RE: James Cowles Prichard (1786-1848). 'A Treatise on Insanity and Other Disorders Affecting the Mind'. 1835

**PSYCHOPATHY – ON 'MORAL INSANITY'. (1835)**

James Cowles Prichard. MD Edin., Hon. MD Oxon, FRS, physician to St Peter's Hospital and Bristol Infirmary 1816. Commissioner on Lunacy, 1844-8.

Prichard was the first practising psychiatrist who was appointed a Commissioner in Lunacy.

Note the period when this was written.

Prichard was the first English psychiatrist who separated from the omnibus 'insanity' a 'new' group of mental disorders which he called 'moral insanity' and so added a new term to psychiatric classification / description. He gave a brief description of it in an article on insanity he contributed (as well as those on delirium, hypochondriasis, somnambulism and animal magnetism, soundness and unsoundness of mind and temperament) to The Cyclopcedia of Practical Medicine, 1833-5 (edited by J. Forbes, A. Tweedie, and J. Conolly). This he enlarged into his famous Treatise on Insanity quoted here in which he surveyed 'the present state of knowledge and opinion on the whole subject of diseases affecting the mind' combining a thorough knowledge of English, French, German and Italian literature with nearly a quarter of a century's personal experience. The book remained the standard text until Bucknill and Tuke published their Manual in 1858. He dedicated it to Esquirol the only 'writer on insanity at that period from whom he could obtain help on a considerable scale' wrote D. H. Tuke (Prichard and Symonds, 1891) and as he also freely quoted other Continental authors he was reproached for neglecting the labours of his fellow countrymen both of that and the previous century. However it must be remembered that the French school was then setting the pace of clinical advance and the German applying psychology to the understanding of mental illness,
while English physicians were more concerned with improving the conditions and treatment of the insane in asylums in which they led the field. Prichard followed the classification of J. C. A. Heinroth (1773-1843), professor of psychological medicine at the University of Leipzig, who divided mental diseases into three classes according to the three divisions of mental faculties of philosophers, 'those of the feeling or sentiment, the understanding, and the will', and each further into states of exaltation or depression. These primary disorders could occur in pure or mixed forms. Because 'propensities . . . are so nearly allied to passions and emotions' Prichard combined 'disorders of affection or feeling' with 'those of the active powers or propensities' under one head to which he gave 'the designation of Moral Insanity'. As a synonymous 'single compound epithet' he suggested Tathomania, in coincidence with the Monomania of M. Esquirol'. For states of excitement of the intellectual faculties he retained the terms monomania and mania, equivalent to partial and general insanity, and for their depression or loss 'Incoherency or Dementia' (which incidentally he subdivided into three stages). He pointed out that the term melancholia had 'become improper in modern times' because it had acquired the connotation of 'grief or mental dejection' whereas anciently it had conveyed no such idea but 'meant simply to be mad, to be out of one's mind, without any reference to lowness of spirits'. At the end of the eighteenth century Rush had drawn attention to disorders of the moral faculty (defined as the power of distinguishing good from evil) as properly belonging to medicine, and Pinel at the beginning of the nineteenth century had described as suffering from 'mania without delirium' patients 'who at no period gave evidence of any lesion of the understanding, but who were under the dominion of instinctive and abstract fury, as if the active faculties alone sustained the injury'. But it was Prichard who first put at the centre of the psychiatric map the many mental disorders which reveal themselves only by disturbances of affect and behaviour and which had been largely neglected at the periphery. Reading his histories it is clear that he cast his net far too wide and included a diversity of cases which would today fall into such categories as mental sub-normality, schizophrenic states, manic-depressive psychosis, psychopathy, and the personality changes consequent upon organic disease of the central nervous system and degenerative conditions such as the 'senile insanity' of G. M. Burrows. Nevertheless, at his time it was a considerable advance, almost revolutionary, to equate with insanity proper cases without those twin features delusions and hallucinations which had long been and indeed still are considered the hallmark of the mad, and without that deprivation of the use of reason from which it was inseparable in law [Erskine 1800 and McNaughton Rules 1843]. Prichard's 'moral insanity' was
the first psychiatric diagnosis which became the subject of controversy not only because of its novelty and ill-designed boundaries but because it implied a specific lesion of the mind, that is a psychological aetiology. And as so often happens when controversy rages about the validity of something new, there arises simultaneously an opposition which claims that it had all been done before. This happened to Prichard so that in 1840 he was forced to state his claim to priority: 'Moral insanity, though a well-marked and frequently occurring form of mental derangement, was first recognised and described by the writer' (article on Insanity in A system of Practical Medicine comprised in a series of original dissertations, edited by A. Tweedie, vol. 2). In fact succeeding generations gradually whittled away the conditions Prichard had subsumed under it until at the present time 'moral insanity' is represented only by its direct heir 'psychopathy', used no more precisely and much misused to hide lack of psychological understanding and excuse therapeutic impotence. And just as one may read in modern literature statements like 'I cannot define a psychopath but I know one when I see him', so one may read in D. H. Tuke's Dictionary of Psychological Medicine, 1892 that moral insanity is 'a form of mental disease, in regard to which so much difference of opinion exists among mental physicians . . . [that it] calls for dispassionate consideration, and a mode of treatment altogether free from heated assertion and dogmatism. We have no doubt that . . . the divergence of sentiment among medical men . . . is due to the want of definition of the terms employed in discussing the question. Probably those who entertain different views on moral insanity would agree in their recognition of certain cases, as clinical facts, but would label them differently'. To some extent therefore, Prichard was also responsible for rendering acute psychiatry's besetting problem of semantics which allows the same terms to be used with different meanings by some, while others use different ones to mean the same. Today when the whole question of criminal responsibility is under review, Prichard's work has gained renewed importance for instance in such concepts as diminished responsibility and irresistible impulse. On this aspect he himself enlarged in a separate book, On the Different Forms of Insanity, in Relation to Jurisprudence, Designed for the use of Persons Concerned in Legal Questions Regarding Unsoundness of Mind, 1842 (a second edition 1847). Prichard's Treatise on Diseases of the Nervous System . . . comprising convulsive and manicental affections, 1822 contained detailed accounts of the clinical features of the epilepsies including 'epileptic delirium' and the first mention of status epilepticus as well as of the postictal plegias today eponymously connected with the name of R. B. Todd (1854). It was based on the case books and his own patients at the Bristol Infirmary and at St Peter's Hospital where the lunatic
poor of Bristol, officially called 'frenzy patients', had been housed since 1699. It is therefore an important book in the history of neurology and illustrates – as its title implies – that psychiatry and neurology were not then separate as they are today, and organic disturbances of higher cerebral functions fell within the purview of the psychological physician [see also Crichton's (1798) account of aphasia]. Prichard was the first practising psychiatrist who was appointed a Commissioner in Lunacy. And lastly, he achieved at least equal fame by his writings on ethnology and related subjects. (300 years of Psychiatry, Richard Hunter, 1963, p 836)

