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Moral (Affective) Insanity — Psycho-Sensory Insanity.*

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THE real question in every discussion of moral insanity, is not whether there exists in the mind of its victim, any illogical reasoning based upon a false premise of wrong and morbid feeling, but whether the feelings or impulses are so primarily and chiefly and paramountly affected as to overshadow all other evidences of mental derangement that may exist in the individual, and give the distinguishing character to his disease, as depression of feeling gives to melancholia (which Prichard regarded as a form of moral insanity) and exaltation does to general paralysis, determining the nature of delusions, if they subsequently develop; fearful, dreadful, in the one case; hopeful and grandiose in the other.† Some cases of moral insanity are more typically free from *appreciable* reasoning aberration than others; some appear to be entirely so, just as some cases of the general paralysis of the insane are all grandiose delusion, while others are complicated with delusions of dread and persecution, and other states of lypemania.

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Prichard's cases in illustration of what he meant by moral insanity, were not all equally free from the semblance of delusional derangement, and some alienists who have controverted the doctrine of moral insanity, have done so by seeking to show that Prichard did not understand himself and the meaning of his own definition. Blandford has analyzed this author's cases with this object, and

* This paper, except the cases which will appear in a subsequent number, is the hitherto unpublished remainder of the paper from which the abstract, *precis* presented to the International Medical Congress, at London, August, 1881, was made. *Vide* ALIENIST AND NEUROLOGIST, Vol. III, No. I. Read before the New York Medico-Legal Society, April 9th, 1884.

† It is not meant here to deny that melancholia and the delirium of grandeur, may not co-exist in the same person; on the contrary they do sometimes, as clinical observation proves.

so did Mayo,* before Blandford's criticism appeared. But illustrative cases speak plainer than definitions of insanity, a subject universally acknowledged to be extremely difficult, and by many psychiatrists asserted to be impossible to define. Georget, Pinel, and Esquirol, before Prichard, described *manie sans delire, manie sans lesion de l'entendement* and *folie raisonnante*, and Prichard, in illustration of what he termed moral insanity, introduced into his book their descriptions.

The vulgar idea of moral insanity (and this view has been adopted by some alienists, but without warrant from the founders of the doctrine,) is that it is always and *only* a form of immoral manifestation without disorder of the reason, which certain weak-minded and excessively sympathetic psychologists have sought to extenuate by supposing the co-existence of exculpatory mental disease, whereas Prichard said "the varieties of moral insanity are perhaps as numerous as the modifications of feeling or passion in the human mind," characterized by "excitement or the opposite state of melancholic dejection." "Propensities,"† he said "are so nearly allied to passions and emotions that they are generally referred to the same division of the faculties or of mental phenomena; both are included by metaphysicians in the ethical or moral department of the mind as contradistinguished from the intellectual."‡

Prichard, referring to the cases of *manie sans delire*, or *folie raisonnante*, described by Pinel, confesses that they "failed for a long time to produce conviction" on his mind, but he became persuaded that Pinel was correct in his opinion, and states that "Esquirol had assured him that his impression on this subject was similar." M. Esquirol, though his great work, "Des Maladies Mentales," bears indubitable evidence of his conviction of the reality of this form of mental derangement, at one time entertained strong doubts of the existence of insanity without

* Croonian Lectures, 1854.
† Treatise on Insanity, p. 24, 1857.
‡ Treatise on Insanity, p. 19.

appreciable intellectual error or delusion, but when convinced, as every one must be who will open himself freely to conviction, without any mental reservation as to the necessity of co-existent intellectual aberration, he candidly confessed his error without endeavoring, as medical writers of his day did, as Prichard complains, to reconcile the phenomena of affective aberration with preconceived opinion respecting the nature of insanity, "by assuming, on conjecture, the existence of some undetected delusion," an assumpton unwarranted in the ordinary nature of insanity, because the disease, even when it finally displays itself in well marked delusion, is characterized in its earlier stages by morbid changes of feeling and conduct, not based upon delusive reasoning, but laying the foundation for the subsequently-developed delusions. But even if unappreciable, but theoretically probable, intellectual aberration exists in moral insanity, the doctrine must stand.

