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# PSYCHOPATHIC STATES

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It is the purpose of this book to contribute toward a more sympathetic and understanding attitude toward individuals who fall within the "psychopathic state." Dr. Henderson defines the term as "the name we apply to a group of people well endowed intellectually but so emotionally unstable as to be unable to fit harmoniously into the fabric of society."

Dr. Henderson illustrates with many actual cases the various types of conduct disorders involved. He discusses the problem of suicide, the social menace of alcoholism and drug addiction, and the instability of the so-called genius personality. He urges a closer alliance between medicine and the law, to effect the rehabilitation of the psychopath and the protection of society. Above all, he brings these aberrant types into the light of revelation, so that through them we are able to gain a more thorough understanding of the motives underlying the conduct of many of our fellow men.

This book is published under the auspices of the Salmon Memorial Committee of The New York Academy of Medicine.



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FOR NERVOUS AND MENTAL DISORDERS

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## FOREWORD

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WE HAVE acquired the habit of paying lip-service to the statement that medical practice today is much more concerned with the preventive aspects of the healing art than with the cure of disease. But a much more deep-seated conviction of the implicit truth therein contained is necessary before that transformation occurs both in medical thought and public opinion which will promote a state of Health Consciousness so essential for the orderliness and stability of national life. It has been one of the aims of this series of Salmon Memorial Lectures to focus attention on a group of struggling humanity who constitute one of the greatest of our social problems; and it has been my endeavor to prove how psychiatry, in a wide psychobiological sense, must occupy a foremost place in directing efforts for their socialization. Much of the argument and material, admittedly, is sketchy; dogmatism, I trust, is more apparent than real, for many points require much more elaboration and elucidation. It is hoped, however, that sufficient has been said to direct medical, legal, and public attention to a topic which has been too greatly overlooked. I venture to say that in our teaching of psychiatry and in our actual practice the problem of the psychopathic state is rarely tackled with sufficient conviction, firmness, and modified optimism, and that that is all the more surprising considering the vast numbers of individuals involved, and the intricacy and

delicacy of the issues which they present. The biologic significance of good habits leading to right living cannot be overstressed. "If the attention of society at large could be directed to the importance of habits as essential to successful living a great advance in our civilization would follow; probably a greater one than any that has yet marked the progress of mankind." (Stewart Paton)

Purposely, I have avoided stressing the indispensability of clinics and of specialized agencies or other individual methods of treatment as I have considered it of more value to direct attention to the broader medico-social implications which are so fundamental, and on which individual theory and practice must be based.

## CHAPTER I

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### PLACE IN PSYCHIATRY

**I**T MAY appear strange that I should bring the study of Psychopathic States from Scotland to the United States—it is like bringing coals to Newcastle—but while your problems, quantitatively, may be greater than in many other countries, yet, qualitatively, we are on more or less common ground, and are faced with very much the same difficulties. For the problem of the care, understanding and treatment of the nervously and mentally ill remains the same throughout the whole world, and gradually it is being placed on a much wider and more constructive basis. The emphasis is constantly changing. Today, in our psychiatric work, we recognize that we are dealing with groups of people who, no matter whether psychotic or mentally defective, psychoneurotic or delinquent, men of genius or psychopathic, well or ill, show different degrees or grades of adjustment or maladjustment to the circumstances which determine and surround their lives. We do not attempt especially to determine who is sane, or insane or borderline; such methods and exercises merely lead to confusion and cloud the issue of remedial work. Our object is, on the basis of all the facts, to investigate all disorders of conduct and thought, whether physiologically or psychologically determined, in the light of the biology of the personality,

and to estimate, even tentatively, the extent of the disorder, the conditions creating it, and how it may be readjusted. Our approach is dynamic, not static, and takes particular note of what is modifiable or reversible and, if irreversible, the reasons for its being so. Such an approach shows a great departure from a mere pigeonholing of our case material, and is particularly applicable to the study of psychopathic states.

In this presentation of the place of the psychopathic state in psychiatric practice and literature, I have become more and more conscious of its bewilderingly complex nature, but the topic has been so strangely neglected and has aroused my interest so much that I have thought it worthy of reformulation.

### *Historical*

The origin of the term, psychopathic state, although it has had many synonyms, is not buried too deeply in the dim and distant past. It has become traditional to award priority of comprehensive description to an English physician, Dr. J. C. Prichard of Bristol, who in 1835, under the title of moral insanity and moral imbecility, drew attention to certain states which were characterized by a disorder of the affections and feelings in contradistinction to understanding and intellect. The term "moral insanity" gradually passed into disuse, but moral imbecility attained such a degree of popularity that it came to be defined and incorporated in the Mental Deficiency Act of 1913; in the subsequent Act of 1927 it was changed to "moral defective" and it is still in current usage. It is an obvious misnomer, it should be expunged from any subsequent classification, but

it can with considerable justification be regarded as the forerunner of psychopathic states as we know them today. That, however, is more or less of an aside and we cannot do better than remind ourselves of Prichard's exact words: "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 the feelings, temper or habits. In cases of this nature, the moral and active principles of the mind are strongly 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, but of conducting himself with decency and propriety in the business of life."

That is an admirable statement, clear, concise, non-technical, which everyone can understand. No attempt is made at detailed differentiation or classification, but the case is considered purely on its merits in relation to social adaptation as evidenced by the occurrence of states of anger and impulse, phases of delinquency, and cases of eccentricity of conduct, and singular and absurd habits.

Prichard appreciated the great difficulty which existed of differentiating insanity and eccentricity and believed that eccentricity of character, in order to become at all the object of medical or legal consideration, must assume an aspect threatening evil to society, or at least to the affected individual himself and to his family. But even under such circumstances the institution of proper care and treatment might prove extremely difficult. In the above statements we see the growth of an idea, and of accurate clinical insight, for in addition to those who were suffering from certain well-defined states of nervous and mental disorder, Prichard

showed that there existed a group of people well-endowed intellectually, but so emotionally unstable as to be unable to fit harmoniously into the fabric of society. If the matter had been left in terms of the above description, the issue would have remained clear enough, and Prichard's formulations would have received more general recognition and acceptance than was accorded them. Prichard, however, came to be greatly influenced by Pinel, Esquirol, Georget, and Rush, to all of whom he refers. That great student of human behavior, Pinel, had recorded how, when he resumed his researches at Bicêtre Hospital, he was surprised to find cases who at no period gave evidence of any lesion of the understanding, but who were under the domination of instinctive and abstract fury, as if the active faculties alone sustained the injury. Such conditions, he believed, might either be continued or intermittent; he entitled them "manie sans délire."

At first both Esquirol and Prichard were doubtful as to whether they should accept Pinel's cases as evidence of moral insanity, but later they came to incorporate them in their descriptions. It is mere surmise on my part, but I have gained the impression that the older writers, almost without exception, grouped cases which today we would call cases of hypomania as cases of moral insanity. They were misled by thinking in terms of outstanding symptoms, by interpreting disordered conduct in a literal way, and by failing to give sufficient prominence to the background or setting in which the symptoms were occurring. Prichard falls into this trap, too, as may be gathered from the following passage: "The varieties of moral insanity are perhaps as numerous as the modification of feeling and passion in the human mind. The most frequent forms of the disease are those which are

characterized either by the kind of excitement already described or by the opposite state of melancholic dejection."

The above quotation points almost unequivocally to the fact that Prichard included a percentage of the affective states, as we understand them today, in this group of moral insanities, and, in consequence, many psychiatrists who followed Prichard came to doubt the validity of his original observations, thought that he had grossly overstepped the mark and that the conditions which he had described would be more suitably incorporated in other better defined psychotic groups.

It is perfectly valid criticism to say that Prichard went too far, but he was on the right lines; he had made allowance for certain anomalous cases, and for the most part his original descriptions still hold good. In point of fact he really elaborated the position which that great American psychiatrist, Benjamin Rush, in 1812, had hinted at when he wrote: "How far the persons whose diseases have been mentioned should be considered as responsible to human or divine laws for their actions, and where the line should be drawn that divides free agency from necessity, and vice from disease, I am unable to determine. In whatever manner this question may be settled, it will readily be admitted that such persons are objects of compassion and that it is the business of medicine to aid both religion and law in preventing and curing their moral alienation of mind. We are encouraged to undertake this enterprise of humanity by the sameness of the laws which govern the body and the moral faculties of man." Another American psychiatrist, Ray, in 1938, covered very much the same ground and incidentally referred to the work of John Cox, who, in 1804, wrote specifically regarding such cases by saying: "Persons of this description might

appear actuated by a bad heart, but the experienced physician knows that it is the head and not the heart which is defective."

Ray, indeed, went a good deal further than either Esquirol or Prichard, and sensed that a real difference existed between certain manic states. He made a distinction between what he termed intellectual mania and moral mania, and believed that the latter corresponded to Pinel's cases of "*manie sans délire*," and also to Prichard's description of moral insanity. Ray drew attention to the frequency of these cases, stressed the singular freaks of conduct and whimsical notions which so unquestionably subject a person to the imputation of insanity. Under a subheading of partial moral mania, he mentions the occurrence of the irresistible impulse to steal, the inordinate propensity to lie, the morbid activity of the sexual functions, the tendency to incendiarism and to destroy, e.g., murder, suicide.

It is obvious that over a hundred years ago the keen observers of those days had a clear enough realization that states of nervous and mental illness occurred which were not easy to differentiate, but were of considerable social and psychiatric importance. They did not, however, think in terms of the total personality, although Rush came very near it when he talked about the sameness of the laws governing the bodily and moral faculties, but rather were impressed by the facultative psychology of the earlier Scotch metaphysicians and regarded mind as divided into separate watertight compartments or faculties which functioned independently. Their ideas postulated a special moral sense which, as distinct from emotion and intelligence, was capable of distinguishing what was good from what was bad. It was from this dualism, I suppose, that the concept of de-

generation arose, leading at a later date to the anthropological observations of Lombroso and the Italian school generally, and to the contributions of Morel, Maignan, Grasset, Régis, Pitrés and dramatic writers such as Max Nordau who talked about "authors and artists satisfying their unhealthy impulses with pen and pencil rather than with the knife of the assassin or the bomb of the dynamiter." Most of those writers, even though they made allowance for the creativeness of the genius and the drive of the eccentric, were inclined to a fatalistic viewpoint, tended to identify the psychopath with the delinquent and degenerate, and described associated physical stigmata. This, as will be shown subsequently, came to narrow the concept of the so-called moral disorders to an unwarrantable extent.

It is perfectly true that psychopathic states are in many instances the predominating feature in delinquency, but it is not always so. They are not in any way synonymous or equivalent terms. Furthermore, psychopathic states invade a much wider field. Such well-known psychiatrists as Bianchi and Tanzi in Italy and Krafft-Ebing, Ziehen, and others in Germany, while somewhat narrow and restricted in their nosological conceptions, yet in many instances furnished excellent clinical pictures of psychopathic states. They stressed such points as the infrequency with which such persons come to be treated in mental hospitals, how seldom they really succeed in life, their more or less complete insensibility and absence of moral judgment and ethical notions. From the point of view of graphic description Krafft-Ebing's statement of a moral blindness, an insanity of altruistic feeling, a coldness of the heart, brings the personality of the psychopathic individual vividly before us.

*Definition of the Term Psychopathic*

It was not, however, until 1888, when Koch introduced the term psychopathic inferiority, that we gained a wider perspective, and began to realize more fully the implications of a psychopathic state. Under the title of "Die psychopathische Minderwertigkeiten," Koch reopened the whole topic and suggested that certain of the hysterias and obsessional states could be included as evidences of psychological inferiority, a conception which at a later date Adolf Meyer subjected to considerable criticism. From that time onwards equivalent or synonymous terms came to be introduced, such as defective delinquents, the emotionally unstable, defective abnormal personalities, constitutional inferiorities, and, more recently, the neurotic. The exact term we use is perhaps not very material so long as we define exactly what we mean, but personally I prefer to use the term psychopathic state because it does not stress unduly either innate or acquired characteristics, and does not imply total mental unsoundness, defect or delinquency, but yet allows for modifications of all of them.

At this stage it may be advisable to undertake a further description of what, with justification, can be included. It will have been gathered that the term psychopathic state is the name we apply to those individuals who conform to a certain intellectual standard, sometimes high, sometimes approaching the realm of defect but yet not amounting to it, who throughout their lives, or from a comparatively early age, have exhibited disorders of conduct of an anti-social or asocial nature, usually of a recurrent or episodic type, which, in many instances, have proved difficult to influence by

methods of social, penal and medical care and treatment and for whom we have no adequate provision of a preventive or curative nature. The inadequacy or deviation or failure to adjust to ordinary social life is not a mere willfulness or badness which can be threatened or thrashed out of the individual so involved, but constitutes a true illness for which we have no specific explanation. The man in the street, the judge on the bench, and many medical men are sometimes highly skeptical regarding the reality of such states. They fear that the psychiatrist is trying to drag a red herring across the trail, that he is unduly sympathetic, and is attempting to defeat the ends of justice. They suggest that such abnormalities of conduct are due not to uncontrollable conduct, but to conduct which is not controlled, and that stern measures, such as imprisonment, flogging and hard labor are not only justifiable, but necessary, and that the misdemeanant deserves whatever is coming to him. They subscribe to the attitude of the judge who said: "I am hanging you not so much because you stole the sheep, but to prevent other sheep from being stolen." The failure of such methods is the best reply to such an argument.

One of our great English psychiatrists, Maudsley, covered very much the same ground when he stated that many people regarded moral insanity as an "unfounded medical invention," as "a most dangerous medical doctrine," but that he himself was convinced that such a condition really existed and was an indication that the affective life of the individual was profoundly deranged. Such a person has no capacity of true moral feeling, his impulses and desires are egoistic, his conduct is governed by immoral motives. Mercier was even more succinct when he said: "There are persons who indulge in vice with such persistence at a cost of punishment

so heavy, so certain and so prompt, who incur their punishment for the sake of pleasure so trifling and so transient that they are by common consent considered insane although they exhibit no other indication of insanity."

On the other hand, most psychiatrists, many prison officials and some judges are beginning to appreciate that those who are so afflicted are distinctive types, emotionally and instinctively unstable, who have no more power to control their conduct than the epileptic his fit or the malarial patient his ague. They cannot be arbitrarily designated mad or bad in the strict sense of either word, but are so constituted and uncontrolled as to create a problem which so far has defied interpretation either as to cause, course or outcome. Yet, it is surely not an impossible task to define their clinical characteristics more clearly and to delimit the whole field more accurately. Attempts to do so have been sporadic; the more general tendency has been to adopt a *laissez-faire* attitude, to think of the term psychopathic state as altogether too vague, to use it as a convenient dump heap for conditions which, psychiatrically, we believed were not sufficiently differentiated, or even not to remember its existence.

### *The Influence of Kraepelin*

It is one of the purposes of this book to remedy that position, and to aid me in my task a brief and therefore quite inadequate reference may be made to the magnificent clinical work of Kraepelin. Kraepelin was far more than a mere descriptive writer; he had an acute clinical insight which allowed him to note minute differences, and it may be said quite truly that his symptomatological-prognostic-diagnostic methods marked an epoch in the practice of psychiatry. He

was infinitely more farseeing and elastic-minded than it has been customary, at least in recent years, to give him credit for, and he had modesty as well. Did he not admit that much was unknown, and did he not present his views with the proviso that they might require considerable modification? Nothing could be fairer than that; it is a model which might be adopted with advantage by many other schools of thought not necessarily medical. As it is, Kraepelin's opinions and descriptions have stood the test of time; they may have been widened and bettered, but they have not been materially altered, and they laid the foundation for those more analytical interpretive personality studies which have added so much to the interest of psychiatry. In applying himself to a differentiation of psychopathic states, Kraepelin made full use of the work of his predecessors, and drew a distinction between psychopathic personalities and constitutional psychopathic states. Among the former, he incorporated the cases described by Prichard and specifically mentioned such types as the born criminal, the unstable, the morbid liar, the swindler and the pseudo-querulents, and characterized them all as suffering from a general deviation of the normal mental life rather than from any definite disease process. The latter group consisted of such states as nervousness, despondency, excitement, obsessive states and contrary sexual instincts. He did not, however, for long remain satisfied with such an arbitrary distinction and in the eighth edition of his textbook types of psychopathic conduct are described in relation to the most obvious presenting symptoms, e.g., excitable, impulsive, eccentric, etc. His pupil, Schneider, came to adopt almost identical standards.

A detailed study and analysis of this contribution shows

that Kraepelin's formulations extend into a much wider field than merely the anti-social, delinquent and eccentric groups; he hints very definitely at the possible relationship of psychopathic states to certain psychoneurotic and psychotic reaction types. This, I maintain, was a valuable contribution to psychiatric literature and practice, but it has been overlooked and is seldom referred to. The only reason I can suggest is because it was completely overshadowed by the enthusiasm accorded to his manic-depressive, dementia praecox-paranoia concepts. Even yet, I believe that certain schools of psychiatry are still too dominated by these concepts, and that far too little attention is devoted to many other anomalies of constitution and development which have a complicating influence on those states.

### *The Work of the American School*

During the past thirty years a group of American psychiatrists have contributed material of great value. From 1905 onwards Adolf Meyer developed his conception of the constitutional inferiorities, or perhaps it would be more accurate to speak of the inferiorities not sufficiently differentiated, emphasizing the importance of not involving them with the purer types of hysteria and psychasthenia, or with states of mental defect. This led to a series of clinical studies by, among others, H. W. Wright, Karpas and Oberndorf, all of whom made laudable efforts to effect clearer clinical differentiations. Such early work was followed by notable contributions from Southard and Jarratt, Healy, H. M. Adler, Gregory, Bernard Glueck, May, Partridge, and Kahn. More recently still, but with a somewhat different bias, we have the detailed criminological analyses of Karpman.

All of the above authors from their various points of view and different experiences have added considerably to our knowledge and have recognized that the problem of the psychopath is not a mere mirage, but an actual illness which requires considerable study in delimitation and greater resource in treatment. The general attitude is very similar throughout, as any differences which exist are essentially those of detail and not of principle. Yet we refer briefly to the views of Healy, Kahn, and Partridge. Healy, under the title of *Psychic Constitutional Inferiority*, describes a state of chronic abnormal social and mental reaction to the ordinary conditions of life on the part of those who cannot be grouped as insanities, neuroses or mentally defective. He believes that there are usually accompanying physical anomalies either structural or functional, but especially emphasizes the psychological anomalies of egocentricity, selfishness, irritability, lack of concentration. Some states border on defect, others on genius, but all lack an ability to meet the steady demands of the world, in consequence of which anti-social conduct develops, and the tendency always is to take the easiest path. His suggested classification is as follows:

1. The unstable egocentric characterized by emotional instability.
2. The constitutional inferiority personality who shows habitual inadequate behavior not accounted for by deficiency of intellectual endowment or by physical disease.
3. The idiosyncratic personality.
4. The psychotoid.

Kahn makes a much more detailed analysis and aims at laying his finger on the component part of the personality

affected. He postulates quantitative deviations in (a) impulse life; (b) temperament; and (c) ego and character or in some of these basic factors and their mutual relationships. He strives for a correlation of such deviations with leptosomatic body build, but at the same time admits that not every psychopath is leptosomatic.

1. It should be clearly understood that he uses the term impulse as synonymous with instinct, otherwise a false impression will be created. In this group the various types of sex variants are included, e.g., masturbation, homosexuality, pedophilia, fetishism, exhibitionism, sadism and masochism.

2. For disturbances of temperament he outlines three main groups:

- a. *Hyperthymic*—the vivacious, cheerful, excitable and explosive.
- b. *Hypothymic*—the phlegmatic, torpid, affectless.
- c. *Dysphoric*—the anxious, morose, gloomy, poikilothymic (this last being closely allied to the cyclothymic).

3. In relation to the Ego and Character group it is stated that the Ego is the centralizing agent through the ego-impulse, and temperament disturbance becomes more or less focused and conscious. The manifestation of the Ego is seen most clearly in character development. By character he means the directedness of the personality, the totality of its voluntary strivings, towards certain goals.

This group is again divided into three:

- a. active autists and the egocentric.
- b. passive autists and the ego-searcher.
- c. ambitendent.

Such a grouping is so wide that I believe its use would lead to a state of clinical vagueness which would destroy its entire usefulness. We would assume a knowledge which we do not yet possess. Kahn's general formulations are more serviceable than his detailed analysis. We can all agree with him readily when he states that the make-up of the personality is based on the fundamental factors of its constitution; that environment, while greatly influencing the personality, is merely the medium in which the personality asserts or fails to assert itself; that the problems of the psychopath are just the same as those of other people but that the psychopath meets them in distorted ways. "From the psychiatric point of view social maladjustment is the ultimate crux of the psychopath as regards man and his environment." Of the more complex psychopathic group he instances:

A. The hysterical personality is in a sense a psychopath in pure culture. They have an egocentric craving for prestige, they want to shine, to be the center of the stage. Their hypertrophic egos need continual inflation by shallow shows for their own satisfaction.

B. The hypochondriacal personality. Such a type is a person of little physical strength and resistance. The impulses are weak; masochistic tendencies play a rôle. Passive autism gives them their characterological stamp, but often egocentricity is present as well.

C. Sensitive personality—the overtouchy, easily offended group.

D. Anancastic personality—compulsive, obsessive state.

E. Eccentric personality.

F. Asthenic personality.

As I have said previously, this attempt at so detailed a

differentiation destroys its own end; it is an overelaboration, an overschematization which does not lend itself to practical work. It attempts to simplify and differentiate to a degree which is not possible, but, at the same time, it raises an extremely suggestive and stimulating point of view.

The series of papers by Partridge envisages a wider, more sociological viewpoint. He is not so much concerned with categorizing, but rather emphasizes that there are degrees and qualitative differences which shade over into the normal. The distinction between unstable borderline or mental defectives showing persistent bad behavior, and the developed psychopathic reaction, is far from easy. The persistent reaction tendencies of the psychopath show rather by general incompatibility or inadequacy which may assume the form of delinquency. He is bold enough to attempt a definition and states that a psychopathic personality is a persistent behavior pattern or tendency in which there is usually excessive demand, either special or general, which when there is failure of direct or immediate satisfaction is reacted to by a tendency to develop characteristic ways of dominating situations: by emotional displays we call tantrums; by sulks and expressions of inadequacy; by running away in some form. He usually finds antagonism towards some important person in the environment, distinct feelings of inferiority and very often a variety of behavior disorders. He would really prefer the use of the term sociopathic, and we could thus define criminality, vagabondage, idleness, antagonism, asocial behavior based upon suspicion and the like, inability to socialize on account of fear, attitude of dependence, inability to perform in the social life because of illness whether mental or physical.

The above description opens up a wider aspect; it creates

leeway and seems to offer the basis for greater differentiation.

