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The Inhibitory Forms of Insanity

BY

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Consulting Neurologist to the City Hospital

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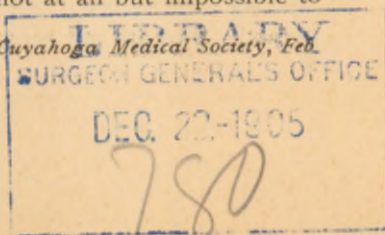
IT IS to be hoped this Society which has so kindly laden me with the subject of this paper will not expect new revelations. "Casi-bon's key to all mythologies" has been assiduously sought for, but I fear not found. It is an attempt not to bring fresh facts, but to evolve the truth out of a number of those we already have in our possession. From a heap of old brick lying in disorder and confusion may be built a secure foundation, if not a substantial edifice.

Many of the fixed principles of today lay hidden for ages before emanating from the jumbled mass of truth and error surrounding them. Even when the fact has been observed, it often takes centuries before it can be extricated from its confused environment and given its proper place in formulated knowledge. This has been the history, briefly stated, of not a few of our most positive scientific principles, principles which will abide through all time.

The subject of insanity which we will discuss tonight has at one time been considered by *savants* as a demoniacal possession, at another a blessing sent by God. Today in Egypt the insane person is largely cared for at home, and on account of his being regarded a sacred person he receives the kindest care and consideration by his friends and relatives.

Our study at this assembly is not the whole domain of insanity, nor that part which relates to the easily recognized forms. It must have reference to those more obscure forms, the borderland forms, those which from their nature and characteristics give rise to *medico-legal* discussion. We know daylight from darkness, but we do not know where the one begins and the other leaves off. We recognize the different colors, but we cannot in the spectrum fix the limitations of each. We are able to say that disease exists in a human body, but we cannot always say where the physiological has ceased and the pathological has begun. In no disease does this so truly obtain as in the *intermediate* forms of insanity. And because it is a fact that it is most difficult and at times if not at all but impossible to

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draw a fixed and fast line between them, they have become the "bone of contention" in our courts and will be until we recognize that there is a standard of normality in the sane and the many uniform shortcomings in one truly insane. I claim individually that with knowledge gleaned from living with the insane and considering these various obscure forms from the various standpoints of their antecedents, life history, and make-up of their entire organization, anatomically, physiologically and mentally, one can determine almost the truth of their real condition.

In styling them *intermediate states*, allusion is made to the so-called *moral, emotional, partial, transitory, homicidal and impulsive* forms of insanity.

Moral insanity has been a medico-legal enigma for a hundred years. It had its origin at the time of the French revolution, when it was created for the purpose of excusing many of the slaughters that took place at that time. Since then it has been taken up by some authors who gave it recognition as a special form of insanity, and as a result it has been a point at issue between doctors and lawyers of different schools of opinion. Too frequently and most unjustly has it been used as a means to screen criminals from the responsibility of their crimes. The term has been used at times interchangeably, confusedly and erroneously with various forms of unquestioned mental disease. As a form in itself disassociated from other and previous evidences of mental disease I do not believe in it. As I have said, it is mentioned by most writers. By some, as Ray, Bucknill and Tuke, strong ground is taken. In the sense that a mere immoral act devoid of other evidences may be proof of it, I do not believe such a thing exists. In all the bibliography on the subject I cannot find the description of such cases. The books are filled with citations of cases of moral insanity, but invariably there goes with it previous or subsequent evidence of morbid mentation or physical evidence of it. In the later sense I believe with Prof. Kraft-Ebing it might be admitted for clinical purposes only, but I must regard all these so called types as but confusing to the student and alienist. I regard them but phases of different well recognized forms of insanity. They merely express a prominent feature or trait of the insane condition. Fundamentally they are not separate and distinct brain diseases. With just

as much wisdom we might say of typhoid fever, *delirious, nervous, tympanitic, or febrile typhoid.*

The day is dawning when the microscope will reveal the truth to a certainty what pathological changes occur in the commoner forms of insanity, and I doubt when science has enabled us to prove the truth, if we shall see different cell changes in all these so called forms. The pathology of brain diseases gives us no evidence that these forms are dependent upon limited lesions. On the other hand the post mortem table does frequently reveal extensive departures of the tissues from the normal.