"There are madmen in whom it is difficult to discover any trace of hallucination, but there are none in whom the passions and moral affections are not disordered, perverted or destroyed." Esquirol records that in all his forty years of study and observation at Salpêtrière and Charenton, and in his private practice, he had seen no exceptions to this fact. The candor of Esquirol and Prichard are worthy of commendation and emulation. But it does not require, at this late day, the genius or experience of an Esquirol, to discover among the insane, those whose insanity is chiefly one of character.

A politic, but unscientific objection to the term moral insanity, relates to the disfavor with which the plea of moral insanity as a defence for crime is received by the courts and populace.

It is considered dangerous to the moral welfare of society, and tending to defeat the ends of justice, to recognize a form of mental disease which, in some of its features, sometimes counterfeits depravity and crime. To recognize insanity under such circumstances would be, as Mayo might say, "at great expense of public good," a

consideration which biased his judgment on the subject and the book he wrote, and which has likewise obscured the judgment of most of his cotemporaries and followers down to the present day, who have thought fit to deny the existence of insanity of conduct without appreciable intellectual derangement.

This objection, while worthy of consideration as to the propriety of so designating this state of mental alienation under certain circumstances, without a full explanation of its real nature, lest we should jeopardize the imperiled welfare of a really insane person on trial before a prejudiced and frenzied populace, clamorous for vengence, whether the victim be mentally diseased or not, is not entitled to much weight in a scientific discussion when truth alone is sought. The same objection might be urged to any form of mental disease under the same circumstances, since the plea, under the name of "insanity dodge," of insanity in any form, has become so obnoxious, through the lax rulings of courts admitting as competent, incompetent expert testimony, that the rights of the really insane to its protection are in jeopardy whenever this defence is interposed, in many communities.

It might be profitable for us to acquaint ourselves a little more at length with Prichard's own words, to convey his understanding of the meaning of this term. In his preliminary remarks (p. 15) after referring to "affections of the understanding or rational powers," he says: "but there is likewise a form of mental derangement in which the intellectual faculties *appear* to have sustained *little or no* injury, while the disorder is manifested *principally or alone* in the state of feelings, temper or habits. In cases of this description the moral and active principles of the mind are strangely perverted or depraved; the power of self-government is lost or greatly impaired; and the individual is found to be incapable, not of talking or reasoning upon any subject proposed to him, for this he will often do with great shrewdness and volubility, but of conducting himself with decency and propriety in the

business of life. His wishes, and his inclinations, his attachments, his likings and dislikings, have all undergone a morbid *change*, and this change appears to be *the originating* cause, or to lie at the foundation of any disturbance which the understanding itself may seem to have sustained, and *even in some instances to form throughout the sole manifestation of the disease.*"

On page 16, he defines moral insanity to be "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 or hallucination."

Referring to the first and third divisions of insanity adopted by Heinroth, he says his definition comprehends all the modification of feeling or affection which belong to the first division as well as the disorders of will or propensity, which constitute the third department of that writer.

Heinroth's first kind of mental disorder consists of, says Prichard, disorders of the moral dispositions.

The first division consists in disorders of passion, feeling or affection (of the *Gemueth*), or moral disposition. This has two forms.

Heinroth's first form was: 1. Exaltation, or excessive intensity; 2. Undue vehemence of feeling; 3. Morbid violence of passions and emotions.

Second form: Depression, simple melancholy, dejection without delusion of the understanding.

Heinroth's third division comprises disorders of the voluntary powers or of the propensities, and of will.

Heinroth's first form was: Violence of will and of propensities; *Tollheit*, or madness without lesion of the understanding.

His second form embraced weakness, or incapacity of willing, and moral imbecility. (See pp. 18 and 19, Prichard's Treatise for the verification of the quoted language.)

