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## MORBID IMPULSES FROM THE MEDICO-LEGAL STANDPOINT<sup>1</sup>

ALFRED GORDON<sup>2</sup>

The study of morbid impulses is very important because of the graves consequences to which they may lead from social and medico-legal standpoints. Such a study presents multiple interesting features. First of all, the underlying basis upon which these morbid states develop. Since Morel the question of heredity began to play the most important rôle in the domain of mental pathology. It finds its corroboration also in the study of Mendelian laws of heredity.<sup>3</sup> Morbid impulses constitute episodic manifestations in the life of neuropathic individuals.

What is neuropathy? Under this term is understood a pathological state of an individual whose psychophysical resistance is constitutionally diminished; in other words, it is a condition which is a deviation from the normal type of humanity. In such a person there is an interruption of harmonious equilibrium existing between various functions of cerebrospinal centers; the co-operation and adaptation of the latter are incomplete. There is an ataxia of thought, of sentiment, of will, of psychomotor functions.

According to the parts involved these patients form several groups which are only apparently different from each other, but under which is hidden the same individuality, viz., the neuropath.

The most important characteristic features in neuropathic individuals are found in their psychical sphere. The development of their intellectual faculties is irregular and there is a want of equilibrium in these faculties. Such individuals are only partial, incomplete beings. They may have a remarkable memory but cannot fix their attention. Their mental instability is sometimes extreme. At the same time they may be apathetic and present paroxysms of great excitability. They may be eccentric, dreamers, with romantic tendencies. They are emotional, timid, extremely sensitive, impressionable, suspicious, egotistic, haughty and may be affected with moral perversity of the gravest

<sup>1</sup>Address delivered before the Medico-Legal Society of Philadelphia, January 29, 1918.

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<sup>3</sup>Cannon and Rosanoff, *J. of Nerv. & Ment. Dis.*, 1911, p. 272, and Rosanoff and Orr, *Amer. J. of Insanity*, V. lxxviii, p. 221.

nature. Above all, the best illustration of the loss of psychical equilibrium is found in obsessions and morbid impulses. The latter is the consequence of the first.

What is an obsession? Normally an idea, a sentence, an image may unexpectedly invade our mind and obstinately persist. It is sufficient, then, to exercise our will to a certain extent and make this phenomenon disappear. Thus, so to speak, physiological obsession never leads to a morbid impulse. When a morbid obsession occurs, the cerebral centers are invaded by a certain image or idea, which remains fixed, and suppresses subsequently all antagonistic images or ideas. This is accomplished not without a struggle, but the tenacious idea is accompanied by a moral pain so intense that it subordinates the will and the individual, perfectly conscious of what is going on, but powerless, finds himself irresistibly forced toward acts of which he himself disapproves. The obsession leads to an impulse, and these two phenomena are in the same relationship as a thought to the act.

On the basis of our conception of the subconscious world the phenomena under discussion finds an adequate explanation. The rôle of pathogenetic forces in the causation of psychoneurotic manifestations is pretty well established. As the aim of this contribution is not the psychological aspect of the psychoneuroses, but their sociological value, the analysis of the mental processes and of the conflict between the conscious and subconscious ideas which leads to the formation of obsessions and other mental disorders characteristic of psychoneuroses, will be omitted.

The characteristic features of an obsession are therefore: (a) Lucidity as to the phenomenon; (b) energetic struggle against the invaded thought; and (c) moral torture. The elements of morbid impulses are: (a) Sudden function of a center or of a group of isolated centers without participation of reason; (b) momentary impotence of will controlling the act.

The state of consciousness, the apparent lucidity, are misleading for those who are not familiar with these disturbances and judiciary errors are readily explained.

A neuropath who becomes fatigued, whose nervous system becomes exhausted, may develop obsessions and morbid impulses. Depressive emotion, prolonged intellectual effort, a prolonged waking state, excess of any sort, abundant hemorrhages, protracted infectious diseases, disturbance of nutrition, intoxication, especially alcoholic, the sight of a capital punishment, the news of a suicide or homicide,

the recital of a murder, are all provoking causes of morbid impulses in a neuropathic individual.

A young woman of thirty-five, who was profoundly neuropathic, whose hereditary history was the most unfavorable (father syphilitic, mother alcoholic, a grandfather had paresis), had several miscarriages accompanied by tremendous losses of blood. Her recovery was of long duration. She soon developed morbid impulses. Being a butcher's wife, she assisted him in carving meat in the shop. On several occasions while handling the large knife she felt the desire to cut off the customers' heads. She realized her condition, she struggled with herself, resisted the torturing temptation. Finally once, in the presence of several customers, she began to scream; the knife fell out of her hands; trembling she begged them to remove the knife from her sight, as otherwise she would commit murder.

A young pharmacist, who has been under my care for the last two years, has frequently the almost irresistible desire to commit suicide. He is fully conscious of his condition, fights it often at the expense of his sleep. Once riding on a boat, he felt the necessity of jumping overboard. Fearing himself, he begged the passengers to tie him to a post and keep him in this position until the boat landed.