In the case of the U. S. vs. Charles J. Guiteau, Dr. A. E. McDonald, who had had a large experience with the insane and criminal classes in the New York City institutions, testified as follows:

"Emotional insanity is insanity which effects only the emotions and leaves the intellectual and moral nature and everything else, for that matter, perfectly intact. I have *never* seen a case of such insanity. Partial insanity is the name of a supposed form where a part of the man is affected with the disease of insanity, while the rest is perfectly healthy. *I have never seen any case of partial insanity.* Mono-mania is the same thing. That supposes or presupposes the division of a man's brain into compartments and that there is one little compartment that presides over some certain action and may be diseased and the rest all right; that one part governing honesty may be diseased and he steals; that he may set fire to houses and be all right in every other respect. *I do not believe in such insanity, and I have never seen such a case.* Transitory insanity is the name given to a certain supposed form, under which an act of violence is committed; that act being the sole and only evidence of insanity; the man being sane up to the moment of committing it and sane the moment afterwards. Insane at the time of the act; insanity being shown only by the act. *I have never seen such a case.* Moral insanity is supposed to describe a disease where the man's intellect and reason could be perfectly sane, normal, proper and healthy, and yet his normal nature so diseased that he would commit these acts of violence. I do not mean to say there is no such thing as insanity showing itself in the disturbance of the moral nature, but I do say there is no such disease as moral insanity confined to the moral nature."

Dr. Allen McLane Hamilton, author of an excellent treatise upon jurisprudence, in this trial was asked by the defense:

"Is it true that insanity may lurk in a person for years without being noticed, and break out afterwards in the shape of crime as the result of insanity?"

Answer. "I do not know what you mean by lurking in a person. I do not think there are many persons who have homicidal tendencies that do not show insanity."

Question. "That is, you think as soon as the homicidal tendencies are conceived or born in a person's mind, it is immediately influenced?"

Answer. "I do."

Question. "May there be a predisposition to insanity, or what is ordinarily called hereditary taint, existing for years unnoticed, and then break out in a homicidal tendency?"

Answer. "With other manifestations. I should not make my diagnosis of insanity simply upon the fact that a man killed another."

Dr. Ray is one of the staunchest defenders of moral insanity as a special form. After a *rèsumè* of the ground taken by its enemies, especially against the improbability of a single act proving insanity, he says: "We admit with them that the single criminal act unaccompanied by other suspicious circumstances may sometimes be very unsatisfactory proof of insanity, but we apprehend that such cases are very infrequent. When such an act is really the result of insanity, we can usually find in the antecedent or subsequent history of the patient, if we will carefully look for it, some corroborating proof of its presence. Even without it the act may be of such a nature as to impel us to refer it to mental disease. When a woman previously distinguished for every virtue, kills her darling child, am I obliged to stifle my instinctive convictions of her insanity merely because no other symptom of mental disease has been witnessed? In such a case we may be sure science and humanity render no discrepant testimony."

Bucknill and Tuke have also been regarded as champions of moral insanity, but in their 1879 edition is found at the close of their article on "Moral or Emotional Insanity Proper," these words: "At the same time we hold that the cases are rare in which disorder of the intellectual faculties cannot sooner or later be discovered by careful observation, and to this end the attention of the observer ought to be

carefully directed in each case. And whatever then may be thought of extreme theories which have been advanced in regard to moral insanity, we agree with Griesinger that 'It should be constantly borne in mind that an individual may talk quite rationally and at the same time show by his acts and by his conduct, and even by what he does not do, that he is mentally deranged.'

As liberal an authority as Maudsley, in his "Pathology of Mind," under the heading of Moral Insanity, says: "When moral insanity exists by itself and constitutes the disease as it may do, it would be wrong to assume that a particular vicious act or crime or even a series of vicious acts proves its existence. No competent physician ever does that, although lawyers and the general public are apt to think he does and to charge him, therefore, with confounding vice with madness. In the previous history of the patient there will be evidence of a sufficient cause of disease having been followed by an entire change of manner, feeling and acting. The vicious act or crime will be traceable through a chain of symptoms to disease as cause, as the acts of the sane man are traced to or deduced from his desires or motives."

Dr. Pritchard, who first called special attention to this form of insanity, holds there is often 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 inflammatory disorder, which has produced some change in the habitual state of the constitution. In all of these cases there has been a change in the temper and habits."

A still more modern writer, Dr. Savage, of London, concludes. "I should hesitate before accepting impulse, unless I had evidence of insanity in other members of the family, or neuroses such as neuralgia or epilepsy in the patient himself."