With this short historical survey before us you will, I hope, have gained some idea of the great difficulty of the problem which confronts us. Such classifications or analyses of psychopathic states as have been attempted are admittedly on a descriptive basis, and give little or no hint of how psychopathic states are caused. There have been references to constitutional and environmental factors but there has been little attempt at correlation and an entire absence of specific etiological factors. Such being the case, it is easy to understand how a needlessly fatalistic attitude has arisen. To emphasize the position I am presenting a case record, a case record which will be familiar to all psychiatrists and social workers, but one which may act as a basis for certain subsequent remarks.

### *Illustrative Case Record*

In July, 1936, a young girl, eighteen years old, was referred to the Psychiatric Clinic, Royal Infirmary, Edinburgh. She was a good-looking, well-nourished girl who cooperated pleasantly in my examination and gave a perfectly coherent account of her life and development. The Stanford Revision of the Binet-Simon scale gave an I.Q. of 117, but as the result of an analysis of her life-history, it was evident that she was in need of medical help and guidance.

Her father was a man of unstable temperament who had a police record; her mother had died when the patient was nine years old. The patient was the eldest of a family of four children; her only surviving sister was described as "a model of behavior." In contrast the patient was willful and difficult

to control, and following the menarche at eleven years of age she became increasingly difficult. She had violent outbursts of temper, rebelled against authority, persistently sought the company of men and was notorious for her promiscuity. When twelve years old, she was involved in an affair whereby a man was charged with criminal assault. In the following year she was sent to the Good Shepherd Home, Colinton, but after three months she was considered "uncontrollable" as she had stoned the nuns and used the most obscene language. In the following year (1932) she was arrested on a charge of assault and theft and was removed to a reformatory school. She proved so unamenable to discipline that the school solved its problem by sending her home "on license." At home no improvement resulted, a second reformatory school was tried, but in a few months she was returned home as "mental." She was now referred to a psychological clinic: psychoanalytic treatment was suggested, but after one interview she refused to return, left her home, and after an absence of three weeks was found to be living with a man who was charged under the Criminal Law Amendment Act as the girl was only fifteen years old.

After a short period in another reformatory school, she was transferred to the Psychiatric Observation Wards, Glasgow, but on account of her violent conduct she was referred to the Sheriff Court and sentenced to two years' detention in a Borstal. Her conduct continued, episodically, to be so violent that she was transferred to H.M. Prison Saughton, and in due course was discharged "on license" as normal. A position was obtained for her as a domestic [*sic*] servant, but she quarreled with the housekeeper, was discharged, and a few weeks later was earning her living as a prostitute,

and was drinking to excess. It was at this time that she was referred to the Psychiatric Clinic.

In such a case we have a girl of excellent intellectual endowment (as measured by her I.Q.) who is quite incoordinate in her instinctive and emotional life, and who, for one reason or another, is unable to adapt to her social milieu. The symptomatology is characterized by a series of delinquencies starting at the age of twelve years, but these are only the superficial indications of deep underlying disharmonies and psychopathological mechanisms which are not entirely clear. The glaring inconsistency of the various opinions expressed is the best evidence of the inability of those in medical and legal authority to meet the facts as they actually exist.

#### *Discussion of the Various Components Producing Conduct Disorder*

Obviously, the girl is a misfit; equally obviously she is in need of help, but before we can offer adequate help we require to formulate how her maladjustment has been effected, at what level of her development has the change occurred to make her unable to fit into the social body. We cannot afford to take any one-sided view, but must make due allowance for all those factors, be they of an hereditary, neurological, biochemical, psychological or environmental nature. In the present state of our knowledge we must admit, frankly, that we do not know, but yet it is important that we should not rest content at that level. For remember we have here a girl of excellent endowment, a girl with certain potentialities, which, if they can be made use of, may

result in making her a useful member of society. At present, we can only speculate as to what changes or variations are occurring in her neuro-physiological and psychological mechanisms apart altogether from understanding the correlation of these mechanisms. And, even suppose we are successful in defining a structural basis, we need not believe that we have found a complete explanation of her disordered conduct. Rothschild, in his study of senile states, has shown this very clearly, and has pointed out that destructive lesions of the central nervous system produce merely negative effects or loss of function, whereas the positive symptoms are due to the activity of the preserved portions of the organism representing its attempt to adapt to the altered situation. The positive symptoms are really compensatory for what has been lost. Such a position has its corollary in functional illness because we know that human behavior may be largely determined by the outcome of the conflict which is being constantly waged between the life and death instincts, between love and hate, corresponding to the positive and negative symptom formation in structural lesions. We recognize, therefore, that conduct or behavior, good or bad, healthy or unhealthy, is complexly determined, but that there may be various avenues of approach. For instance, the anatomist, the physiologist, the neurologist, the psychiatrist and brain surgeon have all been interested in an attempt to investigate more closely the function of the hypothalamus in its relation to the frontal cortex. Le Gros Clark, Beattie and others have shown that the various areas of the hypothalamus are associated with the control of the vasomotor, visceromotor, and other of the internal mechanisms of the body's economy, and these, in their turn, are subjected to cortical control because of the

direct and indirect connections of the hypothalamus with the prefrontal area. In Beattie's view the hypothalamus is a mechanism for providing an integrated sympathico-adrenal behavior pattern, which can be inhibited or controlled by a cortico-anterior hypothalamic mechanism, which effects its responses through the parasympathetic system. Clinically, it is now well recognized that diencephalic lesions give rise to all manner of conduct disorder ranging from sleep disorders and manic excitement to states of anger and disturbance of the sex life.

The frontal lobes, the so-called silent areas, have still not yielded their secrets. They are credited with controlling the function of intelligence, and intelligence and conduct must be closely related. We know from Cushing that the famous American crowbar case in 1848 resulted in the victim being, in the course of years, converted into "a childish kind of crook, profane, obstinate and given to outbursts of temper."

The results in Brickner's case in which both left and right frontal lobes were excised showed again character anomalies analogous to the conduct disturbance in the crowbar case. Following the operation the patient became boastful, childish, and egotistical. He also exhibited a marked tendency towards aggressive conduct, and was inclined to be exhibitionistic. There was an apparent intellectual impairment but how far that may have been dependent on affective factors was impossible to assess. In contrast Jefferson's series of eight unilateral cases showed no apparent change in conduct.

The recognition accorded by Gordon Holmes to Welt's description of moral perversions in a series of cases of frontal tumor is also of significance, especially as he himself had seen cases of a similar nature. In support of the above-

mentioned clinical studies we now have the brilliant experimental work of Richter and Hines who have shown that the activity (conduct) of macaques is controlled through the prefrontal, particularly Area 9 (Brodmann), and also through the striatum.

With more diffuse organic conditions, such as encephalitis, chorea, idiopathic epilepsy and head injury, most of us have noted the dramatic changes and reversals of conduct which occur. As a result, children and adults become transformed; those who, previously, were models of virtue and good behavior are changed into libertines and ne'er-do-wells. In all of the above groups the issue is usually concrete; symptoms and signs of an objective nature are demonstrable, the diagnosis need not be too difficult, but the special neurophysiological changes and mechanisms can only be surmised. It may be that the rapid development of the art of electro-encephalography allowing us to investigate the quality and quantity of the Berger rhythm may prove a further step in physiological and psychological synthesis.

The intricate metabolic and biochemical functionings bound up so closely with an involvement of the autonomic system and imbalance of the endocrines are equally difficult to understand. Their disturbance, while affecting conduct generally, has perhaps a more specific relation to the psychological immaturity which is such a conspicuous feature of the psychopathic state. MacFie Campbell has illustrated this aspect in his own inimitable way. With him we ascend to the summit of Pikes Peak where, deprived of oxygen, our intense emotional reactions may require the subduing influence of an acclimatized deputy-sheriff; we learn from the slogan "a hungry man is an angry man" how deprivation of food may lead to conduct disorder of the most primitive

type, e.g., the Russian famine era; we appreciate the changes in thought, feeling and conduct produced by artificial agents such as mescaline, hasheesh, opium and cocaine. While all of these matters, in a greater or lesser degree, may be familiar to us, and while eventually we may be able to correlate states of emotional tension and conduct disorder generally with blood-sugar ratios and basal metabolic processes, yet we will still have the individual, his total personality, and his integration to deal with. We are still not entitled to go beyond the facts disclosed by our case histories. If we use those facts wisely, our minds will remain elastic, and we will not lean too much in any one direction. One and all of them require to be co-ordinated with the so-called innate factors which to the clinicians still remain of much importance.

The pioneer work of Galton in association with the later studies of Lange, Luxemburger, Rosanoff and others concerning the after-career of uniovular as compared with binovular twins is sufficiently arresting to warrant careful consideration. Furthermore, I am opposed to the conception of those who believed that the great preponderance of behavior disorders is superimposed by bad training or environment or both upon a perfectly normal mentality. Such an attitude is pure Watsonian behaviorism, a most suggestive but grossly exaggerated polemical point of view, which may have great value in that respect, but fails in its clinical application because it so boldly sweeps away everything that does not agree with its original premise. There is still much to be said for the wisdom of Plato who, long before Galton, pointed out that it is not enough to educate the child properly; the child must be properly born of a select and healthy ancestry—"education requires to begin before the birth of the child." None of us, of course, would think of minimizing

the importance of broken homes, inharmonious family relationships producing jealousy and hate, unemployment, poverty and all other social ills, all of which may aid in the production of children who develop unhealthy, aggressive and inadequate reactions. But it is not these factors by themselves which are so harmful, it is their influence on a mind which is already unduly sensitive and susceptible.

### *Constitutional Medicine*

If and when we are too greatly puzzled, we may invoke the far wider concept of what Robert Hutchison has called Constitutional Medicine. According to Hutchison this has been built up on:

1. The rise of biochemistry.
2. The discovery of the endocrines.
3. The advance of medical psychology.

Constitution, under such circumstances, is defined as the whole being, physical and mental—it is all partly inborn, partly environmental—and is in a state of flux varying from day to day and even from hour to hour. Constitution then comes to have three main aspects:

1. Anatomical or morphological; an order of architecture as it has been called, to which the individual's body belongs.
2. The physiological or functional—the way in which his particular machine works.
3. The psychological—the intellectual and emotional peculiarities and reactions which he exhibits.

There is obviously a close correlation between these three, and their combination produces "a trinity in unity, the

chief integrating factors of which are the vegetative nervous system and hormones acting through the blood."

This approach from the angle of a general physician is most intriguing; it is a Neo-Hippocratism which dovetails into the psychobiological conceptions of Adolf Meyer which are gaining strength from day to day and which I will elaborate more fully later. The cells, the tissues, the organs and how they are constituted and built up cannot any longer be thought of as functioning independently, but form part of the whole biological unit termed the individual. "Any smaller unit is an abstraction" (McCowan), for clinically we know that even the most circumscribed or apparently trivial disease disturbs the body-mind relationship which requires to be met by mobilizing all the resources of the patient's constitution. The particular value of this conception produces that interlocking between medicine and psychiatry which means so much in the treatment of all illness, whether physical or mental.

Thus, when we come back to the case record which I have reported, we make our evaluation on the known facts; certain features are at once noticeable and remarkable. Our patient comes from a poor stock, but yet her sister, brought up under the same conditions, is said never to have given a moment's trouble and to have been a model of good behavior. Why, then, should our patient have reacted to her circumstances in the anti-social way described? From her earliest years we have behavior difficulties characterized by tempestuous outbursts and punctuated by sex episodes leading herself and others into serious trouble. The whole picture is one of ruthless conduct, conduct which takes no thought of others, but is developed on an exhibitionistic, narcissistic level in a personality which, emotionally, is im-

mature, but which exhibits no gross disorder of her bodily organs. If the psychobiological elements in her disposition had been more accurately assessed, if adequate treatment and understanding had been applied much earlier in her career, she might possibly have been saved a good many of her unfortunate experiences. But this girl is one of many similarly affected, one who is bandied about from pillar to post, who is condemned and punished and has never shared in the amelioration which has occurred in relation to her more flagrantly involved brothers and sisters. And yet no type of case, either for the sake of the individual or of society, is more in need of specialized help and guidance. How difficult it is to get such a point of view accepted! Even in this so-called enlightened age, large numbers of our medical colleagues and of the public either vent their wrath or shrug their shoulders and dismiss the situation as none of their business, as something in the nature of original sin, which has to be stamped out by harsh, arbitrary methods, e.g., the flogging of juvenile delinquents and of sex offenders. If people were grouped in terms of physical anomalies, if we could demonstrate the symptoms of the psychopath objectively, it would be easy enough to carry conviction even to the sacred precincts of the law courts. But, as it is at present, a great deal of work remains to be done before we will find acceptance of the power of disordered emotions to determine conduct, especially when there is no evidence of delusion or intellectual incapacity; a condition which seems to me so clearly exemplified by the case which has been presented.

*Necessity for Intensive Study*

Let us, however, realize that we have people in our midst, semi-insane and semi-responsible, if you like to use such terms, who, in every walk of life from the highest social and political offices to the ranks of the unemployed and delinquent, not only are unable to conform adequately in their personal lives, but may even be responsible for some of the greatest social crimes in history. If that is true, then it is incumbent not to relegate such people to our psychiatric lumber rooms, but to discuss them, recognize them, and bring them forward into the noontide sun of revelation so that we can resolve matters on a more satisfactory and harmonious basis. We require much greater conviction regarding their need for help. The mere statement of the problem may open up trains of thought and further endeavor. In the progress it has made already, psychiatry has brought order out of chaos, and my main reason for introducing you anew to the study of psychopathic states is because they still remain so unclearly understood and differentiated. Through them we may be able to gain a more thorough understanding of the motives underlying the conduct of many of our fellow-men.

## CHAPTER II

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### CLINICAL MANIFESTATIONS

AS I review my experience with the psychiatric material which I have had an opportunity to examine and treat, whether in mental hospital, psychiatric clinic, prison or private practice, I become more fully convinced that psychopathic states as a group constitute a large part of that practice. That statement applies especially to non-mental hospital patients rather than to the mental hospital group.

This is so much the case that I find myself, perhaps, not in direct opposition, but at some variance with Bromberg, Thompson and their co-workers at the Court of General Sessions, New York City, who believe that the statistics of Bernard Glueck and other observers regarding the percentage of psychopathic states among offenders has been rated too high, suggest that such a diagnosis has been too uncritical, and that only "perfectly typical reactions" should be so classified. With becoming modesty, I submit, that it is terribly difficult, if not impossible, to define a "perfectly typical reaction" no matter of what kind, and any attempt to do so is apt to lead to a rigidity of formulation and classification which this type of case does not lend itself to. So-called "reactive" states, for instance, create a growing skepticism because they so greatly discount a biological background, while the intimate linking of chronic anti-sociality with crime as crime is almost a negation of the underlying

associated medical aspects. The above statements have not been made in any carping, argumentative spirit. I know full well the great difficulties of medico-legal practice, the delicacy and tact with which the issues have to be handled, the ease with which the court may be antagonized by a too-partisan medical bias, and the equal danger of the court psychiatrist being forced into an opinion of too-great definiteness if he is to carry conviction. To satisfy the judge and his own medical opinion and conscience, at one and the same time, is neither an easy nor an enviable task. The apparent conservatism of the above authors, and my apparent liberalism, may be influenced entirely by the different conditions under which we work. My own experience enables me to say that the proportion of psychopathic states, not only among the prison population, but in ordinary social life, is very high indeed, and that in our ordinary psychiatric work we do not realize half seriously enough that it is the underlying psychopathic state which constitutes the rock on which our prognosis and treatment in relation to many psychoneurotic and psychotic states becomes shattered. It is my firm contention that if we had a clearer appreciation of the importance of the part played by psychopathic states we would understand more fully and treat more successfully many of the psychoneurotic and psychotic states with which we are concerned.

In support of my opinion I intend in the following discussion of the varying clinical manifestations of psychopathic states to approach the matter in a dynamic rather than in a static way, to have the players, so to speak, in motion, and to produce a series of studies backed up, where necessary, by chronological data. For this purpose, instead of attempting to classify by a minute analysis of the personal-

ity which leads to redundancy, three large groups only will be utilized which I believe are inclusive of everything we can with justification term psychopathic states.

1. Predominantly aggressive.
2. Predominantly passive or inadequate.
3. Predominantly creative.

It is not claimed that these groups are clean-cut, for in fact they merge into one another, but yet they are sufficiently distinctive to facilitate discussion and comparison.

#### 1. *Predominantly Aggressive*

If I were to attempt any further distinction between the members of this group and those constituting the other groups, I should be inclined to say that the disorders of conduct to which they are subject are of a more intermittent and transitory nature; between the episodes the patient may reach a relatively successful level. That opinion is offered with the full realization that the aggressive act may be of a dangerous or even fatal nature. For there is a great deal of truth in Wertham's statement that the impulsive act has, so far as the individual himself is concerned, a benign component; it acts as a kind of antidote to greater mental disorganization. The prominent members of the aggressive group are (a) those who attempt to injure themselves; (b) those who attempt to injure others; (c) the alcoholic and drug addict; (d) the epileptoid; (e) the sex-variants who form a kind of bridge between the more aggressive and more passive or inadequate group.

The members of any or all of the above groups may be suffering from an accompanying psychosis, a smaller num-

ber may be considered as having measured up to a more or less normal standard, but in the present instance attention will be directed only to those who have exhibited conduct disorder based on a more or less specific or pathognomonic psychopathic background.

Edward Glover, in *The Dangers of Being Human*, has pointed out that the way in which Man controls his dangerous instincts, particularly his hate, is by a process of denial and projection. Man becomes animistic or paranoiac. Such mechanisms are seen throughout society, and help to protect society against purely reflex expressions of hate and other anti-social feelings. In certain instances, however, the paranoiac as a means of self-defense may become homicidal. The same argument is applicable to the psychopath, but the psychopath is even more dangerous than the paranoiac because he acts at a much more reflex level. It is, however, in the face of such circumstances, extremely difficult to convince the public that aggressive conduct of a criminal nature can be studied scientifically, but rather does the public find the so-called criminal a convenient person on whom to project its anti-social impulses. "Whereas the criminal discharges his fear and aggression by attacking and punishing the peaceable citizen, the peaceable citizen discharges his fear and aggression by punishing the criminal." And sometimes one cannot help wondering whether perhaps the peaceable citizen is not more to blame than the criminal. We know from the study not merely of the problem child, but of the normal child, how large a part frustration may play in creating habit responses of a terrifying and alarming nature, and how when restriction is removed and free scope is given for individual expression how much benefit occurs. This is so much the case that even the grumbler and the

discontent may become transformed into a useful and constructive member of society.

We see such reactions at all stages of life in the nursery, the school, the university, the factory and wherever liberty is curtailed to an extent that proves intolerable. Society, instead of attempting to understand the situation, is apt to deal with it by increasing restriction and almost inevitably greater turbulence is produced. If we apply that argument to our psychiatric cases it becomes evident that it was by such measures that in the past so many wildly excited maniacal patients were produced. Not infrequently they were manufactured by restraint in one form or another and I am not sure that modern civilization, partly by its restriction, and partly by its freedom and license and lack of understanding, is not manufacturing a good number of psychopaths. Their story is often not listened to, or if it is, it is not given a great deal of credence; and in any case, there is no provision, so why not lock him up in prison or hang him and be done with him? It is not to be wondered at that, under such circumstances, the aggressive psychopath becomes bitter, hates society and himself and attempts to square accounts by whatever impulse is, for the moment, in the ascendant. A few of the more impressive impulse states merit further consideration.

#### SUICIDE

Suicide, whether successful or merely attempted, may be taken as an excellent indication of the hasty, aggressive, impulsive action which forms so characteristic a feature of psychopathic states. By that statement I do not imply that every suicidal attempt is proof of an underlying psychopathic disposition. Far from it. There are many well-

endowed, physically and mentally mature individuals who effect suicide, people whom I would not for a moment attempt to group or understand as psychopaths, however wide their connotation. It is well recognized, for instance, that depression *per se* or as an accompaniment of any other well-defined psychotic or psychoneurotic state is the principal determinant of suicide, and with that opinion I have no quarrel. Indeed, one of the guiding principles of psychiatric work is to regard every case of depression, no matter of what type, as a potential suicide. This has been so much the case that I suppose most psychiatrists have been very skeptical regarding the occurrence of the so-called impulsive suicide. And yet the experience I have gained recently at the Royal Infirmary, Edinburgh, where I have the opportunity of examining all cases of attempted suicide occurring in Edinburgh and its neighborhood, has been a great education and has convinced me that, in many instances, our outlook has been much too circumscribed. In fact, I have come to believe that the aggressive act of suicide is, in many instances, a more individualistic response which may be elicited, almost instantaneously, in face of circumstances which may not have been easy to cope with by a personality who, throughout life, has reacted in a turbulent, impulsive manner to whatsoever difficulties existed. It should be understood that the cases to which I refer were admitted to the Royal Infirmary on account of the attempted suicide, not on account of their underlying nervous or mental state. In the vast majority of instances, these people had been leading their ordinary everyday life until the attempt at suicide occurred. Depression, in many cases, was not the predominant feature at all, but the suicidal attempt was rather the culminating stroke of the narcissistic rebel who

had been in constant warfare with himself and society, and was attempting, so to speak, to hit back.

Considered in such a way, suicide betokens an emotional immaturity and lack of steadfastness, a predominance of impulse and instinct over reason and judgment, a lack of continuity in the purpose of life, a failure to meet reality, all of which are such prominent qualities in the constitution of the psychopath. Such features are particularly well demonstrated by those cases in which suicide is the first indication of some more flagrant constitutional anomaly, and in whom the exogenous factors are trivial. And such cases are by no means infrequent. We remember the traditional story of the Englishman who, owing to the exertion of pulling off his stockings, developed *taedium vitae*, and then killed himself; the man who, on account of headache, said that a long sleep—preferably in a churchyard—was the only thing which would cure him; or the man who, out of pique, cut his throat after having sold what proved to be the winning ticket in an Irish sweepstake. In all such cases the suicidal attempt comes out of a blue sky, there is little or no premeditation, but a quick, impulsive, instinctive action which takes no thought of consequences either as affecting self or others.

Similarly explosive but perhaps more understandable attempts occur in the case of those who suffer from more tangible difficulties, e.g., domestic unhappiness, financial ruin, unemployment, fear of punishment or of ill health either physical or mental. In both of the above groups, the idea of suicide may come with lightning rapidity, quickly reaches an obsessive level and becomes an absorbing compelling thought leading to an alteration or clouding of consciousness; reflex action replaces reflection, and the act is

perpetrated for which subsequently there may be more or less complete amnesia. An analysis of the fore-history of such cases almost invariably discloses ill-adapted personalities, individuals who throughout their lives have been rebellious, touchy, explosive, ruthless and egotistical—people who correspond closely to the psychopathic type.