On page 20, beginning chapter II. of his work, Prichard again defines moral insanity with the qualification

that "*it sometimes co-exists with an apparently* unim-paired state of the intellectual faculties."

"Persons laboring under this disorder are capable of reasoning," he continues (p. 22), "or supporting an argument upon any subject within their sphere of knowledge, that may be presented to them; and they often display great ingenuity in giving reasons for the eccentricities of their conduct, and in accounting for and justifying the state of moral feeling under which they appear to exist. *In one sense indeed their intellectual faculties may be termed unsound; they think and act under* the influence of strongly excited feelings, *and persons accounted sane, are, under such circumstances, proverbially liable to error, both in judgment and conduct.*"

The varieties of moral insanity, he says (p. 24), "are perhaps as numerous as the modifications of feeling or passion in the human mind. The most frequent forms however, are characterized either by the kind of excitement already described" [referring to his preceding descriptions], "or the opposite state of melancholic dejection." "The faculty of reason is not manifestly impaired, but a constant feeling of gloom and sadness clouds all the prospects of life." (Ibid. p. 24.)

"There are many individuals living at large, and not entirely separated from society, who are affected in a certain degree with this modification of insanity. They are reputed persons of a singular, wayward, and eccentric character. An attentive observer will often recognize something remarkable in their manners and habits, which may lead him to entertain doubts as to their entire sanity; and circumstances are sometimes discovered, on inquiry, which add strength to his suspicion. In many instances it has been found that an hereditary tendency to madness has existed in the family, or that several relatives of the person affected have labored under other diseases of the brain. The individual himself has been discovered to have suffered, in a former period of life, an attack of madness of a decided character. His

temper and dispositions are found to have undergone a change; to be not what they were previously to a certain time; he has become an altered man, and the difference has, perhaps, been noted from the period when he sustained some reverse of fortune, which deeply affected him, or the loss of some beloved relative. In other instances, an alteration in the character of the individual has ensued immediately on some severe shock which his bodily constitution has undergone. This has been either a disorder affecting the head, a slight attack of paralysis, a fit of epilepsy, or some febrile or inflammatory disorder, which has produced a perceptible change in the habitual state of the constitution. In some cases the alteration in temper and habits has been gradual and imperceptible, and it seems only to have consisted in an exaltation and increase of peculiarities which were always more or less natural and habitual.

"In a state like that above described, many persons have continued for years to be the sources of apprehension and solicitude to their friends and relatives. The latter, in many instances, cannot bring themselves to admit the real nature of the case. The individual follows the bent of his inclinations; he is continually engaging in new pursuits, and soon relinquishing them without any other inducement than mere caprice and fickleness. At length the total perversion of his affections, the dislike, and perhaps even enmity, manifested towards his dearest friends, excite greater alarm. When it happens that the head of a family labors under this ambiguous modification of insanity, it is sometimes thought necessary, from prudential motives, and to prevent absolute ruin from thoughtless and absurd extravagance, or from the results of wild projects and speculations, in the pursuit of which the individual has always a plausible reason to offer for his conduct, to make some attempt with a view to take the management of his affairs out of his hands. The laws have made inadequate provision for such contingencies, and the endeavor is often unsuccessful. If the

matter is brought before a jury, and the individual gives pertinent replies to the questions that are put to him, and displays no particular mental illusion,—a feature which is commonly looked upon as essential to madness,—it is most probable that the suit will be rejected."

Moral Insanity is insanity of conduct, feeling or impulse, or all combined, without such appreciable intellectual derangement that it would be recognized as insanity without the display of morbid feeling, impulse or conduct. It may, as Esquirol thought, include *delire partielle*, and undoubtedly does in many cases, and still be entitled to be designated moral insanity, because of the predominance and overshadowing and overmastering character of the aberration of the moral faculties over the faculties of the understanding.

It expresses itself rather in action than in speech, though it may utter itself in both, but unlike pure intellectual mania, which is often only recognized in the patient's language, it never expresses itself alone in written or spoken words.

