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## From stack-firing to pyromania: medico-legal concepts of insane arson in British, US and European contexts, c.1800–1913. Part 2

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### Abstract

The second part of this paper<sup>1</sup> explores deepening doubts about pyromania as a special insanity, British debates post-1890, and pyromania's supplanting with the broader diagnostic category of insane incendiaryism. It assesses the conceptual importance of revenge and morbid-motivations for arson, and the relationship of Victorian and Edwardian concepts of arson to more modern psychiatric research. The main objective is to ascertain the extent to which Victorian and Edwardian medico-psychologists and medical legists arrived at meaningful and workable definitions of criminal insanity linked to arson. It concludes by emphasizing the limitations, contentiousness and inconsistencies in the use of technical terms such as 'pyromania', contrasted with the qualified success of authorities in arriving at more viable and broadly acceptable explanations of insane firesetting.

### Keywords

Arson; firesetting; incendiaryism; instinctive insanity; irresistible impulse; kleptomania; monomania; moral insanity; motive; partial insanity; puberty; pyromania; sexual

### Deepening doubts about pyromania as a special or distinct insanity

Post-1850, British, European and US medico-legal authorities were often quite significantly divided over the applicability and essential properties of pyromania, and the extent to which they accepted (like Esquirol and Ray) that pyromania was a distinct disorder. A number preferred to classify it subsumed within more general definitions of mental derangement. While signalling partial acceptance of pyromania as 'a supposed species of moral insanity, believed to actuate incendiaries', Robert Grey Mayne's 1860 *Lexicon*, for example, signified the merely putative status of such definitions. Emphasizing that pyromania's 'existence ... is by some denied', Mayne defined kleptomania in the same terms and dipsomania as a 'vice' rather than a 'disease' (Mayne, 1860: 559, 1054).<sup>2</sup> In later editions of this text, pyromania remained a merely 'supposed species of moral insanity', while by contrast dipsomania was

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<sup>2</sup>Mayne (1860: 278) reserved particular disdain for dipsomania, dismissed as a 'vice [and] ... old term for an unconquerable desire for spirituous liquors, regarded as a disease'. He was less sceptical in his assessments of nymphomania, erotomania and 'oenomania'; pp. 318, 799, 972.

readily deemed 'a disease', and kleptomania was, contrariwise, newly glossed as 'a now recognised species of moral insanity, actuating the subject of it to pilfer and steal' (e.g. Mayne, 1889: 121, 218, 365). Although some texts continued to present pyromania as a species of impulsive 'insanity, with an irresistible desire to destroy by fire' (e.g. Cleaveland, 1872: 202; Fowler, 1875: 420),<sup>3</sup> by the 1880s and 1890s medical lexicons were registering pyromania's claim for special status as just a 'claim', according it cursory treatment and often eschewing reference to irresistible impulse. Richard Quain's medical dictionary was categorical that pyromania's 'claim to be regarded as a special form of insanity has not been established' (Quain, 1890, Vol. 2: 314).<sup>4</sup> Vice versa, dipsomania and kleptomania were not uncommonly recognized with larger entries and as definitive forms of insanity, the latter generally linked to irresistible impulse and/or to underlying congenital, organic disease (e.g. Sydenham Society, 1899, Vol. 3: v). Of course, such lexicographic texts were rarely compiled by medico-legal experts, and can only be seen as limited reflections of the complexities and shifts in the more detailed debates in specialist literature. The studies by Whitlock (1999) and by Abelson (1989) make it clear that kleptomania remained a controversial diagnosis and insanity defence. But the majority of later nineteenth-century Anglo-American medical jurisprudence and medico-psychological texts on crime and insanity repeatedly and emphatically questioned the legitimacy of pyromania. Likewise they were only partially successful, and indeed committed, in arguing for the expansion of the insanity defence in cases of incendiarism.

Indeed, following in particular Wilhelm Griesinger's (1867: 269–71) dismissal of 'pyromania' (and other symptom-led nosologies of insanity) as a 'purely artificial classification', many European and US specialists were chary about using the term, particularly in diagnostic practice. While Jonathan Martin's arson had plainly helped to furnish a more serviceable test case for specialists seeking to demonstrate that arson might spring from prevailing hallucinations/delusions, many were unconvinced about validating 'pyromania' as a workable diagnosis or insanity defence; Griesinger (1867: 271) criticized Phillippe Pinel's denomination of Martin's case under 'pyromania' as 'the necessary but evil result of a superficial classification'. Although Griesinger found fire-raising cases 'most interesting', devoting three pages of his influential *Mental Pathology* to the subject, they were subsumed within a broader section on the morbid impulses and inclinations of melancholia. Parting company with Pinel and Esquirol, who had classified pyromania as a monomania, Griesinger rejected either monomania or morbid impulse as sufficiently explicative of the pathology. He appealed for doing 'away with the term, Pyromania', and substituting classifications based on deeper investigation of underlying causes: 'Let there be a careful investigation in every case into the individual psychological peculiarities which lie at the bottom and give rise to the impulse' (Griesinger, 1867: 270).

<sup>3</sup>Fowler (1875: 272) designated kleptomania in kindred terms. Cleaveland's (1872: 202) rather minimalist pocket-guide defined pyromania as 'irresistible propensity to destroy by fire, a species of insanity', and dipsomania as merely 'thirst of drunkards', omitting kleptomania altogether.

<sup>4</sup>By contrast kleptomania was straightforwardly recorded as 'insanity characterized by an irresistible impulse to steal'; Quain, 1890, Vol. 1: 798. Neither George Fielding Blanford's extensive entries on 'impulsive insanity' and 'moral insanity', nor John Sibbald's on 'legal insanity' and 'criminal responsibility', made any reference to pyromania/arson, and very little to kleptomania, focusing much more on homicidal insanity; pp. 315–18, 725–8.

Griesinger's approach was evidently indebted to Casper (1846; 1864) and moreover to Willers Jessen's (1860) monograph on firesetting. Jessen, complaining of the insufficiency of attention to pyromania in the existing literature, had adopted a case-by-case analysis, applying broader diagnostic nosologies of insanity (including melancholia). Although somewhat German-centric in its analytical scope, ignoring other continental and Anglophone surveys, Jessen's monograph was widely recognized by contemporary reviewers as the most definitive survey of the subject, or 'the most complete contribution to the etiology and psychology of pyromania in any language' (Anon., 1861: 223). As Geller (1992: 285) has noted, Jessen's synthesizing survey – accorded the distinction of a meaty précis and commentary in *The American Journal of Insanity* – was highly instrumental in focusing the dividing lines of debate in European and Anglo-speaking contexts (Jessen, 1860, 1861–2).<sup>5</sup> Rejecting notions of pyromania as an instinctive disorder, Jessen conceived most insane firesetting to emanate from more established diagnostic categories. However, there was only partial consensus between Griesinger and Jessen over the nature of pyromania. Adapting Esquirol's notion of pyromania as a 'reasoning monomania' (i.e. essentially motivated, rather than characterized by lack of motive), Jessen also conceded the circumscribed permissibility of pyromania as a (rare) diagnosis (Baker, 1892a: 1056).

Geller argues that reaction against the wider application of the insanity defence in the USA following the 1881 assassination of President Garfield was a significant factor in the rejection of pyromania by most US medico-legal experts in the latter decades of the century. He cites Pilgrim's 1885 review of the pyromania literature, and its confident contention that 'there is no such psychological entity as pyromania', and an 1887 paper by Orpheus Everts (Superintendent to Cincinnati Sanitarium), which addressed the validity not just of pyromania but of all special manias (Everts, 1887; Pilgrim, 1885). Although Everts concluded that all were distinct mental diseases, he also conceded that they were generally subordinate to broader symptomological patterns. Others, such as William A. Hammond, New York Professor of Mental Diseases, who devoted three pages of his 1883 insanity treatise to pyromania, including several long case histories mostly derived third-hand from Hencke (via Marc and Esquirol), remained equally ambivalent. Hammond (1883: 438) defined pyromania as an 'emotional monomania', synonymous with uncontrollable morbid impulse, but also with what Livi and others had termed 'instinctive monomania'. On the one hand, Hammond asserted that pyromania was typically congenital, significantly more common in females than males, strongly linked to menstrual and reproductive disorders, and indubitably 'a distinct type of morbid emotional disorder' (p. 438). On the other hand, he argued that: 'The mere object of the impulse should not ... be sufficient to elevate the act to the dignity of a distinct species of insanity', and that 'pyromania ... kleptomania, and so on' were 'useful' merely to explicate the patient's 'main symptom' (pp. 399–400).

