A CASE OF MORAL INSANITY.

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Moral insanity has been defined by Prichard as "a disorder which affects the feelings and affections, or what are termed the moral powers, in contradistinction to those of understanding or intellect." With a few modifications this definition may still be accepted, but that the term "moral insanity" is a misnomer which should be relegated to obscurity, will be admitted by all who are familiar with the course and progress of the disease.

The term is misleading, for it implies a disease affecting the morality of the individual, and it is generally so accepted outside of hospital walls. It implies that there must be some congenital or acquired defect of the moral sense as related to sexual matters, and that this is not necessarily so has already been established. As some additional proof I may state that the chastity of the few cases of this disease in women with which it has been my fortune to come in contact, has never been called in question. Another very potent reason for the abolition of the term is the fact that Prichard's moral insanity and the disease recognized to-day by alienists under that heading, are in many instances quite dissimilar.

Moral insanity has been for years a bone of contention and the stumbling block of alienists and jurists; yet it is almost apparent that could we do away with the word "moral" we would at the same time clear away the mists which have so long obstructed our vision and rendered impossible the general acceptance and recognition which this disease deserves.

I think it will be conceded as being more than probable that much of the existing confusion and wide differences of opinion have resulted from an imperfect or erroneous conception of the meaning of the word "moral" as applied to this disease, for of all the mental diseases this one more than any other serves to bring alienists and jurists into contact, and that the importance of its proper recognition from a medico-legal standpoint can not be over-estimated, is evinced by the interest taken in the subject by non-medical writers.

"A rose by any other name would smell as sweet," and whether we designate this disease the "emotional or affective insanity" of

Esquirol, the "mania without delirium" of Pinel, or the "moral insanity" of Prichard, does not alter the fact that it is a distinct form of insanity, of readily recognizable characteristics, which must eventually be accepted by all students of psychiatry.

The scope of insanity has widened, and under new terms are classed many cases which were formerly placed under this heading. Imperfect and multiple as our classifications of insanity still are, much thought is being expended in this direction, and we may therefore hope at some distant day to have a generally accepted classification where moral insanity will be placed under some appropriate heading which will not imply immorality. At least we will have eliminated all but the unmistakable forms of the disease, and this in itself will render its future study comparatively easy.

It is not the purpose of the present paper, however, to discuss the subject from a psychical point of view, but to present for consideration a case which, according to our understanding of the term, is typical of so-called moral insanity. The clinical history is rather complete and full of details, in order that it may be as conclusive as possible and portray a clear picture of this type of insanity.

Miss E. S. was admitted to the hospital on October 10, 1889, with the following history :

Age 47, unmarried, of good habits and liberal education. Her mother died at this hospital a few years ago from an attack of melancholia, said to have been caused by this daughter's actions. A maternal cousin is now in a hospital for the insane, and one of her maternal uncles recovered from an attack of acute mania at this institution. She has now been insane for twenty years, and was, therefore, twenty-seven years of age when her peculiarities were first noticed. Her physical condition was excellent, and the cause was assigned to heredity.

Her brother stated that "for twenty years she has been fault-finding to the last degree, eccentric in habits, and a constant source of annoyance to her family, with whom she lived. Nothing could be done about the house except at her dictation and under her personal direction. She constantly nagged her brothers and sister, often using violence against the latter. Visits the neighbors with long tales of cruelty and abuse received at the hands of her family."

This was the history given on admission.

We repeatedly held long conversations with her, during none of which were we able to elicit a single delusion or other mark of

insanity, except a casual reference to abuse received from her family, in proof of which she showed bruises on her arms. For two weeks or longer she remained under close observation, but was always perfectly rational, pleasant, and agreeable, conducting herself in every way becoming a lady. In fact, so well did she conduct herself, that we had serious doubts as to the advisability of a longer incarceration, and, in the face of her strong hereditary history, we communicated with her brother and the physician who committed her, to that effect, which brought forth the following letters :

LETTER FROM HER BROTHER.

DEAR SIR: Yours at hand, and in reply would say in regard to my sister's case, that her mental trouble is one of long standing, and has been growing worse the past three years—since she came to live with me. I placed her in Dr. C.'s sanitarium three different times for treatment, and, although receiving temporary benefit, she soon drifted back to strange actions and renewed her persecutions of her sister. She would tell her what that relative or this friend said about her, which was entirely false. Would call her all sorts of vile names, thrust her hands in her face, and would scratch and kick her. My sister was always very kind to her, but E. had taken a great dislike to her and could not treat her mean enough. The bruises on her arms were made in self-defense when she was attempting to thrust her hand in her sister's face, an act she delighted in. * * * My sister S. was becoming very nervous, and was afraid E. would do her bodily injury, greater than she had already done, in the way and manner before stated. Our relatives and friends dreaded to have her visit them, as her conduct and talk made them nervous, and some were afraid of her. * * * E. has the faculty of appearing quite well before strangers, restraining herself, as it were, but soon as they would go away from the house the same old attacks would be resumed. Our family physician will write you a history of her case, and Dr. C. will give you his experience in treating her, if you request it. She used to worry and annoy, and oft-times strike my father and mother, who are both dead now. * * * She imagines the house is not looked after properly, and that my sister and brother are trying to abuse her, which I am willing to *swear* is not a fact.