Before the time of Pinel or Prichard, morbid changes in the appetites, propensities and feelings were recognized by medical nosologists. The *morosities* or *morbi-pathetici* of the older nosologists embraced them. A little later, Rush, in this country, also described some of them.

Since Prichard wrote his essay on moral insanity many terms have been invented to designate varieties of affective aberration, thus contracting the morbid area over which he extended the term in his discussion of his subject.

In the discussion of his subject he refers to some that already existed, as certain forms of melancholia, satyriasis and nymphomania, nostalgia and erotomania, characterizing the two latter as disorders of sentiment. The *folie raisonnante*, or reasoing mania of Pinel, he also referred to, and justly included, under the term moral insanity.

We now have varieties of moral insanity designated

as emotional insanities, and the various destructive manias, which are characterized by impulse rather than delusion, as the homicidal, suicidal, kleptomaniacal and pyromanical impulses, so-called, which, when delusion is not prominently present really belong, like some varieties of lypemania, to the class of affective aberrations, as some forms of melancholia without delusion do. Some varieties of *primære Verrücktheit* or congenital moral aberration, might likewise be classed where Prichard placed them, among the moral insanities. Some of the limited or monomanias belong to-day where Prichard placed them, notably some of the recorded instances of motiveless morbid impulse to destroy and steal, and to do other acts at variance with the unprovoked natural impulses of the human mind, though the majority of the monomanias or limited maniacal displays, undoubtedly have delusion associated with them after they have reached that stage when we are willing to recognize them as insanities.

From the foregoing and other considerations well known to observant alienists, it is obvious that the term moral insanity is no longer so essential to designate certain forms of real affective aberration, for which there was once no other satisfactory name, except that of reasoning mania, and through usage of the best and most observant writers, even of those who recognize this form of insanity, as they of necessity must, because, since it is founded in clinical fact, they have not failed to see it, the term has become somewhat more restrictive than formerly. Some have sought, and now attempt, to erase it altogether, and in seeking to do this, think they may expunge the disease from the imperishable records of clinical psychiatry. But this is impossible. It matters not materially what becomes of the name. It may ultimately even become politic to abandon it, though the time is not yet for such abandonment. Yet the clinical fact will remain. Its indubitable features, under any and every christening, will be plainly recognized by the true clinician in psychiatry; and they should be, for the

welfare of the most pitiable, but often least commiserated, because less understood, of all the pitiable victims of mental disease, may depend upon their being recognized.

As the practical student of mental disease in all of its protean forms of manifestation, asks, "What is the form and meaning of this term moral insanity?" he is compelled interrogatively to answer, as one of the earlier of Prichard's English critics did, by asking, "What insanity is not moral?" and if the earliest indications of approaching insanity are moral, as pointed out even by Mayo, in his "Elements of the Pathology of the Human Mind," where is the logic in denying the possibility of its existence without the co-existence of appreciable intellectual aberration? Its existence is confessedly recognized and conceded as the earliest indication of approaching insanity, but although the person be morbidly deranged in his moral faculties, the insanity must not be conceded till the theoretical perceptible lesion of the reason appears! How unreasonable! How inconsistent! How unscientific! How unmedical! How absurd! not to recognize mental disease, which is confessedly apparent, until certain other symptoms appear, which shall bring the disease within the pale of preconceived and ideal boundaries, on the line of which we have written or rather have permitted the law to write its criterion of responsibility! Reason and observation unite to impel the recognition of this plain clinical fact in psychiatry, while prejudice and policy, or the erroneous association of immorality as its invariable accompaniment and characteristic, are permitted to obscure perceptions of plain medical truth.

If co-existent epilepsia, delusion or congenital imbecility can be proven some will concede the existence of moral derangement, and name it something else. If they do not find these or other morbid conditions affecting the intellect they explain it away by suggestions of "innate viciousness," "defective education," or even "hysteria," though the latter is sometimes one of the gravest of neurotic disorders and an important link, often, in the chain

of neuropathic descent, and a precursory condition of unmistakable delusional aberration.