A Treatise on Insanity and Other Disorders Affecting the Mind, James Cowles Prichard, 1835 AD

James Cowles Prichard (1786-1848)

A treatise on insanity and other disorders affecting the mind, 1835 London, Sherwood et al. (pp. xvi +483) Pp. 12-26, 380-4, 398-9

This form of mental derangement has been described as consisting in a morbid perversion of the feelings, affections, and active powers, without any illusion on erroneous conviction impressed upon the understanding; it sometimes co-exists with an apparently unimpaired state of the intellectual faculties. There are many individuals living at large, of a singular, wayward, and eccentric character. In many instances it has been found that a hereditary tendency to madness has existed in the family, or that several relatives of the person affected have laboured under other diseases of the brain. The individual him/herself has been discovered to have suffered, in a former period of life, an attack of madness of a decided character. His/her temper and dispositions are found to have undergone a change; to be not what they were previously to a certain time; he/she has become an altered man/woman, and the difference has, perhaps, been noted from the period when he/she sustained some reverse of fortune . . . In other instances, an alteration in the character of the individual has ensued immediately on a disorder affecting the head. 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.

The existence of moral insanity as a distinct form of derangement has been recognized by Pinel . . . M. Esquirol . . . regards at least the perverted state of the moral feelings
as not less essential to insanity than that of the intellectual faculties, and even as furnishing in some instances the whole manifestation of the disorder.

M. Georget has described a morbid state of the feelings and active principles of the mind, or of the propensities and habits, as a particular modification of madness. It must be remarked that, although M. Georget has described this state of disease as a first stage, or as what he terms, with M. Esquirol, the incubation of madness, yet as he says that it often lasts through the life of the individual, we may consider his testimony as given, in point of fact, in favour of the real existence of the disorder here described, as a particular modification of insanity.

The term which I have adopted as designating this disease, must not be limited in its use to cases which are characterised merely by preternatural excitement of the temper and spirits. There are many other disordered states of the mind which come under the same general division. In fact, the varieties of moral insanity are perhaps as numerous as the modifications of feeling or passion in the human mind. The most frequent forms, however, of the disease are those which are characterised either by the kind of excitement already described, or by the opposite state of melancholy dejection. One of these is, in many instances, a permanent state; but there are cases in which they alternate or supersede each other; one morbid condition often lasting for a time, and giving way, without any perceptible cause, to an opposite state of the temper and feelings . . . A considerable proportion among the most striking instances of moral insanity are those in which a tendency to gloom or sorrow is the predominant feature. When this habit of mind is natural to the individual and comparatively slight, it does not constitute madness; and it is perhaps impossible to determine the line which marks a transition from predisposition to disease; but there is a degree of this affection which certainly constitutes disease of mind, and that disease exists without any illusion impressed upon the understanding . . . A state of gloom and melancholy depression occasionally gives way after an uncertain period to an opposite condition of preternatural excitement . . . In this form of moral derangement the disordered condition of the mind displays itself in a want of self-government, in continual excitement, an unusual expression of strong feelings, in thoughtless and extravagant conduct . . . Not unfrequently persons affected with this form of disease become drunkards.

