# The Goulstonian Lectures

ON

# SOME ABNORMAL PSYCHICAL CONDITIONS IN CHILDREN.

*Delivered before the Royal College of Physicians of London on March 4th, 6th, and 11th, 1902,*

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## LECTURE II.[1]

*Delivered on March 6th.*

MR. PRESIDENT AND GENTLEMEN,—In my first lecture I drew your attention to some points in the psychology and development of moral control in the normal child and then considered the occurrence of defective moral control in association with general impairment of intellect; before going further it may be well to review briefly the points which have been raised. Moral control, we saw, is dependent upon three psychical factors, a cognitive relation to environment, moral consciousness, and volition, which in this connexion might be regarded as inhibitory volition. Moral control, therefore, is not present at birth, but under normal psychical conditions is gradually developed as the child grows older. The variation in the degree of moral control which is shown by different children at the same age and under apparently similar conditions of training and environment suggested that the innate capacity for the development of such control might also vary in different individuals.

Proceeding, then, with our inquiry as to the occurrence of defective moral control as a morbid condition in children we considered the occurrence of this defect in association with idiocy or imbecility and saw that whilst defect of moral control is often associated with general impairment of intellect there is no constant proportion between them; the child with only slight intellectual impairment may show far greater moral defect than a child with more impaired intellect. There appeared to be no grounds for connecting any particular type of imbecility specially with moral defect, and beyond the fact that such physical changes in the brain as produce general impairment of intellect may also produce defect of moral control, it was impossible on the clinical evidence available to attribute the moral condition exclusively to any particular structural abnormality. Whatever the cause of the defect may be, it seems clear that in these cases there is a morbid limitation of the capacity for the development of moral control, and the fact that this limitation is not necessarily proportionate to the limitation of capacity for general intellectual development seems to make it at least conceivable that the mental processes involved in moral control may be affected altogether apart from those concerned with more general intellectual acquirements. I propose now to bring forward evidence that this isolated affection of moral control does actually occur.

### MORBID DEFECT OF MORAL CONTROL ASSOCIATED WITH PHYSICAL DISEASE.

In considering defect of moral control apart from general impairment of intellect it must, I think, be recognised that the morbid character of such a defect may be shown not only by its degree as compared with our empirical and arbitrary standard for the age and by its non-correspondence with the influences of environment, but also by the fact that the failure of moral control is entirely at variance with the previous habit, if I may so say, of the particular child; and this is a point of some practical interest, for, as we shall see, in some cases comparatively trivial manifestations which, if they were habitual in the child, would be regarded as quite within the limits of normal variation, assume a considerable importance as premonitory symptoms of physical disease.

Perhaps the most conclusive evidence of the morbid character of deficiency of moral control in some cases where it is not associated with general impairment of intellect is to be found in its close relation to physical disease, which I shall now consider. Naturally one turns first to cases with gross lesions of the brain, for here, if anywhere, we should expect that physical disease might cause alteration of moral control. Unfortunately for the purposes of my argument, where the lesion causes any psychical change, it is so apt to produce also some general disorder of intellect that many such cases—for instance, cases of infantile hemiplegia—fall rather into the group which I have already mentioned than into that now under consideration. There are, however, a sufficient number in which the moral alteration is unaccompanied by any general disturbance of intellect, to establish the fact which I wish to insist upon.

*Cerebral tumour.*—A girl, aged 10 years and nine months, was under my care about six months with symptoms of pontine tumour, paralysis of the sixth and seventh nerves on the left side, and paresis of the right arm and leg, only occasional headache, and then not severe, no vomiting, no fits, and no optic neuritis up to a few weeks before death. The child's general intellectual power seemed unimpaired up to the last time I saw her, about a fortnight before she died; but about two or three months after she first began to ail (the whole duration of the disease was about nine months) a change was noticed in the child; she had previously been good-tempered and obedient, she now became extremely passionate, if the food at meals was not exactly to her liking she would fling it across the table and the slightest thwarting of her wishes by her seven-year-old sister produced an outburst of rage in which she would attempt to strike her sister on the head; she was extremely self-willed and the mother repeatedly complained of the difficulty of managing her. This child was at the same time extremely emotional, a point to which I shall refer again. The necropsy showed a new growth infiltrating the pons, but more on the left side than on the right; there was some flattening of the cerebral convolutions and the whole cortex was unduly hyperæmic. The ventricles were little if at all dilated; there was no trace of new growth above the level of the pons.

Very similar was the case of a boy, aged seven and a half years, who had symptoms of intracranial growth, occasional occipital headache, fits involving chiefly the right side, vomiting and optic neuritis, with some weakness of the left external rectus and exaggeration of the knee-jerks. 12 months after the first onset of symptoms the mother noticed a change in the boy's behaviour, without any general disturbance of intellect, he became extremely passionate, the least irritation—for example, his brother accidentally and very gently pushing against him—threw him into a passion in which he clenched his fists and screamed; these outbursts occurred many times a day, sometimes he would attack his brother in his passion; he had also become very disobedient, whereas previously he had been a good-tempered and obedient child.