Why make the recognition of one form of mental disease depend upon the co-existence of another? This is not the rule in the diagnosis of mental maladies. To do this is to confess ourselves handicapped by an unwarranted skepticism in regard to the existence of this disease which we do not permit to embarrass us in the study of any other.

Moral insanity presents two plainly recognized clinical aspects.

1. Those cases in which there is neither a perceptible hallucination, illusion or delusion of the special senses; and

2. Those in which delusions exist, but constitute a secondary and minor feature of the *tout ensemble* of morbid phenomena.

It is not denied that imperative conceptions or morbid impulsions exist in many of the morally aberrated. They are indeed quite characteristic of this form of mental disease. Nor is it denied that delusive feelings exist as well as impulses. It is in the delusive feelings as contra-distinguished from delusions associated with special sense perceptions, and what Mayo called notional delusions, that the foundations of the subsequently-developed delusions of the morally aberrated are laid, which often appear as these cases progress toward universally recognized intellectual aberration, and the natural termination of progressive insanity in dementia.

Having cleared away the mists of obscurity from Prichard's definition by letting him describe, instead of others for him, the types of mental disease which he meant to include under his definition, it now only remains for us to narrate some of our own confirmatory cases.

Preliminary to their introduction it will not be amiss to select a few cases from Mayo, which, while they serve to prove at least the possible existence of moral insanity,

also answer to establish the mental bias of one of Prichard's most vigorous critics, whose analysis of Prichard's cases has repeatedly been imitated but never surpassed, and whose power of analysis was only equalled by his unconscious prejudices.

SOME OF MAYO'S CASES IN ILLUSTRATION OF HIS OBJECTION TO MORAL INSANITY:

CASE I.—"The Honorable Mr. Tuchet, put to death by a pistol-shot; the marker of a shooting-gallery. The act was sudden, and there was no apparent motive; but it was not performed under any semblance of delirium. Mr. Tuchet was eccentric, and he was *blasé*. He fancied that he desired to be hanged; at the gallows he would probably have thought differently; and he was reckless and brutal enough to give himself a chance of his fate at the expense of the life of a fellow-creature. I have noticed him since, in the criminal department of Bedlam, *insouciant* and indifferent enough, but certainly not insane in any sense of the word that would not entirely disintegrate its meaning."

CASE II.—"A nursery-maid, placed in Bethlehem Hospital, 1846. A trifling disappointment relative to an article of dress had produced in her a wayward state of mind. She labored at the time under diminished catamenia. An object to which she was generally much attached came in her way, namely, the infant whom she nursed; and she destroyed it, as a fanciful child breaks, in its moodiness, a favorite doll. No fact more nearly approaching to delirium than the above was stated in exculpation or excuse at the trial. But Dr. Prichard's work on "The Different Forms of Insanity, in Relation to Jurisprudence," was published in 1842; and, by 1846, juries had learned to convert the uncontrolled influences of temper into what he terms Instinctive Insanity. As an instance of this class of cases, in which the judicial authorities came rightly to a very different conclusion, I will quote to you the following one from Sir Woodbine

Parish's last work on Buenos Ayres. Having spoken of a certain wind occasional in that climate, which in some persons produces peculiar irritability and ill-humor, almost amounting to a disorder of their moral faculties, he proceeds as follows:

Case III.—"Some years ago, Juan Antonio Garcia, aged between thirty-five and forty, was executed for murder at Buenos Ayres. He was a person of some education, and rather remarkable for the civility and amenity of his manners; his countenance open, his disposition generous. When this *viento norte*—this peculiar north-wind—set in, he appeared to lose all command over himself; and such became his irritability, that during its continuance he was engaged in continual quarrels and acts of violence. Before his execution, he admitted that it was the third man he had killed, besides being engaged in various fights with knives. When he arose from bed in the morning, he told Sir Woodbine's informant, he was 'always aware at once of its accursed influence upon him; a dull headache first, then a feeling of impatience at everything about him. If he went abroad, his headache generally became worse; a heavy weight seemed to hang over his temples. He saw objects, as it were, through a cloud, and was hardly conscious where he went. He was fond of play; and if, in such a mood, a gambling-house was in his way, he seldom resisted the temptation. Once there, a turn of ill-luck would so irritate him, that he would probably insult some one of the by-standers; if he met with any one disposed to resent his abuse, they seldom parted without bloodshed.' The relations of Garcia corroborated this account, and added, that no sooner had the cause of the excitement passed away, than he would deplore and endeavor to repair the effects of his infirmity. 'The medical man,' says Sir Woodbine, 'who gave me this account, attended him in his last moments, and expressed great anxiety to save his life, under the impression that he was hardly to be accounted a reasonable being.' 'But,' he adds, 'to