Obsessions and irresistible impulses may affect also crimes of a less important order. In kleptomania there is an irresistible impulse to possess objects which are of no value. This is frequently done by individuals who are otherwise perfectly honorable, who possess sufficient means. Here, again, they are perfectly conscious of the criminality of the act, and of the consequences to which it may lead. They struggle against this tendency, they suffer morally, but they finally succumb to the irresistible impulse.

Arson, assaults, rape, all varieties of sexual perversion may be committed by a neuropathic individual under the influence of an obsession.

What is the outlook in obsessions with irresistible impulses? The evolution of these symptoms presents nothing typical. It may be periodical and intermittent. Sometimes it appears for a short period and disappears completely. In other cases it is slow, remains stationary for months and years. In still another series of cases the symptom disappears, but recurs from the least cause.

As Magnan has well said, they are episodic symptoms in the life of a degenerate. They are incorporated in the mental state of the individual, and never become separated from him. Appearing now and then during his life, they never undergo modifications; they are always the same.

In making a diagnosis of cases of this order it should always be borne in mind that while morbid impulses for minor offenses are frequent in the neuropathic individuals in general, the irresistible impulses for acts of graver nature, as homicide and suicide, are not frequent. They are met with often in true insanities in which the individual blows out his own brains or kills, seeks revenge, because he is under the influence of a delusion or is prompted by hallucinations of a terrifying nature. When a certain patient suffers from melancholia, he is mentally tortured by his delusion of the unpardonable sin, of his physical worthlessness, of deserving punishment for imaginary misdeeds. Voices are constantly reminding him of his wrongdoings. Such an individual will seek relief from continuous torture and finally commit suicide. Sometimes his delusive ideas will run in a somewhat different channel, and he will imagine that through his sins his relatives and neighbors, wife and children will undergo punishment and will suffer; in order to save them from inevitable suffering and torture he prefers killing them himself, and he acts accordingly.

A paranoiac develops in his diseased mind a grudge against certain individuals, who for an apparently logical reason are persecuting him or trying to prevent him from obtaining a certain important position which they themselves are after. He hears their voices through the wall at night; sees them masked in his room. Another paranoiac gets a mission from God to preach, to convert the sinful men, women, communities, nations. He gets messages from the Almighty through spirits, angels, who order him to accomplish his task and destroy any obstacle on his road. Such individuals will exhibit irresistible impulses commanded by their delusions and hallucinations and commit homicide.

In paresis similar delusions may lead to identical consequences.

In dementia præcox, when the youth commences to show signs of dementia, he develops hallucinations and delusions; commits excesses and assaults of the gravest character, kills or commits suicide.

A senile dement forms delusions of being defrauded, robbed, believes himself being persecuted. Frequently erotic delusions make him plan ridiculous marriages, and if he is prevented from doing it he assaults and kills. Assaults of senile dements on very young girls or children are not uncommon.

In toxic insanities, especially alcoholic, the delirious and confusional states are frequently accompanied by delusions and hallucinations; morbid impulses are then easily formed.

In epilepsy, after the motor manifestations are over, the patient

remains in a confusional, delirious, or stuporous state, during which irresistible impulses may develop and a crime may be committed. Sometimes the epileptic attack itself may consist of a sudden irresistible impulse for attacking, assaulting, and injuring.

In determining the nature of and the motives for morbid impulses only a prolonged and thorough examination will help the medico-legal expert to form an impartial opinion.

Let us emphasize the distinctive diagnostic points as they are essential for a proper conception of these interesting phenomena.

When a lunatic assassinates, he is under the control of a delusional conception and hallucination or illusion, by which he is carried away towards the abnormal impulse. The latter has a special character, viz., unconsciousness of the act; automatism is the essential feature.

When a morbid impulse is the result of an obsession in a neuro-pathic individual, the characteristic features of the act are: The lucidity of consciousness, the tormenting mental struggle before the act is accomplished, the realization of the horror of the act. At the same time the state of anxiety of the patient is accompanied by cardiac palpitation, acceleration of the pulse, headache, tremor, perspiration, etc. All these symptoms occur in an individual whose mentality is abnormal, irregular, asymmetrical and without equilibrium. In such an individual the soma will frequently be found deviated from normal; there will be present many stigmata of physical degeneration, disturbed functions of the viscera, of tissues, or organs. A profound study of his own life, of his reactions to external and internal stimuli, of his adaptability to surroundings, also of his family history, of the hereditary features—such a study is indispensable in making a diagnosis.

#### MEDICO-LEGAL CONSIDERATIONS

The question of responsibility of individuals presenting morbid impulses is of the greatest moment from a social and medico-legal points of view. It is frequently accompanied by difficulties, and has led not infrequently to many judiciary errors.