If the matter is taken a step further, sometimes we may find that suicide forms a link between psychopathic states and the better-defined psychoneurotic, cycloid and schizoid states. The psychoneurotic groups have been described as not suicidal, but that has not been my experience either with them or with superficially innocuous cycloid or schizoid states. In fact, among these groups, we find the experimenters, those who are out for a new sensation, the dramatic, blasé crowd who indulge in heroics and foolish gestures. Sometimes the gestures may end fatally, e.g., purposive accidents, tying themselves up, playing with firearms. We must also make allowance for the "folie raisonnante" type of which the young schoolgirl quoted by William James may serve as an example. She wrote as follows: "Life is sweet to some, but I prefer what is sweeter than life—and that is death. So, good-bye for ever, my dear parents. It is nobody's fault, but a steady desire of my own which I have longed to fulfil for three or four years." Such actions and sentiments are not the despairing acts of those who are melancholy but rather indicate the striving for happiness, the wish for Nirvana by a soul or ego which feels inadequate for the struggle of existence. The tendency becomes ever so much greater in those with psychopathic components in their make-up, and I am confirmed in this opinion for the reason that when admission to the hospital is necessary they make a rapid readjustment, and can be discharged with

safety to their homes after a few days' treatment. Such a course is quite outside my conception of the duration of psychoneurotic, cycloid, and schizoid states; in the latter instance, treatment is a matter of weeks or months.

An even wider aspect and one which is consistent with my view of what constitutes a psychopathic state is furnished by an analysis of the statistics of suicide in Scotland, a country in which we are dealing with an homogeneous race and a settled population. Between the census years 1911-1921 the increase in the suicidal death rate was negligible, whereas from 1921-1931 the rate doubled itself and, in the case of women, was more than doubled; in 1931, the rate per million of the population was 101.8. In Scotland in 1933 there were actually 196 more suicidal deaths than in 1923; the greater proportion of suicidal deaths occur in the larger townships (over 20,000 inhabitants) as compared with the smaller towns and landward areas; the natural deduction being that in those centers where competition is more serious, where adaptation is more difficult, where failure and defeat are more likely, and where unemployment, alcoholism and poverty are more prevalent, the problem of suicide becomes more alarming.

In England and Wales the position is closely analogous. In 1932 a total of 5,657 successful suicides were recorded, giving a rate per million of the population slightly higher than that existing in Scotland; to state it more graphically, over fourteen suicides occur every twenty-four hours in the British Isles.

The above statistics form a striking indictment of the stability (or lack of it) of modern life, and almost surround the oft-quoted statement of Morselli in 1881 with an air of prophecy: "The painful fact has been demonstrated that

suicide has increased from the beginning of the century and that this increase is irrespective of race or religion." While we blame modern conditions, it may be suggested that the great increase in psychopathic reactions is in some measure due to the much greater license and freedom of individual response and to the failure of parental, legal and pastoral control. Social solidarity has been loosened to an extent which is perilous, and while I would by no means recommend a return to a rule by fear through authority, yet a much more constructive and understanding attitude requires to be adopted than at present exists. It does not serve much purpose to compare the present with the past, but it is probable that the Church, the law and public opinion had a restraining influence on suicide. Indeed, throughout the process of our cultural and social evolution a changing ethical or moral standard can be correlated with the religious, legal and philosophical beliefs of the moment, and this is clearly seen in relation to suicide. On the one hand, suicide was acclaimed as a reasonable and honorable form of exit, on the other hand it was considered unthinkable, as something disgraceful and cowardly; today the balance seems to be on the side of the honorable exit. We are, in fact, reverting very much to the philosophy of the early Roman and Grecian Empires which argued that the struggle for existence was so foredoomed to failure and defeat that death by suicide was not merely reasonable, but justifiable. The thought of Antiquity, according to Schweitzer, regarded life and its management rather as a state of perfect resignation than as one of perfect activity, which comes nearer the idealism of today. We are still a long way from reaching that ideal, the more popular attitude being "if the living isn't good, why live?" Such a form of philosophy is

disastrous, both for the individual and the state, as it is bound to destroy that spirit of solidarity and comradeship on which the welfare of every nation depends.

In any case, it is perfectly obvious that the problem of suicide is so vast and all-pervading of every rank of society that it constitutes a medico-social obligation of the first importance, one which can only be successfully met by successful biological adaptation. Medicine in its curative phase has fought shy of the whole issue; medicine in its preventive phase has a magnificent opportunity; but to be successful the assistance of all bodies and agencies interested in human betterment and social welfare is essential. An advance has been made to the extent that the person attempting suicide is no longer regarded as a felon, but as someone in need of help, a sick man who with suitable measures may be reconstituted as a useful member of society. The same principle or attitude can with equal justice be extended to every other type of psychopathic reaction. If that principle can be found acceptable, we will already have gone a long way towards a more constructive approach to this great problem. But, in our evaluation of all the circumstances, etiological and otherwise, it is imperative that we should pay as much attention to the conscious and obvious as to those symbolic acts and thoughts which make us speculate in terms of unconscious motivation and determination.

To say that suicide is a method of escaping from reality is clear enough; to talk of it as the expression of feeling to a superlative degree, as Stearns does, draws our attention to the amount of affect involved; to ascribe it to a conflict between the life and death motives resulting in the liberation of aggressive tendencies which through the mechanism of guilt feelings creates an inverted sadism, is a theory which,

in many cases, can be amply substantiated; to think of it, as Melitta Schimideberg does, as (a) a method of preventing oneself from committing forbidden acts; or (b) an atonement for forbidden acts; or (c) an attempt to find security and happiness as evidenced by such substitutes as playing truant or running away, gives us an even wider perspective. But the further attempt to distinguish between suicide and self-sacrificial death (*opfertod*) on the basis of a direct or indirect revolt of the ego in the former case, compared with a total or partial obliteration of the ego through identification with a superior punishing morality, e.g., super-ego, father, society, is carrying the matter to a stage of analysis and deduction which is too highly theoretical.

The causation is indeed so complicated that in contradiction of the teaching of the psychoanalytic school, I would say that the enigma of suicide has not by any means been solved. There are still far too many unknown elements and anomalous situations to allow us to speak with any dogmatism either in relation to causation or motivation.

For my present purpose, I shall be satisfied if I have made it clear that suicide is at least one way in which the psychopathic state, on many occasions, may demonstrate its presence.

The following case record may be cited as illustrative:

A young man, twenty years old, was admitted to the Jordanburn Nerve Hospital where he presented an unnatural attitude of calmness and stated that it was difficult to decide what his true personality was. His calmness was more apparent than real, and had followed a series of attempts to commit suicide. He co-operated in a thorough review of his life-history and seemed optimistic in his general outlook. But, during his hospital residence, it was readily apparent that

any disappointment created a cynical fatalistic attitude resulting in repeated suicidal attempts on account of which he required constant special supervision both night and day. Between these episodes he conversed normally and explained his condition as due to a hatred of himself and an inner conviction that he was deficient in appearance, physique, heredity and attainment. He, however, denied any subjective feeling of depression.

His history showed that he was an illegitimate child of a mother who was subject to violent outbursts of anger, and of a father who was addicted to drugs. The difficulties of his bringing up were accentuated, at the age of thirteen years, when he gained full knowledge of his illegitimacy. From that time onwards his life had consisted of a series of contrasts and conflicts resulting in his suicidal attempts. For instance, for a time he passed through a deeply religious phase with self-flagellation as an attempt to sublimate his guilt feelings in relation to masturbation. He was aggressive and exhibitionistic, e.g., asserted himself at school, joined literary and dramatic societies, spoke in public, did his best to excel at games, while the idea of demonstrating a self-inflicted scar became attractive and to this end he cut his face and poured acid over his hand. He discovered a keen pleasure in physical pain which allowed him to pick up hot objects even when no one was present. There were episodes of petty pilfering and some of the articles stolen were retained and have continued to afford him peculiar satisfaction. His sexual life was complicated by his striving after an idealized relationship together with a strong heterosexual urge which he regarded as base and lustful. He was always most attracted by a girl who snubbed him. As soon as she showed an interest in him, he ceased to be attracted by her.

The idea of killing himself developed from a sense of guilt after having forged his employer's name. His mood at this time was one of enforced calm with a dramatized sense of the picturesqueness of his own end. Socially, he strove to be a member of two incompatible sets; he strove to be sincere, but felt himself an actor.

The case reported above is an excellent illustration of those complexly determined emotional states which we term catathymic crisis—a condition which will be referred to later.

#### MURDER AND ASSAULT

A young married man, twenty-six years old, in January, 1934, murdered a young woman whom he had met for the first time on the day of the tragedy. There was no dubiety regarding the actual facts. Following the crime the man returned to his own home, and when detectives arrived to arrest him he was in a deep sleep. When awakened he recalled every incident of the deed and actually directed the detectives to the place where the crime had been perpetrated. During the previous day the prisoner had been working as usual and had not exhibited any abnormality of conduct. His history, however, was significant.

The prisoner came from a healthy stock and was the second oldest of eight children, all of whom had developed satisfactorily. He was a weakly child who at the age of eighteen months suffered from intestinal trouble and for two years was under treatment in the Sick Children's Hospital, Edinburgh. On account of his ill health he was somewhat slow in his physical development, but he was intelligent and eventually was able to keep pace with boys of his own age. At school he played truant, had a strange, irritable, change-

able disposition and constantly complained of boredom. When fourteen years old he threatened to commit suicide, and filled a basin with water for the purpose of doing so. At about the same age he tied a younger sister into a chair, tormented and frightened her. After leaving school he secured many good jobs, but, although capable, he was fickle and erratic, and on numerous occasions suddenly left his place of employment without notice, departed from home and did not return for several weeks. He had previously been in the hands of the police for (1) theft and (2) house-breaking.

At the time of my examination he had been happily married for several years, and was in steady employment. Occasionally he had been subject to bouts of alcoholism and in two instances while under the influence of liquor had had attacks of an epileptiform nature. He was perfectly self-contained, had a full appreciation of the position in which he was placed, and did not exhibit any symptoms of a psychotic nature.

Here, then, we have a strange case, a so-called motiveless murder, which is best understood in terms of his psychological development. The story is that of a young man of poor physique and turbulent disposition who, episodically, throughout his career had exhibited aggressive conduct, finally resulting in murder. At his trial, on the basis of his past history, the crime was reduced from one of murder to culpable homicide or manslaughter, and he was sentenced to fifteen years' penal servitude.

Incidentally, the above case illustrates that in Scotland in cases of capital crime we are returning to the doctrine of a "partial" insanity, but the term "partial" is being used in a different sense from formerly. In the past "partial" was used

to designate a form or type of mental disorder, a monomania; now it is being held as synonymous with mitigating circumstances. A few years ago Lord Alness in the case of *Rex v. Savage* interpreted the law as follows: "Formerly there were only two classes of prisoner, those who were completely responsible, and those who were completely irresponsible. Our law has now come to recognise in murder cases a third class, those who, while they may not merit the description of being insane, are nevertheless in such a condition as to reduce the quality of their act from murder to culpable homicide . . . there must be aberration or weakness of mind; there must be some form of unsoundness; there must be a state of mind bordering on, though not amounting to, insanity; there must be a mind so affected that responsibility is diminished from full responsibility to partial responsibility, the prisoner in question must be only partially responsible for his actions." Such a statement of the law differs widely from the rigid formulation of the Macnaghten Rules, and brings particularly into its scope those people we describe as psychopathic states. It would seem that we have come to act in terms of the adage: "That which in fact is a condition of mental disease (illness) cannot in law be a condition of mental health."

The above case may be used to illustrate several other points. We know that criminal conduct of an aggressive, self-assertive nature is a primitive response and that practically all criminals have given evidence of their uncontrolled instincts before the age of eighteen years. It may be that there are no born criminals, but there are lots of people with defective nervous organizations, innate or acquired, who from their earliest years exhibit anti-social reactions. In some cases these reactions are so persistent and frequent

that they almost constitute continuity, but in the majority of cases these reactions are episodic while, in between, life may be met at a more adequate and satisfactory level. People so circumstanced constitute a social obligation which cannot be neglected or disposed of by the lethal chamber, transportation, sterilization or other hard-and-fast methods. A constructive policy is required, with special emphasis on the needs of the individual. It is the realization that individualization is the dominant truth of modern medical science, whether applied to disease or crime, which allows us to look more hopefully to the future. It is apparent that a considerable gap exists between those delinquents who act with premeditation and malice aforethought, and those others who show the quick reaction-time so characteristic of the psychopathic state. In the latter instance, there is no thought of self or others, but a trigger-like reaction, a short-circuit response giving rise to the chance, affect, and opportunity criminals described by Aschaffenburg. It is, I think, because of the recognition that such types exist that gradually we are passing from the retributory, deterrent phases of punishment to the more reformatory. In 1910 the Home Secretary (Mr. Winston Churchill) expressed the spirit of that change in the following words: "The mood and temper of the public in regard to the treatment of crime and criminals is one of the most unfailing tests of the civilisation of any country. A calm, dispassionate recognition of the rights of the accused, and even of the convicted, criminal against the State—a constant heart-searching of all charged with the deed of punishment—the desire and eagerness to rehabilitate in the world of industry those who have paid their due in the hard coinage of punishment; tireless efforts towards the discovery of curative and regenerative processes, unfailing

faith that there is a treasure, if you can find it, in the heart of every man. These are the symbols which in the treatment of crime and criminals mark and measure the stored-up strength of a nation and are sign and proof of the living virtue in it.”

Every one of us called upon to deal with those in trouble should ponder over the above sentiments so ably expressed. It is, however, not my purpose to enter into a philosophical discussion of delinquent humanity, but merely to discuss it in relation to psychopathic states, and to point out as forcibly as I can that delinquency is not so much due to our innate evil disposition, but rather is determined by our psychobiological development in the light of our individual life-history. A nearer approximation to the situation in *Erewhon*, where to be ill is a crime, while those who are guilty of what we call crime are handed over for treatment to the “straighteners,” men who are trained in soul craft whose duty it is to bend back the crooked, would lead to a far finer analysis of delinquency than has as yet been attempted. If this were done, “the ill-charted sea of psychopathic personalities, neurotic characters or personality types,” as Wertham has described it, would become much more satisfactorily delimited. It is only ill charted because it has been so inadequately surveyed.

A young unmarried man, twenty-six years old, in May, 1924, murdered his mother and two children aged six years and two years respectively. On the day of the tragedy, a few hours previous to its being effected, he remarked to his sister that there was nothing in being hanged and that he was born to be so dealt with. Following the deed he gave himself up to the police and confessed to his crime. A few hours later, when I examined him, he was in a calm, col-

lected frame of mind, was able to give an accurate account of his life and of everything that had transpired before and after the deed. Apart from complete moral insensibility regarding the terrible deed which he had committed, he exhibited no gross mental symptoms.

An investigation of his history showed that he came from a poor home; both his parents were addicted to alcohol; he had had a deformed foot from infancy, which had prevented him from taking part in the amusements of his friends, and in consequence had been a source of irritation and discomfort. He was erratic and turbulent in his disposition, cruel to others but clever and cunning. When sixteen years old he attempted suicide; on eight occasions previous to his present offense he had been in the hands of the police for such offenses as theft, assault and fire-raising. A few months previous to the tragedy with which he was charged, his foot had been amputated, and it was only a day or two after leaving the hospital that the tragedy was effected. At his trial, on the basis of his past history he was considered to be an unstable, only "partially" responsible person and was sentenced to a period of penal servitude. In prison he was truculent and troublesome but in due course he was liberated; shortly afterwards, he was convicted of lewd practices towards a boy four years old, and he was again sentenced to penal servitude. During his prison sentence a psychiatric examination was made and he was transferred to a mental hospital under Section 15 of the Lunacy Act 1862.

Frankly, I do not know how to describe such a case other than by the term psychopathic state. The case is important in that I have been able to follow his record for a period of thirteen years, and have become more and more confirmed

in my opinion. It is easy enough to see that in both of these cases we are dealing with young men who are compensating for feelings of inferiority, while from the psychoanalytic point of view their acts are symbolic of a striving for power and mastery, and can easily be translated into psychoanalytic symbols.

A case which illustrates certain further points and shows the development from childhood of the psychopathic state may now be reported:

A young unmarried man, twenty-six years old, in October, 1933, was charged with (a) housebreaking; (b) theft; (c) indecent assault. He pleaded guilty to all charges. The prisoner came from an excellent home, and had had all the advantages which devoted parents could give him. His father stated that throughout the patient's life his actions had been a constant puzzle. When five years old he developed a mania for entering water, no matter how deep. When seven years old, he wandered away from home, slept out at night and absented himself from school. When ten years old he was birched for shopbreaking and was sent to a reformatory school for three years. After leaving he entered a higher grade school where he displayed considerable intellectual ability but was difficult to control. In his first place of employment he stole ten shillings and a gold watch. His parents became desperate and dispatched him to a ranch in the Argentine, but there he broke into his employer's money box, stole a sum of one hundred and twenty pounds and proceeded to lead a gay life. He was arrested, but eventually under the auspices of the Salvation Army was allowed to return home. Shortly afterwards he received a Borstal sentence for housebreaking; he effected his escape, was

arrested on a charge of attempted murder and was sentenced to seven years' imprisonment.

He did not drink; his sex life was not unusual. He described his career as one of adventure rather than crime. He was a young man of engaging manners who gave one the impression of glorying in his adventures and tending to magnify rather than to minimize them. He wanted to join the Foreign Legion. A letter to his mother gives an excellent idea of his type. He writes: "I cannot explain anything as my actions have certainly been inexcusable. The irony of returning to this sort of life after tasting the sweets of real living makes me grit my teeth in an agony of despair which is indescribable. To think that I wrote an article on Modern Youth and became a champion for clean living is laughable or would be if it were not so bitterly tragic. The difference between my thoughts and deeds must strike any intelligent person that I am a madman, utterly and irredeemably insane. Perhaps I am at times. I cannot account for the diversity of my thoughts and actions."

These cases must suffice—they could be multiplied almost indefinitely. They prove over and over again that those who show such aggressive tendencies recognize, up to a point, the difficulties and dangers of their own constitution and their impotence in dealing with it. They exhibit types of split personality, but not so detached as to be inordinate or unconscious of the conflict which goes on. They exhibit conduct much more serious than the dissociation of the hysteric, and yet they do not show the total disorganization of the psychotic.

The clinical features which mark the aggressive acts of the types described are, because of their infinite variety,

almost impossible to group, but there are several points which may be stressed. It would appear that the hate impulse reaches a level where the individual becomes mentally blinded, dissociated and so clouded in his consciousness that he acts with what is popularly called "blind fury," and shows a ruthlessness, a callousness and apparent insensibility for self and others which is almost inhuman. The case of Dr. Ruxton who, in 1936, murdered his wife and servant and then dismembered their bodies is a case in point. Though the fury is so alarming while it lasts, yet, as a rule, it is short-lived, a matter of minutes or hours, and is followed by a state of calmness and relief such as the epileptic experiences after a convulsive seizure. The excitement may be so intense that transitory hallucinatory phenomena may occur. The amnesia which so frequently is put forward as a defense at the time of trial is more real than is supposed. Such a clinical picture as has been described is not something which occurs once in the lifetime of the affected individual, but is a condition which may be produced at the slightest provocation or even where there has been no provocation at all. We find that we are dealing with people who throughout their lives have been difficult to please, who are intolerant of routine, imperious, bad losers, petulant, egotistical and emotionally immature. The impulsive furious act is the symbol of a spirit in rebellion against organized society, or, if you prefer it, a reaction towards the overpowering strictness of the super-ego. It is the underlying biological make-up which is at fault. Some may think with Wittels in fixation at Freud's first phallic phase, or others may be intrigued with the views of Melanie Klein, Alexander and others to the effect that when fear of the super-ego oversteps certain bounds, a break will occur either in the direction of crimi-

nality or psychosis. On the other hand, Wertham offers a sequential analysis in terms of the catathymic behavior described by Bleuler and Hans Maier: a psychogenic trauma leads to a state of tension which eventually crystallizes in a violent act followed by relief, and subsequently by insight. While Wertham's opinion and hypothesis are most seductive, I doubt whether we can go so far as to say that "the catathymic crisis as a clinical entity seems indispensable for the understanding of certain forms of violent crime and of suicide." I can understand the mechanism, but mechanism does not constitute an entity; it is prevalent in a variety of conditions.

Personally, I am much more interested in judging each actual situation or case on its merits and in the setting of the life-history without at this stage laying down an interpretation which is common to all.

#### ALCOHOLISM AND DRUG ADDICTION

It is now generally admitted that alcoholism and drug addiction are unhealthy expressions of an ill-adapted, impulsive, inadequate personality. It is true that there are certain conditions which are specific to alcoholism and to drug addiction, but the underlying biological disposition of the person so affected is another kettle of fish altogether. That situation has been summed up by McCurdy when he said: "Many a person is alcoholic even before he has consumed a drop of alcohol." The acceptance of that dictum is fairly general, and it indicates that the alcoholic, and the drug addict, too, has a constitution or predisposition which resorts to those agents at the slightest provocation or even without any provocation at all. The point I wish to make is that it is an almost identical type of disposition which uses

those agents as commits suicide or perpetrates a serious assault which may result in murder. It is merely another way of escaping from reality, more pleasant perhaps, but by no means less deleterious either for the individual or for society.

Psychiatry, while giving tacit recognition to this point of view, has not taken any active steps to deal with it. Apparently, it has had the idea that the problem was too involved, that public opinion would not sanction any active steps, and that in many instances it would be simpler to leave the matter alone, and, where possible, hand over the responsibility to the police. And we know the consequences. Such persons form the ins and outs of the prison system, they ruin their families, and are a source of disaffection and trouble wherever they go.

If the matter is resolved into terms of their disposition, if the position is summed up in the light of a chronological history of their life-histories, it may be seen, with the usual exception here and there, that the position is simplified and that we can say that we are dealing with ill-adapted, individualistic, immature, emotionally undeveloped types who require treatment not necessarily psychoanalytic, which will adjust that person more satisfactorily to his particular milieu. It is because of this underlying instability, this instinctive type of response which is shown, that we do not hold them equally responsible with their more sober neighbors. I know that it may not be the general practice to exempt the alcoholic who commits a crime on the basis of his alcoholism alone, except where a specific alcoholic form of mental disorder exists, but on the other hand alcoholism whether giving rise to delirium tremens, Korsakow's psychosis or any other type, is a disease of the personality which, in actual practice, is dealt with more leniently than was the

case heretofore. It does not necessarily mean that the alcoholic or the drug addict is suffering from a psychosis any more than the suicide, murderer or sex pervert, but he is on a par with such cases, and his inadequate or impulsive reactions require to be treated on very much the same basis. It would help if our laws were more elastic, if we were allowed to assess the case in the light of the individual's life-history rather than on the temporary pictures we may be confronted with. These cases, however, do not lend themselves especially to treatment under institutional conditions, except under extreme circumstances; the majority respond better to general understanding and management on an out-patient basis.