*Infantile hemiplegia* may, as in a case I mentioned in my previous lecture, cause moral deficiency in association with general intellectual impairment, but in the following case it affected only the moral condition. A boy, aged about four and a half years, had left hemiplegia dating from the age of 20 months; he was an attractive child, very intelligent, and talked brightly; he was, however, extraordinarily spiteful, for instance, if knives or forks were available he would suddenly throw them at people when they were not looking, and the mother was afraid that he might do some serious injury; whilst walking in the street he had attacked with a stick children who were quite strangers to him; he had been sent to school, but was quickly sent home again as too spiteful to be allowed with other children; he was extremely passionate and if crossed in any way threw himself on the floor and screamed. Corporal punishment had been tried at times but the mother said that it made not the least difference in the boy's behaviour.

*Meningitis*, as is well known, is sometimes ushered in by symptoms like mania but without any such profound intellectual disturbance; loss of moral control may be an early, if not the earliest, symptom. For instance, a girl, aged about 10 years, was reported by her school teacher to have unaccountably changed from an obedient well-behaved child into an extraordinarily disobedient and unruly one. About a week later she became drowsy with headache and other symptoms, which pointed unmistakably to tuberculous meningitis, from which she died. In another case a boy,

[1] Lecture I. was published in THE LANCET of April 12th, 1902, p. 1008.

aged four years, after recovery from posterior basic meningitis became ludicrously passionate, beating himself in fury if meals were not ready directly he wanted them.

*Epilepsy* also has a close relation to moral deficiency. As I have already pointed out, the imbecile with epilepsy is apt to be distinguished by his lack of moral control; as I shall show later, convulsions or epileptic attacks not infrequently figure in the early history of children who in later childhood come under observation for defect of moral control. Moreover, quite apart from any general impairment of intellect, the approach of an epileptic seizure is preceded in some children by a definite moral change. A girl, aged 10 years, who had had frequent fits since the age of 14 months, was always troublesome to manage, self-willed, disobedient, and passionate; on one occasion at the age of six years on receiving some new clothes which did not please her she flew into a passion and tore them up. These characteristics were noticeably increased for one or two days before the onset of an epileptic attack, the child at such times becoming extremely disobedient and difficult to manage. Another child, a boy, although much younger (just over three years old), may serve to illustrate the same change. He had had fits for the previous four months; their onset was said to be preceded by extraordinary excitability and spitefulness, which began two or three days before the fit, and at such times he had bitten people, and, indeed, bit a baby, aged 11 months, sufficiently severely to draw blood. Neither of these children who suffered from epilepsy showed any general disturbance of intellect.

*Head injury* in a boy, aged six and a half years, appeared to be the cause of a temporary loss of moral control. The boy fell down some steps, striking the left side of his head and producing a large hæmatoma which covered the whole of the parietal bone. Within a few days after the fall it was noticed that the boy's behaviour was "different altogether," so the mother said, from what it had been previously. He had now become spiteful, passionate, disobedient, and destructive. When given bread-and-milk which he did not want he flew into a passion and knocked it off the table; when told to do something against his wishes he struck his mother in the face; he had also struck the baby only nine months old; and when a little boy and girl of whom he is usually very fond came into the room he threatened that if they did not go away he would throw his toys at them, which he forthwith did; when told that his little brother, of whom he is particularly fond, was going away from home he said he was glad to get rid of him; he also tore up books and threw them in the fire. He showed no general disturbance of intellect, unless one remark made on the fourth day after the injury can be taken as evidence of a delusion. He said that his toast at breakfast was "poisoned" and he would not eat it; but there was no other evidence of any delusion, and it seems doubtful whether this remark was not rather an exaggerated expression of dislike than an actual delusion.

But it is not only with physical disease or injury directly affecting the brain, but also in relation to physical disease of more general nature, that loss of moral control is seen.

*Typhoid fever* in children, as in adults, is sometimes followed by a temporary insanity, but without any such general disorder of intellect the moral character may undergo a definite alteration. A girl, aged 10 years, was in the Children's Hospital suffering from typhoid fever which was severe and complicated by otitis media. For several months after this the child, who had previously been a well-behaved child, was extremely disobedient and unruly; she was spiteful and passionate. Her general intellectual condition appeared to be normal. The moral alteration persisted for some months, after which the girl gradually regained her former condition.

*Diphtheria* was followed by a similar change in a boy, aged five years and two months, who after the acute illness seemed nervous and excitable. He became extremely passionate; he threw a knife at someone who had crossed his wishes and on the slightest provocation he would scratch, kick, or bite; he also became disobedient and mischievous and a few days before I saw him he deliberately set fire to some clothes, apparently in a spirit of defiance, having just been warned of the danger. The boy showed not the least general impairment of intellect but there was a history of epilepsy in his sister and probably also in his uncle and aunts.