have admitted that plea would have led to the necessity of confining half the population of the city when this wind sets in.' I quite agree with the conclusion which this remark implies, as to the fate of Garcia, says Mayo. He was himself aware of the murderous instinct to which he was liable, and of its exciting causes. Surely, when such knowledge is in the possession of the delinquent, he must be made responsible for the non-avoidance of exciting causes."

CASE IV.—"M. Georget gives a case, which may be usefully contrasted with the above as to its claims on the plea of insanity. Hypolite Mendic, a non-commissioned officer in the French service, had gradually become morose, capricious, and brutal in his conduct, so as to excite the disgust of all his companions. This ends in disobedience of orders, and such violence towards his commanding officer as to render him liable, on trial, to the sentence of death. The trial proceeds, with the customary anxiety of the medical witnesses to make out a plea of insanity; and the tendency of the court, observable indeed in all M. Georget's reports, to give the criminal the benefit of the most careful inquiry into extenuating circumstances, and at the same time to protect the public against that plea, when overstrained. The symptoms of this case wanted the acuteness of character which alone tended to palliate the crimes of Garcia; but, in the course of Mendic's trial, one weighty fact was made out—namely, that before his outbreaks he was subject to an epileptiform seizure, out of which he emerged into the wayward state above noticed. This might fairly justify an hypothesis of delirium, as present at those paroxysms. If judgment was overpowered in Garcia, it was suspended in Mendic.

Mayo concludes case four with the following reflection, which indicates how questions of consciousness and responsibility constitute with him pre-established criteria of mental aberration, whereas it is the duty of the physician to determine first the question of mental disease, and

after that the degree of consciousness and of responsibility associated with or dependent upon it. "There are shades of distinction in the amount of man's presumed responsibility to society, which should be indicated by corresponding shades of punishment when offences come; but, in all cases, consciousness is presupposed as a condition of responsibleness; so that a disease affecting consciousness renders the agent, so far forth, unfit in kind as well as in degree, to become an object of punishment." Certain phases of irresponsible insanity undoubtedly exist in association with consciousness, while unconscious automatism may be self-induced by certain persons neuropathically endowed, while in a state of responsible sanity. But the degree of insanity should determine the responsibility, not the degree of responsibility the question of insanity.

Case I, he characterized as simply one of brutal recklessness, because the act was not performed under any semblance of delirium, though it was "sudden and without apparent motive," and the perpetrator was remorseless, perfectly indifferent to the crime of having killed without motive or provocation, an inoffending person who had done him no harm, and was "eccentric and *blasé*." Brutal recklessness explains, to the mind of Mayo all of the conduct of this man, who, "without the semblance of delirium," "fancied that he desired to be hanged." The crown thought otherwise, and confined him in Bedlam.

Case II, he regarded as one of hysteria and temper, as if there could be no insanity in hysteria or temper displayed in killing an infant to whom one is much attached, and because of a trifling disappointment which the infant could have had no hand in causing. This was a natural and rational act, as natural as for a "fanciful child to break, in its moodiness, a favorite doll!"

Case III, he would have conceded to have been one of insanity, "*but to have admitted that plea would have led to the necessity* of confining half the *population of the city when the wind set in.*"

Case IV.—"One weighty fact was made out, namely, that before his outbreak he was subject to an epileptiform seizure, out of which he emerged into the wayward state above noticed. This might fairly justify *an hypothesis* of delirium as present at those paroxysms," says Mayo. Saving clause!