The danger of alcohol lies in the fact that it loosens all the higher inhibitory factors, allows the repressed instinctive ones to come into play so that man becomes primitive in his outlook and habits. For practical purposes we need hardly follow the psychoanalytic school into the subtleties of overcoming castration anxiety, and its ultimate failure to do so producing rather impotence and death (symbolic castration), nor need we accept *in toto* the idea of a latent homosexuality. We can, however, be more or less certain that the aggressive impulses which are freed are accompanied or even determined by the idea of hate, and by a stimulation of the sexual impulse which may show itself in a variety of ways, e.g., exhibitionism, sadism, fetishism, or any form of sexual inversion. Strecker even suggests—and there may be a good deal of truth in his assertion—that, because of the arrested maturity that exists in so many abnormal drinkers, alcohol is used to evade a mature facing of reality as evidenced by latent heterosexuality. Whatever the mechanism may be—and it is probably not uncomplicated—there appears to be

little doubt regarding the underlying instability and immaturity. I have in a former paper reported that, out of thirty-three persons charged with murder, alcohol was an important contributory agent in eleven instances. These men could not be described as being totally under the influence of liquor when their crimes were committed, but whether the amount was large or small, it was sufficient in each instance to precipitate the murderous act. An equivalent situation exists in relation to suicide and sexual offenses. Sullivan, an acute observer, claimed that about 60 per cent of the grave homicidal and 82 per cent of minor crimes were attributable to the influence of alcohol. It is more by luck than by good guidance that more rather than less crimes are not effected by the alcoholic or drug addict.

A young married man, thirty-three years old, was admitted to a nursing home in an alcoholic delirium. At the commencement of his attack he had himself requested that this step should be taken, as he was terrified lest he should murder his wife and children. It was a simple enough matter to treat and cure his delirium, but it was a much more complicated affair to readjust him to the circumstances of his life. The reason, however, was not far to seek. He came from a poor stock, an alcoholic, dominating father, a fussy overanxious mother, and he himself was an only child. His infancy was lonely so that his early years were given up to phantasy and fear. His school life was unhappy, due largely to his dependence and lack of self-confidence. In his later life he overcompensated by his impulsiveness, his egotism and his rebelliousness towards authority. Sexually, he has remained immature; he is still markedly homosexual. The slightest opposition is met by alcoholic overindulgence.

The above case record can be supplemented by stating that, as a class, those patients are undependable, changeable, untrustworthy, so fiery and touchy that they resent opposition or interference, and, at the same time, so opinionated and self-centered that they care little or nothing for family and friends. They are, in many respects, childlike, difficult to please and psychosexually and emotionally immature. It may be because of our failure to appreciate sufficiently the significance of the predominating psychopathic state that we have made so little progress in dealing effectively with the social menace of alcoholism and drug addiction.

#### EPILEPSY

Our knowledge and clinical experiences of varying epileptoid states has increased to such an extent that it has become safer to talk about the epileptoid reaction rather than of "essential" or idiopathic epilepsy. There are epilepsies which develop in adolescence due to no known cause, there are the organic, toxic, biochemical and psychogenic epilepsies, whilst we have also come to include the cataplexies, the pyknolepsies, the affect and psychic epilepsies.

In relation to all those states a group of mental symptoms has been described which, taken together, constitute the "epileptic character." This is so much the case that a person may be described as having the epileptic character even though he has never had an epileptic fit, just as one talks about a person being an alcoholic or having a disposition which will have recourse to alcohol even though no alcohol has been taken. That disposition or character is built up of such qualities as egocentricity, sensitiveness, quarrelsomeness, litigiousness, religiosity and double-dealing, and usually there is progression towards greater selfishness ac-

accompanied by memory loss and lack of interest, so that the personality gradually fades out. In certain cases of idiopathic epilepsy, toxic and organic epilepsy, that is quite so; but not by any manner of means in all cases and much less frequently, if at all, in the biochemically determined and psychogenic forms. The convulsive seizures seen in certain alcoholic states and in hypoglycemia are purely transitory, remain absent when there is no such stimulus, and may have no relation at all to the epileptic character.

We are on even much more difficult territory in relation to the affect and psychic epilepsies. In such states there is an absence of fits but rather are they characterized by emotional states of an explosive nature leading by their very intensity to states of altered consciousness, but not to any actual loss of consciousness. Not unnaturally, I have come to question the validity of these diagnoses. I do not wish to state a case where no case exists, I do not wish to overdraw the picture of the importance of the psychopathic state, I do not wish merely to substitute one name for another, but I am offering the suggestion that, in connection with the epilepsies, we open up a fertile field for further discussion as to the relation of a psychopathic state as seen in other types of aggressive conduct to the condition described as the epileptic character. I am almost inclined to believe that we have widened our conception of the epilepsies to too great a degree, largely because we have had too narrow a conception of what we call psychopathic states. It is not perhaps very important, but in certain cases of medico-legal importance we would probably carry much more weight if we showed how a psychopathic state could lead to a state of altered consciousness amounting to an affect and/or psychic epilepsy rather than to try to prove a psychic

epilepsy *sine* fits. The point of difference is that in one case you have a background of a cold, ruthless, impulsive, quarrelsome, explosive person who, on the slightest provocation, will show conduct of an episodic nature without progression of symptoms and without that state of emotional and intellectual deterioration which is so characteristic of the epileptic process. I admit that I am not sure of my ground in the above formulation, but at least there is a possible basis for argument as is evidenced by the two following cases:

1. In 1924 I saw in consultation a young schoolboy, seventeen years old, the son of an alcoholic father and a high-strung nervous mother. He was described as a difficult, headstrong youth, very opinionated and domineering, egotistical and wayward. Since the age of ten he had complained of headaches, and when sixteen years old he had a typical epileptiform seizure. This recurred on one or two occasions, but for a period of several years he remained free from such attacks. His disposition, however, continued to be erratic and intolerant, he became addicted to liquor, flouted authority, drove a motor car recklessly, boasted of his homosexuality and, in 1931, died in an alcoholic delirium.

How much his psychopathic disposition determined his epilepsy or how much his epilepsy led to the development of his psychopathic behavior is impossible to assess.

2. A married man, thirty-seven years old, the father of seven children, was arrested on a charge of incest, was sentenced to six years' penal servitude, and appealed against his sentence on the ground of mental incapacity. He had been able to carry on his work as a gardener up until his arrest.

My examination showed that he was in full possession of his senses and that there was no evidence of intellectual deterioration.

His family history showed mental defect in three siblings, a half-brother had died in a mental hospital, and two maternal cousins were mentally affected. The prisoner was supposed to have suffered from "fits" in infancy, but the history was problematical. For two years previous to his arrest he had had, in association with drinking bouts, epileptiform fits, but, in addition—and almost more importantly—he described a violent, excitable, irritable, suspicious temperament. His thoughts assumed a very aggressive form, he was obsessed with the idea of murder, and drink gave him a greater sense of ease and comfort. It was while under the influence of drink that his incestuous feelings overcame him. Possibly they may be regarded as a lesser form of aggression than murder.

In this case, also, it is difficult indeed to separate the psychopathic state from the epileptic, or to correlate his behavior difficulties with his epilepsy. It would be easy to argue the matter either way. In general it may be said that the less specific psychopathic state may in certain instances lead to behavior difficulties *plus* an epileptoid state, and that it would be safer to correlate the epileptic character with idiopathic epilepsy only.

#### SEX-VARIANTS

Those unfortunate individuals who exhibit an anomaly or perversion of the sex-instinct are as distressing, heart-rending and pitiful as any who exist. They constitute a grave social danger, are disruptive of organized society in all its branches, and are so subterranean in their methods that

accurate ascertainment and control are far from easy. The ramifications of sex-variation are so infinite, and have been so fully dealt with in special treatises, that it is quite without the scope of this communication to deal with them in detail. My only purpose in emphasizing them at all is because they fit into my conception of what constitutes a psychopathic state. Society has failed to recognize them in such a way, but rather regards them with the gravest repugnance, calls them outcasts and degenerates and treats them with the greatest contempt and severity. And yet, anyone with the slightest glimmering of psychological insight must know that the onanist, the sodomist, fetishist, bestialist, homosexual, the maimers of animals, white-slavers, vendors of pornographic literature and photographs, while exerting a baneful influence on all with whom they come in contact, are dominated by inner instinctive forces which they cannot understand, producing a form of illness which may be loathsome but is none the less real. Many of them reject the idea that there is anything the matter with them; they deny that they are ill just as the hypomaniac and paranoiac may do. Some indeed glory in their state, thank God that they are not as other men, and adopt a general attitude of superiority; others are much more conscious of their difficulties, feel their position acutely, and would give anything to be reconstituted. Naturally, the latter, the more exogenous type, are much more susceptible to successful treatment than the former, but really good results are few and far between. One reason may be that so few voluntarily apply for treatment; the majority come to the psychiatrist via a lawyer, because they have been arrested by the police, and usually the help of the psychiatrist is enlisted only after

many offenses have been committed. They may have served prison sentences, or been flogged or treated by other harsh measures, but responsible prison officials are almost unanimous in their opinion<sup>a</sup> that such methods exert no deterrent or reformative effect. On the contrary, the sex-variant becomes more rebellious and primitive than ever, the same offense is repeated time after time, but while that is so the sex-offender may commit many other types of disordered conduct as well, depending on the opportunity which presents itself. There appears to exist a failure in their biogenetic development which prevents them from reaching the normal adult heterosexual stage. Thus again we are dealing with individuals who cannot rightly either be described as criminal or insane, but rather are they unevenly balanced immature persons, whose psychopathy has taken this particular bias. The more aggressive types suffer from a sense of injustice, are suspicious, hot-tempered, bombastic and impulsive. One man expressed his position to me by saying: "The impulse seems to take you and away you go and do it before you know where you are." They rarely if ever show any particle of remorse, but on the other hand feel perfectly within their rights. In contrast, we find shy, diffident, sensitive, artistic solitary individuals, who are fastidious in their appearance, feminine in their tastes, with a partiality for non-manly occupations. Their general attitude is childish, they react foolishly to opposition or criticism, and overcompensate by a vain, superior pose which vanishes under the influence of alcohol or drugs. A number correspond to Kahn's ego-searcher types, individuals who find adaptation to their environment too difficult. Taking them as a whole, their general development is inadequate,

they are psychopathically predisposed, and behave sexually in much the same unthinking, instinctive, individualistic manner as the suicide and the murderer.

## 2. *Predominantly Inadequate*

It is not to be thought that aggressive reactions do not occur in this group. They may occur, but not to the extent or degree noted in the previous one; in this instance the aggressiveness involves threat more than action and rarely proceeds to a conflagration involving the whole personality. If the tendency should be towards delinquency the usual history is one of "petty" criminality, thieving, lying, swindling; if towards neurosis or psychosis we find the emotionally unstable, erratic, hypochondriacal, nervously exhausted, sensitive, shy, excitable types who may be classified in a variety of ways, e.g., hysterical, neurasthenic, cycloid, etc. The inadequate groups are almost more consistently abnormal or immoral, more malignantly involved in their individual tendency than the members of the more definitely aggressive group. They do not reach the same level of betterment and never acquire the amount of insight which the aggressives do. Some are placid, easy-going, facile individuals who follow the path of least resistance, agree with whoever seems to be in the ascendant, and are so good-natured that they may be regarded as charming companions. They have been likened to flowers without perfume. It is only after they have failed their friends and acquaintances repeatedly and have shown an almost entire absence of warmth and honor that they are recognized as suffering from an essential lack, an inability to meet life fairly. When involved in difficulty, they rely on glib explanations and

rationalizations which tell only a fraction of the truth. Others are more calm and frigid, are blunted emotionally, and may show a condition approaching apathy, but it is not so much an apathy as a self-centeredness which takes no thought of others, and has for its aim the individual's self-gratification and glorification, irrespective of what consequences may follow. They form friendships with the least desirable of their acquaintances, and have a facility for involving themselves in difficulties which, with a little prudence, might easily have been avoided. They are both narcissistic and exhibitionistic; altruism has little or no place, but in their own mild way they take a delight in their morbid fancies in relation to others; their wit is macabre. Remorse, if it ever is present, is short-lived and soon forgotten; they have no sense of shame of being dependent on their families even although their families have rescued them innumerable times. They accept everything, and give nothing in return. They rarely cry, and even in a prison or other institution they conduct themselves with wonderful quietness and prudence.

Such states of mind exhibit a detachment from reality, an altered consciousness, a form of split-mindedness where attention is difficult to gain, and where phantasy and romance lead up to situations which are more or less obvious over-compensations for the failure to adapt to actual conditions. When this is so, it is easy enough to understand how fugues, episodes of thieving, hallucinatory experiences and so on may occur episodically; and it is equally easy to understand how, superficially, such clinical pictures may be mistaken for the better-defined and more generally accepted psychoneurotic and psychotic states.

I contend that we have failed to appreciate the specific

background of those cases but in an analysis of personality traits have thought too exclusively of what is neurotic, or cycloid, or schizoid and not sufficiently in relation to the possibility of other dispositional combinations leading to those states we now have under consideration. That position, as I have stated previously, has probably been due to the emphasis laid on contrasting manic-depressive and schizophrenic states not only by Kraepelin but by many subsequent writers. I recognize that it may be suggested that if our concept of psychopathic states is widened so greatly it will be utilized too freely for many neurotic and psychotic states which are not clearly enough differentiated. That may be true, but it is just such cases which need much more intensive study than they have received, so that I have no apology to offer. If this position is accepted, then it is evident that the predominantly inadequate are a numerous and important group, both owing to their inability to conform socially, and to the lack of machinery, legal or medical, whereby we can, in certain instances anyway, insure their adequate and satisfactory treatment.

An unmarried woman, twenty-four years old, the only child of a sensitive father and a mother who died from myasthenia gravis, has throughout her life exhibited conduct which still gives rise to much concern. She has had all the advantages that high social status and wealth can confer. Early in life she developed an antagonism to her parents, exhibited autoerotism and was extremely selfish. At school she had no difficulty, intellectually, in maintaining her place, but she was so self-centered, self-willed and subversive of authority that she had to be withdrawn. During the past nine years her conduct has continued at much the same level, even though she has had the advantage of the most

skilled companionship. She sees herself in a romantic rôle, regards herself as misjudged and misunderstood and, if frustrated in any way, accuses those in authority of cruelty. She takes an almost calm delight in making those around her miserable, she has no sense of loyalty to family or friends, and is dominated by her instinctive desires and wishes. She converses clearly and intelligently, is appealing and disarming in her protestations, and does not hesitate to employ any artifice to gain her own ends. Throughout her career there has been no indication of psychotic trends. Everything possible has been done to interest and help her, but sustained effort practically does not exist, for as soon as she has attained one thing, she wants something else. Her proclivity to form friendships with undesirable chance strangers constitutes one of the great dangers of her life and has led to unremitting supervision.

Physically, she is of leptosomatic body build. We can describe such a condition as an immature, narcissistic type, a person who, psychobiologically, has not developed to the extent of her years, and who has never attained any real sense of responsibility. She is calm, unscrupulous, disloyal, almost without an atom of fine sensitiveness, and her especial difficulties center round her hypersexualism and emotional instability.

This case has been investigated from all angles; every possible method of treatment has been exploited but none, so far, has availed in effecting a readjustment. We do not need to despair absolutely, but the outlook for her future is not reassuring.

Cases of an even more flagrant type involving pseudologia phantastica, swindling and petty thieving are legion and, practically without exception, all have given evidence of

abnormality dating back to the years of puberty or early adolescence. For instance, a nurse, twenty-nine years old, had, since the age of ten years, been untruthful and boastful. She told her school companions the most amazing tales, boasted of her parentage, and of the wonderful parties she was attending, all of which were mythical. When ten years old she borrowed money and then proceeded to bestow gifts indiscriminately on her friends. When nineteen years old she was charged with obtaining goods fraudulently, and was put on probation for one year. She was constantly running up bills and getting into debt, which her family met until they recognized the futility of doing so. She had no affection for anyone, ignored her invalid father and mixed with her social superiors. She had no sexual urge of any kind; she knew of nothing, she said, which created sexual excitation. No doubt as a compensation for her frigidity she averred that she was married to a prominent physician in London, showed his alleged photograph, impersonated him on the telephone and informed a friend that her husband was leaving the patient two hundred thousand pounds.

The same type of history, but varying in minor details, is met with repeatedly, and one noteworthy feature is the manner in which such patients attempt to impress their friends with their generosity, the means for which have been derived from others. This and a certain restless activity raise the question of an accompanying hypomanic state. The condition may remain quiescent for weeks or months, then episodes amounting to orgies occur during which they embark on all kinds of adventures. For instance, a man thirty-three years old has, since the age of ten years, constantly been in hot water both at school, from which he was expelled on account of his escapades, and throughout his later

life. He is a man of great ability who has held excellent posts, but after a varying time he throws them up without apparent reason and enters upon a series of adventures. He thinks of life in that way and wonders what he can do to outwit his fellow-men; he does not hesitate to employ any means to attain his end. He is a most plausible liar, has been arrested for living by false pretenses, has spent periods in prison, in a monastery and in a mental hospital. He is the sort of man who can come in a nonchalant, unabashed way before a class of medical students and really welcome such an opportunity of relating his escapades. He does not know what shame means. In a settled atmosphere such as a mental hospital he behaves, for a time, in an exemplary manner, but his spirit of wanderlust and adventure is never far away. Punishment, kindness, analytic therapy have been ineffective in helping him to change his ways. He is an incorrigible misfit with no ability to differentiate right from wrong and utterly unable to adjust to ordinary social standards. His conduct is comparable to "running amok" in more primitive civilizations.

It is amazing and almost paralyzing to realize the extent to which some of these cases may go before legally or medically any action can be taken to exert adequate control. This, of course, does not necessarily mean commitment. What can or might be done will be discussed subsequently, but in order to emphasize the point, one further case is submitted.

An illegitimate boy, twenty-two years old, showed, in his infancy and childhood, sullen behavior varied by outbursts of violence and bad temper during which he was destructive. His school record was satisfactory, he passed all the necessary examinations, and for two and a half years after leaving

school attended a technical college. When thirteen years old, he was placed on probation after stealing money from younger children, and pilfering from carts and lorries in the street. Thereafter, his career is a continuous story of thieving and instability in employment. On leaving school, he was apprenticed to a baker, and then to a grocer. From both posts he was discharged for thieving and unsatisfactory work. He was tried at Dr. Cossar's Farm School but this proved a failure. He was indentured to a firm of manufacturing chemists, and later to a firm of engineers. He was discharged from both posts on account of laziness, absenting himself, unsatisfactory work and petty thieving. Later in his career he served several short prison sentences for such offenses as housebreaking and sexual assault towards children. On one occasion, following a dramatic attempt to commit suicide, he was certified as of unsound mind, but in a few weeks he was discharged as recovered. It was only as a last resort that he was certified under the Mental Deficiency Act as a moral defective. The Stanford Revision of the Binet-Simon scale gives him a mental age of sixteen years and an I.Q. of 100.

It is easy enough to accept these cases as evidence, in a general way, of psychopathic states, conditions which Stekel calls paropathic impulses representing a craving for repetition, a striving for infantile impressions and pleasure. In all of them the will-to-power mechanism is supposed to be operative, but, in order to be effective, a self-induced, drowsy, hypnoidal state is postulated which has led Stekel to the view that fugue states, stealing, lying, etc., are all forms of dissociation determined by a sexual component.

In many cases I am satisfied that both dissociation and an unsatisfied or unsatisfactory sex life are present, but such

an all-embracing mechanistic conception as that of Stekel's is unlikely to meet with general acceptance.

My thesis becomes very much more involved and controversial when attention is directed to the possible influence which an underlying psychopathic state may have in modifying the development and course of those conditions we usually classify as psychoneurotic or psychotic, e.g., cycloid, schizoid, paranoid. I want to make it perfectly clear that I am not in the least implying that there is any essential bond between psychopathic and psychoneurotic and psychotic states, nor even that the individual becomes neurotic or psychotic more easily because he is already a psychopath, but in the subsequent discussion my main purpose is to show that in certain psychoneurotic and psychotic states a psychopathic component may be present more generally than has been recognized, and may have exerted a material influence on the course and character of the illness. In the many discussions which have occurred regarding the interrelationship of the psychoneuroses and psychoses it is perhaps not a little surprising that the psychopath has been practically unnoticed. And yet the psychobiological immaturity which forms so prominent a part of the character of the psychopath is almost bound to have a fairly close relationship to those psychoneurotic and psychotic states which do not conform strictly to pattern and in which the inability to give up infantile forms of gratification is of considerable significance. For the purposes of orientation a few words regarding psychoanalytic doctrine may not be out of place.

A good many years have now passed since the doctrine and practice of psychoanalysis came to illumine much that was formerly obscure, and raised the hope that at last a

technique had been discovered which would lead not only to a greater understanding but also to the more successful treatment of certain nervous illnesses. The psychoneuroses were reclassified and reformulated and it was considered not merely advisable, but necessary, to divide the "actual" neuroses from the "psychoneuroses." We were introduced to the slogan that "no neurosis could possibly arise with a normal sexual life" and specific etiological and clinical differentiations were effected which created intense enthusiasm and led, in many instances, to a more understanding psychotherapy. The "actual neuroses"—neurasthenia and anxiety neurosis—were thought to be dependent on onanism or involuntary seminal emissions in the case of the former, and on coitus interruptus or other measures which prevented complete sexual satisfaction in the case of the latter. The psychoneuroses were divided into three groups: (a) conversion hysteria; (b) anxiety hysteria; (c) obsessional states. The psychoneuroses were supposed to be due to unconscious mechanisms, so much so that every psychoneurotic symptom represented the disguised manifestation of a repressed wish fulfillment, and, in every case, the wish was of a sexual nature.

Furthermore, all such conditions were said to originate in early childhood so that "nothing happening to a child after the age of five years can cause a psychoneurosis."

The above early and somewhat naïve formulations of the psychoanalytic school have now been elaborated as pre-genital libido theories, and hypothesis based on analysis has been supplanting actual clinical life-studies. The entire emphasis is placed on the interpretation of what is unconscious, while the actual discipline of the patient's life is left to look after itself; the analyst pays little or no attention to

the conscious and obvious situations which are often of so great importance. This one-sided approach is a dangerous type of medical practice, and as a result many of us have come seriously to question the validity both of the specific etiology and the clinical differentiations which have been so arbitrarily laid down. I have felt even more justified in my attitude of protest since reading Kubie's statement: "Analytic theory is in a state of flux as it has been ever since its birth forty years ago . . . the concept of the essential mechanisms has constantly shifted and will continue to shift." If that is a true evaluation of psychoanalytic practice and doctrine, then I shall continue to study the patients in terms of their life reactions as determined by their biology rather than by tracing out unconscious mechanisms which may or may not have any direct application to the problem in hand. You may remember that Kahn described the hysteric as a psychopath in pure culture, and noted the struggle for prestige. Each psychoneurotic type, in his own way, does exactly the same thing and attempts to become the center of the picture; this may not be dependent so much on the question of sex development and gratification or lack of it as on the more general background of a psychobiological inadequacy.