*Scarlet fever* in a case recorded by Dr. Hack Tuke [2] had a similar sequel. "A gentleman's son, a boy of five years old, favourably circumstanced in his moral surroundings, had an attack of scarlet fever. He recovered, but his moral character had undergone a remarkable change. Instead of being a truthful, he became a very untruthful, lad. For a time he was honest, then he began to take what was not his own without the slightest occasion for doing so. A further stage was reached—he evinced a disposition to injure others." Subsequently as a young man he had to be placed under special supervision to prevent some criminal act. In another case,[3] recorded in America, a girl was normal in every way until seven years old, when she had scarlet fever, with convulsions and delirium. On recovering from the fever she appeared to have lost her moral control. She could no longer be made to obey, she displayed violent paroxysms of passion, she had become untruthful, and when eight or nine years old she showed a marked tendency to sexual immorality. It was specially noted that there was "no intellectual impairment; she was, on the contrary, exceptionally bright." "She keenly distinguished right from wrong and only seemed lacking in the power or will to control herself." It was noteworthy that the father of this child had been melancholic and had committed suicide.

*Acute rheumatism* seemed to be directly related to moral alteration in a boy, aged nine years, who after an attack of rheumatic fever at seven years of age was ailing with pain in the præcordium and frequent palpitation of the heart; there was no bruit and no obvious dilatation of the heart. These symptoms lasted for some months after the acute onset and about six months after the rheumatic fever the boy, who had previously been a good-tempered, tractable child, became violently passionate; in his rage he would attack anyone with extreme fury. These attacks occurred once or twice a week, generally after some slight provocation. He was spiteful and recently had shown a disposition to kill himself. The boy had a furtive look, and whilst in the hospital he was found one morning with a draw-sheet twisted round his neck, but otherwise he showed nothing abnormal. All these symptoms gradually diminished, but at about 12 and a half years of age he had rheumatic fever again and after this again became more spiteful, taking pleasure apparently in wantonly inflicting pain on his brothers and sisters and laughing immoderately when he had succeeded in hurting them; he was also at this time extremely passionate, clenching his hands and turning pale with rage, and then pouring forth abuse. He got on well at school and seemed to be perfectly normal in intellect apart from his lack of moral control. He had convulsions during his second year and his mother had epileptic attacks for two years, from 16 to 18 years of age. Dr. Savage has referred to a similar occurrence,[4] a severe attack of rheumatic fever being followed by moral perversion.

In all these cases it seemed clear that there was a close relation between the psychical and the physical conditions, that both in fact were morbid manifestations, and in none of the cases was there evidence of any general disturbance of intellect. So that here we have, I take it, instances of a morbid alteration of moral control without any general impairment of intellect. In almost all these cases the moral change consisted in a loss of already acquired moral control; but had the physical disease occurred at an earlier age, before the development of moral control, it seems only reasonable to suppose that the moral development would have been arrested or delayed; and, indeed, this appeared to have happened in the case of infantile hemiplegia to which I have referred. This point is of some importance in its bearing on the etiology of the group of cases which I shall consider later.

The loss of so complex a mental function as moral control in children with physical disease is no doubt in part referable to its recent development, and therefore "unstable equilibrium," if one may so say; and one might compare with this the loss of speech which sometimes occurs in very young children as the result of any illness whilst speech is still in process of acquirement, and we must remember that moral control is later and much more gradual in its development than speech. This, however, is only a comparison, and whilst it seems probable that some of these cases do indicate such a retrograde change to the conditions of an earlier age, in others there would seem rather to be a morbid perversion of one or other of the

[2] Journal of Mental Science, July, 1885, p. 178.

[3] American Journal of Insanity, October, 1883.

[4] Journal of Mental Science, July, 1881.

mental processes concerned in moral control; in some of them there is evidently an insufficiency of inhibitory volition, as may be seen from the general excitability and emotionalism which accompanies the moral failure; in others there would seem to be a perversion of moral consciousness, which one might compare with the perversion of appetite, the craving for disgusting substances, such as earth, tallow, &c., which one sometimes sees in children who are out of health and who lose their unnatural craving when their general health improves. Whatever may be the psychical alteration in these cases they at any rate emphasise the point upon which I have already insisted—namely, the differentiation of moral control from other mental functions, albeit dependent upon the same fundamental processes of mind activity, and the differentiation, as we have now seen, is sufficient to allow of a morbid diminution of moral control without any impairment—at any rate, recognised impairment—of those other combinations of mental processes which are involved in general intellectual development.

So far, then, we have seen, not only that defect of moral control may be the result of congenital limitation of the capacity for its development by some morbid condition of the brain dating from antenatal life, but also that it may be due to arrest or delay of its development by physical disease occurring in infancy, and, further, that after there has already been considerable progress in its development it may be lost to a greater or less degree as the result of physical disease, particularly lesions of the brain and certain febrile conditions.

### DEFECT OF MORAL CONTROL AS A MORBID MANIFESTATION, WITHOUT GENERAL IMPAIRMENT OF INTELLECT AND WITHOUT PHYSICAL DISEASE.

