic Asylum, Broadmoor.

(Continued from Vol. XXVII., page 370.)

6. In 1630 Alexander Hamilton confessed to having met the devil in the likeness of a black man riding on a black horse. He renounced his baptism, and engaged to become the devil's servant, on receipt of four shillings sterling. The devil instructed him how to be *revenged of his enemies*, and further gave him a spell by which he *killed the Lady Ormestone and her daughter in revenge of the lady's having refused him the loan of a mare, and having called him nick-names*. Lastly, he *declared* he had many meetings with the devil, from whom he once got a severe drubbing for not keeping an appointment.