However, in Britain it was a broader range of reasons, I would argue, that explains most specialists' rejection of pyromania, rather than any singular political event or trial. More important as factors for British practitioners were: a growing resistance to symptom-led diagnostic nosologies; the steady accumulation of empirical case history and institutional

<sup>5</sup>However, the *Journal of Mental Science* gave no coverage whatsoever to Jessen's work on arson during 1860–1900, apart from Baker's article, though his contributions on other subjects were often cited; see Barnett, 2005: 11–26.

experience of insane arson being more often the crime of the mentally defected, melancholic and delusive than a matter of impulse-related incendiarism; mounting professional criticism of the tendency for impulse-based defences to provide too elastic a licence for exculpation of crime; and doubts and empirical experience regarding the courtroom utility of complicated, artificial diagnostic constructs like pyromania.

Some British textbooks, including John Hutton Balfour Browne's monumental 713-page book *The Medical Jurisprudence of Insanity* (1871), paid less attention to the criticisms of Griesinger and others, and gave more scope to pyromania. Browne (son of the famous Scottish moral manager, W.A.F. Browne) devoted a six-page section to pyromania (Browne, 1871: 148–53; 1875: 332–7). Heavily reliant on Marc and other continental case studies, Browne clearly accepted both the medico-legal relevance and the utility of the term pyromania, categorizing it as a 'temporary excitement' under the heading 'Partial Moral Mania', and (*à la* Esquirol) classifying it – alongside kleptomania, erotomania/nymphomania, and dipsomania/oinomania – under 'monomania' within the broader heading 'states of exaltation' (Browne, 1871: 148; 1875: 58). Browne (1871: 149) also emphasized its relative frequency among all cases of arson: 'on very many of the occasions where houses, farm-buildings, and the like, are set fire to, it is by those ... under the influence ... of pyromania'. He regarded the least contentious cases of pyromania as those demonstrably acting under an irresistible impulse, or else a prevailing delusion, though his emphasis fell mainly on the former. He stressed that the impulse had to be as strong/stronger than 'the motives for not committing the crime' and thus irresistible, even though 'no very prominent intellectual features of disease may be discoverable' (p. 151). Detailing cases from Marc, Ray and others, Browne additionally distinguished such arsonists by their lack of motive, and personal histories of radical character and conduct change. As regards delusive cases, Browne was even keener to stress the traceability of 'the insane origin of the act', although his examples, including the usual reference to Martin, were based on his reading and theoretical knowledge, rather than on his own empirical experience (p. 151). He was also careful to emphasize the 'many instances' where no delusion was evident but offenders were clearly insane and found lacking (rational) motive, unable to help themselves and otherwise irresistibly driven. Yet even this survey concluded by stressing how uncommon was 'this form of insanity [i.e. pyromania]', despite the evidence of occasional anomalous peaks in reported cases on the continent (p. 153).

### **British debates post-1890: John Baker, Henry Maudsley and pyromania's supplanting with insane incendiarism**

Despite intense ambiguities surrounding the medico-legal use of pyromania and the defence of arsonists as irresponsible owing to impulsive or instinctive insanity, by the 1890s some standard textbooks on insanity, the law and medical jurisprudence were complacently registering pyromania as a relatively definitive and uncontested diagnosis (e.g. Pitt-Lewis, Smith and Hawke, 1895: 5). Yet few British manuals included detailed discussions, let alone dedicated sections/chapters, on the subject. Many US textbooks were also rather dismissive, pyromania suffering neglect not only by comparison with homicidal mania but also compared with more novel concepts such as puerperal mania, kleptomania and dipsomania.

The Jefferson Medical College Professor of Jurisprudence, Henry C. Chapman, devoted a single paragraph of his textbook to the subject in the following vague, narrow terms.

Pyromania, or the insane desire to set fire to anything, barns, dwelling-houses, churches, is a less common form of mania than kleptomania. It appears to be often associated with epileptic insanity. No doubt this form of mania, like the so-called moral mania, is made a convenient plea for the defence of crime, as in cases of arson. (Chapman, 1892: 159).

Indeed, Anglophone authorities were increasingly dubious about the validity of pyromania, although concurrently, if not always consistently, arguing for the need to widen recognition of forms of insanity leading to arson more generally.

John Baker's authoritative surveys of 1889 and 1892a highlight the departure of 'modern writers' from previous classifications of morbid incendiary propensity as pyromania. Like Griesinger (and, to a lesser extent, Taylor and Casper, whom he quoted and significantly relied on), and by contrast with Hencke, Marc, Esquirol and Ray, Baker argued that pyromania had been erroneously 'elevated into a special form of insanity', rejecting the term as 'misleading'. He maintained that 'English observers' generally 'agree with ... many of the German writers ... that it is not a disease per se, but the result of some of the well-known forms of insanity' (Baker, 1889: 46). Baker's studies additionally underline the partial shift that had occurred in medico-psychological and medico-legal accounts away from earlier debates as to the extent that arsonists and other criminals could be understood as morally insane. Acutely conscious of previous controversial psychiatric testimony which (in tending to support the latter view) had (arguably) weakened expert witnessing in insanity defences, Baker (1889: 45) was adamant that, although many incendiaries were to some degree 'devoid of moral sense', 'moral perversion ... is no excuse for crime' (p. 45).

Baker's accounts of pyromania were in many respects highly conventional and indebted to other authors. He largely accepted continental views associating pyromania with puberty and reproductive/sexual disorders, especially in the case of females, citing Ernest-Émile Rousseau's (1881) survey, yet he also kicked against any 'advancement of the mere dictum of intermittent irresistible impulse' (Baker, 1892a: 1058). Like Marc, he underlined the need in establishing irresponsibility to investigate closely other prominent symptoms of mental derangement, including (in pubescent cases) 'vertigo, epistaxis, and derangement or suppression of the menses ... epilepsy or chorea ... glandular swellings and cutaneous eruptions' (p. 1058). In other cases, like Griesinger, he pointed out the need to find evidence as to 'hereditary neurosis ... infantile convulsions ... previous indulgence in drink, and ... mental inquietude before the commission of the crime' (p. 1058).

To some extent, too, Baker (p. 1057) parroted traditional descriptions of classic or 'genuine pyromaniacs', summarizing them as:

young persons, for the most part dwellers in the country; badly developed, of defective intelligence, hereditarily tainted with insanity or epilepsy, and presenting anomalies in character, habits, and feelings; having, as a rule, no delusions, no motive for their crimes, but imbued with an irresistible impulse to burn.

Yet, while acknowledging his own clinical encounters with cases matching this description, Baker attributed most insane incendiarism to mental defect and to melancholia, or else to dementia, epilepsy, and delusive mania/*mania à potù*. Rather than harping on pyromania, then, Baker delineated all cases of insane arson in accordance with ‘recognized forms of insanity’, citing Greisinger and Jessen in support of his own particular nosological approach (Baker, 1889: 47). Baker (pp. 47, 54 and notes) likewise reiterated ‘the generally received opinion’ that insane incendiarism was less to be understood as pyromania or a distinct insanity than as predominantly a type of “reasoning” monomania’, agreeing in this respect with Esquirol and Jessen.

Thus, case by case, neatly summarized in tabulated form (Fig. 1), Baker associated individual mentally disordered incendiaries at Broadmoor not with pyromania or moral insanity, and only to a small degree (9%) with monomania, but rather with congenital ‘imbecility’ (amounting to over one third, 35%, of diagnoses); with melancholia (20% of diagnoses, characterized especially by sensory and religious delusions/hallucinations); with mania (17%); and (less commonly) with dementia (10%), general paralysis (6%) and epilepsy (4%). This helps to explain why terms like pyromania, or other notions of arson as a special mania, were so rarely employed in Broadmoor’s case notes and indeed in the insanity defences of British incendiaries (especially by comparison with continental institutions and courts).