* * * * * Yours, etc.,

R. J. S.

LETTER FROM DOCTOR H.

DEAR DOCTOR: In regard to the facts which lead me to believe that Miss S. is insane, I will gladly give you them.

I first knew her a little over three years ago and have been her medical attendant at intervals ever since. I think she must have been deranged for a long time, for by her perverted actions she drove her mother insane and made life intolerable for the rest of the family. Mrs. S. was taken to your hospital and died there. A cousin of Miss S. is in an asylum and another near relative is insane. The patient, as I have observed her, grows progress-

ively worse. Two years ago I urged her brother (as did all the friends of the family who knew the circumstances) to put his sister in some asylum for treatment, both for her sake and his own, but he was unwilling to do so and tried every other expedient in vain. He sent her away into the country for weeks and months at a time; sent her to a sanitarium two or three times, and although for a while during her absence she would conceal her queer talk and actions and appear as sensible as need be, yet she returned home no better. She has frequently asserted that one and another—especially members of her own family—are insane. She tells anyone who will listen to her how all the work of the household and every responsibility devolves upon her, owing to the shiftlessness of her sister. As a matter of fact she is a hindrance to the work of the house. She is violent at times, striking members of her family, poking her fingers under their noses and using most insulting language, exasperating to the last degree. If in mere self-defense they put up an arm or hand to ward her off, she has put court plaster on perfectly healthy skin and paraded around to the neighbors, exhibiting so-called marks of violence where her sister or brother struck her. She can not be depended upon to tell the truth about anything. She locks her room upon going out, because she says her sister will steal her things or else disarrange everything. She poses as owning everything about the place, whereas she is penniless. If you will question her on some of these lines she will probably give evidence of her derangement.

Yours truly,

E. W. H.

We could not doubt the truth of the evidence thus submitted to us, especially when it was followed later by two similar letters from other physicians acquainted with her case, and it was not until after she was informed that we had investigated her story and should be obliged to detain her, that her old spirit asserted itself, commencing with the following letter to her pastor:

MY DEAR FRIEND: I take the liberty of writing to you, knowing from your kind heart you will have sympathy for me in my situation, brought about by a wicked, cruel brother. He has made us a very unhappy home ever since he came with us and before we moved. He is in no business, smoking in the house most of the time. I have told him it was no way for a young healthy man to spend his time, when he would curse and swear, fly in a rage, threaten to knock my brains out. I would raise my arms, which would get the blows, and were black and blue when I came here, which the doctors can testify to. His cursing would be the last thing I would hear on going out of the door to church. If on coming home, I would speak of the sermon, he would begin again, and if it had not been for the comforting words I would hear in your sermon, my spirit would have sunk long ago. He has upset my sister so she has turned against me too. You know I have broken down more than once since my dear mother died, from overcare and sickness brought on by my sister. When I went to Dr. C.'s I was willing to suffer, and ever, if it is the Lord's will, rather than expose her. I have learned lately she has told I was not kind to her, which was just the opposite. I did all I could for her; had her go to the seashore and other places during the summer;

altogether she was away six months, only writing to me but once, which almost grieved me to death. When she came home in May it was no better, she doing all she could against me on the sly, hiding my clothes, etc. * * * I was coming down to your study to open my heart to you, for I could not stand my trials any longer. They would deny everything that was done or said to my brother J., still he knew how things were going, as he bandaged my wrist where W. struck me, and said he was not responsible for his acts and begged me not to expose him and he would get something for him to do, and S. was in such a state she was not responsible for herself, I being the sufferer, bearing what I never will again. I said I was coming out with open complaint, as I could not stand it any longer. * * * He got Mrs. O., whom you know to be a great busybody, and an unsafe and untruthful person, not fit to have anything to do with, to help carry out his wicked scheme. She came around one morning when I was busy with my plants and asked me to take a ride, as she wanted to see a farmer. She called out to every man she met and asked questions until I was perfectly disgusted. She came here with lies. * * * So here I am, and have been treated with the greatest respect and kindness. * * * I have learned through patient submission, in whatsoever state I am, to be content and to "bear up, bear on, the end will tell, the dear Lord ordereth all things well." And be where we will, we can not be deposed from God's love and tender mercy.

Yours sincerely, E. S.

So much for her letters. Space forbids the publication of more, but I have numbers of them in my possession, any one of which bears eloquent witness of her infirmity.

Letter followed letter in rapid succession until finally she commenced to complain of the attendants. She would call me aside and say that "the attendant in charge was not a proper person for the ward; that she saw her strike and otherwise maltreat a most harmless and inoffensive patient." Upon investigation both patient and attendant indignantly denied the report, but Miss S. as positively insisted she saw it, and asked, "if I proposed to accept the word of this low servant in preference to hers." More proof being adduced by reliable patients, she became hysterical and said it was a conspiracy to injure her character. Soon after she renewed the attack, saying the attendant was of bad moral character, and attempted to cite instances in support of her assertion.