Kretschmer has very much the same approach when he points out that the psychoanalytic school has been interested in the problem of experiences, their elaboration, transformation and after-effects, and that the inner structure of the personality has received little attention. He contrasts the "endogenous-non-responsive to psychotherapy" with the "psychogenic-responsive to psychotherapy," and shows that neither contention is absolutely valid. He adopts rather the psychobiological viewpoint of Adolf

Meyer, and emphasizes the need of a study of the *total* personality and its reactions in relation to the environmental milieu.

While I have quoted the formulations of the Freudian school, it is only fair to state that Freud himself has always been much more aware of the importance of the constitutional factor in the neuroses than his followers, and has constantly suggested that it has been greatly overlooked.

In this respect Slater's review of "Inheritance in Mental Disorder" as affecting psychoneurotic disorders has considerable significance. For instance, he quotes Luxemburger as finding in the sibs of obsessional neurotics 46 per cent abnormal personalities, while A. J. Lewis found among the parents of fifty obsessional cases 37 per cent personalities showing marked obsessional traits, while in the sibs there were over 20 per cent of mild or severe obsessional characters. Of hystericals Kraulis investigated two groups—(a) socially abnormal personalities showing the hysterical type of reaction; (b) episodic hysterical reactions. Of the first group 28 per cent were slightly or severely mentally defective, 63 per cent had been in conflict with the law, 86 per cent had shown abnormal character traits from childhood. They were of a lower social standard than the average, tended to mate with psychopathic partners, and married life proved unhappy.

The second group showed essentially the same features, but to a lesser degree. Von Baeyer's investigations of the pseudologia phantastica group showed 35 per cent psychopathy among the sibs leading as in the propositi to a high degree of criminality—23 per cent. A very high proportion of such personalities were of the hyperthymic and cyclothymic types and, in fact, Von Baeyer believes that "prob-

ably in every true psychopathic swindler a constitutional hyperthymic or cyclothymic factor lies hid"—a questionable generalization which I cannot substantiate.

My colleague, R. G. McInnes, working at the Jordanburn Nerve Hospital, in his paper on "Observations on Heredity in Neurosis" has pointed out quite clearly that in many cases of neurosis no constitutional predisposition is present, and that in such cases recovery usually occurs. On the other hand, there are numerous cases where the patient breaks down under the slightest strain, and can only be treated with the simplest measures and modified results. In such cases there is probably a strong neurotic tendency.

Personally, I would be inclined to put the matter more strongly and would suggest that a similar psychopathic background exists in a great many psychoneurotics as is present in the other groups already discussed. We have people who are cold and indifferent to others, who are egocentric, emotionally unstable, immature and are subject to episodes of psychoneurosis just as others are subject to episodes of suicide, murder and sex delinquency and petty crime. I do not want to seem unduly pessimistic or reactionary but I am unable to take the same optimistic outlook regarding the complete readjustment of the psychoneurotic as most others do.

An exception may be made in the case of anxiety states, especially those associated with depression. But, otherwise, the neurasthenics, the hystericals, the obsessional states are extremely difficult to cure, irrespective of whatever psychotherapeutic method is employed. We can all get results; sometimes these results have an element of brilliance, and the improvement or complete readjustment is well sustained; but in more cases than not we have to be content

with alleviation rather than cure, and in a considerable number the patient may remain entirely uninfluenced by any method we care to employ. This latter group never learn to put away childish things, but remain dependent and immature during the greater portion of their lives.

For instance, a young woman, thirty-two years old, has had, for several years, a weakness of her left leg. Her work was too much for her, her working conditions bad, her employer unsympathetic, her mother's death was keenly felt and jealousy existed between her sister and herself. She was of the recluse type. On examination her condition was in the nature of an anorexia nervosa and was marked by loss of appetite and amenorrhea. All her symptoms were of a functional nature, but, unfortunately she was subjected to much operative interference and also to a period of Weir Mitchell treatment which she enjoyed on account of the ease with which she could retire into herself, and yet be treated with great secrecy. Eventually, her desire was to enter a hospital for incurables where she could retreat entirely from her difficulties.

I do not need to retail all the details. The case is an hysterical reaction, but an investigation has shown that her family history is associated with a history of hysterical dissociation, that at the age of ten years she developed functional symptoms in association with a mastoid operation and that at twenty-five years a return of symptoms occurred of an aggravated nature. It may be that such a case has been manufactured, but the ultimate outlook now is not good. She has developed a persistent invalid reaction and has been so much in the limelight that she cannot do without constant attention. Any attempt to urge her to greater endeavor is met by an exacerbation of her symptoms.

A young woman, twenty-three years old, for four years has been unable to pursue her ordinary occupation. She exhibits a state of panic and apprehension, shakes and trembles when spoken to and, if the situation appears overwhelming, she shows an alteration of consciousness, and falls to the ground. The essential presenting subjective complaints are headache, dizziness, irritability, fatigue and sleeplessness. In her earlier days she was an industrious, capable girl, but always secretive, and with an ambivalent attitude towards her parents. She was described as "hysterical" until she got her own way; she was sociable, but had no confidants. The slightest opposition had invariably caused a violent reaction. Psychotherapeutic treatment had been pursued for the past two years, but a satisfactory result is still as far from being attained as ever.

A young man, twenty years old, complains of a tight sensation across his forehead, of lack of nervous control, and of inability to walk steadily, especially in the dark. The patient's father was an irritable, bad-tempered man, who treated his wife with great brutality, so much so that the patient came to detest his father. In disposition he was shy, bashful, sensitive, identified himself closely with his mother and never has developed psychosexually. An immature, almost feminine type, easily upset emotionally, and never likely to reach a much higher level.

The above cases may be taken as fair examples of many of those we receive in the Jordanburn Nerve Hospital, a hospital used almost exclusively for the treatment of psychoneurotic states. On the basis of such cases, we have come to recognize that the rosy picture depicted by many psychotherapists in relation to the treatment of such states needs considerable modification. This, of course, does not imply

a nihilistic outlook but merely enforces the view that much of the psychoneurotic material with which we deal requires far more careful discrimination than has as yet been accorded to it, and once that has been accomplished, methods of treatment may come to be devised which will more adequately deal with such deeply involved emotional states. It is valid criticism to say that many psychoneurotics are more constitutionally loaded than has ever been recognized, and that that constitutional loading has resulted in the creation of states of psychic immaturity which require a more eclectic approach than the purely psychoanalytic one.

The following short summary of the development of an obsessive compulsive state also serves to illustrate the above-mentioned opinion.

A young woman, thirty years old, the second in a family of six children, comes from a nervous stock. The patient was more difficult to bring up than the rest of the family. If her mother went out of her sight, the child became tense and rigid, and made what was described as a frightening appearance. She had a feeling that she was unwanted, but later she developed normally enough. Various experiences in her childhood frightened her, but she loved her mother passionately and could not bear to be separated from her. Her father she did not care for. He was mean, stingy, dominating and hypochondriacal. At times she was rebellious towards him. When the patient was fifteen years old, her mother again became pregnant and the patient could not bear the thought of another child in the house. The baby, when born, was a mental defective, and the patient developed the idea that she might kill the child. It was at this time that she saw a repulsive-looking, half-witted old woman, and her consequent thoughts are detailed as follows: "I kept dwelling on

her appearance—I then got the mad idea of how terrible it would be if I could never forget her. This fear filled my mind the rest of the day. . . . I felt desperate to erase the image out of my mind—I hunted about in my mind for something equally horrible to substitute for it. One mad thought was substituted for another—my mind became attuned to misery. And it has been ever thus.”

Her reactions to the child are also interesting. She writes: “I liked him right away, then I thought how awful if the nurse put poison in his bottle. I destroyed everything in bottles and then I thought—‘if I had to poison him.’ Then other murderous designs were substituted. I seem to feel my strength and his weakness.”

Even after a period of fifteen years this young woman is still struggling to gain the amount of poise and confidence which would enable her to lead a successful and happy life.

An even more striking illustration of the psychopathic disposition proving the fundamental basis for a classical conversion hysteria is as follows:

A young man, twenty-three years old, was arrested on a charge of fraud and false pretenses. He had attempted to obtain possession of two motor cars by stating that he was the son of a well-known London surgeon, that his father had lodged the sum of eighteen hundred pounds to his credit with an Edinburgh bank, and, in addition, he had negotiated for the purchase of a farm where he had promised to install his father-in-law as manager. His statements could not be corroborated in any respect. In prison, he maintained that he was not guilty, and continued to repeat the story regarding his father which had been proved to be false in every detail. He was a plausible, well-spoken young man who told one lie after another, and seemed to take pleasure

in doing so. There was, however, no pressure to his talk and no indication of an exalted mood.

A review of his life-record showed that he was an illegitimate child who had been brought up by a foster-mother. At the age of fifteen years a change seemed to occur in his disposition. He became wayward, was in and out of many occupations, frequently disappeared from home, and returned usually in rags in an unkempt condition. He told untrue stories glorifying himself. He was never aggressive nor argumentative, but on the other hand never appeared penitent for the distress he caused his foster-parents. When twenty years old (three years previous to his present offense) he was admitted to the Royal Infirmary, Edinburgh, with the following complaints:

1. Frontal headache and dimness of vision—duration eight weeks.
2. Weakness of right arm and leg—nine days.
3. Ataxia—one week.

Ten months previously he had been in a municipal hospital owing to an alleged hemoptysis. He was kept under medical observation for several months, but no definite proof of tuberculosis was ever found. A thorough neurological examination revealed the hysterical nature of his symptoms, which disappeared rapidly under a Weir Mitchell regime. The combination in this case of a conversion hysteria and the later development of outspoken psychopathic traits is of particular interest.

The case records which have been submitted and many others substantiate the point of view that among our psychoneurotic patients we have a considerable number who show malignant reactions which are not susceptible to treat-

ment by specific methods of psychotherapy, irrespective of the type employed. The reason for this lack of response is not due so much to any defect in the method or necessarily in the practitioner, but is dependent on the fact that we have not been sufficiently alive to the immaturity in the patient. "No training (or method) in the world will avail to elicit grapes from thorns or figs from thistles."

#### CYCLOID STATES

The relationship of psychopathic states to cycloid states has already been commented on. Von Baeyer, it will be remembered, suggested that in every psychopathic swindler a hyperthymic or cyclothymic factor lay hid. While that generalization cannot be fully substantiated, yet there is little doubt that a large number of hypomanics indulge in conduct which in many instances leads to the police court rather than to the clinic or mental hospital. I have already given an instance of such a case, and while the hypomanic features are closely in evidence, yet sufficient attention has not been devoted to the more malignant psychopathic background. This, I think, is where Clouston was misled when he drew attention to the heightened affect and came to believe that all psychopathic states were really cases of hypomania. I would rather be inclined to say that many cases resemble hypomania, but, fundamentally, the psychopathic types which show cycloid or hypomanic features are much more seriously involved constitutionally, and are much more persistent in their course. The same holds true at the opposite depressive pole. There we see numerous personalities of an inadequate type who, in face of difficulty or trouble, do not react with an ordinary frank depression with retardation and difficulty in thinking, but who show a more

persistent state with hypochondriasis in the foreground constituting the "chronic invalid reaction." Such a reaction is not dependent so much on the surrounding environmental circumstances, difficult though they may be, but has its real basis in the poor reactive qualities of the individual. If these points are kept in mind, we will come to a new orientation regarding much of the cyclothymic case material which fails to readjust spontaneously and which resists all our remedial efforts.

I might instance the case of a young woman, thirty-five years old, whom I have known for the past five years. The patient is a daughter of the manse, her father a strict sabbatarian, her mother a depressive type who died in a mental hospital. The patient's eldest sister is devoted to good works, but is of a dominating, unsympathetic nature; another sister is hypochondriacal; a brother committed suicide. As a child, the patient wanted to have her own way; there was trouble if "she did not have the ball." At school she stammered, could not answer if asked questions, and developed a "crush" on another girl of masculine type. She was easily frightened, the menarche at fifteen years old upset her, and just at this time, following the death of her father whom she loved and feared, she developed a depressive state and was absent from school for three months. When she was eighteen years old, her mother became ill, and the patient never saw her again until just before her death four years later. Subsequently she entered into a rebellious period in relation to her eldest sister; she attempted to outdo and flout her. That attitude has been maintained ever since. She has attempted various occupations, but always has been unsuccessful. She had been engaged to be married, but as the day approached she became panic-stricken and broke her engagement. She

blamed herself then, said that she had not a scrap of character, that she was false, and her subsequent history has shown that she was not so very far from the truth.

After a few months in a nerve hospital her mild depressive state subsided, and from that swung into an equally mild hypomanic state. In both states she was anxious for attention, jealous, untrustworthy, specious in her excuses and unreliable. She is entirely preoccupied with her own affairs, and her difficult personality has imposed a strain on the staff and patients in the part of the hospital in which she is placed. The underlying motive in her character appears to be a need for reinforcing her own estimate of herself. She finds it necessary to be the center of a group and becomes depressed and vindictive towards anyone who has supplanted her. She is derogatory towards those of her own sex, compares herself to her own advantage. Towards the opposite sex her attitude is complex. She tends to create emotional incidents out of commonplace situations. Her self-esteem is flattered by masculine attention, but in spite of her coquetry and love of flirtation, she is discomfited by anything approaching real love-making or the suggestion of marriage. She is immature in her outlook and also in appearance. Intellectually, however, she is of a high standard and can be witty and intelligent as a conversationalist.

The points which seem to stand out are:

1. poor heredity;
2. her immaturity;
3. swings in her mood associated with an element of sensitiveness and suspiciousness;
4. the absence of anything gross;
5. her desire to be the center of the stage;

6. her lack of foresight and judgment in the conduct of her life economically, socially and sexually.

In general terms, she may be described as having a vain, suspicious, jealous temperament, much too ready to take offense and, on the other hand, too easily pleased. Her swings in mood are delicate, and throughout her life she has made nothing of herself. An inefficient, unsatisfactory member of society who lacks the real push of the manic, the melancholy of the depressive, or the idealism, introspection and dissociation of the schizophrenic. She is unable to adapt herself to life at home, she has not sufficient stability or perseverance to be employable, she is not capable of living by herself as her judgment and sense of responsibility cannot be trusted, the mental hospital is not the ideal place for her and yet it is about the only environment in which she can be moderately successful. In my opinion a case such as this can only be adequately understood and dealt with on the basis of the psychopathic state. A case such as has been described corresponds closely to the infantile asthenia of French writers, and is determined by social and biologic factors. We find there demonstrated the intimate interrelationship of temperament and personal traits of character upon the functional efficiency of various internal organs.

The extent to which a hypomanic state may be related to or influenced by a psychopathic one is instanced by the case of a married man, sixty-two years old, who, in 1936, was arrested on a charge of having attempted to break a window in St. Mary's Cathedral. The same offense had been perpetrated on previous occasions, during the course of the usual church service. His object was to attract attention to certain wrongs which he wished righted, e.g., the failing

power of the Church, the starvation of the country, the land which seemed too holy to cultivate. Modern civilization, he felt, was in a state of superstition and savagery, and a higher standard must be demanded.

At the time of my examination he was in a talkative, excitable state, made puns, changed rapidly from irritability to affability, was flippant, and scathing in his comments regarding an examination to test his mental state. He threatened that if I certified him as a person of unsound mind, he would make things so hot that my reputation would not stand up to the exposure. He said: "You are not a gentleman—you are an official. If we have any more of this, I will go on a hunger strike and a drink strike and I shall raise the whole of Edinburgh on my behalf."

This man was one of several sons of a father who was so brutal that one of the sons was maimed as a result of his father's treatment of him. He grew up in a difficult atmosphere and as a student, a soldier and a lawyer, had had a remarkable career. He was a man of great ability, with undoubted gifts of a literary and oratorical nature. On account of his dialectic skill he was known as "Socrates." He reached high rank as a commissioned officer in the army, but after the publication of a book attacking the efficiency of the army system, he was court-martialed and dismissed. Later, as a lawyer, he attained considerable success, but latterly gave it up as he felt a bigger purpose awaited him. His married life proved entirely unsuccessful. Two children were born, but he took no interest in his wife or family, eventually separated and contributed nothing to their support. At one time, when a reconciliation was attempted, his wife gave him two hundred pounds so that he might furnish a flat, but, instead of doing so, he used the money for his own

purpose. He was described as a man with an overweening conceit, he looked upon himself as infallible, as Jesus Christ. On the medical evidence submitted the Court took a lenient view of his offense and placed him on probation.

I submit that in such a case the hypomanic state is merely the superficial aspect of a much more seriously involved personality. The product of a brutal parent, his window-breaking in a church was no doubt an attempt to revenge himself on the cruel super-ego, but whatever the explanation of the behavior, he was an erratic, quick-reacting individual, lacking in real purpose.

#### SCHIZOID STATES

We are now in the habit of interpreting schizophrenic symptoms in a much more liberal spirit than formerly, and we fully appreciate the necessity of taking into consideration the setting in which the symptoms occur; but just as with certain cycloid states, the superficial picture is, frequently, unduly emphasized, and too little attention is devoted to the more fundamental elements. Ideas of reference, hallucinations, fugue states, regression to a more primitive or infantile level, e.g., incontinence, still hold an undue fascination over our minds and thoughts and in much too loose and uncritical a manner we are apt to make a formal diagnosis of schizophrenia, and to regard the symptoms as evidence of a split or disintegration of the personality. We may not be so cut and dried in our conceptions as we were, we may make greater allowance for the possible admixture of manic-depressive and toxic-exhaustive factors, we may consider the case in terms of onset and prepsychotic personality, and we may even discuss it in relation to the reactive tendencies of the individual. But even while we do

all this we fail to make allowance for the influence of dispositional traits of a psychopathic nature, particularly as seen in schizophrenic episodes, simplex, and paranoid states. I would suggest that in all the varieties mentioned an analysis of our case material will show that, in many instances, there is an absence of those qualities we associate with a schizophrenic make-up, and that the course of the illness varies considerably from what is usual in a deteriorative and disintegrative psychosis such as schizophrenia. In a so-called schizophrenic episode, for instance, the usual picture is one of great irritability with fleeting hallucinosis or delusional formation and conduct which has regressed to an infantile level, but it is particularly noticeable that mood and thought often retain a harmony which is conspicuous, that the attack is short-lived, and that readjustment is often effected with considerable insight. The regression to the infantile level which occurs and which impresses as the most ominous feature is often more apparent than real and is not so much a regression as a continuation or exaggeration of an immaturity which has always been present, and conforms more to the explosive diathesis of the psychopath than to the slowly disintegrating process of the schizophrenic.

In many of the simplex types we see very much the same process, totally inadequate personalities who remain at a very uniform level throughout their lives. Facile, suggestible, lacking in purpose, changeable, and a vague feeling of hatred towards organized society are prominent features, but yet mood and thought are found to be much more in harmony than is the case with a true schizophrenic process, and profound deterioration with incoherence of thought and incongruity of action do not often occur.

Of the paranoid types, I would refer particularly to the

"formes frustes" described by Gierlich and Friedmann. These are frank explosive episodic states, "situational psychoses," in which the illness is precipitated by certain exogenous factors releasing emotional conflicts. Again, such attacks are short-lived, are characterized by retention of affect and are recovered from with good insight. It may be of some importance to remember such cases when we assess the value of insulin and cardiozal therapy.

A large number of "eccentrics" are also included in the paranoid groupings.

All of the above-mentioned conditions could with advantage be revalued in the light of those qualities which constitute the psychopathic state. If that were done, we might not only gain a more adequate conception of the psychopathic state, but also a more accurate picture of what constitutes schizophrenia. Just as we have made too free with the diagnosis of certain manic-depressive states, we have done likewise with certain schizophrenic ones.

The type of case I have in mind is that of a young woman twenty-six years old, who was a delicate child and suffered from infantile convulsions. She grew up into a rebellious, mischievous child, subject to temper tantrums and fits of depression with suicidal preoccupations. At school she had frequent "crushes" on older girls, had "fainting" attacks which were believed to be hysterical, and was mutinous in her attitude so that she had to be taken away from school. In her more adult life she has continued to exhibit episodes of violent conduct, during which she may complain of vivid mental pictures, but these are transitory and are followed by periods when her conduct reaches a much higher level. Her condition consists of an episodic state which may be looked upon as an exaggeration of her rebellious disposition.

She has a fair amount of insight into her condition, her affect is well retained and her speech is coherent.

A young woman, twenty-four years old, the daughter of an irritable, sensitive, jealous father and a high-strung neurotic mother, was described as a clever and affectionate child, absolutely devoted to her mother. Gradually a change occurred, her love was transformed into hate, she became difficult and dissatisfied. She became derogatory and critical, was destructive with regard to her possessions and occasionally was violent towards her mother and struck her. She was extremely plausible, refused to admit that she was mentally ill, explained her conduct by saying that her brother had become the apple of her mother's eye. She tried hard to attract the sympathy of the listener and made out that she was the misunderstood child of a jealous and selfish mother. Emotionally she was blasé, indignant at being detained in a mental hospital, and yet could display good humor and social intelligence when called upon to do so. Instead of correlating her conduct with her undeveloped personality she evolved ideas regarding her mother's treatment of her amounting almost to delusions. During her stay in a mental hospital, she was a thorn in the flesh of everyone, irritated nurses and patients in subtle ways, accused the nurses of homosexual tendencies and on one occasion asked for a bottle of ammonia to destroy a certain part of her body which should not be there (clitoris).

In consideration of the case material which has been submitted, showing the relationship of a more or less specific psychopathic state to certain cycloid, schizoid, and paranoid states, it is not my wish or intention to overemphasize the position. There is, however, strong evidence to suggest the necessity for further exploration and clinical analysis. The

outlook has been too circumscribed. The importance of this point of view does not concern itself so much with formal diagnosis, but with the wider issues of interpretation and treatment.

### 3. *Predominantly Creative*

The individuals who constitute this group correspond to the genius type, but before indicating the interrelationship between genius and psychopathic states, it is essential to form an idea of what we mean by genius.