After an experience now of twelve years in which I have come in contact with the insane both in asylum and private practice, I must say I cannot testify to having seen a single case of insanity characterized by impulsiveness but what there were additional symptoms of the disease present.

Dr. Maudsley would class these forms in which insanity is manifested by acts, without delusions and hallucinations, as affective insanity. This has not been accepted widely, however, as it does not ex-

plain any condition particularly, beyond that the acts have for their basis a morbid state of feelings.

Dr. Clouston, of Edinburgh, whose work on "Mental Diseases" holds a front place of all the works on the subject extant, would call all these impulsive forms as *inhibitory forms* or "*Inhibitory Insanity.*"

You will now say we are still as deep in the mud as we were in the mire. I do not myself approve of such a form, but I do think it admissable as expressing a pathological condition which lies at the base of all these forms of insanity expressed by impulsive acts. This authority holds "the physiological word 'inhibitory' can be used synonymously with the psychological and ethical expression 'self-control' or with the 'will' when exercised in certain directions."

We have observed the function very early in children. While they are yet young they will refrain from the temptation of handling articles of bricabrac in a room after having once been admonished not to do so. All men possess it in some degree; some more, and others less. Very few men possess it in its perfection. And yet all sane men are supposed to have it sufficiently to enable them to control their animal desires, and yet to a greater extent to prevent them from committing murder. It is the highest of the mental functions. It is that which marks man the "paragon of animals" and raises him above their low estate. It is the supremest expression of his development. It is the last product of his evolution and the first of his dissolution. One of the first evidences of most forms of mental disease is the loss of self-control. I believe myself that in all cases of loss of inhibition, where it manifests itself by impulsiveness, they can find place in one of the following forms of insanity: Acute, chronic or delusional mania, melancholia, epilepsy, paranoia, paresis, alcoholism, idocy and imbecility, or among the degenerate. We must insist that inhibition is a function or quality of brain cells. While there is no positive proof of inhibitory centers, there is mental inhibition, and a function always implies an organ. *I do not believe in functional mental disease.* I believe them all to depend upon brain cell action in an unhealthy state. That weak restraining power in the sane to be acquired or is due to innate weakness through heredity. That deficiency of control in the insane is due to either disorganization of brain cell through disease or defective brain cell as found in those born deficient. I believe the prominence which the moral, the emotional, or impulsive feature may

hold in a given case of insanity is an expression of defective inhibition; and that as it exists in different degrees of strength in the same, so does it differ in different degrees of weakness in the insane. Dr. Clouston says: "Sufficient power of self-control should be the essence and legal test of insanity if we had any means of estimating it accurately." This, I believe, to be the common ground upon which we as medical men and jurists can unite. That it is the tendency of the law to keep apace with the science of this subject is forecast by noting the changes from time to time during the past three centuries as to what the test of responsibility should be.

Judge Tracy held that unless a criminal was as irresponsible as a wild beast he should suffer punishment.

Lord Mansfield held to the test of right and wrong. The twelve judges in the McNauton case that a knowledge of right and wrong relative to the act committed be the true legal test.

Lord Denman that the presence of delusion was the test.

Lord Moncreiff that a man's habit and repute among his fellow-men who knew him well was the proper legal test.

Finally, Mr. Justice Stephen would make the man's power of controlling his actions the test. With this view all medical men can agree. He says: "The proposition I have to maintain and explain is, that if it is not, it ought to be the law in England that no act is a crime if the person who does it is, at the time when it is done, prevented either by defective mental power or by any disease affecting his mind from controlling his own conduct, unless the absence of the power to control has been produced by his own fault.

In conclusion, I hold that in every instance where the question of insanity arises as connected with crime, it ought to be submitted to the judgment of a commission of two medical men and a lawyer **who** shall examine the person and file their report with the Judge which shall be used only as evidence. As it stands now, both doctors and lawyers are looked upon with suspicion; the first as guilty of drawing out fine spun theories to screen the criminal, and the other as willing to resort to any advantage in order to punish the miscreant, sane or insane. As it stands, our statutes are inadequate to meet the exigencies of these cases, and until corrected the same discordance will continue between the physicians on

the one hand, who will look upon some criminals as being subjects for treatment, while the lawyers look upon all as subjects for condemnation.

LITERATURE.

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