Baker’s decision at this time to focus at on ‘incendiarism’ was itself inspired and justified by its relative psychiatric and medico-legal neglect; by recognition that (echoing Taylor) pyromania was ‘a condition not specially recognized by English jurists or in English courts of law’ (Baker, 1889: 47); and by acknowledgement that it was much ‘more frequently ... and more fully’ discussed ‘in foreign than in English psychological literature’ (Baker, 1892a: 1056). His persuasive view (paraphrasing and extending North’s (1886: 172–3) earlier arguments, but also reflecting his own extensive empirical experience), was that ‘less atrocious’ offences ‘seldom attract ... interest in the accused’, or much judicial investigation (Baker, 1892a: 1056; 1892c: 366–7). For this reason, Baker (1892a: 1056) argued, ‘in offences like arson the question of responsibility is rarely raised ... and conviction and imprisonment follow as a matter of course’. This context additionally helps to explain why the insanity defence appears to have been utilized more rarely in arson cases, by contrast with capital offences ‘where the sanctity of life is in question’, and why so many mentally affected lesser offenders wound up in prison (Baker, 1892c: 366). Indeed, stressing the large ‘number of incendiaries [in previous times] ... found insane whilst undergoing sentence, and transferred from penal restraint to asylum custody’, Baker (1892a: 1056) appealed for significant improvement in ‘pre-trial investigations of the mental condition of such cases’. This was, of course, an area that busy Broadmoor-based practitioners were notably less engaged in than other mental specialists and ordinary general medical practitioners, the former tending to see criminal lunatics for the first time post-trial/imprisonment. Citing one case of a repeat arsonist where no expert medical testimony was called, and evidence of his ‘weak mind’ and congenital ‘brain disorder’ was dismissed despite jury appeals, Baker (1892c: 366–7) contended: ‘Were the individual psychological peculiarities of these weak-minded criminals strictly investigated, and their modes of life and family histories fully

inquired into, the question of responsibility might be more frequently raised'. While as scholarship has elucidated (Eigen, 1991, 1995; Smith, 1981a, 1981b, 1988a–c), mental and forensic specialists were an increasingly prominent presence in Victorian courtrooms, expert psychiatric testimony appears to have been less frequently and conspicuously involved in cases of arson. In Britain the perpetrators of arson were also disadvantaged by class and sex by comparison with perpetrators of murder, or even theft, in terms of attracting sympathetic elite counsel or specialist involvement, being overwhelmingly found to be males from poorer social backgrounds.

Baker's 1889 and 1892 arson surveys were both a response to and a reflection of the general lack of concern with the subject in Anglophone medico-psychological literature. But Baker conducted no further exclusive or lengthy survey of arson once he became Broadmoor's Deputy. His later publications made only occasional use of his forensic experience in assessing arson cases: for example, he referred to arsonists in a single paragraph within his larger survey on 'general paralysis and crime, where he discussed 7 arsonists out of 62 cases with GPI admitted since 1863, all of whom he categorized as having 'belonged to the exalted type' (Baker, 1903: 439, 447). And few other Anglophone forensic practitioners spilled much ink on the subject before the 1920s and 1930s (e.g. East, 1946; Goldwyn, 1930; Young, 1925). When they spoke of arson and pyromania at all, most British insanity specialists, including Henry Maudsley, did so in a rather haphazard fashion, as one among a number of examples, rather than as a subject in itself. Moreover, following Griesinger's lead, Maudsley too was actively contesting the continuing usefulness of such diagnostic terms. Maudsley argued that pyromania, suicidal mania, homicidal mania and kleptomania had 'no existence as distinct diseases', but were obfuscating 'metaphysical' terms, jargon-like fig leaves, professionally and publicly manifesting a mere 'semblance of knowledge' (Maudsley, 1874: 80–1; 1899, 81–2). Criticizing the tendency of modish psychiatric nosologists (in particular, Morel) to categorize mental diseases according to 'prominent mental symptoms', rather than prevailing physical causes, Maudsley (1874: 80–1; 1899: 81–2) rejected pyromania and its ilk as 'concealing inadequate observation under a pretentious name'. Echoing Griesinger and Baker, he advocated thoroughgoing investigation and observation of bodily and mental features in every case, to ensure focus on the underlying cause(s) and accurate presentation of 'real disease', both in practice and in courtroom diagnosis/testimony. The tendency for judges and jurists presiding over insanity defences to be preoccupied, post-McNaughten Rules, with demonstrating that criminal acts plainly arose from derangement, and/or absence of moral control/knowledge of right and wrong, and profound/florid mental derangement or prevailing delusions, itself counselled specialists like Maudsley to emphasize opposing criteria. Contrariwise, they stressed the need for specialists to challenge such reductionism with careful scientific proofs of varying degrees of disease-compromised responsibility, and broader links between mental derangement/defect and insane/irresponsible acts.

### **The uneven decline of impulsive pyromania**

As indicated above, insane arsonists were also concurrently conceptualized as suffering from disorders of impulse/will, mentally disordered arsonists being commonly declared cases of 'impulsive insanity'. Rather than related merely to pyromania, or any special/

exclusive diagnostic concept, such cases were often more broadly conceptualized as driven by uncontrollable/irresistible impulse, sometimes related to pathologized life-cycle or arrested/morbid development models, especially linked with adolescence. Sutherland (1907: 589) detailed one typical case as follows: 'R.F., aet 18 ... sets fire to a dormitory in order to ascertain how his fellow pupils feel being roasted. In other respects his conduct was ... precocious and impulsive ... a case of impulsive insanity associated with early adolescence'. Smith emphasized the early disenchantment of medico-psychological specialists with the McNaughten Rules' stress on knowledge as the barometer of responsibility, while concurrently noting the initial medico-legal appeal of irresistible impulse as a basis for an insanity defence. However, Smith and others also recognized the fragility of this doctrine to the reservations of judicial and legal officials as the Victorian era progressed, and how experienced medical expert witnesses such as Forbes Winslow and Maudsley recommended eschewing such contested medical theory, acknowledging its flaws and limited feasibility (Smith, 1981a, 1981b, 1988a, 1988b, 1988c; see also: Cleman, 1991; Finkel, 2007). Evidence from some contemporary arson cases and medico-legal discussions of arson may suggest that scholarly analysis somewhat exaggerated the speed, universality and durability of medico-legal retreat from irresistible impulse based insanity defences. For example, Geller (1992: 285) argues that in the USA, from the 1900s, there was a revival in the espousal of pyromania among alienists and medico-legists, especially following the translation of Kraepelin's seminal *Clinical Psychiatry* textbook and the development of psychoanalysis (Kraepelin, 1902, 1904). Influentially, Kraepelin defined pyromania in 1902 as impulsive insanity arising from an irresistible impulse to set fires, arguing for a widened application of pyromania as an insanity defence, and for sufferers to be certified and institutionally cared for, rather than imprisoned or punished. Moreover, if pyromania re-emerged 'as a disease entity' in this period, Geller claims that it was in post-1920 USA that the diagnosis especially flourished, reasserted as 'an irresistible impulse, a urethra-erotic character trait, an obsession, or a psychosexually based impulse neurosis' (Geller, 1992; Geller, Erlen and Pinkus, 1986: 222–3).