I turn now to the question whether similar morbid failure of moral control may not occur in children without any general impairment of intellect and without evidence of gross lesion of the brain or any more general physical disease. That moral alteration may occur as a symptom of insanity in adolescents and adults is well known, and the occurrence during adolescence of more limited psychoses affecting only the moral qualities has been pointed out by Dr. Clouston. But the period to which I am referring is the period of childhood—which, if one includes infancy, extends from birth up to the age of puberty—and this, as I have already said, is the period in which moral control makes its first appearance and is gradually developed. At what age its development ceases it would be hard to say, but there can be no doubt that its most active development is in the period of childhood—from non-existence at birth up to a varying but large measure at puberty. No doubt in the years that follow puberty and which make up the period of adolescence with new and more permanent relations to environment moral control attains to a fuller degree, but its development at this period is rather the widening and strengthening of an already present function than the evolution of a new one as we see it in the infant and the young child. If, therefore, defect or delay may occur in the development of moral control apart from the associations which have been already considered it is in this earlier period that one would naturally look for its incidence. Moreover, if in adolescence instability of moral control is related to the growth and changing conditions of that function, as has been suggested, then *a fortiori* in childhood one would expect to meet with disturbances of the newly acquired function as well as failure in its development.

In considering deficiency of moral control in children apart from general impairment of intellect and apart from physical disease we are met at once by a grave difficulty. On what grounds are we to decide whether the lack of moral control is the manifestation of a morbid condition? As I have already pointed out, some range of variation is the natural outcome of differences of environment, using that term in its widest sense; but, granting this, we must also admit that with conditions of environment which are as closely as possible identical—for example, in children brought up in the same family with training and general influences apparently in every way similar—there are such wide variations in moral control as seem to point to some difference in the innate capacity for its development. Within certain limits such variation is arbitrarily recognised as normal; at any rate, it excites no suspicion of a morbid mental state, but there are certain children who show so marked a deficiency of moral control that even in large institutions containing some hundreds of children they can be picked out at once as different in this respect from all the others. This excessive degree of the defect, the outrageous character of its manifestations, is one point which, although insufficient as evidence of morbidity when taken by itself, may be important evidence when taken in conjunction with other facts.

A further point is the absence of any correspondence between the deficiency of moral control and the child's training and environment, even when allowance is made for the considerable range of variation which we arbitrarily recognise as normal at the particular age. For instance, when a boy of wealthy family, brought up by high-principled parents, surrounded with every care and refinement, and, moreover, liberally supplied with pocket-money, is expelled from school after school for petty thefts, as has happened in several cases either under my own observation or brought under my notice by others, this in itself is strongly suggestive of a morbid mental state which in almost all these cases is corroborated by other evidence to which I shall refer later. There is also another point in connexion with the manifestations of the moral defect which may have some bearing on the question of morbidity—namely, the oddity, if I may speak thus vaguely, of the child's misdoings in some cases. In his thieving, for instance, there is sometimes a handsome generosity; the child steals, but he does not want or keep for himself what he has stolen: one child pilfered repeatedly at school but on returning home would present his ill-gotten gains most dutifully to his mother, to her great distress. Or he steals but makes no use at all of the stolen property—his theft appears to be the gratification of mere acquisitiveness. Again, in their lying there is sometimes an apparent absence of any efficient motive; their lies are often picturesque inventions which remind one of the romancing which is sometimes shown by perfectly normal children during an earlier period of childhood (at about two to four years of age). I say "apparent absence," for no doubt there is always a motive, if only in self-aggrandisement. In the same connexion must be mentioned the extraordinary failure of punishment to have any deterrent effect in many of these children. In some of the cases to which I shall refer the child would commit the same misdemeanour within a few hours after punishment, although he had shown extreme fear at the time of punishment. The mother of one little girl (the child who showed permanent loss of moral control after scarlet fever) expressed this by saying that when the child was whipped "she seemed to mind it at the time but it never did her the same good it did the other children." But it is not merely to the exceptional degree of the moral defect, or to the unnatural character of the particular misdoing, that we must look for evidence of its morbid character; the antecedents, and, as later events show in some of the cases, the sequences of the lack of moral control, link it on almost indisputably to other morbid mental states. Family history throws no unimportant light on this condition, and the after-events in the career of these children, where it has been possible to trace them, should, I think, make us not merely "wise after the event" but capable of discriminating between those defects which are merely the result of faulty training and environment and those which are, indeed, the manifestation of a morbid condition. I shall refer more fully to these points in my third lecture and also to the very significant association of other psychoses and mental peculiarities with the moral deficiency in some of these children. A further indication of the morbid character of the defect which must also be considered and which is certainly sometimes of importance when taken in conjunction with those already mentioned is the presence of so-called "stigmata of degeneration." As we shall see, peculiarities of physical conformation are often associated with failure of moral control, as in other children they are associated with general impairment of intellect.