The term is used popularly in a rather indiscriminate way. We talk of a person having a genius for friendship, a genius for organizing, a genius for some particular game, a mechanical genius, and so on. In such circumstances, genius becomes synonymous with what is commonly called a "flair" for something or other, a special ability or talent. Such a free use of the term is an approximation to Carlyle's definition as "an infinite capacity for taking pains, in the first place." There is much more to it than that. My idea is something much wider and yet more specific and specialized. I think of genius as a quality which almost transcends human understanding, not as one-sided, but as spreading into various fields, as universal, and as occurring in a person who may never have had the advantages which high birth, education and material endowment, such as riches, confer. It is inspiration rather than imagination, the latter of which, as has been said, often implies untruthfulness. That conception or definition may be supplemented by Bernard Shaw's suggestion that "such a person must have energy enough to give effect to this extra vision and its valuations in whatever manner it suits his or her specific talents." Genius, under

these circumstances, becomes alive and dynamic, it effects a purpose, it constructs and creates, and allows us to support the statement of Cox: "Youths who achieve eminence are characterised not only by high intellectual traits, but also by persistence of motive and effort, confidence in their abilities and great strength or force of character." Or, if we wished to think in terms of Spearman's Two Factor Theory, we would say that genius depends on the selection of the appropriate "S" in association with a more than average amount of "G" (general intelligence). However we may consider it, the majority will agree that our mental hospitals or psychiatric clinics do not shelter many, if any, who have the least claim to be termed geniuses; our patients practically never rise to so sublime a height.

While, therefore, I can admire the ingenuity with which Lombroso discusses the relationship of genius to degeneration on the basis of the concept of overcompensation, yet I am a long way from agreeing with his conclusions. Lombroso illustrates his thesis by reference to the giant who pays a heavy ransom for his stature in sterility and relative muscular and mental weakness, and states that "giants of thought expiate their intellectual powers in degeneration and psychosis." In fact, he finds more evidence of degenerative traits in the genius than in the insane. Such a comparison is suggestive, but probably not true; the numbers are too greatly dissimilar for fair comparison and the actual facts do not lend themselves to such dogmatism. Almost similar difficulties occur in assessing Galton's work on Hereditary Genius. Galton uses the term "genius" in a very wide sense as equivalent to natural ability and apologizes for entitling his book "Hereditary Genius," saying that he would have preferred to change it to "Hereditary Ability."

Indeed, Galton believed that genius, as I have defined it, was not a healthy faculty, nor one desirable to perpetuate by inheritance. "If genius," he says, "means a sense of inspiration or of rushes of ideas from apparently supernatural sources, or of an inordinate and burning desire to accomplish any particular end, it is perilously near to the voices heard by the insane, to their delirious tendencies, or to their monomanias." While, therefore, he included a number of those who conform to genius type, yet he, really, was much more interested in analyzing the family stock of men of ability or talent, and came to the conclusion that the hereditary factor was the one of paramount importance.

Of modern investigators, Kretschmer is inclined, on the whole, to agree with Galton and, starting from the premise of "gifted parents have gifted offspring," elaborates the position in terms of "the luxuriation of the bastard," striving to prove that individual geniuses are not the product of pure breeding of class regional talent only, but rather are due to the cross-breeding of such talents. Bastardization, he believes, produces internal contrasts and conflicts, affect tension, highly strung and uncompensated passions and a spiritual lability. While, therefore, there is a predisposition to genius, there is a similar predisposition to psychopathological conflicts. This is an interesting hypothesis; it appears reasonable enough, but it would require to be very well standardized and tabulated before it could be accepted. And the same qualities which he postulates are present in many instances where there is no bastardization.

Personally, I incline much more to an individualistic rather than to an hereditary conception. I find myself very much more in favor of Huxley's view that a genius among men stands in the same position as a "sport" among animals

and plants and is a product of that variability which is the postulate of selection both natural and artificial, and I can follow him a step further when he says: "I should think it probable that a huge proportion of genius sports are likely to come to grief, physically and socially, and that the intensity of feelings, which is one of the conditions of what is commonly called genius, is especially liable to run into fixed ideas which are at the bottom of so much insanity."

We can discard the idea of running into insanity; the term insanity is used in a general sense without any specificity and is probably far removed from what is considered committable insanity. It is quite clear, however, that the above more or less authoritative opinions are in common agreement in believing that a brain so highly sensitized as that of the genius is one which is particularly liable to fail, to a certain extent anyway, under the heavy strain which it has to carry.

I, therefore, come to think of genius as being associated with a state of mental imbalance, of heightened sensitivity, of disordered mental equilibrium due probably to the attempt to get square with reality and even more to dominate reality as a compensation for the inner unresolved conflicts which dominate conduct. This attempt at domination is on an analogous basis to the attempt of the aggressive and inadequate psychopath to control the situation just as the genius does, who, more than any other, shows an intermixture of aggressive and inadequate trends. To illustrate my meaning, to make clear the interrelationship between genius and conditions of nervous and mental instability amounting to psychopathic states, we require to seek our examples in the lives of those who have been considered not only world famous, but as having qualities of heart and

mind which have resulted in accomplishments far beyond the capacity of the normal or average human being. Famous names, no doubt, will readily come to your mind, names of those who have adorned the ranks of science, art, literature or administration, individuals who, according to your special bent, are considered as heroes or supermen. Very few people will have the same hero, but perhaps if the background of the life of your special choice is investigated and analyzed, certain denominators may be found which are common to all.

I am suggesting for your consideration two individuals, a man and a woman, brought up under different civilizations, in widely separated countries and with a span of over five hundred years between them, and yet in each burned a light which led to the performance of deeds of world-wide significance.

My first example drawn from the twentieth century is T. E. Lawrence, Lawrence of Arabia or, if you prefer a more democratic designation, Aircraftman Shaw. There, in my opinion, was a man of vivid personality, a man who, rising from a middle-class English family, accomplished deeds of valor, endurance and creation which almost take us back to the Arabian Nights. Lawrence had intuition, the ability to forestall the thought and actions of his colleagues and enemies, an uncanniness, an originality which enabled him to stand head and shoulders above those who had spent years in acquiring what Lawrence knew almost instinctively. *The Life of Lawrence* by his friends, as edited by his brother, A. W. Lawrence, contains many wonderful tributes from all manner of men and women who are unanimous in believing that about Lawrence there was something indefinable, some power, some mastery which enabled him to

reach a height of achievement in archaeology, literature, war, administration and mechanics, which was far beyond what, ordinarily, is considered possible.

An analysis of the various facets of his character and disposition, of the inner springs determining his conduct before, during and after the Great War of 1914 must be left to someone with an easier pen and much deeper psychological insight than I possess, but Lawrence in his work and in his life appeals to me as the embodiment of a constructive creativeness built upon an aggressiveness utilized for what he and his country considered a desirable purpose.

As we piece together the various fragments of his life-history as related by his relatives and friends, we find disclosed a young man who, in 1914, at the age of twenty-six, was practically unknown, but in four short years his fame had reached to every quarter of the globe. What was the background on which this high endeavor was founded? We gain a picture of a shy, precocious child (he could read a newspaper upside down when he was five years old), always rather strange and difficult, and very much of an individualist. There was something inscrutable about this youth who became notorious for his archaeological rummagings, and was ruthless in the pursuit of his purpose. He had a sadistic-masochistic streak which might possibly be related to his psychosexual immaturity. The ambivalence of his emotional state is readily seen in his own statements: "The craving to be famous, and the horror of being known to like being known; I was a standing Court-Martial on myself," or his other remark: "There was my craving to be liked—so strong and nervous that never could I open myself friendly to another." Emotionally, he was a person who was afraid of sentiment, so afraid that he turned it to ridicule,

and to suggest to him that he was brave made him feel physically sick. This emotional insecurity and indecision occurred in a man who, at the age of forty, was described by Bernard Shaw as having the grinning laugh and artless speech of a schoolboy. His friend, Cherry-Gerrard, seems to have got as near him as any other and wrote of him as follows: "He thought so little of himself, and so much about himself, that this shy, watchful, inconspicuous little man is the last person you would have expected to make history . . . there was in him much of the make of a saint . . . the acerbity of the East, the austerity of the desert was to him a purification. . . . Action was his antiseptic as afterwards speed was his drug."

The picture is very incomplete, there is much more that one would want to know before coming to any accurate estimate, but in this man Lawrence there was something different from others, some feature in his organization which, while it made for success in many fields, yet prevented him from adapting to changing conditions. In the end, when the War finished, when he had refused the honors which a grateful king and country wished to bestow, his life became monastic—he buried himself alive—he sank his personality in the ranks of the obscure, he showed a type of renunciation amounting to expiation.

Lawrence in the twentieth century is the prototype of what Joan of Arc was in the fifteenth century. In Joan we see a country girl, seventeen years old, who became imbued with the belief that she was destined to raise the siege of Orléans, and to drive the invading English army out of France. The visions she saw and the voices she heard were merely her way of trying to explain the burning flame she felt within her, and perhaps Lawrence, too, if he had lived

in the fifteenth century and had been brought up under the same religious beliefs as Joan, would likewise have rationalized his purpose as in the nature of a divine inspiration.

Others have believed in very much the same way as Joan. Socrates referred his wisdom to his familiar spirit or "daemon"; Napoleon was influenced by his "star"; Herschel by metrical patterns and Goethe by the image of a rose. Many others are influenced in their conduct by what they call their intuitions; they see certain things clearly and know them to be right.

In the life of Joan as described to us by Anatole France and V. Sackville-West, we find a solitary, rebellious child, terrified of her father, a truant, evasive, devout and perhaps a bit of a prig. The comforting voice of Saint Michael, which she heard for the first time when she was in her thirteenth year, was in the nature of a compensatory phenomenon. It was following this visitation that she acquired a trust and confidence in her own prowess and destiny which never afterwards deserted her. The fact that a mere child during her earlier years never told her family of the voices and visions, that she never allowed them to interfere with the duties of her ordinary life, that they never controlled her conversation or thinking, separates them from the hallucinatory phenomena of the hysteric or psychotic. She was obstinate and determined, "she had a strength of will and self-control beyond rational explanation—she was normally abnormal." Her mastery of the soldiery, her ability to influence the court, the manner in which she defended herself at her trial are all indicative not merely of an intelligence but of an individuality which was outstanding.

In the life of Joan, then, we find that strangeness or intangibility which is present in Lawrence; we recognize

the combination of soldier and saint built up on a basis of psychosexual immaturity and of inner conflict which is difficult to understand. Joan claimed to be the ambassador and plenipotentiary of God, she patronized the King, she ridiculed the plans of her generals, she had an unbounded contempt for public opinion. Lawrence was very much the same. Public opinion meant little or nothing to him, he scoffed at regulations, he was subversive of discipline. "He had no taste for organised life and its conventions and institutions; it was his instinct to be against them, and he readily indulged his instinct. . . . I think he liked to shock, perhaps to wound."

There we have two great individualists, persons with character traits which we cannot account for, traits which have little or nothing to do either with heredity or environment, but are more in the nature of outcroppings, corresponding very closely to Huxley's "sports." As Bernard Shaw says in characterizing Joan, there could be only two opinions about her: "One was that she was miraculous, the other that she was unbearable." The same opposing views were held regarding Lawrence.

Genius under the above circumstances, when the actual affairs of everyday life are brought to a conclusion, is far removed from mysticism, but in both conditions we deal with an exaggerated sensitivity, an ability to receive, record and express feelings and experiences which are foreign to the less gifted. Such personalities remain, however, uneven and, may I dare to say, inadequate. They accomplish much in a brief span, but their staying power is not good, they fail in their adaptations to the ordinary situations of life. Their aggressive creativeness is due to their individuality, to those traits which I call psychopathic states, while it is

likewise the psychopathic state, the bias in their psychological pattern, which, in the long run, leads to their inadequacy and relative failure. The fact that such contrasts exist does not invalidate my position. If, for instance, you contrast the mutism and retardation of the depressive with the talkativeness and pressure of activity of the manic, on the surface, you are dealing with two totally distinct conditions, but we recognize that there is a common basis in a cycloid disposition. So, in thinking of psychopathic states, we have an apparent contrast between the aggressive criminal, the inadequate psychoneurotic, the creative genius, but all are combined by an instability, queerness, explosiveness, intuitiveness and egocentricity which form the picture of psychopathic states. In other words, genius may be said to be in the same ratio to the normal as a psychopathic state, but there is no swing or not so much swing to the pendulum as in manic-depressive states; there is merely a twist in either a positive or negative direction which is more or less unchangeable.

It may be suggested that I have gone to an extreme by picking out types such as T. E. Lawrence and Joan of Arc, and that I have failed to take into consideration those who, in their own more specialized field, have risen to the height of genius. In this connection, it is interesting to recall Ostwald's differentiation into the *Romantic* and *Classical* types. Ostwald had been faced with the query "how one could know in youth those who were destined to be great scientific discoverers," and in examining the matter came to the conclusion that it was those students who were dissatisfied with routine and who demanded more work and wider work than was laid down for them who attained greater eminence. The *Romantic* type, characterized by great rapid-

ity of thought, a variety of interests, precocity, a tendency to dilettantism, and an early decay, corresponds closely to the universal genius. The *Classical* type shows a slower development, a devotion to one particular problem, the solution of which is intuitive, but the position taken is upheld by scientific proof, e.g., Euclid.

If we consider either of these groups in the light of the work of Nisbet, Hirsch, Galton and others, we find that among the poets, composers, artists, scholars, statesmen and soldiers who have been pre-eminent, we are dealing with sensitive, unstable, erratic people who gain their objective more by inspiration than by a careful planning of their work. It is not their neurologic but their psychobiologic background which is the determiner. In many instances, their actions are almost automatic or reflex, and particularly in the case of poets and artists their best work may be accomplished when self-consciousness reaches a state or degree of dissociation.

A consideration of all the above-mentioned features allows me to suggest that a close correlation between psychopathy and genius exists.

### *Talent*

Talent is another proposition altogether; it falls short of genius, and corresponds more closely to Carlyle's "infinite capacity for taking pains" definition. Talent is built up on application and concentrated endeavor. It is not so inexplicable as genius. The man of talent may be described as more practical and consistent, he knows how to work with his fellows, he has tact and understanding, and is able to adapt his point of view to the actual circumstances. Mauds-

ley described the distinction by saying: "Genius does what it must, talent what it can."

While, as I have said previously, in our clinical psychiatric work we do not number men of genius among our *clientèle*, yet, occasionally, we meet those who have had great potentialities, people who, with the selection of the proper "S," might have accomplished very much. As examples indicative of great deviation of character with more than the usual amount of ability I would instance two cases which have recently been under my care and observation.

A young married man, thirty-one years old, after a complicated railway journey to Edinburgh passed into a stupor which persisted for one week. On emerging, he claimed amnesia for a space of five years, the period of his married life. His history showed that he had been a clever, precocious boy who had gained excellent scholarships at one of the best schools in the country. His temper was violent, he was subject to explosive outbursts, could not bear frustration, was intolerant of authority, but was considered of outstanding ability and originality. He had a remarkable aptitude for figures, a so-called mathematical genius, and for a time after entering a financial concern attained great success. His originality and initiative led him into schemes of great magnitude, which eventually crashed, not due so much to his foolhardiness as to the difficult economic conditions. Faced with this situation he drank, he gambled, he lied, he borrowed money from his best friends, and, eventually, when he could stand the pace no longer, he passed into a transitory stupor.

Clinically, the condition was not hysteria, nor depression, nor a schizoid state, but rather the reaction of an in-

adequate personality to a situation which eventually proved overwhelming. In a comparatively short time the whole situation was straightened out, and the patient started again with unabated hope for his future.

A young man, twenty-three years old, first came under my observation five years previously. He was an only child, whose father died one month after his birth; his mother was a nervous woman who now suffers from diabetes. He was a spoiled, indulged child, extremely precocious both sexually and intellectually. At an early age he felt that his personality was strange, and later he came to associate this strangeness with a dream which led to a state of mental conflict.

“There were two mothers. One was the ordinary mother who did actually exist, but in the dream she was a vague figure, whose only significance lay in that she was a source of conflict by the very contradiction of her existence. The other mother was a most beloved person who was kept a prisoner in an attic over the wash-house. Here she was starved and beaten and humiliated. At night she sometimes succeeded in escaping from the attic; then she would creep pitifully to a chest which was in the hall and where lay my dead father. Here she would weep and pray a little. On her return to the attic she would be treated more cruelly than ever. There was some secret connected with this mother in the attic; my father knew; and I passionately longed to know it, to play my father’s part of rescuing this mother from her appalling suffering. The misery and the love which I felt for this mother in the attic were tremendous emotions. And while, in my dream, I loved the other ordinary mother, in some way I connected her with the imprisonment of the mother in the attic.

“So vivid was this dream that during my waking hours the chest in the hall and the attic retained their significance; and for years I hurried past the former nor would I ever enter the latter. In the later part of my life, the women connected with the unreal part of my divided personality were made to resemble essentially the mother in the attic; and further, Death played an exaggerated part in my thoughts for a long time.”

As a child he showed a combination of cleverness, ambition and laziness or lack of application. At the age of eight years he was writing verses, mostly of a hymnal nature. He was inventive, lived in phantasy and visualized a dream woman around whom he wove romantic stories. He pretended he was a schoolmaster, prevailed upon certain boys *wearing the kilt* to be his pupils and took pleasure in chastising them. “The raising of the kilt was done as slowly as possible; the joy of anticipation being great.” He never thought of the risks he was running; “the desire to do what I did was too urgent to permit the existence of any fear of the consequences.” While on the one hand he was popular, high-minded and right-thinking, yet on the other hand, his actions were entirely opposite. While still a schoolboy there was a constant tendency to translate reality into unreality. If he wanted to accomplish anything, an unreal state arose, whereby his desire became the *fait accompli*. In essay writing he usually achieved 100 per cent and this he ascribed to his creative urge. When fourteen years old, he became interested in women, he would cycle miles close behind young women on bicycles looking at their legs, and it was essential that the legs should be clad in silk stockings.

When seventeen years old he attempted to rescue a pros

titute and transfer her into a private Madonna; again the unreal part of him attempted to set up a perfect woman in absolute opposition to the actual facts. This idea became so insistent that at a later date he haunted the city with feverish intention of finding another perfect woman. Shortly afterwards, he faked an accident; he stopped his car, scratched his face with a razor, drove back to the house of a friend where he acted the part of being concussed, and was so successful in his effort that he passed into a delirium which lasted for three days and three nights. He was nursed by his friend's sister who now became his perfect woman; he prolonged his convalescence by judicious relapses. In explanation of his accident, he told a story of how he had been attacked by a tramp who had sought a lift and on being refused had struck him with a knotted club.

Following this affair, he befriended a widow with her two daughters who lived in great poverty in a filthy tenement. He bestowed on them gifts of tea, food and medicine, wanted to rescue their elder daughter, brought her to reside in his mother's house. He gave fuller vent to his humanitarian instincts by helping an impoverished family. Later he had an intrigue with a barmaid, idealized her, wrote poems inscribed to the Perfect Woman, installed her in a house with maids and lived with her for a month, heedless of the expense entailed. Finally, he married, rented a country house, spent vast sums of money on modern decoration and furniture, installed electric lights, lived the part of a country squire, became a company director and a writer of large checks. His debts increased, his firm failed, his wife left him, but, undismayed by all the above misfortunes, he is again attempting to rehabilitate himself.

Such tragic life-stories are the common experience of

every practicing psychiatrist. While they stir our sense of pity, they raise the further more fundamental question of what can be done to help them, a question which we must try to answer in our further analysis of the problem of the psychopath.

## CHAPTER III

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### SOCIAL REHABILITATION

**T**HE FORMULATION which has been presented has attempted to direct attention to the light and shade of those conditions of impaired mental health which I feel justified in calling psychopathic states. A wide range of conduct disorder has been surveyed embracing the behavior problems of childhood, the episodic and dangerous conduct of adults, states of psychic inadequacy closely related to the better-defined psychoneurotic and psychotic material, and even certain states of genius. On the surface, it would appear that this was indeed a heterogeneous group with no uniformity as to cause, course, outcome, or psychopathology, but a closer view discloses a binding thread running through the constitution and psychobiological development of the affected individual. In certain cases it is obvious that the person comes from a heavily tainted stock, and that from the earliest years traits have been present which have rendered growing-up difficult, and subject to many ups and downs. In some the influence of neurophysiological and endocrine and biochemical factors have made their presence felt. In others, the accidental, surrounding or environmental forces have been in the ascendant and have helped to unloose reactions or trends which cannot be curbed until something

serious has happened. In still others, and this I believe to be important, we have individuals with a good heredity, and with excellent material advantages who, irrespective of those conditions, have developed conduct disorder which is at total variance with what might be expected. Such an arrangement or group of circumstances has its exact counterpart in many other types of mental disorder, e.g., manic-depressive and schizophrenic states with their closely defined cycloid and schizoid backgrounds. We can, with equal justification, postulate the belief that in the psychopathic group we have a large number of individuals who, from an early age, have shown abnormal or immoral conduct of an active or passive nature which brings them into conflict and disharmony with society as represented by their parents, their schoolteachers, their employers, their friends and the public generally. This is so much the case that some writers prefer the term sociopath to psychopath as being more accurately descriptive. We require to remember that we are dealing with people of average or even high intelligence, in good physical health, who, in many instances, have received the best help available, who have had many advantages, but yet, repeatedly, they prove a disappointment to all who have strained to help them. Not unnaturally, we try to find an explanation for our persistent failure. We are inclined to say that if only we had seen the patient earlier, we might have done more; we perhaps blame ourselves for our lack of understanding of the psychological mechanisms; we sometimes question whether, if we had understood the mechanism, it would have made any fundamental difference; or else we take refuge in the pessimistic and fatalistic idea that the individual is so seriously and deeply involved, so tainted, that no matter how he was tended and transplanted he

would have failed to flourish. And, when we have pondered over these matters, we strive again to gain some accurate idea of what constitutes this psychopathic state and to assess those features which so often render our best efforts futile.

### *Psychic Immaturity*

From every point of view, it is clear that the psychopath, irrespective of his particular type, is a person who cannot accept things as they are; he is unable to fit into the life of the herd, but tends to lead an independent, individualistic type of existence with no thought or feeling for his family, his friends, or his country. He is as blunted emotionally as many a schizophrenic, he shows a *belle indifférence* equal to that of the hysteric, an absence of judgment and reason as great as that of a wayward spoiled child. With all his faults, for a time he may prove very charming, but as his attraction fades, bewilderment, pity and alarm arise when it becomes evident that maturity is exerting no mellowing influence. For some inscrutable reason he fails to grow up, he remains at the level of a primitive savage with a distinct distaste for reasoning and an "impermeability to experience" which allows him to live, think, feel and act in a manner foreign to his more civilized neighbors. Where such a state of psychic immaturity exists, where poise and judgment are so obviously lacking, it is not difficult to understand the rebellious impulsiveness of the aggressive, the striving for prestige and recognition of the inadequate, and the uneven domination of the genius. In a general way, it may be said that the majority of those qualities which make for a healthy, happy and completely successful life are, for the time being,

either not adequately developed or are absent altogether. "The judicial, deciding, selecting processes described as intelligence, and the energising, emotivating, driving powers called character," are not working in harmony.