Thus have all subsequent objectors to moral insanity blindly reasoned under the unconscious bias of previous hypotheses or the impolicy of its recognition, even those who have not mistakenly regarded moral insanity as invariably a form of very immoral insanity, or who do not demand that before insanity shall be recognized it shall appear in its unconscious forms. If the hypothesis of delirium can be sustained the insanity will be conceded, but why not recognize the insanity without the hypothesis?

Consciously or unconsciously, they reason it is not wise to recognize forms of insanity in which there appears a degree of responsibility; hence such insanity must not be accepted as an observed fact in science.

But what has the question of responsibility to do with a question of disease? and what if science should find a form of mental disease in which responsibility does really exist?

The fear of the church once deterred men from uttering the convictions of scientific discovery. Now it is the fear of public policy.

In the present day, as in the past, society has nothing to fear from the honest discriminating disclosures of true science. Society will remain as secure from the encroachments of crime with moral insanity boldly proclaimed as distinct from voluntary viciousness, as the church is unharmed by the universal acceptance of the doctrine of the rotation of the earth on its axis. The foundations of the teachings of Pinel and Prichard are as securely laid in mental pathology as those of Galileo are in the laws of astronomy, and they will become as universal. Possibly this disease may bear some other name, but the morbid mental condition of moral insanity is a basis fact in

psychiatric symptomatology which cannot be reasoned away.

Delusion is comparatively exceptional, while perverted feeling is never absent in mental disease. Some of the features of moral insanity are psychically typical of all insanity with intellectual derangement. Why then seek to exclude moral insanity from recognition because intellectual derangement is not apparent, but if present, only inferentially so in certain cases? As well might those who believe in the existence of moral insanity deny the reality of delusional insanity where derangement of the affective character might not be discernible to confirm the delusion. But psychiatric science gives us no warrant for thus seeking to reason out of existence any of her facts. On the contrary she shows by clinical confirmations unmistakable to the faithful student of mental pathology who does not suffer his perceptions to be blinded to the truth by theoretical preconception and misconception of the improbable and unproveable invariable unity and harmony of the mental operations under all circumstances of health and disease of mind, how psycho-sensory or preceptional mental aberration may precede or co-exist with psycho-reflective or conceptional insanity.

She not only shows the reason to be primarily or chiefly touched by disease, but "the wishes, inclinations, attachments, likings and dislikings" morbidly changed, "*and this change appears to be the originating cause or to lie at the foundation of any disturbance which the understanding itself may seem to have sustained, and even in some instances to form throughout the sole manifestation of the disease.*"*

Let us then, like the true artist, study and copy, not ideally fashion nature. Fancy pictures of imaginary sanity are the more fatally misleading when skillfully painted by the hand of a master in psychiatry, and have sent many an undeserving lunatic to the stake and the gallows. Victims enough have been thus executed to counterbalance

* Prichard on Insanity, p. 15, Bell's Library, Philadelphia; Edition, 1837.

in all probability, the blunders of ignorance in finding insanity where none existed.

The ignorant populace may applaud when they are misled by inconsiderate or designing pseudo-scientists, as they approve the counterfeit resemblances of spurious art; but if we would have our pictures of mental disease endure the test of time and our names as discriminating observers survive with them, its every phase must be faithfully painted, regardless of any theoretical notions we may entertain of the supposed nature of mind or the imaginary demands of public interests or policy, with strict fidelity to nature. It is no part of the physician's province to adjust the phenomena of mental disease before admitting its existence, to the supposed exigencies of society or state polity. No question of expediency should be permitted to obscure even the faintest feature of real disease presented to the mind of the physician, notwithstanding such questions may totally eclipse the judicial vision whenever directed to certain (to them, inexplicable and dangerous,) phases of mental aberration. The true physician will diagnose real disease in whatever form it may be presented, regardless of such irrelevant considerations.