So far as my own experience goes the occurrence in children of defective moral control as a morbid condition, apart from general impairment of intellect and apart from physical disease, would appear to be by no means common. The facts and conclusions recorded here refer chiefly to 20 cases which have come under my own personal observation, but even this small number was collected partly by special effort to see such children. My observations have, however, been confirmed by comparison with the notes of a much larger number of unpublished cases, for the use of which I

am deeply indebted to the kindness of Dr. Savage. In almost all these cases medical advice had been sought on account of the moral defect which had suggested to the parents or guardians that there must be some morbid mental condition. Of the 20 cases five were girls and 15 were boys, a disproportion which, I think, is not altogether accidental; at any rate, it would seem from recorded cases that boys are more frequently affected than are girls. The age at the time of observation varied from four years and eight months up to 13½ years. But there was a notable difference in the ages at which the manifestations of defective moral control had first attracted attention. In none of the cases was any such defect noticed until after the age of infancy (the end of the second year), but in three of them the child was noticed to be unusually troublesome through passionateness or spitefulness as early as the third year; in two cases nothing abnormal was noticed until the fifth year, in two probably in the sixth year, in two not until the eighth year, while in others this point was not ascertained. No doubt this difference in the dates assigned for the earliest manifestations is in some degree attributable to differences in capacity for observation on the part of the parents; moreover, one parent would not consider abnormal the early phenomena which to another were suggestive of mental disorder. But after full allowance has been made for these fallacies it seems clear that whilst in some cases the failure of normal control dates from very early in its development, in others an arrest of this development, or perhaps a loss of already acquired control, occurs at a later period of childhood.

The manifestations did not differ in character from those seen in the cases already considered. An extreme degree of passionateness was the most constant feature; but, as in the previous cases, there were in almost all the children other manifestations of defective moral control which will perhaps be shown most clearly by an account of some of the actual occurrences.

The cases fall, I think, naturally into two groups corresponding with differences in the date of the first manifestation of the morbid defect: (1) cases in which there is a morbid failure of the development of moral control; and (2) cases in which there is loss of already acquired moral control. These groups are, in fact, the counterpart of those which we have already considered, where the moral defect was associated in the one case with general impairment of intellect and in the other with physical disease.

*Morbid failure of the development of moral control.*—At first sight it might appear that the defect in such cases was necessarily congenital in origin, but the history in some of them strongly suggests that it is not always so; it would seem, indeed, that, as in idiocy and imbecility, while the defect may be due to a congenital limitation of the capacity for the particular development—moral in the cases under consideration, general intellectual in the idiot and imbecile—it may, on the other hand, be due to some morbid process occurring during infancy and arresting the development of moral control at a very early stage, as in other children it arrests the general intellectual development and leaves the child an idiot. A boy, aged five years and four months, was sent to me from an orphanage where he had been since the age of two and a half years. There he was thought to be different from all the other children in being of ungovernable temper; in his rage he would scratch and bite and scream. He was also very spiteful and seemed to take a delight in tormenting the other children; he sometimes took away their toys and threw them in the fire and then laughed at their grief, as the teacher said, "most hideously." He was also deceitful but had not been caught stealing. No animals were kept in the home so that there was little opportunity for the display of cruelty, but the other children had complained that he was cruel to such insect life as he could find in the garden. He was a very pleasing child to talk to, and the teacher said that he was "perfectly intelligent." His head measured 20¼ inches in maximum circumference—that is to say, it was slightly above the average; the forehead was narrow and low, there was a marked epicanthic fold, and his palate was rather narrow and high. The rest of his body was well formed. His sister, aged seven and a half years, was in the same institution and showed no abnormal moral defect. The father from his earliest years was extremely passionate, quarrelsome, and jealous; he killed the child's mother, and was then placed in a lunatic asylum. In this case the deficiency of moral control, which was sufficient to mark the child as unique in an institution containing a very large number of children, together with certain, albeit slight, peculiarities of conformation, and the history of insanity in the father, all these are points which seemed to indicate that the condition was a morbid one; and judging from the very early date at which it was present (details of the child's life before two and a half years of age were not obtainable but are of no great importance as the morbid nature of a moral defect is, for the reasons already stated, hardly appreciable at so early an age), one seems justified in concluding that here there was a failure in the development of moral control, and the family history, with its suggestion of heredity, seems to point to a congenital limitation of the capacity for the development of moral control.

As another instance of this morbid failure of development I may quote the case of a boy who from a very early age, indeed almost from infancy, so the mother said, had shown a propensity for stealing. At first he would take food and articles of little value out of the cupboards, but since the age of seven years he had stolen money whenever he had had the opportunity. He was very untruthful and made every effort to conceal his thefts, hiding the stolen property in his boots or even in his stockings. This he had done again and again in spite of severe punishment. When sent on an errand he would appropriate part of the money and explain its absence by saying that there was no change or that he had lost it. When I saw him, at the age of nine years, he was filthy in his habits and frequently passed his fæces in his bed, not because of any morbid inability to control the sphincter, but because it was too cold, so he said, to get out of bed, which he refused to do. He seemed to have no shame whatever for his misdoings, and when caned for it took his punishment silently and sullenly, and no amount of punishment seemed to have any deterring effect. So far as school attainments go, he was reported by his schoolmaster to be an average boy, and there was nothing in the boy's appearance or in his conversation to suggest even the slightest degree of imbecility; but he had a furtive and sullen manner which I have noticed in other children with similar moral defect. On careful inquiry it was evident that in spite of his schoolmaster's testimony he had been backward in his earlier years, he had not learnt to walk until he was two years old, and he talked first at three years old. He had had convulsions twice at the age of 15 months, but none since. There was difficulty in obtaining information as to the family history except that the father had been a disreputable character. The boy had been brought up by his mother and stepfather, apparently with every care and endeavour to train him properly. There seemed to be nothing in the boy's environment to account for his lack of moral control; the father had deserted the mother shortly after the child was born, so that the influence of his example could be excluded.