Yet in Britain pyromania and impulsive arson remained highly contested and seldom used diagnoses, while by the early 1900s many forensic psychiatric experts, including Broadmoor's (then) Superintendent and Deputy, Richard Brayn and John Baker, were asserting emphatically that 'sudden impulse' had been misapplied and over-used in the courtroom. Revising the discourses of the 1850s and 1860s which had informed mid-Victorian sensationalist literary portrayals, they objected that many putatively impulsive crimes were in fact 'carefully planned and long thought out', the result of prolonged 'brooding' (Baker, 1903: 438–49, and discussion, 449–50). More stress, they argued, should be placed on prevailing morbid ideas and delusions leading to action and less on the presence (or lack) of deliberation. Numerous continental and (somewhat fewer) Anglo/American criminological surveys had touted pyromania and kleptomania more enthusiastically as arising from morbid instinct and impulses, and thus as more broadly exculpable. Significantly, however, British medico-legal and medico-psychological specialists, determined to defend the scientific boundaries of their own particular areas of expertise, expressed considerable reservations regarding criminological contributions to



debates on insanity and crime. In his article on kleptomania, Baker poured caricaturing scorn on the:

growing disposition amongst ... criminal anthropologists to regard the majority of criminals as persons of unsound mind, having a special neurosis ... as drawn to crime by instinct ... the professional thief, setting aside those of weak mind, is not a criminal by instinct, but rather from the force of bad example and a criminal education. (Baker, 1892b: 726)

In his MPA Presidential Address of 1895 (Nicolson, 1895a), and the discussion which ensued, Broadmoor's Superintendent, David Nicolson, was similarly critical of the contribution of criminology to understandings of criminal insanity. Although accepting the validity of criminological arguments about the existence of criminal types, and that some 'at the lower end' were possessed of such clearly marked 'morbid psychology' as to be more or less insane, he pointed out that this applied to only a small minority of criminals, and denied 'that there is any such thing as a criminal neurosis ..., psychosis, or an instinctive criminality' (Nicolson, 1895b: 590).

By the 1920s, the doctrine of irresistible impulse as applied to arson was held in even more doubt in Britain, though its decline as a basis for an insanity plea appears to have been uneven.<sup>6</sup> Most forensic specialists had long stressed that 'an alleged irresistible impulse to commit an incendiary act' could only be significant in mitigating responsibility provided that its origin/accompaniment in definite mental disease/defect was established. Yet, increasingly, practitioners – such as H.T.P. Young, the Portland Prison MO, who published a detailed study of adult male incendiary acts in 1925 – argued that impulsiveness was seldom present in most mentally unsound arsonists, and that generally a clear and deliberate motive was evident.

In the majority of arson cases it is possible to elicit a plan of some sort [thus] ... it would be rare for arson to arise from a chance impulse ... not resisted ... [Arson] necessitates some preparation ... That recurrent impulses occur to set fire to property is not disputed, but in none of the cases examined could the action be described as impulsive. (Young, 1925: 1334)

As he also asserted (reiterating Baker, 1892a), 'the condition, moreover, is not recognised in English courts' (Young, 1925: 1335). The 1923 (Lord Justice) Atkin Committee on Insanity and Crime had recommended maintaining but supplementing the M'Naughten Rules via legislation to establish more clearly the feasibility of the irresistible impulse based insanity defence (Scottish Law Commission, 2003), but the subsequent 1924 Criminal Responsibility (Trials) Bill floundered repeatedly in the Lords because of traditional judicial hostility to the doctrine. Critical debate and ultimate rejection (despite a second reading) of the Bill had gravitated fundamentally around hostility towards its proposed legal enshrinement of irresistible impulse (Hansard, 1924). The putative role of such impulses in pyromania/arson was not discussed in such debates, but their allegedly key role in analogous cases of kleptomania was debated at length. Most Lords argued that, however impulsive, offenders

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<sup>6</sup>Most historians have concentrated on the recession of irresistible impulse as a feasible plea in insanity defences for capital offences such as homicide; e.g. Smith, 1981a; White, 1985.

were rarely totally lacking in control, most being perfectly aware of the nature and quality of their acts; that most cases were already usually dealt with sympathetically via mitigated sentencing; and that it would be 'dangerous' to accord complete irresponsibility/immunity from punishment via statutory recognition of such a doctrine.

Numerous modern psychiatric surveys of arson continue to stress the role of impulsivity in mental disorders, but intense debate remains over how to define and determine impulsivity. The concept of irresistible impulse has been substantially reframed and narrowed in more recent studies, but mentally unsound arsonists are still generally categorized under 'impulse control disorders' (e.g. Hegerl, 2004; Hollweg, 1994). Furthermore, 'expressive arsons', conceptualized as 'opportunistic and impulsive acts, motivated by emotional distress', are generally distinguished from instrumental arson (seen as 'planned' or 'motivated', e.g. by revenge), and tend to be diagnosed in much higher proportions of 'serial' offenders (e.g. McElroy et al., 1993; Wachi et al., 2007). Yet, although pyromania is commonly 'regarded as an impulse-control disorder ... controversy continues over whether the condition should be classified under the impulse-control disorders or ... whether it comprises a separate entity at all' (Lindberg, Holi, Tani and Virkkunen, 2005). As Lindberg et al. additionally observe, pyromania was included in DSM-I and II, but excluded from DSM-III, and was only re-introduced in a circumscribed form to DSM-IV, restricted by a host of exclusion criteria. Similar conclusions can be found in much recent psychiatric literature on arson, although Hollweg (1994, abstract) argued that it was the strict application of DSM-III and ICD-10 criteria which explained why 'most ... fire-settings could not be classified under this subcategory of "disorders of impulse control"', even though 'impairments of impulse control are typical ... in most cases of arson'.

### **Insane 'intent' and arson: revenge and morbid-motivations for arson**

Modern studies of mentally disturbed arsonists have almost unanimously highlighted the prominence of revenge as the commonest motivation among both male and female offenders. While concurrently observing similar motivational patterns among sane arsonists detained in penal/corrective institutions, they have also pointed to the high incidence of mental disturbance among such cases (e.g. Puri, Baxter and Cordess, 1995; Stewart, 1993). Early nineteenth-century continental and Anglophone medico-psychologists also remarked on the common presence of vengeful motives among deranged arsonists. Typically, Marc (1833; cit. Ray, 1853: 202–3) stressed that: 'when they have avowed that they were influenced by a desire of revenge; we cannot conclude with certainty, that they were in possession of all their moral liberty, and that, consequently, they should incur the full penalty of the crime'. Yet Victorian British legists were evidently much more prone to attribute arson to sane motives of revenge for genuine or perceived wrongs/slights, and to cunning and perversities of will, than to psychological causes or mental defect. Also, medico-psychologists worked somewhat inconsistently to qualify such conventional legal and societal views, themselves commonly pointing to characteristics of vengefulness and deviousness combined with mental defect among many (responsible) arsonists and other criminals.

In significant measure because arson as a felony was legally defined as ‘malicious’, furthermore, many trials tended to gravitate around establishing the presence or absence of malign motives. As Browne (1871: 149) pointed out, ‘malice’ legally denoted merely wicked intent/will rather than actual enmity (colloquially understood): in law it meant ‘the wilful doing of a prohibited or injurious act without lawful excuse [or] ... wicked or mischievous intention’, and thus it was inessential to establish the presence or absence of enmity. Taylor (1856) similarly emphasized the limited relevance of motive to deliberating on insanity, reporting the judicial observation in the unsuccessful (1844) *Rex v. James Gibson* arson-insanity defence, that ‘it would be a fatal error to infer insanity from ... inadequacy of motive’ (Taylor, 1856: 675). Yet, as a number of test cases during the 1870s and 1880s demonstrated, distinguishing malicious (or intentional) from inadvertent or negligent arson could be crucial in determining both guilt and the severity of punishment (Browne, 1871: 149). Moreover, establishing the absence/lack of motive and intent in practice was often fundamental in influencing juries when it came to insanity defences for arson. The key provisions of the 1861 Malicious Damage Act (despite five later amending Acts) were not comprehensively repealed and replaced (bar six sections) until the Criminal Damage Act of 1971 (c48). It was only at this time that ‘malicious damage’ was supplanted with the terms ‘reckless’ (as in deliberately risking damage) or ‘willful’ [*sic*] (as in intentional/deliberate) (House of Lords, 2003).

Most authorities, Griesinger included, emphasized the common absence of motive in insane arson cases and the prevalence of ego/will deficiencies (Griesinger, 1867: 270–1, n2). Contrariwise, in ways which, as we shall see, sometimes undercut the success of expert witnessing at insanity defences, such specialists were also concerned to stress morbidly ‘egotistical’ motives of ‘revenge’, and how young male servants might seek through house-firing to curtail ‘an impatiently borne period of service and return home’ (p. 270). Griesinger additionally surmised an opportunistic element in the patterning of such crimes, pointing to the extensiveness of fireplace duties in domestic service, and the ‘readiness ... to hand’ of the ‘means by which they can satisfy the morbid craving which torments them’ (p. 270). Browne was certainly convinced that if arson was characterized (as it was often shown to be) by strong motives of revenge that it normally rendered the individual responsible:

Many cases ... occur in which the act seems to have been dictated by feelings of revenge. And in such cases, even although there may be mental weakness, there does not appear to be sufficient ground either to regard it as pyromania or to hold the individual irresponsible for the act. (Browne, 1871: 151).

