

## Doc 1: Definitions of insanity in 19<sup>th</sup>-century Britain

Excerpt from John C. Bucknill and Daniel H. Tuke, *A Manual for Psychological Medicine: Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity with and Appendix of Cases* (London: John Churchill, 1862), p. 72-76.

### CHAPTER V.

#### OF THE DEFINITION OF INSANITY, AND OF CLASSIFICATION.

##### SECTION I.—*Definition of Insanity.*

WHAT DR. JOHNSON said of any one who should attempt to define poetry, may very properly be applied to him who attempts the definition of insanity—namely, that such attempts at definition will only show the narrowness of the definer. We believe it to be impracticable to propose any definition entirely free from objection, which shall comprise every form of mental disorder. In regard to insanity in general, it may be asked, as Burton asks when speaking of melancholy—“Who can sufficiently speak of these symptoms, or prescribe rules to comprehend them? As Echo replied to the painter in Ausonius, ‘If you must needs paint me, paint a voice;’ if you will describe it, describe a fantastical conceit, a corrupt imagination, vain thoughts and different,—which who can do? The four-and-twenty letters make no more variety of words in diverse languages, than it produces diversity of symptoms in several persons.”

Who can supply an unexceptional definition of anger, or of imagination? How much more difficult, then, must the task be when we are required, in the compass of a paragraph, to define a disease which in turn assumes as many forms, not only as there are fundamental faculties liable to disease, but as many forms as these combined in endless variety can assume, and still further varied according as one or more of them may be exalted, depressed, or obliterated? Such are the multiform morbid mental phenomena around which the psychologist has attempted to throw his all-embracing definitions. These definitions it is

our purpose now to consider, for from them, while confessing the impossibility of supplying any definition not more or less open to criticism, we may possibly draw something which will serve us at least to describe, with tolerable clearness, though it should fail to define, the essential characters of mental alienation.

Locke's celebrated dictum, that "madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very strongly, they mistake them for truths, and err as men do who argue from wrong principles," and which has often been referred to as an acute and satisfactory definition of insanity, has only a very partial application,—comprising merely those cases, in fact, in which the patient is the subject of a delusion, illusion, or hallucination, and acts as he would properly act, were the delusion a reality. Nor was the definition adopted by Cullen sufficiently comprehensive—"a lesion of the intellectual faculties, without pyrexia and without coma." If, in this reference to pyrexia, it be meant that insanity must not be confounded with the derangement of the mind occurring in fever on the one hand, or phrenitis on the other, Cullen no doubt correctly enforces a distinction which conventional use, at least, sanctions; but, if it be meant (as the student would be apt to understand it), that the absence of feverish symptoms is a condition necessary to the presence of insanity, the statement is incorrect, and as the term is liable to misconstruction, we think it is better to avoid it.

Dr. Combe's definition possesses many advantages, and is especially practical. "It is a prolonged departure, and without an adequate external cause, from the state of feeling and modes of thinking usual to the individual who is in health, that is the true feature of disorder of mind." Congenital conditions of diseased mind are, however, obviously excluded from this definition. Nor does it comprise sudden attacks of insanity. It has the merit, however, of making the mind of the individual himself, and not that of the physician, the standard of comparison by which to determine his insanity. The same writer is happier, we think, in his definition, when he speaks of insanity being a "morbid action in one, in several, or in the whole, of the cerebral organs; and, as its necessary consequence, functional derangement in one, in several, or in the whole of the mental faculties which these organs subserve."

Dr. Spurzheim and M. Lélut both err in their definitions of insanity, in assuming that the patient must be unconscious of his disease; the former requiring "the incapacity of distinguishing the diseased functions," and the latter that there shall be "a disorder of the passions and will, without the patient's consciousness of such disorder." M. Lélut also requires a "lesion in the association of ideas"—a symptom which, however frequently present, ought not to be allowed to constitute an essential condition.

Dr. Conolly, while admitting the difficulties which attach to any attempt to define insanity, has, however, offered a definition which will be found to include a large number of cases, and is as follows:—"An impairment of one or more of the faculties of the mind, accompanied with, or inducing, a defect in the comparing faculty." It does not, however, comprise many of those instinctive and purely emotional acts, in which the patient's comparing faculty appears to remain intact.

Dr. Guislain has given the following definition of insanity:—"It is a derangement of the mental faculties, morbid, apyrexial, and chronic, which deprives man of the power of thinking and acting freely, as regards his happiness, preservation and responsibility." We think the word chronic is not essential to a definition of insanity, and is at least liable to be misunderstood. We should also prefer the expression thinking *or* acting, instead of thinking *and* acting. The latter objection applies, also, to the last clause of the definition adopted by M. Morel, who asserts insanity to be "a cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of his acts, tendencies, and sentiments, as well as a general or partial disorder in his ideas."

Whatever definition of insanity is adopted by the student, it is all-important that he should regard *disease* as an essential condition; in other words, that insanity is a condition in which the intellectual faculties, or the moral sentiments, or the animal propensities—any one, or all of them—have their free action destroyed by disease, whether congenital or acquired. He will not go far wrong if he regard insanity as a disease of the brain, affecting one or more of the mental faculties—intellectual or emotional. Dr. Bucknill's definition is substantially the same. He regards insanity as "a condition of the mind in which a

false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have separately or conjointly, been produced by disease." ('Unsoundness of Mind in relation to Criminal Acts.')

"Mental health," observes a continental writer, "consists in that state in which the will is free, and in which it can exercise its empire, without any obstacle. Any condition different to this is a *disease of the mind*." And if it be asked, what is the Will? it may be replied, according to the definition of Marc, that it is, in health, a moral faculty, which originates, directs, prevents, or modifies, the physical and moral acts which are submitted to it.

No definition ought to require chronicity, recognisable lesion of the intellect, or unconsciousness of the disease. A paroxysm of insanity may occur suddenly, and be of brief duration. It may be impossible to recognise disordered intelligence in a genuine case of insanity. A patient may be miserably conscious of his malady; well aware that his impulses are diseased but uncontrollable.

It is not in any definition of mental derangement that the student will learn what insanity is; and in a court of law the practitioner ought never to be so unwise as to be tempted to offer one, for as Burrows says, it is "an *ignis fatuus* which eludes and bewilders pursuit."

It is in the description of the disorder that the student will be able, so far as books can help him, to comprehend its true characteristics; and, most of all, in his actual observation of the insane. For, notwithstanding the difficulties which beset the construction of a definition, there are in practice comparatively few cases in which a difference of opinion exists as to the fact of insanity being present in particular instances—a circumstance precisely analogous to what occurs in the exhibition of almost any of the passions or emotions of our mental constitution. Thus, while definitions of anger would differ with every definer, all would agree that anger is anger, when exhibited before them. A writer of eminence has defined love to be "desire kept temperate by reverence."<sup>\*</sup> But who is the wiser for such a *definition*? How widely different, and how infinitely superior, is the

\* Quoted by Walker (with approval) in his 'Elements of Eloquence.'

*description* given by Shakespeare! (*As You Like It*. Act v, Scene 2.) Cases of insanity certainly exist in which doubt as to their real nature will be experienced by the student; but the existence of these (such as graduate between reason and mental disease) is, as Sir Henry Holland observes, but a part of that law of continuity which pervades so generally every part of the creation. ('Chapters on Mental Physiology.')