The next two cases which I shall mention may illustrate the morbid failure of moral development as the result of its arrest by some cerebral disturbance in early infancy. A girl, now aged 13½ years, had been unruly and difficult to manage from her earliest years; she seemed to be lacking in natural affection for her mother, she was untruthful, and she had stolen money which she used for herself. She seemed to have very little idea of obedience and at school was the plague of her teachers. She was sometimes wantonly filthy; for instance, one day she amused herself by spitting all over a shop window; she would expose herself indecently in the streets and was always "running after" the opposite sex, and on at least one occasion was said to have encouraged one of them to indecent or immoral practices with her. This child was slow and backward at school; she seemed to lack power of attention, although the schoolmistress said that she was "quite teachable" otherwise; except in her backwardness at school she might pass for a normal child. This was a tall girl with a dull expression; she had a very narrow frontal region; the maximum circumference of the head was 21⅛ inches; the palate was very high and narrow. She had never had convulsions, but birth was instrumental and very difficult, the establishment of respiration was much delayed, and there was still evidence of the difficult parturition in very slight weakness of the left arm which had apparently shown Erb's paralysis up to the age of four years. Whilst, however, the asphyxia seemed to be a probable cause for the morbid mental state it was noteworthy that the child's father was of feeble intellect and deserted the mother before the child was born.

Another child, a boy, aged five years, was brought to me with the history that he had been unusually spiteful from the age of two years; he would bite his mother and strike

anyone with a stick in wanton spitefulness; a few days before he was brought to me he had thrown a glass at a child and cut its hand severely. He was also extremely passionate; for instance, on two occasions when put out of the room for being naughty he had taken up a stone and flung it through the window. He frequently stole; after having a good meal he would steal food out of the cupboards; he would also steal purses and hide them, but he did not use the money. He was said to be very quick at school. He read small words well, knew "twice-times" perfectly, and seemed to be quite up to the average in ordinary intellectual attainments, and in this respect passed for a normal child. He was, however, curiously distrait; for instance, in saying "Good-night" he went round the family five times one night, apparently not noticing that he had said it before; and he had done the same with his prayers. He showed also a curious perversion of appetite, almost amounting to "pica," to which I shall refer again in my last lecture. There was no history of insanity in the family, but the child had had a large number of convulsions, together with some illness which was called "compression of the brain," between one month and four months of age. He was rather late in learning to walk (he began at one year and 10 months) and also in learning to talk which he began at two years. His head measured 20½ inches in maximum circumference—that is, about three-quarters of an inch above the average for the age. This child could not have been called backward in school attainments; there was no general intellectual impairment, but none the less the peculiarities to which I have referred pointed to an abnormal mental condition underlying the failure of moral control, and the history of severe cerebral disturbance in early infancy suggests that the moral development had been arrested thereby.

*Loss of already acquired moral control.*—In this second group, as I have said, the earliest manifestations of moral defect appear at an age when some considerable progress has already been made in the development of moral control: the child who has hitherto been a normally well-behaved, perhaps an exemplary child, shows an unaccountable change of character; the good-tempered, tractable child becomes violently passionate and unruly, the truthful and honest child seems to have lost all sense of honesty, and natural affection seems to have disappeared. And here, again, I would point out that this group probably includes cases which are not altogether similar in character—at any rate, they differ markedly in the course which they run; for whilst in one case the loss of moral control appears to be permanent, if one may judge from a duration of years, in another it lasts only a few weeks or months, and in a third, as I shall show, it would seem to be a recurrent disorder. Whether in any of these cases moral control is fully up to the average standard before the defect attracts attention may be doubtful, but it is clear that the manifestations to which I refer are in marked contrast with the child's previous behaviour.