Baker (1889: 45) similarly saw the question of motive as pivotal in distinguishing sane from insane arson: ‘[in arson] by sane persons a motive invariably underlies the crime’. Nonetheless, his earlier essay forcefully asserted that ‘when a motive exists with absence of mental derangement the act should be regarded as criminal’, but that ‘the presence of mental aberration with or without motive will indicate that the patient is suffering from the insanity of pubescence or adolescent insanity, and is therefore irresponsible’ (Baker, 1892a: 1058). Both articles carefully delineated the primary motives medico-legal opinion ascribed to arsonists, stressing economic gain ‘by defrauding insurance companies’, ‘fear, anger, hatred, and nostalgia’, the erosion of self-control, but moreover stressing ‘revenge’ (also often

alcohol induced/influenced) as among the most conspicuous and common (Baker, 1892a: 1058; 1889: 45). Yet Baker recognized that ‘revenge is also a powerful incentive to arson amongst weak-minded people’, pointing to their liability to acutely experience ‘real or fancied wrongs’ and injuries, and to ‘seek’ via arson ‘to wreak their revenge’. In addition, he characterized typical mentally defective incendiarys as homeless, vagrants, ‘wandering aimlessly about the country’, who ‘driven by distress or want ... set fire to isolated stacks or out-houses, in order [to] ... find shelter in prison’ (Baker, 1889: 46).

Baker was keen to stress, nonetheless, that many such cases, especially where a clear motive and only ‘[partial] weak-mindedness may be proved to exist’, must ‘be regarded as essentially criminal’ (Baker, 1889: 47). Reflecting a degree of contemporary social prejudice against labouring (and soldiering) classes deemed recidivist, workshy and unruly, he presented a number of cases of repeat offenders to illustrate his points (Baker, 1892a: 1058; 1889: 46–7). Baker asserted that only when such ‘weak-mindedness’ or ‘mental aberration’ was more severe/complete, and might ‘amount to imbecility’, or originate from ‘epilepsy’ or ‘neurosis’, might the act be ‘supposed’ to derive from insanity and the accused be adjudged irresponsibly insane (Baker, 1889: 46–7). While he acknowledged the difficulty in such cases of determining ‘the measure of their responsibility’, his rather disparaging descriptions reflect the considerable limits to the insanity defence when it came to defendants who displayed elements of cunning/deliberation alongside more debatable symptoms of mental defect:

[A]s a rule, they possess unlimited capacity for lying and deceit ... Owing to [their] ... pretended want of memory, it is ... by no means ... easy ... to deduce the measure of their responsibility. The cunning displayed by them, the precautions taken to avoid discovery, and the presence of motive without clear evidence of insanity, will stamp the act as criminal. (Baker, 1892a: 1057–8)

In an influential article, which had clearly struck a chord with Baker at Broadmoor, S.W. North had explored insanity and criminal responsibility in depth, focusing primarily on insane homicide, but also on lesser crimes such as arson (North, 1886). As with Baker, North argued that sane and insane motives for crimes were often alike, stressing the difficulties in sorting out the responsible from the irresponsible. Like Baker also he was keen to make firm distinctions between habitual criminals with elements of mental weakness, and those whose mental unsoundness was marked and directly causative of the criminal act. North delineated three essential categories of crime associated with insanity around which medico-legal debates especially gravitated, namely weak-minded crime, delusions and impulsive acts. He stressed that the first category was not only much more common among offenders but was also less apt to provide grounds for successful insanity pleas. Although the sinking of such people into ‘the dregs of the criminal class’ (North, 1886: 172) might be regretted and combated, like many contemporary medico-legists North was not prepared to countenance that such mental weakness was normally sufficient to excuse offenders’ acts. On the one hand, perpetrators ‘with feeble mental power’ were seen as somewhat ‘helpless’, lacking ‘initiative’ and adaptability. On the other hand, North contended, they were innately atavistic, ‘driven by lust’ and lacking the normal constraints upon ‘animal passions’, easily ‘enraged by the slightest provocation’, prone to seek

gratification via 'inordinate' violent acts 'towards those who cross them', and also commonly lacking remorse for their crimes, though fully aware 'of the nature and quality of their acts' (North, 1886: 172).

Nonetheless, while in courtroom practice evidence of vengeful feelings was more often perceived as on the side of sanity/responsibility, during the latter decades of the century medico-psychologists were much more prepared to recognize the commonality of clear and malicious motives among mentally disordered arsonists. Decades of medico-legal challenge to the McNaughten Rules' right and wrong test had seen professionals increasingly appreciative of the presence of powerful vindictive motivations, alongside elements of cognizance and deliberation as to crime in the mentally weak and unstable. Far from being motiveless, the violent acts and impulses of imbeciles were regarded by authorities like North and Baker as typically 'provoked', imbeciles acting 'like other people when angered', but merely lacking intellectual control over base passions/instincts (North, 1886: 176). Delusions were also conceived as providing clear though morbid motivation for incendiary acts. Those of unsound mind were perceived as especially prone to act out disproportionate vengeful feelings for imagined or trivial wrongs, particularly when dominated by delusions and/or hallucinations, though quite aware that their acts were unlawful and quite capable of distinguishing between right and wrong:

It is ... very common ... for persons of unsound mind to hear voices [or] ... [delusive] commands ... they revenge themselves by acts of violence on persons who have done them no wrong, or where the wrong is of the most trivial or imaginary character, their acts far exceeding what the real or imaginary wrong might justify ... Yet all such people know well enough what is right and wrong. (North, 1886: 173)

Commenting on a much cited Edinburgh Court of Justiciary case of Dr Smith, found insane on a charge of fire-raising in 1855, Browne similarly recognized that 'a man with a delusion resorts to many of the same acts that a sane man will', including incendiary 'with the intention of revenging a supposed injury' (Browne, 1871: 152, citing *Rex v Smith*, Edin. High Court, 15–17 Jan. 1855, 2 Irvine, 1). However, medico-legal authorities also often construed such cases as outside the proper definition of pyromania, Browne asserting that such delusive arson, 'although an insane act, is not that of a pyromaniac' (Browne, 1871: 152). Baker likewise maintained that many were acting in abeyance to, or else seeking relief from, prevailing maniacal and melancholic delusions (confirming Griesinger's earlier observations). To illustrate the former, he related the case of H.R., an itinerant musician found insane on trial, whose barn-firing was attributed to a delusive compulsion to alert the township 'that he was about to be murdered' (Baker, 1889: 51). Likewise, the cases of monomaniacal melancholia Baker detailed included J.W., a sailor who 'set fire to a lodging house in consequence of being tormented constantly with the smell of burning'; the 'low-spirited and suicidal' F.D., who posted a letter, matches and straw through his mother's letter-box, under the deluded belief that this was the best means of communicating with the spirit of his recently departed father; and another patient who 'declared he was burned with irons during the night' (Baker, 1889: 53–4). By contrast, cases of 'destructive fury' not

associated with delusion or mental defect tended to be articulated quite differently (Baker, 1889: 53–4).

For North (1886: 176), only in cases of ‘transitory’ or ‘irresistible impulse’ was violence conceived as usually motiveless and unprovoked, or else precipitated by ‘very trivial provocation’. Such individuals were sometimes understood as classic monomaniacs, intellectually intact, and in many respects and for long periods displaying ‘no symptoms of disease’ (p. 176). Yet partly because of empirical experience and partly because of the difficulties of establishing a defence founded on irresistible impulse (a term which North designated ‘not a happy phrase’), such cases were also seen as ‘rare’ (pp. 175–6). Increasingly, the more common cases of irresponsible insane incendiarism (as with other violent crimes) were associated with mental defect or delusion. Nonetheless, the partial and uneven recasting of pyromania and insane incendiarism as ‘reasoning monomania’ by Baker and earlier European medico-legal specialists had itself been reinforced by a clearer recognition that significant elements of prevailing motive were commonly present among insane arsonists and other mentally disordered criminals.