Obviously, it is futile to attempt to explain such a series of complex determined states on the basis of one all-embracing psychopathological mechanism. Matters so diverse and difficult cannot be simplified or unified to such a degree; too much is still unknown. But the psychopath's flight into behavior disorder is almost an identical reaction to that of the neurotic or psychotic under similar circumstances. Freud in his essay on "Civilisation and Its Discontents" has elaborated admirably the point of view that "the pleasure-principle draws up the programme of life's purpose" and that that end may be obtained in a variety of ways, e.g., by unbridled gratification, by loneliness, by combining with the rest of the community; or we may use such methods as intoxication, annihilation of instincts as practiced by the Yogi; by sublimation; by flight into neurotic illness or psychosis. He develops his theme on the belief that cultural evolution depends on an incessant and never-ending struggle between Eros and Death, between the instincts of life and those of destruction as exemplified by aggression. He views aggression as an innate, independent, instinctual disposition in man constituting the most powerful obstacle to culture. But, having gone so far, he had to find a reason whereby aggression could be controlled or rendered innocuous and thus developed his conception of its being introjected or internalized in the form of super-ego or conscience whose particular duty or task is to control the ego. The tension or conflict which inevitably ensues creates a sense of

guilt. Such a theory is of great interest and correlates the love instinct, which in the Freudian sense is essentially sexual, with the self-preservative or ego-instinct as exemplified by self-assertion or aggression, acquisition and submission, all of which are so closely identified with fear. Suttie in his criticism of Freud's hypothesis builds on a wider and, to me, more satisfying plane, lays the emphasis on love as a protective mechanism, giving rise to a sense of security, rather than as a sexual one, and thinks of hate and aggressiveness not as separate components, but as thwarted love, as frustration reactions dependent on separation from the mother. According to Suttie, the source of love is dependent on the mechanism of self-preservation, on the need of food and not sexual desires and sensations; the original object of love is the mother, and it is the innate-need-for-companionship which is the infant's only way for self-preservation. The infant's mind from the beginning is dominated by the need to retain the mother, a need which, if not satisfied, may produce intense emotional distress such as anger, rage, terror, as the loss of the mother may symbolize death itself.

The point which I have raised has, I think, received considerable support from Levy in his description of "primary affect hunger," meaning by that term "a hunger for maternal love and those other feelings of protection and care implied in the mother-child relationship." This broader, less specialized biological conception widens out the issue to a much more understandable and more satisfying level, and while not ruling out the force and importance of sexual conflicts and traumata, yet allows for a fairer appreciation of the origin of fear and aggressiveness and hate and sense of guilt without the necessity of employing the mysterious and indefinable super-ego.

*The Influence of Fear*

My reason for developing this theme is because fear, clinically, is perhaps not merely the most pervading symptom formation in psychiatry, "its alpha and omega," but in life itself. Montaigne's description is arresting: "The thing in the world I am most afraid of is fear; that passion alone in the trouble of it exceeding all other accidents." The implicit truth contained in that statement leads me to agree with Suttie that "the neglect of the fear appeal is extremely traumatic" and that it is not necessarily associated with sexual trauma or conflict; it is more social than sexual. The question, however, of more immediate interest is how and in what way the biology of fear may assist us in understanding psychopathic states. The magnificent descriptions of the manifestations of fear by Mosso and Darwin and their correlation with the disturbances in the autonomic nervous system which have been made so familiar by Cannon, Crile, Pavlov and many others can leave no doubt of the profound influence of fear both on physical and mental health. Furthermore, McDougall's linking up of the instinct of flight with the emotion of fear seems to contain a special lesson for us in relation to psychopathic states. Among the lower animals flight may assume a variety of forms, e.g., rapidity of movement, hiding, silence, paralysis or immobility, a shrinking back, a cry for help, defense by means of aggression; some of the above mechanisms are specialized for certain animals more than for others. Man, on the other hand, may assume whichever seems most appropriate to the occasion and fear under these circumstances "may add wings to the heels, but sometimes it nails them to the ground and fet-

ters them from moving." The more disinterested type of fear response described by Shand, which is concerned with the preservation of offspring, e.g., Hudson, "The Naturalist in La Plata," should also be remembered.

Fear, therefore, has an ambivalent character, it may be beneficent or malignant, it may be a Jekyll or Hyde. The same mechanism occurs at a more highly evolved level. The fear of punishment and of public opinion is a powerful aid in helping us to control our egoistic impulses and to conform socially. But it is equally true that it is through fear, inherent in which is the idea of failure or defeat, that we evade our responsibilities and difficulties, hedge ourselves around with superstition and formula, rationalize and blame the other fellow. Such fear responses become greatly exaggerated, under conditions of solitude and loneliness—the position in which so often the psychopath finds himself. He regards himself as an outcast, as not understood, as differentiated, and it is this individualistic state which leads to lack of concentration, to a lessened sense of reality, to an inability to pursue a steady purpose, and on occasion to precipitate impulsive action. There is so much more security and courage and happiness when we form part of the herd, but the psychopath does not correspond to the herd type, he has not the instinct of fellowship with his fellow-men. Such a state leads almost inevitably to fatalism and despair, the reaction to which may be either aggressive or submissive. The position can be made a little more concrete if we utilize the definition of morbid fear suggested by Ernest Jones: "A disproportion between the intensity of the emotion and the occasion of its occurrence." It is this point which Birnbaum seizes on when he talks about the disproportion between stimulus and reaction occurring in

psychopathic states leading to psychic disharmony, psychic lack of resistance and consequent mental conflict with panic and apprehension in the foreground. In its practical application we can identify the aggressive psychopath fighting his fear of overdomination with the animal at bay who turns defense into aggression; the inadequate striving to maintain himself against defeat by becoming dependent—a form of flight which may show in a variety of ways; the creative becomes superhuman owing to his fear of fear, striving to prove to himself that he is not afraid. In Conrad's story *Lord Jim* we find the hero saying:

“Abominable funk and even for those who do not believe this truth, there is fear all the same—the fear of themselves.”

Brigadier-General Seeley in his autobiography, *Adventure*, tells how he was obsessed with the fear that he might prove a coward, and to refute that idea he exposed himself needlessly to dangers and adventures which, otherwise, he would not have undertaken. The same holds true in the case of Lawrence and perhaps also of Joan.

I do not, of course, imply that fear is specific for the development of the psychopathic character—it has an infinitely wider application than that, but it is suggested that the psychopath's antagonism to society, his individualism and his psychobiological immaturity are closely correlated therewith.

### *Biological Approach*

While, therefore, the necessity of elucidating the underlying motivation so that we can assist the individual to

understand and deal with himself is realized, yet such self-knowledge does not of necessity mean a translation into pregenital libido theories with fixation at oral, anal, phallic levels. The identification of schizophrenia with the first oral phase, of melancholia at the second oral phase, of paranoia at the first anal phase, of obsessional neurosis at the second anal phase, and so on, is categorizing run mad, and is probably quite untrue. We do not even have sufficient knowledge to allow us to talk with the more broad-minded dogmatism of Aichhorn regarding the necessity of discovering unconscious motivation and of thus being able to lead the dissocial back to social conformity. Aichhorn considers his work successful when recurrence is made impossible, when the suppression of instinctual wishes is transformed into an actual renunciation of those wishes through the laying bare of unconscious relationships. Human beings cannot be sterilized, so to speak, to that extent nor in the manner he suggests; to talk of making recurrence impossible in that way, and in that way only, is more like magic than medicine. When carried to such extremes, I am almost certain that neither patients nor the medical profession will ever become so influenced as to be able to utilize the doctrines of the psychoanalytic school in any generally constructive way. If we are ever to influence people to understand themselves, if we are to ask general practitioners to apply psychological treatment, we require to supply them with a formulation and a method which appeals to their intelligence and common sense, and which is couched in language they can understand. Such a method is ready to hand provided both the patient and the doctor realize that the various nervous and mental symptoms and phenomena

which constantly arise in their lives can be reduced to a dynamic biological level rather than to a more or less purely symbolic one.

This psychopathic group, then, is far too complicated to be thought of merely as a behavior problem which will respond to a change of environment; it is not constituted by those who can be committed to mental hospitals, except, rarely, during explosive episodes; it is impossible to group or classify many of the cases under the Mental Deficiency Act no matter how wide that is; and, furthermore, they do not benefit by prison treatment. It is perhaps easier to recognize it by saying what it is not, rather than by talking in a more positive way. These cases, however, may dip in any of the above directions, depending on their outstanding features. I admit that, under these circumstances, there is a danger of the term psychopathic state being used too uncritically, but if it is reserved for those who, after a full consideration of all the facts and after everything else has been ruled out, still fail to correspond to any of the more well-defined groupings, we are justified in using it. There should be no necessity to warn psychiatrists that the term is not equivalent to habitual criminality. Even with such limitations as you care to impose, it is evident that psychopathic states in their relationship to medical care and practice raise an issue which stretches very far. For instance, if we take Campbell's rough grouping of the material with which clinical psychiatry deals, we find the following:

1. Overt mental disorders.
2. Psychoneuroses.
3. Cases of physical invalidism of whom 30 to 40 per cent

with somatic complaints are really handicapped by difficulties in their instinctive, emotional and social life.

4. Those not mentally or physically sick, but whose behavior is socially disturbing or socially inadequate, e.g., delinquent and criminal; alcoholic; sex variants; cases of economic inefficiency and maladaptation.
5. Individuals with feelings of inferiority, jealousy, ill-balanced enthusiasms, aggressive, embittered, etc.
6. Children with behavior problems of all sorts.

An analysis of the case material forming the above groups can leave no doubt at all regarding the social significance and menace of the psychopath, and the insistent need for the formulation of the problem of his care and treatment leading to rehabilitation. The matter, indeed, goes much further than what is connoted by psychiatry. We can talk as we like about medical prophylaxis and about the importance of early treatment, but in practically all cases we are much too late. We need an organization which is more fundamental, and which has to do with the education and synthesis of the individual at a time when success can be spoken of with some optimism. How we may build up that organization and what it should consist of is the task of the subsequent discussion.

### *Scottish Health Service*

In the first place, two essential points require to be kept in mind:

1. The psychopath is the most disruptive element in society. The delinquent, insane and mentally defective are

cared for under institutional conditions, whereas the psychopath is sufficiently well to be at large because, as yet, there is no adequate provision for him.

2. The situation in the case of the psychopath is more involved by the fact that his conduct disorder is of a transitory or episodic nature—although it may be wonderfully regular in its recurrence—and is of so reflex a character that there is little or no chance of preventing it except by taking into consideration his whole life-history. A cross-section is by no means a sufficient basis either to evaluate the present state or to lay down a policy for the conduct of the individual's life.

With these two points in mind, we can appreciate how wide our approach must be, and how closely the successful readjustment of the psychopath is bound up with the practice of medicine as a social organization. Psychiatrists must be vitally interested in any such development, as it goes to the very roots of mental hygiene. For that reason it is essential to pay particular attention to those attempts which are in process of being made to socialize medicine so that it can give of its knowledge more fully and more widely than ever before. I, therefore, do not need to apologize for bringing to your notice the Report published in 1936 by the Committee appointed to consider the Scottish Health Services to which I venture to refer in considerable detail. The Committee had been appointed in 1933 to "review the existing health services of Scotland in the light of modern conditions and knowledge and to make recommendations regarding any changes in policy and organisation that may be considered necessary for the promotion of efficiency and economy."

The extremely comprehensive nature of the above remit

opened up a field of investigation in reference to the various health services of the community which was fully taken advantage of. I do not need to mention all the special points referred to, but it is shown how the hygienic developments which have occurred during the nineteenth and twentieth centuries have awakened the consciousness of the people to the importance of organized efforts to protect health. We are all familiar with what has been accomplished. Sewage disposal has been reduced to a fine art, pure water and food supplies are available everywhere, a national housing service is supplanting our slum areas, infectious diseases are controlled, epidemics have practically disappeared, tuberculosis is not the menace it was, alcoholism and venereal disease in certain countries and areas are decreasing, while maternity and child welfare services, school medical services and public health services generally have all been developed to a state of great efficiency. It is not, however, those measures by themselves, but the spirit which they embody which means so much. They constitute "a growing humanitarianism and the conscious application to social ends of the ever increasing resources of scientific knowledge." They have added immeasurably to the health and comfort of vast numbers of the population, and, directly and indirectly, have formed a basis for further development. In Great Britain, both the medical profession and the public have no doubt whatsoever that the introduction, in 1911, of the National Health Insurance Act marked still another step in making the nation health-conscious. The Act, no doubt, has many defects and anomalies, but, irrespective of these, it has met with general acceptance and that becomes self-evident when we remember that in Great Britain there are 19,000 insur-

ance medical practitioners giving 50 million attendances a year. By that Act insurance is provided against loss of health and for the prevention and cure of sickness. When incapacitated through illness, the wage-earning population receives cash payments designated sickness and disablement benefits, and the scheme also provides treatment, falling within the range of a general practitioner service, together with necessary drugs and certain appliances.

### *Highlands and Islands Scheme*

In Scotland, as an elaboration of the National Health Insurance Act, an extended system of medical care has developed, known as The Highlands and Islands Medical Service. This service meets the medical needs of the northern counties and serves an area of 400 miles by 150 miles; this area covers more than half the land surface of Scotland, but contains only one-seventeenth of the population. It was considered that the combination of social, economic and geographical difficulties peculiar to the above area demanded exceptional treatment. In consequence, in 1913 a special Exchequer grant (forty-two thousand pounds a year) was made for the purpose of providing and improving means for the prevention, treatment and alleviation of illness and suffering in the area; a supplementary grant may be voted on the annual estimates of the Department of Health for Scotland, while an additional sum of ten thousand pounds a year is transferred from the National Health Insurance Fund to meet payments to doctors for mileage incurred in attendance on insured persons. The scheme may be described as a subsidized general practitioner service, whereby

grants are paid to doctors in return for their rendering medical service on a uniform fee basis, irrespective of the distance traveled by the doctor to his patient.

This arrangement is applicable to the families and dependents of insured persons, uninsured persons of the crofter and cottar classes, and others in like circumstances to whom payment of a fee sufficient to remunerate the doctor for his time and traveling would be an undue burden. The position now is that every person in the area described can receive medical help in time of need, and the doctor's position is safeguarded so that he can always be assured of a reasonable minimum income.

This service also provides for specialist, hospital, nursing and ambulance services, and arrangements have been made to enable a limited number of doctors each year to attend postgraduate courses. The development of the above medico-social scheme has revolutionized medical practice in this particular area, and serves as an indication of what may be accomplished in other districts or areas. It combines a subsidized medical service with a general practitioner service, and is the nearest approach to a complete State Medical Service.

### *State Medicine*

The question now has arisen how, on a wider scale, the diverse existing medical services throughout the country may be integrated into a unified national health policy, and how that policy may be aligned with such questions as heredity, nutrition, education and environment in a more general way. In support of this policy, without enumerating all its details, the guiding note may be quoted as follows: "The

modern conception of health embraces the whole of human personality and the health services of the country, if they are to fulfil their proper function, must concern themselves with the full development of all the powers of which man is capable. Health is a way of living, it is not a negative state, it involves more than the mere absence of disease."

The above quotation is almost indicative of a philosophy of life and of medicine which we are so much in need of, and the Report emphasizes the matter more when it talks of medicine as applied human biology—"the medical practitioner and the medical services should view the individual as a living organism in relation to his whole environment." When such language as that finds its way into a government report, we can glimpse a more enlightened era. For the success of such a policy it is essential that the family doctor should be the pivot of all schemes which affect or concern the national health, and that such a link between the work of the general practitioner and the main statutory services is vital. Under a State Medical System, the doctor will become the health adviser of the family group—this, of course, being a much wider issue than merely the treatment of the sick person, entailing as it does a knowledge of all measures physical or mental leading to the preservation of health. "In the future the doctor's work will be more and more educational, and less and less curative. He will deal more with physiology and psychology, and less with pathology. This re-orientation of his education and his work is overdue." If this plan is to prove effective, social biology will require to form an integral part in the training of the general medical practitioners of the future, so that there can be adequate co-ordination of mental and physical health. At present the importance of the position of the general practitioner is

dwindling, he is being too greatly replaced by the specialist, and is not exerting the influence which he should be in all questions relating to the health of the people. It is not because he does not want to do so, but more because he is not sufficiently well informed, and that is due, largely, to faulty or inadequate medical training. If that can be improved, then medical care, in the very best sense, will become possible long before nursery or child guidance or psychiatric clinics or mental hospitals ever require to be thought of. We want to aim at "a unified national health policy covering the whole field of morbidity and embracing mental health as an integral part." We want to realize that separate departments of physical health and of mental health are redundant, mutually obstructive, suspicious of one another, breed inefficiency, and prevent the realization of the ideal unified health policy. Halliday in his inquiry into *Psychoneurosis as a Cause of Incapacity Among Insured Persons* has shown how valuable such a co-ordination as has been proposed might prove to be. From his analysis of the consecutive case records of 1,000 insured persons (excluding pregnant and puerperal women) who had been certified as unfit for work by a medical referee, it was shown that 335 were suffering from some form of psychoneurotic illness, but that only 77 had been recognized as such. Of the others gastritis, debility, anemia and rheumatism were blamed in 69, 61, 41 and 39 per cent respectively. Comparable figures in the United States have been found at the Boston Dispensary and also by Buck and Reynolds. Lockhead, too, has pointed out that 60 per cent of the time lost in certain industries is because of psychoneurotic illness, and Cassidy has stated that 30 per cent of the persons seen by him as a cardiologist are neuroathic.

Such findings, and many others, indicate the need for a co-ordinated point of view, for a department of mental health on an equal footing and as an integral part of public health in general; it might also be hoped that the prison service, a department in which social, penal and medical matters are so closely interwoven, could be included in the general scheme of a public health service.

More recently substantial support has been accorded to the above-mentioned national health scheme from P.E.P. (Political and Economic Planning), an independent, non-party group which has published an even more comprehensive report on British Health Services. The point is stressed that a health service is an infinitely wider issue than a sickness service, that there should be extensions of medical benefit, and that the extra cost should be met by insurance. The general medical trend, as I interpret it in Great Britain, is towards an extension of State Insurance both in relation to illness and health, and this will probably take the form of a State Medical Service. Such schemes are not new, they have been in existence in other countries for many years, and we gain much inspiration from the knowledge that in Sweden, Norway and Denmark, State systems have been in existence for well over one hundred years and have operated with great success and benefit. In Sweden the system is under the aegis of a Royal State Medical Board presided over by a lay chairman and a council of medical and lay members. And now, in Russia, the Soviet Union is in process of carrying out a medico-social experiment of the greatest magnitude, and one which may prove of profound significance in the development of the science and practice of medicine. As is well known, the central idea of the Russian plan is to supervise the human being medically throughout his life,

and to effect this an elaborate system has been developed along the following lines:

1. Free medical service to all.
2. Prevention.
3. Commissariats of health to direct and co-ordinate all health measures.
4. Health campaigns planned on a wide scale.

The most important feature of the whole position is that the Soviet authorities recognize that while medical practitioners must be the experts to guide such schemes, yet for their success the entire population has to co-operate in an intelligent manner. We require to become health-conscious, not only physically, but mentally.

I recognize that this position which I have outlined is extremely controversial, that a large and influential body of public and medical opinion in Britain as well as in America is stoutly opposed to anything smacking of compulsory health insurance or socialized medicine. It is argued that such a system is as likely to create as to cure illness; that it destroys the personal relationship between doctor and patient which at present exists; and that it might lead to the exploitation of the profession by corrupt politicians. Why should such material reasons retard the progress of a great principle? Irrespective of these arguments, the general trend of public opinion leans strongly towards a preventive outlook built up on a system of medical care for everyone. And in our particular branch of medicine, viz., psychiatry, I can visualize the possibility of a State Medical Service or socialized medicine exerting a great influence in the prevention of nervous and mental illness, because implicit in such a system is the necessity for equal consideration to the bodily

and mental health effecting a synthesis of the individual so that he can lead his life with happiness to himself and benefit to his fellow men. The division between mental and physical would come to be wiped out, the bogey of the liberty of the subject would not continue to obsess us to the extent it does, and many of those legal restrictions which merely keep alive the superstitions and fears of former days would die a natural death. Health, whether physical or mental, would inevitably come to be thought of in terms of the total personality.

### *Psychobiology*

Such a system or organization forms an almost natural setting for the application of Adolf Meyer's psychobiological formulations. In that formulation we have a *principle* of study and examination laid down which enables us to understand, evaluate and deal with the concrete situations, however varied they may be, and however they may have been created.

Contained in that principle is the concept that the whole mental integration of the human organism requires consideration and, to do it justice, the physics and chemistry, the anatomy and physiology, and the so-called infra-mental as well as the mental integrative levels require to be kept in mind. The emphasis is placed on the reactive response of the individual on his ability or inability to meet adequately the various physical and mental traumata to which he may be subjected, and to reduce the whole matter to an "experiment of nature" in relation to the total personality. Formal descriptive symptomatic terms are only of significance in relation to the concrete situation and the factors producing

them, and rule-of-thumb prognostic and diagnostic methods have no place and no particular interest; they are too much like guesswork. The value of such a principle of work lies in the fact that allowance is made for somatic, neurological and psychogenic factors, and that the way is cleared whereby more specific methods may be used to desensitize, to build up and to co-ordinate the management of the person's life. Meyer's own words express the position as follows: "As soon as we work with biologically organised units, we deal with experiments of nature or definable events operating within specific patterns characteristic of each species and its particular organisation either merely vegetative or vegetative-motor, with or without evidence of a special type of hanging together of function with subject or personality-organisation through symbolisation with more or less consciousness."

In the employment of this system or principle of investigation Meyer very properly and strongly stresses a point which I have never seen sufficiently emphasized, namely, that one must not be a mere psychotherapist, but a *physician in command of general medical training, as one never can know what complexities one may become responsible for*; one also has to be reasonably informed in sociology, i.e., "the technically manageable aspects of human situations and group functioning." In these days of Oxford Group movements, of psychotherapeutically inclined pastors, clinical psychologists, lay analysts and enthusiastic social workers, these words of Meyer's should be borne in mind. The danger of all such ardent enthusiasts is their one-sidedness whereby they tend to effect a schism between bodily and mental medicine, a situation which, for years, we have been steadily endeavoring to overcome. The more we study the above formulations, the more clearly we see how funda-

mental they are, not only for psychiatry, but for all medical work. It is not so much a method of treatment, but a principle on the basis of which methods of treatment of the most specialized kind can be applied, always bearing in mind that it is the man and not the disease, the total personality and the organization and management of his life which require our chief consideration. We will recognize under these circumstances what we are working with, we will be better able to weigh up the potentialities or suitability of this, that, or the other method of treatment, and will be able to check up our results as we go along. The employment of specialized methods without this main principle being kept in view fails to reach the core of the situation and prevents us from doing justice to all the facts. There are many who minimize this point of view, who jib at psychiatric history-taking, think of it as so much waste of time and in contrast extol the method of free association, "the corner stone of the psychoanalytic structure." We should not need to be controversial over such matters; inevitably, there is good and bad history-taking, just as there is good and bad surgery, or medicine, or psychoanalysis, or anything else you like, but the efficacy of good psychiatric work will be greatly enhanced by a careful study of the individual's life-history biologically considered, and there will still be a place for every form of treatment.