A boy, aged nine and a half years, has been under my care for the past 12 months. Up to the age of seven years and one month he was a very obedient, well-behaved child, but he was said to have been always rather bad-tempered. He learnt to walk at 18 months, and talked well at two years. He had convulsions repeatedly at the age of 10 months but otherwise he was thought to be a perfectly healthy child until the onset of the present condition. Just after the age of seven years he seemed to alter altogether; he became extremely disobedient, taking little or no notice of commands. He was very self-willed; for instance, on receiving a new hat he refused to wear his old one and, rather than do so, disposed of it altogether, the mother thinks, by burning it, and if he did not like his clothes he would tear them to pieces. He showed also an unnatural cruelty; he was found one day cutting up a rabbit alive with scissors and was already, so the mother said, "smothered in blood." At another time he was found beating chickens with a stick; taken to Sunday-school he was so outrageously unruly and quarrelsome that he had not been allowed to go again, and at day-school he was a continual trouble. For some time past he had pilfered small articles at home and quite recently he had stolen half-a-crown from his mother. On being taxed with these and other misdemeanours he denied them flatly and on being driven into a corner, so to speak, invented the most plausible tales to account for them. Although extremely frightened by corporal punishment he would commit the very same offence almost directly afterwards. When I first saw him he would smear his fæces about the wall of the water-closet and sometimes about his bed, but he had not done this recently. With this history one might expect to see a child of obviously defective intellect, if not an actual idiot, but the facts are far otherwise. He is a bright, attractive little fellow with a pleasing face; his conversation also is bright and intelligent; he is backward in school attainments but his attendance has been very irregular and he shows that lack of attention which is very noticeable in many of these cases and which no doubt accounts to a considerable extent for backwardness in school acquirements. In such a case the degree and persistence of the moral deficiency as shown in the manifestations which I have described, and also the contrast between the present and the previous condition, without any apparent explanation in changed influences or environment—these alone might warrant us in regarding the loss of moral control as the manifestation of a morbid mental state; but here there is confirmatory evidence in the family history: the child's maternal grandfather attempted suicide three times, his great-grandfather was thought to have done the same, the paternal grandfather is now insane, and the mother's uncle died in a lunatic asylum. The boy shows no "stigmata of degeneration," unless the unusual size of the head be considered as such; in its maximum circumference it measured 21⅝ inches at the age of eight years and three months. I may add that before this boy came to me he had been seen by three medical men, all of whom were, quite independently of each other I believe, of opinion that, owing to his cruel and dangerous propensities he ought to be placed under restraint in some asylum.

Another boy was brought to me at the age of five years with a history that for two months he had been very excitable and had at the same time become extremely spiteful, throwing things at people apparently in wanton spitefulness and attacking strange children in the street without any provocation; he had expressed a wish one day to "chop his mother's head off with a chopper," and was caught one day in the act of putting the cat into the fire, and on a subsequent occasion he attempted to put it into a copper of boiling water. I saw this boy 18 months later when he was said still to be very excitable and extremely passionate, kicking or striking anyone who offended him. Nine months previously he had hit his mother on the head with a big toy gun because he could not have some trifling thing that he wanted; he was also said to be spiteful to other children. He was untruthful, but his lying was of the purely romantic type, so much so that it was difficult to imagine that the boy intended to deceive. His head was unusually large, measuring 21⅜ inches in maximum circumference at the age of six and a half years. He is a heavy-looking but well-grown boy and he is fully up to the average in school attainments. His maternal grandfather had diabetes, one maternal uncle attempted suicide twice, and two other maternal uncles have become confirmed drunkards. The boy's parents are respectable middle-class people and seemed to give the child excellent care.

Of course, without watching such a case for a much longer period one could not be certain that the condition was permanent, but its already long duration with very little improvement suggests that it is so. The same doubt must attach to the case of a boy aged five years and 10 months, who was brought to me on account of persistent stealing and lying. Nothing of the kind had occurred until about five months previously when he brought home two door-keys and said that he had found them. It was proved that he had taken them out of the doors at school. He was severely punished but three weeks later he brought home an inkpot which he presented to his mother, saying that he had found it; this also had been stolen out of a school cupboard. Soon after this he stole a chain from one of his schoolfellows, and when suspicion was aroused by it at home he invented a plausible tale of receiving it in exchange. The stealing had become so frequent when I saw him that it was necessary to search him daily before he left school. The parents were much distressed and had evidently taken unusual pains to train the child aright. The boy seemed perfectly bright and intelligent but he had only learnt to walk at 21 months and did not talk until he was two and a half years old, and then only said single words. There was no family history of insanity or neurosis and the boy showed no "stigmata of degeneration."

In other cases the subsequent history has shown that the

loss of moral control was temporary. For instance, in a girl, aged four years and three months, nothing abnormal was noticed until the age of four years and then almost suddenly she became so passionate that she was brought to the Children's Hospital with the idea that there must be some mental disorder. The least thwarting of her wishes would produce an outburst of rage in which she would tear her clothes and fling china or anything near down upon the ground, and she would scratch or bite anyone who offended her. Sometimes in her rage she would bang her head against anything near and twice she had been sent home from school for fear she should injure herself. These manifestations lasted for nearly four months and then ceased. She is now, five years later, not a good-tempered child but she shows no abnormal defect of moral control. She is fully up to the average in school attainments; but her palate is extremely high and narrow and she shows marked fidgety, almost choreiform, movements such as Dr. Warner called "microkinesis"; the mother is also a very nervous woman and says that she has frequent twitchings in her limbs and face; the child's brother has recurrent outbursts of rage and excitement to which I shall refer in my next lecture. There was no insanity in the family.

Another child, a boy, aged four years and two months, was brought to the hospital because he had recently changed in disposition; he seemed to have lost all sense of obedience, so as to be almost unmanageable; he was restless and he was also spiteful. He showed at the same time an interesting association in a temporary diurnal incontinence of fæces—a condition which, as is well known, occurs specially in children of unstable nervous equilibrium. After a few weeks the lawlessness and spitefulness were much less marked and then very quickly disappeared; there had been no recurrence when I heard of the child again two years later.