Continental specialists consistently pointed to the common propensity, as Raol Leory, assistant physician to Evreux Asylum put it, of ‘feeble-minded delinquents ... to set fire to buildings or other objects in revenge against their owners or in some cases merely to amuse themselves with the spectacle’ (Leroy, 1904: 583). Baker and other Broadmoor authorities were similarly at pains to elucidate the prominence of vengeful and spiteful aims in the case histories of their incendiary inmates. It had only been gradually and somewhat inconsistently that Victorian and Edwardian forensic experts challenged the standard construction of insane and irresponsible arson as lacking motive, and began to stress the existence of exculpatory morbid or irrational/mental defective motivations behind the offences of many arsonists. Nonetheless, medico-psychological specialists were generally keen to contest the tendency of legists to narrow the definition of what constituted mental disorder/defect affecting responsibility. Maudsley (1874: 68–9), going as far as to impugn ‘lawyers’ as ‘for the most part’ having less ‘knowledge of insanity ... than that of the vulgar’, underlined the commonality of milder ‘forms of disease’ where symptoms were ‘of a more subtle [*sic*] and obscure character’, and where ‘insanity displays itself not in thoughts but in acts’.

French and other continental research on criminal responsibility, and on the mental and physical make up of criminals in penal institutions, including the work of Delbrück, often conceptualized and categorized arson, alongside murder, violent assault and rape/sexual offences, not only as emotionally/vengeance motivated crimes, but as crimes of passion (*crimes passionnelles*) (for the legal application of *crimes passionnelles*, see: Guillaud, 1991; Harris, 1988, 1989; Lieberman, 1999). Citing Delbrück’s work, Griesinger (1867: 148) accepted that ‘mental disease amongst criminals is more frequent in those who have committed crimes from passionate motives’, including arsonists. In Victorian Britain however, by contrast with France and the USA, as Weiner’s studies of legal and societal attitudes to male homicide and provocation have elucidated, defences of provocation/crime of passion were less common and less successful. By the 1880s, ‘intolerance’ of these defences was becoming a marker ‘of British identity and superiority’, and similar

intolerance also appears to have furthered juridical resistance to special pleading based on such medico-psychological doctrines as irresistible impulse (Weiner, 2004). Significantly, as a marker of hardening Victorian attitudes to domestic violence, Weiner cited the sarcastic commentary of the contemporary press in the form of the *Pall Mall Gazette* regarding the 1872 case of a drunkard homicidally pushing his drunken wife on the fire. Castigating the Lancaster jury's mitigating verdict on this case and the novelty of this form of spousal 'correction', this newspaper moreover satirized its putative defence via the doctrines of both provocation and irresistible impulse.

[A] new mode of correcting wives – by placing them on the fire – is growing into favour among husbands ... no grosser provocation can present itself to an intoxicated man than the discovery that his wife is intoxicated also; and when once his passions are fully aroused ... the idea of putting her on the fire would suggest itself so naturally and with such irresistible force that to refrain from this act would demand a larger measure of self-control than can be reasonably expected from our weak and erring humanity. (Weiner, 1999: para 35)

Nonetheless, as Weiner also points out, declining provocation defences and 'higher expectations of personal self-control' among the judiciary, were partially replaced by a widened countenancing (especially among Victorian juries) of exculpatory evidence of mental disease and an expanded 'leeway for arguments of mental unsoundness' (Weiner, 1999: paras 24–26, 35, 63–64).

Of course, as we have seen, revenge or 'passion' was far from the only motive ascribed to insane arsonists. Many authorities, like Browne (1871: 150), highlighted the variety of motives in such cases: 'the power of motives varies in every individual mind, and in the same individual at different times and seasons'. Baker (1892a: 1059) further elaborated that while: '[some] imbeciles ... are prone to ... fire-raising ... for the mere pleasure of seeing a blaze ... from childish mischief or imbecile spite ... [others] will stoutly deny any knowledge of the crime, and ... blame ... some other person; another will take keen pleasure in detailing the ... fires he has caused'. Both pre- and post-1913, psychiatric specialists remained deeply concerned with motive, and with tracing common patterns in the intent of fire-raisers. Modern surveys have highlighted many of the same motivational patterns for juvenile arson that Victorian and Edwardian specialists identified, including pathological anger, curiosity, nostalgia, mischief, revenge, cries for help, heroism, irresistible impulse, fetishism, while also stressing the importance of motive assessment in risk evaluation for future firesetting and in selecting appropriate treatments (Faulk, 1982; Finkel, 2007; Gaynor and Hatcher, 1987; Lewis and Yarnell, 1951; Wooden and Berkey, 1984). However, more recent psychiatric stress on the heterogeneity of arsonists' motives has sometimes challenged the utility of motive-based typologies. Indeed, forensic psychiatrists have been more critical recently of the specificity, 'validity, utility and correlates' of such motive constructs, and the lack of convincing empirical data effectively comparing adult and child/adolescent arsonists with differential motives and psychological dysfunction (Jacobson, 1985a, 1985b; Kolko and Kazdin, 1991).

## Conclusions: the continuing narrow scope of pyromania

The Victorian and early Edwardian debates about pyromania that I have been delineating established clearly the diagnosis and its feasibility as an insanity defence, but in Britain (and the USA) in particular this remained on rather restricted and ambiguous terms. Not only was pyromania, as we have seen, rarely employed with confidence in the publications of British forensic psychiatric experts dealing with arson, it was also seldom used by Broadmoor's medical men or indeed in contemporary patients' case files and notes, and in official reports, correspondence and minuted discussions. Medical and medico-legal practitioners tended to stress pyromania's exceptionality, to confine and subordinate its applicability beneath broader diagnostic nosologies, and often to exclude cases of insane firesetting with passionate/vengeful motivations. Yet many of the key debates and conclusions animating these specialists about arson and mental unsoundness continue to have a place in current psychiatric literature. Indeed, as I hope I have demonstrated, and as Whitlock (1999: 435) noted with regard to Victorian kleptomania, it is striking how much of the interpretive edifice of the pyromania diagnosis remains intact today. While in Victorian times those diagnosed with pyromania tended primarily to be adult males with congenital mental defect, in modern times this diagnosis is even more tightly circumscribed to adult 'males, especially those with poorer social skills and learning difficulties' (Hales, Yudofsky and Gabbard, 2008: 791). Pyromania is now generally applied to denote repeated firesetting, for no rational motive or for no motive other than fascination, gratification or relief in setting/witnessing fires (Moore and Jefferson, 2004). Currently, according to strict application of DSM-IV coding, pyromania is categorized under 'Impulse Control Disorders Not Otherwise Classified', and is regarded as 'an extremely rare phenomenon' and as 'a rare diagnosis with questionable validity' (Lindberg et al., 2005).

DSM-IV has narrowed pyromania down to a set of criteria that not only exclude most cases of arson committed by persons diagnosed with psychiatric illnesses, but which exclude most child firesetters almost completely from such a diagnosis. The consensus is that firesetting in juveniles must generally be differentiated from adult pyromania, and regarded as a 'communicative' arson attributable to developmental issues, to Conduct Disorder, ADHD, or Adjustment Disorder. DSM-IV-TR criteria for a pyromania diagnosis are as follows (APA, 2004; Mavromatis, 2000: 70):

1. Deliberate and purposeful firesetting on more than one occasion.
2. Tension or affective arousal before the act.
3. Fascination with, interest in, curiosity about, or attraction to, fire and its situational contexts (e.g. paraphernalia/equipment, uses, and consequences/aftermath, of fire).
4. Pleasure, gratification, or relief when setting fires, or when witnessing or participating in the aftermath.
5. No other motives for setting fires, such as monetary gain; ideological convictions (such as terrorist or anarchist political beliefs); anger or revenge; to conceal criminal activity; owing to delusions or hallucinations; or impaired judgment (e.g.



resulting from substance abuse, dementia, mental retardation, or traumatic brain damage).

6. Firesetting cannot be better accounted for by anti-social personality disorder, a conduct disorder, or a manic episode.