Hoping to change the current of her thoughts she was moved to another ward, but with no good result. After her clothes were brought to her she accused the attendant of stealing several articles of wearing apparel, "handsome lace, gold collar-button, and a diamond pin" (which, by the way, it may be as well to state, she never had here). In short, she was moved repeatedly from one ward to another, but always with the same result.

She has now been on nearly every ward in the house, and no one with whom she has come in contact, physician, nurse, or patient, has been spared. She is especially fond of originating reports of some disgraceful affair, either in regard to *patients who have been discharged* or her attendants. At different times she has developed symptoms of hysteria, complaining of all sorts of aches and pains in all sorts of localities, merely to obtain sympathy and attention. She says she can not sleep on account of the abuse meted out to her, and that she has no appetite. The records show that she sleeps eight to nine hours nightly, and her appetite is excellent. She tells me malicious falsehoods about her nurses, even going so far as to accuse them of criminal acts.

To other patients she relates how much she is thought of by the doctors; how she is favored in the matter of diet and in other ways, on account of her wealth and social position; how much she pays a week (she is here at the county's expense); names distinguished men whom she says are near relatives (one of them *was* distantly related to her), and closes the recital with some tale of improper conduct on the part of the doctors. When confronted with evidence of her speech and proof of its falsity, she flatly contradicts ever having uttered such statements, except where attendants are concerned. In the latter case she stoutly maintains the truth of her assertions, and adds other statements equally false in proof.

If a patient with whom she is acquainted goes home, she tells the physician, in strict confidence, stories about him — usually disgraceful ones, affecting his moral character or professional dignity — which she claims were told her by the departed one. She expresses great sympathy and "regret that anyone should talk so; that, of course, she knew it was not true, but she thought it was her duty to let me see who my friends were," etc., all in a most confidential manner, and so ingeniously as to deceive anyone not acquainted with her peculiarities. She is very plausible, and I have no doubt but that some few friends who have called upon her have gone away with the impression that the hospital was a hot-bed of vice.

If she but goes to the library to obtain a book, she seizes the opportunity to slip into a patient's room and regale her with a choice bit of purely imaginary scandal relating to some one not in her favor. Does she attend a dance, she takes her seat next some intelligent convalescing patient and pours into her unwilling ears a tale of woe so piteous — a tale of abuse so flagrant — a tale of

wrongs so unjust — that, did it contain an element of truth, would melt a heart of stone.

Every entertainment, every social gathering, is taken advantage of to spread beyond the confines of her ward stories regarding her attendants or physicians, some of which bear the impress of falsehood upon their face, while others are so plausible that even her sane friends who understand her peculiarities have investigated them.

I have known her to throw articles out of the window and destroy other property, and openly accuse the attendant of stealing them. I have known her to tear her clothing and declare to me that it was done while defending herself from the attack of an enraged and brutal attendant. Only a few days ago she held a small saltcellar in the gas flame until cracked by the heat, and in the morning came to me in tears, saying the attendant dashed it on her dressing table in a fit of jealous rage, thereby breaking it, holding up the damaged article as proof positive.

In conversation she can be very pleasant and agreeable, but in a short time she brings the discussion to bear on herself and her shameful treatment. If art is the topic of conversation, she will tell you "that she paints beautifully and would be glad to have the necessary materials furnished to her, which she would use in painting exquisite pictures." Is music spoken of, "she plays superbly and is so sorry her sister withheld her music, else she would entertain me with choice selections." When sick she is fond of dictating what medicine she shall have and says, "she always intended to become a physician, but after taking one or two courses her health broke down and she was prevailed upon to give it up." Speaking of decorations, she will tell you that "all her family are very artistic and their home is magnificently furnished and decorated, all through her artistic ability." As a matter of fact her "artistic ability" is extremely limited. She paints in a manner below mediocre, plays the piano very little, and her education is ordinary.

Instances, and their name is legion, could be cited when most trifling, most cruel, and most incriminating charges have been made by her against her friends and enemies alike, all of which have been the creations of a disordered mind and absolutely without foundation.

A word picture must necessarily be more or less defective, and it is practically impossible, in a consecutive clinical narrative such as the above, to bring out the cunning and ingenuity exercised in

developing and maturing her schemes. Enough has been said, however, to show the *intense egotism* and the *moral deterioration*, while the intelligence and reasoning powers are not materially affected, nor is there any special exaltation or depression. She can control her impulses, as has been seen, and many of her letters to friends with whom she has but a slight acquaintance are pervaded with a beautiful religious sentiment, and are models of propriety and well-expressed thoughts.

I can not but express my belief, in conclusion, that the day is not so very far distant when there will be a greater unanimity of opinion regarding this disease; when it will be recognized and accorded its proper place the civilized world over, by alienists and jurists alike, marking another milestone in the progress of medical science.