When we come to apply this psychobiological principle or approach to our particular problem of the psychopathic states, we soon appreciate that we are not dealing with static peculiarities of a constitutional nature, but that we are face to face with dynamic processes which are much more modifiable than has been supposed, and which lend themselves par excellence to study and subsequent synthesis along psy-

chobiological lines. A few cases may be used as the most ready mode of illustration:

### *Case Records*

1. A married woman, thirty-four years old, was first seen by me in consultation in 1921 when she was eighteen years old. Her father died in her early childhood, her mother—a nervous woman—remarried. The patient was an only child, spoiled and brought up in the lap of luxury. From her earliest years she was subject to temper tantrums, was strange, unreasonable and uncontrollable. As she developed, she would run out of the house, threatened to leave home altogether, teased and tormented the family pets, and had no sense of ordinary morality. She lied to suit her own ends. She reached an average intellectual standard. Following a passionate friendship with a boy which was discontinued by him, she became revengeful, told his family that intimacy had occurred, said that she would drag his name through the mud and became so emotionally disturbed that she attempted suicide.

During my examination she spoke clearly and coherently, blamed her family life, and said that she had never been allowed to develop her independence. She agreed, however, that her conduct had been so uncontrolled that for two years she had required constant companionship to safeguard her from undesirable friendships. She impressed me as a vain, foolish, superficial girl who was extremely facile and suggestible.

Two years later in January, 1923, she was in a tearful petulant state, and had been jilted by her fiancé. She blamed her mother, and said: "I hate my mother, it is all my mother's

fault, I hate her." She had no adequate appreciation of her condition, was childish and inadequate, and again threatened to commit suicide. On the basis of her inability to control her conduct, of having attempted and threatened to commit suicide, it was decided to commit her to a mental hospital for prolonged care and treatment.

Three years later she escaped, and shortly afterwards married. The marriage proved unsuccessful, her husband divorced her; two years later she remarried, has been supremely happy ever since and has a healthy child.

In 1936 I had an opportunity to make a re-examination as she had made a request to take over the management of her own affairs which, since 1923, had been under a curatory. A transformation had occurred; she was composed, happy, sensible, was devoted to her husband and child, and seemed in every way a mature, responsible person. Her lawyer informed me that she had a thorough knowledge regarding her property and now discussed business affairs with great prudence.

2. In January, 1932, I was consulted about a young lady, sixteen years old, who had been brought up by her aunt. Her father was a clever, unstable man, constantly in debt; her mother was alcoholic. From her early youth she was extremely difficult, defiant, petulant, unreliable, precocious sexually, and untruthful. She was irritable, bad-tempered, impulsive. Pens and pencils had always a great fascination for her. She was vain, dressy, spent much money on cosmetics, ran up accounts indiscriminately, was fond of theatricals. She was cruel to animals, and avoided children as she would the plague. She did not seem to have any real affection for anyone and was emotionally blunted.

In my interview, she proved to be a very self-possessed young lady, who readily entered into a discussion of her difficulties, and had the appearance, manner and behavior of a much older woman. She made light of her conduct, rationalized it, and explained it on the basis of not being understood. She admitted, however, that there was a large streak of jealousy in her nature, that she liked to be in the forefront of everything and hated when she was not paid attention to.

In June, 1937, I received a letter from one of her trustees saying that she had now shown an entire change of disposition and that no trouble had occurred since shortly after she had attained her majority. She is happily married.

3. In April, 1929, I was consulted regarding a young lady, nineteen years old, the daughter of a "light-headed, deceitful woman," who deserted her husband. The patient was a wild, uncontrollable child, who suffered from such tantrums of rage that it took her mother and her nurse all their time to hold her down. As she grew up, she was underhanded and deceitful, passed through a homosexual phase and then later formed violent attachments to the most undesirable men, and seemed to act out of mere bravado. At the age of nine years, she was adopted by relatives of her mother. Despite the greatest care, kindness and consideration, she seemed entirely selfish and childish, did not seem to have any consideration or kindness towards those who had tried to help her. The patient was a most attractive-looking young woman, who felt that she had not been understood and, while admitting that there had been great friction and annoyance, she did not feel in the least blameworthy.

A letter from her family doctor in 1937 informed me that "she married in 1934, that she became stabilised, that apart from bossing her husband and grossly over-indulging her boy, and with unusual success and pertinacity getting other people to serve her as required, she is a normal happy person."

4. A young man, twenty-one years old, was referred to me in January, 1933. He had been brought up under good conditions and throughout his life had had the closest supervision and attention. He was one of several brothers and sisters. As a child, he was delicate, shy, sensitive, inclined to be introspective and secretive. He was clever and capable, but school was a trial and on one occasion he ran away. Following this, he traveled with a tutor, but seemed to lack moral stamina. He traveled extensively, was given every advantage, but when twenty years old, broke down in a more flagrant way and was admitted to a nursing home for inebriety. Just previous to my seeing him, he had had a bout of drinking, stated that he had taken cocaine, and confessed to homosexual practices. His doctor described him as self-opinionated, as not realizing his instability of character.

During treatment, he co-operated well and made a good readjustment. A letter received from his doctor approximately five years later stated that he had attained a certain standard of conduct and intelligence which it seems he is likely to retain.

5. A young man, sixteen years old, the youngest of three children, had been brought up under good conditions, and had healthy parents who were well endowed. He was a deli-

cate, nervous child who suffered from enuresis. He was referred to me in 1933. He had been educated at a prep school and at two of the best public schools in England. While at the prep school, on account of his bed-wetting habits, they called him a dirty little boy; the other boys ragged him and made him feel ashamed and afraid. At his first public school, within a very short time, he got into difficulty by ordering a wireless set for which he signed his father's name, proved unreliable in a variety of ways and, eventually, his father was asked to remove him. Before going to the second school he himself had been gravely warned, the headmaster and housemaster had been informed of his difficulties, but, irrespective, he continued to tell stupid lies, exaggerated, borrowed money and then wrote letters home as if nothing had happened. Following these difficulties, he was brought home from school; later on after the whole situation had been gone over with him, he returned, but soon involved himself in further trouble by ordering twelve silk ties and three pairs of flannel trousers, also a fishing rod and complete set of tackle. He had also broken a bed for which his housemaster had given him a severe thrashing.

During my examination, the patient talked freely about his difficulties and troubles, admitted his faults and, in argument, stated that he had found life difficult and that he had always longed to be an air pilot, to be rich and to do big-game hunting. After a considerable period of medical treatment, a modification was effected in his views, and for the last four years he has accommodated himself wonderfully well.

While the above-reported cases have taken long periods in which to effect a readjustment, it seems possible that on

other occasions a sudden transformation may occur. We know that in cases of depression we are sometimes astonished by a case clearing up in the twinkling of an eye; the patient usually describes it as if something were lifted, and all doubt and depression vanish. The same sort of situation was exemplified in the case of a young woman, twenty-three years old, who during the course of a year told the most amazing stories. Among other things, she stated that she was being poisoned by her father, that her mother had died, and later that her father had committed suicide, and her younger sister had been burned to death. She recounted how similar calamities had affected various of her relatives in Canada, and produced letters which she had forged to prove her statements. She defrauded her employer, made false entries in her bankbook, drew up a will leaving all her property to her employer, and forged a letter from a doctor in which it was stated that she had only six months to live. Then quite suddenly "something seemed to burst" inside her head, she rushed home, poured out to her mother the whole tale of her numerous deceptions, lies and dishonest conduct.

This young lady had been of a solitary type, subject to temper tantrums, had no use for toys and dolls, and invariably smashed her playthings in a fit of temper. Later, she was markedly ambivalent to both parents. Psychosexually, she remained at an immature level. She loathes anything in the nature of physical intimacy with young men, and never wants to marry. She "doesn't know what people see in it." It is, as yet, too early to form an opinion as to whether the dramatic improvement which has been described will be maintained, but the case is sufficiently arresting to warrant this short report.

*More Optimistic Attitude Justified*

We can take heart from such cases, they are a real encouragement, and teach the lesson that even in the most unlikely material there may be a power of readjustment which we have been far from suspecting. The more carefully we study our case material, the more accurately we assess the potentialities, the stronger becomes the conviction that, by the use of psychobiological principles, we can contribute greatly to the process of readjustment. We aim at giving the patient a sense of security, a feeling of being understood, and enough encouragement to enable him to utilize his assets to the best advantage. Such a policy is by no means an expectant one, but consists of directing the interests and activities of our patients into the most appropriate and profitable channels whether of a recreational or vocational nature.

I have, therefore, become convinced that in our psychiatric work it is not a matter of teaching psychobiology to the medical student, but of educating our patients to think and act psychobiologically so that the art and science of living can be understood and put into practice. The feeling of fatalism which so many psychopaths suffer from becomes dissipated when they become convinced of the possibility of help at hand. This principle, however, does not constitute a wonderful panacea which will be successful in all cases and circumstances; we require to be discreet as well as optimistic and more specialized procedures must always be given their place. If, however, we meet the actual facts in this way, in terms of personality, situation and reaction,

it will not be so long before the judge, the doctor, the lawyer, the philanthropist, the business man will become influenced to a fairer understanding of these extremely complex problems. Let us avoid attempting to be too spectacular, too uncritical of every fashionable remedy as it comes along, whether it be of a psychological or physical nature. That attitude of facile acceptance creates false leadership, and psychiatry cannot afford to have that. Adolf Meyer hints at the above points when he writes about "the cultivation of a general conscience regarding health that will pervade the population in the form of a better understanding of what is known and less dependence on teaching by advertisement of quacks, or by the equally extreme self-protective pessimism of the general medical profession."

### *Concept of Spontaneity*

In place, therefore, of what is unwholesome we wish to introduce a system of study and treatment whereby the materialistic and "What does it matter?" point of view is replaced by a real sense of responsibility directed not only towards the individual but also to mankind in general. To do this psychobiology and education as applied to the problems of life must work hand in hand; both are of fundamental importance in the organization of social life, in the understanding and directing of the springs of human conduct particularly during childhood. In consequence, to effect still further progress, our organized medical service, augmented by improved methods of dealing with people whether in health or illness, must be supplemented by a constructive educational system, one which is not so much

scholastic or academic, but one which is concerned more with the full and complete utilization of the individual's natural resources. In this connection, Adolf Meyer's elaboration of the concept of spontaneity has proved especially suggestive and stimulating. In its practical application it seems peculiarly germane to the understanding and treatment of the psychopath. He talks, for instance, about a growth of spontaneity that includes a maturing common sense; it is an issue that deals directly with the available capacities; it requires cultivation in its best-disciplined and most adaptable form. The present Russian experiment in education, the specialized methods employed by Miss Schlotter in her school work, and medico-socially the survey of health problems in a special city district are taken as illustrative of spontaneousness in action. This latter aspect was inaugurated in 1914 in Baltimore by MacFie Campbell when he made an investigation of the existing conditions, and subsequently has been followed up by Ruth Fairbank.

Her plan of work has concerned itself as follows:

1. To determine the prevalence of mental ill health, defect and instability in the area in relation to its population;
2. To discover in as great detail as possible the economic, social, racial and personal problems underlying those conditions;
3. To become acquainted with the facilities for dealing with those problems;
4. To devise and put into operation, as part of the existing health service of the community, such administrative procedures as would seem to offer hope of effective management and prevention.

*Age Factor and Education*

The most recent facts arising from that survey are not available to me, but it is known that, out of a group of 166 children who required more than usual consideration, on account of their difficult traits, three-fourths have become self-supporting; two-thirds of the subnormal group earn their living as laborers; one-third have superior jobs; promiscuity, prostitution and desertion anticipated as probable in the 1914 report were of remarkably small incidence. The value of such a plan of work for assessing, so to speak, the potentialities of the community is self-evident, and as a basis for preventive social medicine cannot be too highly praised; it could with advantage be reduplicated throughout every well-organized community. The point to emphasize is that it does not only concern itself with the person who is ill, but it provides a comparative survey of everyone in the district, abnormal or normal, well or ill; it indicates where the real needs are, and offers suggestions as to what more may be done. The notable work of Healy and the Gluecks is more diffuse, but in many respects is closely analogous. And it is interesting and reassuring to note that the Gluecks become more optimistic the longer they follow their case material. They are impressed by the influence of the aging factor in the process of rehabilitation even up to the age of thirty-six years. In other words, they are realizing the factor of spontaneousness, of maturing common sense, an opinion which can be confirmed by most clinical psychiatrists, and one which is of special importance in relation to the readjustment of the psychopath. This, of course, does not mean that the psychiatrist should simply sit back and

be content to watch developments. His function is the essentially vital one of controlling and directing these developments, and of entering with zest into the study of how good intelligence, good character and good spontaneousness can be correlated. For the best objective proof of the positive correlation of character either with intelligence or education or both, Godfrey Thomson refers to Bagley's *Determinism in Education*, in which it is shown, on the basis of the Army Alpha Tests, that intelligence, law-abiding and good education seem to stand closely together. There must inevitably be many exceptions. We all know "pillars of society" who may be singularly lacking in imagination, sense of humor and all those spontaneous qualities indicating intelligence and common sense, whereas the so-called "bad man," the delinquent, may possess them to a considerable degree; but in general it may be said that "a modern community needs as many educated intelligences as it can possibly get."

### *General Summary*

The foregoing discussion has attempted to show that in our efforts to socialize the psychopath, we require (1) a medical service which reaches every member of the community; (2) a psychobiology which is generally applicable; (3) an educational system correlated with the development of spontaneity and working in harmony with preventive medicine. These are the cornerstones of a structure which has for its aim the reconstruction of society. The structure only can be outlined, the broad principles enunciated, because the varieties of conduct disorder which we are called upon to study vary so enormously that the details have to

be worked out according to the individual needs of each particular case. While the system is being perfected, while our policy is taking shape, we have certain immediate duties concerning the care and treatment of psychopathic persons which require for their solution a far-flung organization with co-operation from many sources.

The opinion has already been stated that the psychopath is the most disruptive element in society; his condition has, as a rule, developed insidiously throughout a period of years, and for his own betterment and for the protection of society his efforts towards readjustment demand supervision, but under such elastic conditions that restriction and confinement do not become too irksome. To effect such an arrangement medicine and law need to be more intimately allied. Each is too jealous of its own province, even though they recognize that neither the penal nor mental hospital organization meets all the requirements of the individual case. It is often much against his better judgment that the judge sentences a man, whose conduct on the face of it indicates the action of an unsound mind, to serve a term of imprisonment. But he is almost forced to do so because, according to our present statutes governing commitment, the doctor may not feel that he is justified in certifying the individual as suitable for care and treatment in a mental hospital. And yet, both may know that an indefinite period under protected conditions is likely to offer the best chance for future rehabilitation. No one likes to take the responsibility of committing a person to a mental hospital, a colony for defectives, a Borstal, or even an "approved" school, but it is sometimes imperative to do so and, in many cases, the sooner it is done the better. A careful scrutiny of all the facts at the very beginning of a person's illness should often

lead us to adopt such a course without wasting time on too much experimentation.

The value of the Briggs Law of Massachusetts has been amply demonstrated, while Sheldon Glueck's suggestion that in cases of delinquency the guilt-finding phase should be separated from the treatment phase would prove of inestimable benefit. It would, of course, remain the special duty of the Court to decide whether the delinquent was guilty or not guilty, but the decision regarding the best form of treatment would be entrusted to a special tribunal composed of those who, by training, interest and education, were best qualified to deal with it. Judges who realize and acknowledge their lack of specialized knowledge—and there are many of them—would welcome such an arrangement. It would relieve them of a very great responsibility. Such a system would not err on the side of sentimentality, but would assess with fairness, justice and sympathy what was best both for the individual and society. It would be under no elusion regarding the intricacy and delicacy of the task. The advantages are obvious. Instead of an arbitrary sentence which does no one any good, a method would be substituted which would take into consideration all the circumstances in relation to the individual's constitution and potentialities and would refrain from forcing him into situations or positions with which he was unable to cope.

As a possible result of this plan, I can visualize a very active and enthusiastic probation service, greater success in placing individuals in the type of work for which they are best adapted, earlier and more efficient medical service, a greater utilization of the resources of the community generally, and, where necessary, earlier institutional treatment

in a mental defective colony, mental hospital, prison or specialized occupational or employment center. I would like to emphasize particularly that where some form of institutional care and treatment is considered necessary that care should never be regarded as a negative procedure. Many people, particularly our friends the psychologists, have the idea that only incurable cases require institutional care, and utterly fail to recognize its extreme value as a remedial agency, and the difficulty, if not the impossibility, of deciding who is curable and who is not. Even Burt is far too dogmatic in his categorizing and prophesying, and talks in a pessimistic way about those so affected as to be secluded in an institution for the remainder of their lives. Like so many others, he regards the institution as the last resort, instead of realizing that its early utilization may lead to an excellent permanent recovery. In an institution all the methods of present-day medical science, whether disciplinary, occupational, pharmacological or psychotherapeutic, can be utilized over a continued period to the best advantage. In the case of the psychopath even more than in certain other psychiatric states, it is impossible to predict how long readjustment is likely to take, and I hope it has been made sufficiently clear that, irrespective of time, it is wiser to continue treatment even under controlled conditions, until there is evidence of maturity and responsibility. Our legislatures are gradually accepting that viewpoint, and the introduction of an indeterminate form of treatment (not sentence) is not so far away. For instance, the Home Secretary is about to introduce a Bill into Parliament whereby powers will be sought to establish camps and colonies for the prophylactic treatment of delinquent youths. Something has already been

accomplished. In May, 1936, a Q camp was started with the idea "of affording the fullest possible scope for learning by experience the most satisfactory mode of life." A complete psychiatric and physical examination is made of everyone entering the camp, and admission, meantime, is restricted to those between sixteen and twenty-five years old; the effort is directed towards reformation and socialization. The work in progress at the Institute for the Scientific Treatment of Delinquency is a further indication of a new orientation towards the problem of the treatment of the anti-social. We thus have progressed considerably from a mere determination of who is sane or insane, or even who is responsible or irresponsible, but public opinion, let alone medical or legal opinion, is vitally concerned with the far greater problem of adequate care and treatment and under what conditions.

An even greater and perhaps more important issue is raised when we consider the treatment of those psychopathic states which are not associated with delinquency, but which occur while the individual is a free agent and long before any form of treatment under controlled conditions is possible, necessary or advisable. Take, for instance, the genius. The genius must always be a law unto himself. His advantages to society so far outstrip his disadvantages that it would be not only impossible but presumptuous to suggest his being made different from what he is. "A man's worth is measured by his creativeness in the lives of others."

The aggressive and inadequate types, however, who form the bulk of this presentation raise problems of intensive genetic, clinical and psychopathological research of extraordinary interest, problems which can only be solved when we give practical application to the knowledge that the beginnings of psychopathic conduct occur in the earliest de-

velopmental period. With Ovid we can sing: "Beginnings check, too late is physic sought." Such attitudes towards life as faith, trust and a sense of security are necessary for successful integration and socialization, and it should be possible for medical science employing the principle of psychobiology to assist in this development. Without laboring the point overmuch, let me say again that psychobiology in its applied sense takes note of every mental and physical factor, of every surrounding circumstance, and yet knows that it is not these factors by themselves which are so important as the manner in which the individual reacts and responds to them. That is really the crux of the matter, the guide whereby we reach a fairer, clearer, more sympathetic and understanding attitude towards those of our fellow-men who may fail to reach the ordinary everyday standard of social life. Their number may become lessened, their lot may be alleviated. I want to make it clear that psychobiology does not oppose any method of treatment which it is thought advisable to employ, but it is the basis for the application of all the specialized methods of our psychiatric armamentarium and is their common denominator and co-ordinator. The Russians have a name for it—Pedology—a subject concerned with the psychological and physical development of the child from birth to maturity. Furthermore, it was on the basis of biology that Huxley believed that education was the best physic for a contented social order and the controlling factor of poverty and disease. In relation to such problems as that presented, a purely materialistic outlook has no place, our vision and our practice must be as free from prejudice as possible and able and willing to utilize every constructive proposal. With psychobiological principles as have been described in this exposé, in the forefront,

medicine, including psychiatry, can start on a new era.

It may seem that I have stretched my thesis from a consideration of psychopathic states to psychiatric problems in general. It is inevitable, to a certain extent, that it should be so, because the problem of the psychopath, his place in psychiatry, his characteristics and his synthesis, is implicit in all measures of social reconstruction. While, therefore, I have hinted at special methods and procedures, yet my main hope for the future lies in the development of all methods leading to a greater degree of social solidarity than exists today. To effect this, co-ordination with every form of social betterment is necessary. We think naturally of education in its widest and most constructive sense, of religion as a system of helping others, of occupation, the proper employment of leisure, of fair economic and social conditions for everyone.

In this presentation of the problem of the psychopath, the issue of classification is purely subsidiary. My main endeavor has been directed towards the elucidation of the important part which the psychopathic background plays in all manner of disordered conduct. That is an issue which in our teaching of psychiatry should be far more fully stressed, because while its recognition will give us much greater confidence in treating our cases with prudence, it will, at the same time, act as a brake before embarking on specialized therapeutic procedures, the courageousness of employing which may be their chief merit. It has not been my purpose to attempt to change the face of psychiatry, but I have wanted to open its eyes a little wider so that its obligations not merely to the individual but to the race, which after all far transcends the individual, can be more adequately and justly performed. "We shall never succeed in changing an

age of iron into an age of gold until we give up our ambition to find a single cause for all our ills, and admit the existence of many causes acting simultaneously, of intricate correlations and reduplicated actions and reactions."

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The Salmon Lectures of the New York Academy of Medicine were established in 1931, as a memorial to Thomas William Salmon, M.D., and for the advancement of the objects to which his professional career had been wholly devoted.

Dr. Salmon died in 1927, at the age of 51, after a career of extraordinary service in psychiatric practice and education, and in the development of a world-wide movement for the better treatment and prevention of mental disorders, and for the promotion of mental health.

Following his death, a group of his many friends organized a committee for the purpose of establishing one or more memorials that might serve to preserve and pass on to future generations some of the spirit and purpose of his supremely noble and useful life. Five hundred and ninety-six subscriptions were received, three hundred and nineteen from physicians.

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