One of the most striking of these forms is distinguished by an unusual prevalence of angry and malicious feelings, which arise without provocation or any of the ordinary incitements.
All the examples of madness without delirium reported by Pinel belong to this class of disorders. On this account the cases described by Pinel failed for a long time to produce conviction on my mind, as to the existence of what he terms manie sans claire, or folie raisonnante. I am now persuaded that he was correct in his opinion, and I have even been led to generalise his statement. Medical writers have generally endeavoured to reconcile these phenomena with the established opinion respecting the nature of insanity, by assuming, on conjecture, the existence of some undetected illusion. These conjectures have their foundation in attachment to system; they are not supported by facts. There are instances of insanity in which the whole disease, or at least the whole of its manifestations, has consisted in a liability to violent fits of anger breaking out without cause. When the morbid phenomena include merely the expressions of intense malevolence, without ground or provocation actual or supposed, the case is strictly one of the nature above described. In many instances the impulses or propensities to which the individual is subject, rather than his feelings or habitual temper and disposition, give the principal or the sole manifestations of insanity. This is the form of madness to which, when accompanied with excitement, Reil, Hoffbauer, and other German writers have termed reine tollheit. A propensity to theft is often a feature of moral insanity, and sometimes it is its leading if not the sole characteristic. There is reason to believe that this species of insanity has been the real source of moral phenomena of an anomalous and unusual kind, and of certain perversions of natural inclination which excite the greatest disgust and abhorrence.

The prognosis in cases of moral insanity is often more unfavourable than in other forms of mental derangement. When the disorder is connected with a strong predisposition, it can scarcely be expected to terminate in recovery. Such we must conclude to be the case in those instances in which the phenomena bear the appearance of an increase or exaltation of peculiarities natural to the individual, and noted as remarkable traits in his previous habits.

CRIMINAL LAW ENGLISH COURTS – RELATION TO

In the preceding pages of this work I have described a form of mental derangement, under the title of moral insanity, consisting in disorder of the moral affections and propensities, without any symptom of illusion or error impressed on the understanding. The question whether such an affection really exists or not is very important in connexion with medical jurisprudence. I must first observe that no such disorder has been recognized in the English courts of judicature, or even admitted by medical writers in England. In
general, it has been laid down that insanity consists in, and is co-extensive with, mental illusion. English writers admit only that form of insanity which the Germans term wahnsinn; they know nothing of moral insanity either as requiring control in the exercise of civil rights, or as destroying or lessening culpability in criminal ones . . . It seems . . . to have been the prevalent judgement both of medical and legal writers in this country, that delusion, or as medical writers express themselves, illusion and hallucination constitutes the essential character of insanity, and hence, unless the existence of this characteristic phenomenon should be proved, it would be very difficult to maintain a plea on the ground of insanity in this country, with a view to the removing culpability in a criminal accusation. It would be doubtless of advantage to have an opportunity of resorting at once to a criterion so decisive and intelligible, and in general so easily brought into evidence, if it were only true in point of fact that insanity always involves that particular circumstance which is supposed to be characteristic of it. Unfortunately the reality is otherwise. I am fully persuaded that the time is not far distant when the existence of mental disorder unaccompanied by illusion or any lesion whatever of intellect, will be generally recognised.

The conclusion that eccentricity of habits or character is not, as implied by common expressions, allied to madness, but actually constitutes in many instances a variety of mental derangement, is of some consequence in respect to one point of criminal legislation. Various cases are on record in which homicides and other atrocious acts have been committed by persons of morose and wayward habits, given up to sullen abstraction, or otherwise differing in their propensities and dispositions from the ordinary character of mankind. In the investigation whether such acts of violence are attributable to insanity or not, it will be important to note the fact that the peculiarities of conduct for which the perpetrators had been otherwise remarkable are sufficient to afford in themselves a strong suspicion of insanity . . . The difficulties with which administrators of justice have to contend in distinguishing crimes from the result of insane impulse will never be entirely removed, but they will be rendered much less important when the good sense of the community shall have produced the effect of abolishing all capital punishments. That this will sooner or later happen I entertain no doubt. Many persons have begun already to hesitate as to the moral rectitude of putting men to death in cases in which the powerful motive of self-defence cannot be pleaded, and when it is easy to keep the offending individual out of the way of committing further mischief.

(C-I)
Secret Intelligence Service
Somewhat related text – J C Prichard ‘Researches into the Physical History of Man’
Adversitate. Custodi. Per Verum