Currently, also, most adult mentally ill arsonists, including most of the minority of repeat or 'recidivist' offenders, tend to be diagnosed with an impulse-control disorder, or else with personality disorders, psychosis and mental retardation, while around as many as two-thirds or more of these are recognized to have committed arson under alcohol intoxication, or else reported comorbid alcoholism (e.g. Grant, 2008; Hollander and Stein, 2005; Lindberg et al., 2005; Williams, 2002). In more recent decades, not only has the inherent 'dangerousness' of firesetters been questioned (Brett, 2004), but female arsonists have represented a much more significant proportion of offenders than in Victorian and Edwardian times, comprising over 40% of all admissions to special hospitals in England and Wales during the 1980s and 1990s. Also, arson has predictably become much less of a primarily agriculturally directed offence, vehicles, industrial and commercial premises, and places of entertainment becoming more prominent as targets, although domestic dwellings and insurance motivated attacks continue to loom large (e.g. Barker, 1994; Prins, 1994: 16, 20).

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## References: (a) Primary sources

- Anonymous. British and Foreign Medico-Chirurgical Review. Apr 26. 1861 p. 223
- Baker JL. Cases of incendiarism with commentary. Journal of Mental Science. 1889; 35(149):45–54.
- Baker, JL. Pyromania. In: Tuke, DH., editor. A Dictionary of Psychological Medicine. Vol. I. J. & A. Churchill; London: 1892a. p. 1056-1059.2 vols
- Baker, JL. Kleptomania. In: Tuke, DH., editor. A Dictionary of Psychological Medicine. Vol. I. J. & A. Churchill; London: 1892b. p. 726-728.2 vols
- Baker J. Some points connected with criminals. Journal of Mental Science. 1892c; 38(162):364–369.
- Baker J. General paralysis and crime. Journal of Mental Science. 1903; 50:438–439.
- Browne, JHB. The Medical Jurisprudence of Insanity. Churchill; London: 1871. also The Medical Jurisprudence of Insanity: With References to the Scotch and American Decisions. 2nd edn. Sumner, Whitney & Co.; San Francisco: 1875.
- Casper, JL. On the hobgoblin called the morbid impulse to firesetting. In: Casper, JL., editor. Denkwürdigkeiten zur Medicinischen Statistik und Staatsarzneikunde für Criminalisten und Aerzte. Duncker and Humblot; Berlin: 1846. p. 257-392.
- Casper, JL. A Handbook of the Practice of Forensic Medicine Based Upon Personal Experience. GW, Balfour, editor. Vol. 4. The New Sydenham Society [1861–5]; London: 1864. p. 184-185.p. 311-315.from 3rd edn of Practisches Handbuch der gerichtlichen Medicin nach Eigenen Erfahrungen Bearbeite [Berlin: A. Hirschwald, 1857–8], 4 vols
- Chapman, HC. A Manual of Medical Jurisprudence and Toxicology. W.B. Saunders; Philadelphia: 1892.
- Cleveland, CH. Pronouncing Medical Lexicon. 14th edn. Lindsay & Blakiston; Philadelphia: 1872.
- East WN. The legal aspects of psychiatry: crime and punishment. Journal of Mental Science. 1946; 92:682–712. [PubMed: 20279301]
- Everts O. Are dipsomania, kleptomania, pyromania, etc., valid forms of mental disease? American Journal of Insanity. 1887; 44:52–59.

- Fowler, R. *The Medical Vocabulary Containing a Concise Explanation of the Terms Used in Medicine and its Accessory Sciences*. 2nd edn. Henry Renshaw; London: 1875. 1st edn 1860
- Goldwyn J. Impulses to incendiarism and theft. *American Journal of Psychiatry*. 1930; 86(6):1093–1099.
- Griesinger, W. *Mental Pathology and Therapeutics*. Robinson, CL.; Rutherford, J., translators. New Sydenham Society; London: 1867. Translated from the 2nd German edn, 1861
- Hammond, WA. *Treatise on Insanity and its Medical Relations*. D. Appleton & Co.; New York: 1883.
- Hansard Debates. Viscount Haldane Speeches, Criminal Responsibility (Trials) Bill., HL Deb. May 15. 1924 57:cc443–76. 443. <http://hansard.millbanksystems.com/lords/1924/may/15/criminal-responsibility-trials-bill-hl>.
- Jessen, PW. *Die Brandstiftungen in Affecten und Geistesstörungen: ein Beitrag zur Gerichtlichen Medicin für Juristen und Aerzte*. Ernst Homann; Kiel: 1860.
- Jessen PW. Incendiarism in Mental Affections and Diseases: A Contribution to Legal Medicine, for Jurists and Physicians. 1861–62 Reviewed in: *American Journal of Insanity* 1861, 18: 61–70, 163–182; 1862, 18: 286–305, 434–453.
- Kraepelin, E. *Clinical Psychiatry: A Text-book for Students and Physicians*. Defendorf, AR., translator. Macmillan; New York and London: 1902. Translated from the 6th German edn, 1899
- Kraepelin, E. *Lectures on Clinical Psychiatry*. Johnstone, T., editor. Baillière, Tindall and Cox; London: 1904.
- Leroy R. Pyromania, a psychosis of puberty. *Archives de Neurologie*. 1904 Précised in *Lancet*. 1905;1:583–584.
- Marc CCH. Considerations medico-legales sur la monomania et particulièrement sur la monomania incendiaire. *Annales d'Hygiene Publique*. 1833; 10:357–473.
- Maudsley, H. *Responsibility in Mental Diseases*. King; London: 1874. also 2nd (US) edn. Appleton & Co.; New York: 1899.
- Mayne, RG. *An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science*. J. Churchill; London: 1860.
- Mayne, RG. *Mayne's Medical Vocabulary, Being an Explanation of All Terms and Phrases Used in the Various Departments of Medical Science and Practice*. 6th edn. Wagstaffe, WW., editor. Churchill; London: 1889.
- Nicolson D. Presidential address. *Journal of Mental Science*. 1895a; 41(175):567–587.
- Nicolson D. Discussion on the President's address. *Journal of Mental Science*. 1895b; 41(175):587–591.
- North JW. Insanity and crime. *Journal of Mental Science*. 1886; 32(133):163–181.
- Pilgrim CW. Pyromania (so-called), with report of a case. *American Journal of Insanity*. 1885; 41:456–465.
- Pitt-Lewis, G.; Smith, RP.; Hawke, JA. *The Insane and the Law: A Plain Guide for Medical Men, Solicitors and Others*. Churchill, and Sweet & Maxwell; London: 1895.
- Quain, R., editor. *A Dictionary of Medicine*. Longmans, Green & Co.; London: 1890. 2 vols
- Ray, I. *A Treatise on the Medical Jurisprudence of Insanity*. 3rd (US) edn. Little, Brown & Co.; Boston: 1853. First published in 1838
- Rousseau E-E. Contribution à l'étude de la monomanie incendiaire. *Annales Médico-psychologiques*. 1881; 39:384–399.
- Sutherland JF. Recidivism regarded from the environmental and psychopathological standpoints. *Journal of Mental Science*. 1907; 53:568–590.
- Sydenham Society. *Sydenham Society's Lexicon of Medicine and the Allied Sciences (Based on Mayne's Lexicon)*. The New Sydenham Society; London: 1899. 5 vols
- Taylor, AS. *Medical Jurisprudence*. 4th (US) edn (from 5th British edn). King & Baird Printers; Philadelphia: 1856.
- Young HTP. Incendiarism in adult males. *Lancet*. 1925; (1):1334–6.

