

**MENTAL DISEASES;
PP. 99-204**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649533312

Mental Diseases; pp. 99-204 by Charles F. Folsom

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

CHARLES F. FOLSOM

**MENTAL DISEASES;
PP. 99-204**

MENTAL DISEASES.

—BY—

CHARLES F. FOLSOM, M. D.,

Fellow of the American Academy of Arts and Sciences; Member of the American
Association of Physicians.

LANE LIBRARY

1886.

S

67
886

G. L. SIMMONS MEDICAL LIBRARY



PREFACE.

These pages, which originally appeared in the fifth volume of the *American System of Medicine*, are reprinted for the use of students in the Harvard Medical School.

C. F. F.

Boston, October 25th, 1886.

38039

MENTAL DISEASES.

By CHARLES F. FOLSOM, M. D.

DEFINITIONS OF INSANITY.—The term insanity conveys quite different meanings to the community, to lawyers, and to physicians. From the three points of view its definition has been constantly widening for the past century. A great part of the alleged recent increase in insanity is due to the fact that its definition is applied to more people. Our insane asylums are more quiet and orderly, not only because of the more humane treatment of the inmates, but largely also because quieter and less insane people are now sent there than formerly. Doubtless the mistake is sometimes made of going so far, in zeal for science and philanthropy, as to make the definition of insanity too broad; and in a refined civilization the nice adjustment of complicated social relations, or even a fastidious taste, requires people to be sent to insane asylums who in simpler states of society would be cared for at home.¹

The popular idea of insanity is of wild, incoherent, or crazy conduct. If maniacal, the timid or frightened young girl who would not hurt a fly, and the tottering, harmless old man if confused and partly demented, are hurried off to the asylum with the use and show of force suitable for a desperate criminal, while the victim of overwhelming delusions, because he seems clear, logical, and collected, is vigorously defended against the physician's imputation of insanity until he commits an offence against the laws, when he is fortunate if he is not treated as a criminal. It is often impossible for judges, juries, counsel, and even medical experts, to wholly divest themselves of the popular notions of insanity in cases appealing strongly to the passion or prejudice of the day. Cases involving the question of responsibility for crime are decided against science and the evidence because of certain preconceived notions upon insanity which no amount of skilled opinion can controvert. Jurors, and less often judges, make up their minds what a sane man would do under given conditions, and of what an insane man is capable, judging from the facts within their own experience; and in forming their decisions it is the act itself, and not the man, diseased or otherwise, in connection with the act, that chiefly governs them. Often they are right, not seldom wrong. Strange, apparently purposeless, illogical, inconsistent action is frequently attributed to the author of it being insane on that subject, whereas he may be sim-

¹ The physician in general practice is referred to Clouston's *Clinical Lectures on Mental Diseases*, and to Part I of Spitzka's *Manual of Insanity*. For those who wish to study insanity thoroughly the literature is rich and its bibliography is readily available. Of many parts of the subject only an outline, of course, can be given within the limits of the present paper.

ply acting from strong impulse or emotion, and may be by no means insane. On the other hand, because a man knows right from wrong in the abstract, and can ordinarily behave well, the very characteristic workings of his insane mind are often seized upon as unquestionable proof of sanity, even when they admit of no other explanation to the skilled physician than that of insanity. There is no doubt of the fact that the whipping commonly used in the treatment of the insane by the monks several centuries ago put an end to much insane conduct; and in insane asylums now, in spite of the best efforts of the medical staff to the contrary, a brutal, bullying patient is sometimes struck by another patient or an attendant in return for some unusually exasperating and cruel conduct, with the result of making him behave well in the future. It is with reference to this class of cases that the crowd oftenest errs in its definition of insanity. Society claims a voice in the enforcement of the laws for its own protection, assuming to know who could control themselves from crime and who not, and naturally wishes the standard of responsibility to be kept high. Of course its sympathies and prejudices largely govern its voice in the matter.

With precisely the same degree of insanity and the same power to control their actions two murderers may be sentenced, one to death for an act where the motive and method were those of the criminal, and the other to an insane asylum for killing a person under circumstances which are not explainable by sane reasons. The Pocasset Adventist who sacrificed his loved child, as he thought, by the Lord's command, would probably have been hanged if he had committed a crime similar to John Brown's, Wilkes Booth's, Orsini's, or Guiteau's. Sometimes the accused gets the benefit of the doubt, and sometimes society, according to the view of the merits of the case taken by the judge in his charge or by the jury in their verdict.

To the lawyer insanity means only a condition of mind with reference to certain conduct. An insane man is simply *non compos mentis*. Insanity is irresponsibility. The whole question to the lawyer is with regard to a certain act or series of acts. The lawyer's definition is narrower than that of the physician. In wills and contracts the course is usually clearer than when there is a question of serious crime, and even an insane person in an asylum may be a party to a valid contract or make a will that will hold in law. It is not necessary that a will or contract be such as would be made by a just man or a reasonable man, but simply that it fairly represent the wishes and character of the man making it, uninfluenced by any insane delusion or prejudice caused by mental impairment; that the will or contract in itself bear evidence of a correct appreciation of the circumstances and conditions of the case; and that the mind be able to act independently enough, with a reasonable knowledge of the duties of the individual and the just rights of others. An unsound mind, as defined by the physician, would cover a large portion of the convicts in our workhouses and prisons to-day if they could be critically examined, but the lawyers and courts would not find many of them insane. A man is not insane in law unless his act is traceable to, or its nature has been determined by, mental disease affecting his free agency; in other words, unless insanity caused his act either wholly or in great part.