The primitive society of mankind recognized crime as a punishable act, irrespective of any other consideration. The criminal was always punished, no matter what his mental state was. Ancient legislation ignored entirely the question of irresponsibility. The Romans were the first who distinguished between *compos* and *non compos mentis*. But the great difficulty was to determine under what condition an individual ceases to be *compos mentis*. Prejudices, errors of all sorts, religious and political passions, interfered with the proper

understanding of cerebral functions, of genesis of ideas and of their manner of manifestations. Even the humane principles of the French Revolution were unable to eradicate from the minds of the legislators the deep-seated ideas of moral responsibility.

With the advent of Pinel and his school a new era entered the field. With him the old ideas suffered a decided blow. He succeeded in convincing human minds that insanity was a disease and that there was no crime if the criminal was insane while committing it. Gradually the field of responsibility became wider and wider. The criminologists of the new anthropological school, and with them the psychiatrist and all students of normal and abnormal psychology, jurists and enlightened laymen, all admit now that a neuropath, as defined, presenting episodic paroxysms of pathological impulses cannot be considered fully responsible for his criminal tendencies and acts, and that instead of being committed to prison, he should be removed from society and placed safely to undergo medical treatment.

The medico-legal literature is abundant with examples of indiscriminate conviction of this category of individuals. Notwithstanding the considerable work of the psychiatrist and the incessant labor of the students of psychology and of the evident and flagrant injustice to mankind, some jurists are loath to accept the humane and scientific principles laid down by the workers in this field of human knowledge. It is, of course, proper to advise, as they do, to moderate the passions and to learn to control them, but this is possible only for a brain free from any hereditary or acquired taint. It is just as difficult to control and direct the operation of a brain whose anatomical and functional integrity is affected as it is to hold oneself straight with a spinal column which is scoliosed or otherwise deviated.

The degenerates with morbid impulses are, therefore, irresponsible; but what is the degree of their responsibility between the acts, viz., during the lucid intervals? Here jurists, alienists, anthropologists are not exactly of the same opinion.

The old classical school of criminology believes in so-called *partial* responsibility. They say that because an abnormal brain, although the patient is not insane, means an abnormal will, and, therefore, an abnormal conception of right and wrong, the law should impose only partial punishment. The modern psychiatric views, the glory of which belongs mostly to the French school and especially to Magnan and his pupils, are based upon a different conception of degeneracy and criminality. Lombroso, Ferri, Garofalo, in Italy; Broca, Brodier, Manouvrier, Lacassagne, in France, have laid the foundation for the mod-

ern anthropological school. According to the anthropologist the criminal is under two kinds of influences: Intrinsic or individual and extrinsic or social. This double responsibility in a neuropathic individual is nil, and his irresponsibility is complete at all periods of his life; its root lies in the heredity and in the morbid impulses which are not present in normal beings.

When an expert is called upon to give his scientific opinion on crime committed under the influence of an irresistible impulse, he has to consider not only the crime, but also and mainly the criminal. As to the criminal, it must be determined whether he is insane or only a neuropathic individual affected with obsessions and morbid impulses. In both cases a thorough and careful examination is absolutely necessary.

When the crime is committed without a motive, when it is accompanied by a perfect integrity of conscience, when it is preceded by a mental struggle, there is no doubt that it was the result of a morbid obsession. In insanity the expert will sometimes encounter difficulties. In the first stages of a mental affection, in which a perverted mode of thinking, feeling, and acting is not easily recognizable; an epilepsy, when between the attacks the individual is comparatively lucid; in some cases of paranoia, when the patient will skilfully conceal the subject of his delusion—in such cases the expert will have to surround himself with all possible precautions, obtain detailed personal and family histories, interrogate the criminal at various times before he decides the question of insanity, viz., responsibility. The rôle of the expert in these conditions must consist not only of giving a personal impression more or less justified by his own experience, but also of presenting evidence which will be understood by laymen.

The determination of the degree of responsibility of a criminal should therefore be placed in the hands of an alienist. He only is capable to determine early stages of insanity, and he alone is able to determine, apart from insanity, the degree of mental control, of inhibitory power, of a delinquent who presents mental stigmata of degeneracy.

There is a frequent conflict between medical and legal conceptions of insanity. The law admits that a man with one fixed delusion may be sane on every subject except when he touches upon the delusive thought, and some consequently argue that he can be considered sane before or after a crime is committed, but insane during the act. From a medical standpoint such an argument is unscientific, for where there are delusive ideas there is a functionally disturbed brain. A certain

delusion may be formed and remain fixed, and by reason of this fact, the brain must be considered diseased. Misconceptions with misinterpretations may become manifested at any moment. An individual thus affected should by no means be considered "responsible before the law" before or after the crime.

I will conclude with the following propositions:

The legal conception of responsibility is not in accordance with the principles of science, and does not satisfy the practical exigencies of life. An alienist should be called upon to examine such a criminal. Administration of justice in such cases should be confided to a jurist and to an alienist.

Administration of houses of correction should be placed in the hands of alienists and pedagogues.

Youthful criminals should be placed, not in prisons, but in special institutions where they shall receive medical attention.

Conviction of criminals intellectually and morally defective is unjust and should be replaced by prophylactic measures which form a part of social hygiene.