## References: (b) Secondary sources

- Abelson ES. The invention of kleptomania. *Signs*. 1989; 15:123–143.
- APA. *Diagnostic and Statistical Manual of Mental Disorders*. 4th edn. American Psychiatric Association; Washington DC: 2004.
- Barker, AF. *Arson: A Review of the Psychiatric Literature*. Oxford University Press; Oxford: 1994.
- Barnett, W. *Psychiatrie der Brandstiftung: Eine psychopathologische Studie anhand von Gutachten*. Steinkopff; Darmstadt: 2005.
- Cleman J. Irresistible impulses: Edgar Allan Poe and the insanity defense. *American Literature*. 1991; 63(4):623–640.
- Eigen JP. Mad-doctors in the dock: forensic psychiatry's early claims to expert knowledge. *Transactions and Studies of the College of Physicians of Philadelphia*. 1991; 5(13):445–462. [PubMed: 1792686]
- Eigen, JP. *Witnessing Insanity. Madness and Mad-Doctors in the English Court*. Yale University Press; New Haven, CT, and London: 1995.
- Faulk, M. Assessing dangerousness in arsonists. In: Hamilton, JR.; Freeman, H., editors. *Dangerousness: Psychiatric Assessment and Management*. Gaskell; London: 1982. p. 73-76.
- Finkel, NJ. Insanity's disconnect: the law's madness, and the irresistible impulses of experts. In: Costanzo, M.; Krauss, D.; Pezdek, K., editors. *Expert Psychological Testimony for the Courts*. Erlbaum; Mahwah, NJ, and London: 2007. p. 177-202.
- Gaynor, J.; Hatcher, G. *The Psychology of Child Firesetting: Detection and Intervention*. Brunner/Mazel; New York: 1987.
- Geller JL. Pathological firesetting in adults. *International Journal of Law and Psychiatry*. 1992; 15(3): 283–302. [PubMed: 1399186]
- Geller JL, Erlen J, Pinkus RL. A historical appraisal of America's experience with 'pyromania' – a diagnosis in search of a disorder. *International Journal of Law and Psychiatry*. 1986; 9(2):201–229. [PubMed: 3542858]
- Grant, JE. *Impulse Control Disorders: A Clinician's Guide to Understanding and Treating Behavioral Addictions*. W.W. Grant & Co.; New York: 2008.
- Guillais, J. *Crimes of Passion: Dramas of Private Life in Nineteenth-Century France*. Routledge; New York: 1991. Translation from 1895 French edn
- Hales, RE.; Yudofsky, SC.; Gabbard, GO., editors. *The American Psychiatric Publishing Textbook of Psychiatry*. 5th edn. American Psychiatric Publishing, Inc.; Washington, DC: 2008.
- Harris R. Melodrama, hysteria and feminine crimes of passion in the fin-de-siècle. *History Workshop*. 1988; 25:31–63.
- Harris, R. *Murder and Madness: Medicine, Law, and Society in the fin de siècle*. Clarendon Press; Oxford: Oxford University Press; New York: 1989.
- Hegerl U. Whether pyromaniac, kleptomaniac, pathological gambler or messy – the impulse is out of control. *MMW Fortschritte der Medizin*. 2004; 146(45):33–34. [PubMed: 15581102]
- Hollander, E.; Stein, DJ., editors. *Clinical Manual of Impulse-Control Disorders*. American Psychiatric Association; Washington, DC: Eurospan; London: 2005.
- Hollweg M. Arson – a disorder of impulse control? *Gesundheitswesen*. 1994; 56(6):330–334. [PubMed: 8061462]
- House of Lords. [accessed (12 Nov. 2009)] Opinions of the Lords of Appeal for judgement in the cause Regina v. G and another (appellants). Oct 16. 2003 <http://www.publications.parliament.uk/pa/ld200203/ldjudgmt/jd031016/g-2.htm>
- Jacobson RR. The subclassification of child firesetters. *Journal of Child Psychology and Psychiatry*. 1985a; 26(5):769–775. [PubMed: 4044721]
- Jacobson RR. Child firesetters: a clinical investigation. *Journal of Child Psychology and Psychiatry*. 1985b; (5):759–768. [PubMed: 4044720]
- Kolko DJ, Kazdin AE. Motives of childhood firesetters: firesetting characteristics and psychological correlates. *Journal of Child Psychology and Psychiatry*. 1991; 32(3):535–550. [PubMed: 2061372]
- Lewis, NDC.; Yarnell, H. *Pathological Fire-setting (Pyromania)*. Coolidge Foundation; New York:

- Lieberman L. Crimes of reason, crimes of passion: Suicide and the adulterous woman in nineteenth-century France. *Journal of Family History*. 1999; 24(2):131–47.
- Lindberg N, Holi MM, Tani P, Virkkunen M. Looking for pyromania: characteristics of a consecutive sample of Finnish male criminals with histories of recidivist fire-setting between 1973 and 1993. *BMC Psychiatry*. 2005; 5:47. [PubMed: 16351734]
- Mavromatis, M. Serial arson: repetitive firesetting and pyromania. In: Schlesinger, LB., editor. *Serial Offenders: Current Thought, Recent Findings*. CRC Press; London: 2000. p. 67-102.
- McElroy SL, Hudson JI, Phillips KA, Keck PE Jr, Pope HG Jr. Clinical and theoretical implications of a possible link between obsessive-compulsive and impulse control disorders. *Depression*. 1993; 1(3):121–132.
- Moore, DP.; Jefferson, JJ. *Handbook of Medical Psychiatry*. 2nd edn. Elsevier Mosby; Philadelphia: 2004.
- Prins, H. *Fire-Raising: Its Motivation and Management*. Routledge; London and New York: 1994.
- Puri BK, Baxter R, Cordess CC. Characteristics of fire-setters. A study and proposed multi-axial psychiatric classification. *British Journal of Psychology*. 1995; 166:393–396.
- Scottish Law Commission. [accessed (15 Nov. 2008)] *Insanity and diminished responsibility*. 2003. Discussion Paper No. 122 [http://www.scotlawcom.gov.uk/download\\_file/view/146/](http://www.scotlawcom.gov.uk/download_file/view/146/)
- Smith, R. *Trial by Medicine. Insanity and Responsibility in Victorian Trials*. Edinburgh University Press; Edinburgh: 1981a.
- Smith, R. The boundary between insanity and criminal responsibility in nineteenth-century England. In: Scull, AT., editor. *Madhouses, Mad-doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. Athlone Press; London: 1981b. p. 363-384.
- Smith, R. *Criminal Responsibility, Psychiatry and History: Three Essays*. 2nd edn. Centre for Science Studies & Science Policy; Lancaster: Cité des Sciences et de l'Industrie; Paris: 1988a.
- Smith R. The Victorian controversy about the insanity defence. *Journal of the Royal Society of Medicine*. 1988b; 81:70–73. [PubMed: 3279203]
- Smith R. Brain science and insanity in Victorian murder trials. *Medical Historian*. 1988c; 1:39–48.
- Stewart LA. Profile of female firesetters. Implications for treatment. *British Journal of Psychology*. 1993; 163:248–256.
- Wachi T, et al. Offender and crime characteristics of female serial arsonists in Japan. *Journal of Investigative Psychology and Offender Profiling*. 2007; 4(1):29–52.
- Weiner MJ. Judges v. jurors: courtroom tensions in murder trials and the law of criminal responsibility in nineteenth-century England. *Law and History Review*. 1999; 17(3):467–506.
- Weiner, MJ. *Men of Blood. Violence, Manliness and Criminal Justice in Victorian England*. Cambridge University Press; Cambridge: 2004.
- White S. The insanity defence in England and Wales since 1843. *Annals of the American Academy of Political and Social Science*. 1985; 477(1):43–57. [PubMed: 11616556]
- Whitlock T. Gender, medicine, and consumer culture in Victorian England: creating the kleptomaniac. *Albion*. 1999; 31:413–437. [PubMed: 19280758]
- Williams, J. *Pyromania, Kleptomania, and Other Impulse-Control Disorders*. Enslow; Berkeley Heights, NJ, and Aldershot: 2002.
- Wooden, W.; Berkey, ML. *Children and Arson: America's Middle Class Nightmare*. Plenum; New York: 1984.
- Young HTP. Incendiarism in adult males. *Lancet*. 1925; (1):1334–1336.

			Males.	Females.	Total.
Imbecility (Congenital)	...	...	35	1	36
Epilepsy (Congenital)	...	...	4	0	4
General Paralysis	...	...	6	0	6
Mania, Acute (usually à potu)	...	...	5	1	6
„ Recurrent	...	...	4	0	4
„ Chronic	...	...	6	1	7
Melancholia	...	...	17	4	21
Monomania	...	...	8	1	9
Dementia	...	...	10	0	10
			<hr/>	<hr/>	<hr/>
			95	8	103

**Figure 1.**  
Baker's (1889: 48) tabulation of Broadmoor arsonists' diagnoses, 1864–86