In the partly irresponsible condition of mind often produced by grave hysteria, so-called nervous prostration, and the general mental and moral demoralization often seen in seduced and abandoned women, or after exhausting illness, or following apparent recovery from cerebral hemorrhages or embolism, blows upon the head, sunstroke, chronic alcoholism, syphilis, etc., there may be loss of self-control and a distinct moral perversion or decided change of character without very evident mental impairment; and the courts recognize a diminished capacity, as the result of disease, to appreciate and follow what is right and just and to avoid what is wrong or unjust, and yet not complete irresponsibility. In this connection the fact should be borne in mind that a very little mental disease can make bad people criminals, and may not take others beyond the bounds of propriety. A criminal may become insane and be still pretty much the same kind of a criminal as before. Morality, too, is relative, and many criminals, like children, know almost nothing of abstract truth, justice, or virtue, because they have never been taught them; and there are many cases where the perverse or criminal actions of people may be about equally explainable on the theory of insanity or wickedness. The criminal, a creature of his surroundings and associations, may often not be discriminated from the man with mental disease. Indeed, it is not difficult to take the philanthropic position that all criminals are insane because they are not in sympathy with the moral conceptions of their time, or, to use the fashionable expression of the day, because they are not in harmony with their environment. Such a view of crime, however, leads to only one of two conclusions—either that insanity is no sufficient defence for wilful violation of the laws, or that all criminals should be treated as persons of unsound mind.

The free agency of the individual is affected or modified in many different ways by the different diseases of the mind, and the question of responsibility will often be found to be one of the most perplexing problems with which the physician has to deal. If well-marked forms of insanity alone were to be investigated, the matter would be comparatively a simple one; but such is far from always being the case. The insane man often commits certain crimes precisely as an ordinary sane criminal would do the same thing. Often the evidence is contradictory, the testimony as to previous life and character conflicting, and the disease of so obscure a stage or type that it is almost impossible to form a clear opinion. The determination of a man's degree of free agency is no simple affair which can be decided in all cases by a few or a few dozen interviews. Not seldom the mystery remains unsolved after the autopsy. Man's free will is not the property of any substance which can be demonstrated by chemistry, physiology, or microscopical research, but it is the result of the combined action of a whole group of functional activities the very relations of which to each other are as unknown as their method of action. No stethoscope or ophthalmoscope can reveal its morbid action, which can only be inferred indirectly from the operations of the mind.

The cases in which the physician is called upon to define insanity as the term is used by the lawyers are (1) to secure limitation or control of an individual's actions, usually by a guardianship; (2) to control him absolutely in an asylum; (3) to estimate his culpability or criminality, or

his capacity to make a will or contract or to transact business. It is quite important, therefore, that the medical man should understand that there may be, as regards some particular person, a wide difference between medical insanity or mental disease and legal insanity or irresponsibility. He does most wisely when he confines his testimony to an explanation of the changes caused by disease in the particular case, and to the effect of such changes upon the mind, leaving to the judge's charge and the jury's verdict the questions of guilt and responsibility.

Insanity may be of congenital origin or slowly developed from early childhood, but usually it indicates a change caused by disease, so that the person alleged to be insane must, as a rule, be compared with himself at some previous time, and not with some ideal standard of mental health which does not exist. Indeed, if we could measure nicely no two of us could be fairly held to precisely the same degree of accountability. The knowledge of right and wrong is not a fair criterion, as many insane men possess that knowledge well enough in the abstract. The ability to distinguish right from wrong in the particular act is possessed by some insane persons whose will and power of self-control have become so limited by disease that they cannot avoid what they know to be crime. Delusion overpowering the mind is sufficient evidence of irresponsibility, but all delusions are by no means so powerful that they cannot be resisted, and many must be classed as simply false beliefs or mistaken views which could be, and should be, controlled. In case, therefore, of alleged delusions not manifestly insane further evidence of insanity is required, and the way in which a man believes or does anything may be more of an indication as to the soundness or unsoundness of his mind than what he believes or does. A crime committed under the influence of maniacal delirium, acute delirious mania, epileptic furor, uncontrollable impulse, alcoholic insanity, or hysterical mental disease will usually explain itself, while a demented insane person is so characteristic an object that his crime cannot well be mistaken for that of a responsible agent.

The different conditions of mind grouped under the general terms moral insanity, affective insanity, and impulsive insanity are still the bugbear of jurists, and there is a wide difference of opinion as to the degree of accountability for actions performed under the influence of moral perversion with only slight intellectual impairment; but the degree to which the individual deviates from the path of the law may depend more upon his training and surroundings than upon his disease—points which must always be considered in establishing a definition of insanity in obscure cases. Of two persons whose circumstances in life, in connection with a certain amount of disease, have produced as nearly as possible identical morbid mental states, it now and then happens that the necessary surroundings of the one steady and support him, while the associations and conditions of life throw the other still more off his balance. The one is able to sustain the ordinary relations with the world, the other not.

The intelligent study of mental disease by medical men has resulted in its being detected at so early a stage and in such a mild form that its proper treatment might almost be called, when successful, the prevention of insanity. Cerebro-mental disease, though it be only in its incipient form, implies to the physician the necessity for medical treatment; but it