It would seem, then, from clinical evidence, that, as was suggested by the lack of any constant proportion between general intellectual and moral defect in imbeciles, a morbid defect of moral control may occur apart from any general impairment of intellect. The possibility of such an occurrence was confirmed by the relation of moral defect to physical disease in certain cases where there was no general impairment of intellect. We have considered, also, the occurrence of a morbid defect of moral control apart from obvious physical disease, and we have seen that we can recognise in children both a morbid failure in the development of moral control and also a morbid loss of already acquired moral control. In my next lecture I shall mention a further variety of these manifestations, and consider more fully some of the grounds upon which these defects are regarded as morbid.

# The Lumleian Lectures

ON

# THE COMPREHENSIVE STUDY OF THORACIC PHTHISIS.

*Delivered before the Royal College of Physicians of London on March 13th, 18th, and 20th, 1902,*

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## LECTURE III.[1]

*Delivered on March 20th, 1902.*

### III.—CLINICAL HISTORY AND INVESTIGATION.

MR. PRESIDENT AND GENTLEMEN,—The clinical aspect of thoracic phthisis opens up a very wide field, but here again I must confine myself to the discussion of my subject on very general lines. An intelligent conception of the clinical history and manifestations of thoracic phthisis can only be founded on a fairly comprehensive and systematic knowledge of the pathological conditions which have been dealt with in the preceding lecture and of their effects. Moreover, for the practical investigation of individual cases it is essential that the observer should have had an adequate training in the study of symptoms as well as in, at any rate, the ordinary skilled methods of examination, the application of which is absolutely necessary in order to form a positive and reliable diagnosis. I venture to remind the modern medical student that the ability to investigate, or what may be termed the "art of examination," even in a common case of "consumption," is not acquired or mastered in a day or without intelligent effort on his part and the more personal experience which he has enjoyed in relation to these cases the more competent and capable will he become to recognise and understand them in practice. To anyone thus qualified there ought to be little or no difficulty in dealing with the large majority of such cases from the diagnostic point of view or in estimating the significance of all the important clinical facts which may be noted. But to suppose that any uneducated, untrained, and ignorant impostor who claims to have discovered a "cure for consumption" is in the least degree competent to determine or to comprehend the conditions with which he is dealing is obviously most absurd and preposterous.

Cases of thoracic phthisis come before the practitioner under very different aspects and, assuming that he has the requisite knowledge and skill, there are certain general principles in dealing with them which need to be strenuously urged at the present day. In the first place, as we are all now so eager to detect the disease in the very early stage, with the view of arresting and curing it, it follows that we cannot be too much on the alert in watching for it when it is not definitely revealed or known to exist, especially under circumstances in which its advent is not improbable. From this point of view there is no excuse for ignoring or neglecting suspicious symptoms, however slight; and it is highly desirable to impress upon the community generally this important principle, for undoubtedly patients themselves are often to blame in this matter. If an individual is known to have had an attack of pleurisy with effusion or pneumonia particular attention should be paid to the case, and it would be well as a precautionary measure to examine the chest from time to time even if there are no symptoms. It cannot be doubted that from a neglect of this practice a large number of cases of phthisis have made considerable progress before the mischief is discovered, the disease having by that time gained a firm hold upon the lungs or other structures. Secondly, it is necessary to be always prepared for cases which do not fall in with the usual conception of phthisis, especially those of a more acute nature, as otherwise very serious mistakes in diagnosis are liable to be made. Thirdly, when a case of recognised thoracic phthisis comes under the care of the practitioner he should never deal with it in an offhand and casual way but should take the trouble to study it clinically in all its aspects and to try to understand the actual conditions with which he has to deal within practical and rational limits. If this were done more generally and as a matter of routine I venture to say that treatment would be founded on a much more definite and sound basis than it often is at the present time.

The clinical study of thoracic phthisis naturally presents itself under the three divisions of: *A.*—Mode of onset or manifestation; *B.*—Personal clinical investigation; and *C.*—Course and terminations. I now proceed to deal, so far as time permits, with these several aspects of the subject in turn.

#### *A.*—MODE OF ONSET OR MANIFESTATION.

Under this head I desire to indicate not only how thoracic phthisis may actually begin but in what ways it may be manifested in ordinary practice. Excluding cases originating under special and exceptional circumstances, the modes in which the complaint may be revealed clinically are as follows:—

1. With a *sudden*, more or less grave, symptom or lesion. Hæmoptysis and pneumothorax are the important events to be noted under this head, and especially the former, which is by no means uncommon. Their relation to phthisical changes has already been considered, and it will suffice to remark here that either of them may be the first definite manifestation of the existence of phthisis, quite apart from the fact that the practitioner may be called in to a case in which the disease is known to be present, though he is personally altogether unacquainted with the previous conditions. Under these circumstances it may be inexpedient to attempt, or

[1] Lectures I. and II. were published in THE LANCET of March 29th (p. 867) and April 5th (p. 937), 1902, respectively.