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## Julius Ludwig August Koch (1841–1908): Christian, philosopher and psychiatrist

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*Being deeply rooted in a Christian faith and having much interest in moral and ethical issues, Koch published some philosophical works *Die Wirklichkeit und ihre Erkenntnis* (Reality and its knowledge; Koch, 1886), in which he tried to bring together critical Kantian philosophy and Christian conviction. In 1888 he published *Kurzgefaßter Leitfaden der Psychiatrie* (Short Textbook of Psychiatry). The next work, entitled *Die psychopathischen Minderwertigkeiten* (Psychopathic Inferiority; Koch, 1891–93) became one of his fundamental texts on the concept of personality disorders, a concept still used today. Although psychiatric disorders are nowadays classified differently, Koch's work still has great importance for the concept of personality disorders; furthermore, he provides very exact and detailed descriptions of a multitude of psychopathological symptoms.*

**Keywords:** forensic psychiatry; Germany; personality disorders; psychiatry; psychopathy; 19th century

### Introduction

When looking at the history of medicine and psychiatry, it is obvious that certain psychopathological phenomena have been well known since ancient times. The ancient physicians were familiar with phenomena such as delusions or hallucinations. Galen, for instance, described symptoms of a psychosis which he called 'paraphrosyne' (Roccatagliata, 1986: 201). Since the beginning of scientific psychiatry 200 years ago, many authors, for example Kahlbaum and Kraepelin, have attempted to classify psychiatric disorders and have tried to define nosological and aetiological concepts, but these were often incoherent.

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However, there is no doubt about the pathological state of these phenomena; because, in general, they can be clearly separated from conditions belonging to the domain of normal psychology.

Yet physicians have always been aware that there were individuals with remarkable mental abnormalities which obviously cannot be included among the severe mental disorders and do not resemble symptoms of a psychosis, but which nevertheless seriously affected these individuals and their environment and could not be described within the boundaries of normal psychology. We are referring to individuals whose personality differs significantly from the average personality, to an extent that their personality can no longer be described as normal. Obviously some individuals, by adolescence or young adulthood, show distinctive behavioural characteristics, but do not suffer from a psychosis. Many attempts have been made to describe these features more exactly, especially after the introduction of scientific psychiatry. Pinel for instance introduced the term '*manie sans délire*'. Later, Prichard ('moral insanity') and Lombroso ('*delinquente nato*') described certain criminal personality types (see Berrios, 1996: 426; Fiedler, 1994: 13 ff.).

At the end of the nineteenth century, as the concept of what we now call personality disorders developed further, a physician called Julius Ludwig August Koch was becoming well known. Koch was not working at one of the numerous university hospitals, which were springing up all over Germany at that time. Instead, he was the physician heading a mental hospital in a small town called Zwiefalten in Württemberg, Germany. In the early 1890s, Koch published a monograph in three volumes entitled *Die psychopathischen Minderwertigkeiten* (Psychopathic Inferiorities; Koch, 1891–93), which would become a classic in the world of psychiatry. So who was this man, about whom little is known, even by psychiatrists with an interest in history? What was the personal, mental and scientific background of his work? How can we classify Koch's text today, more than 100 years after it was written? By describing Koch's life and work, I hope to provide an answer to these questions.

### **Biographical notes**

Julius Ludwig August Koch (Fig. 1) was born on 4 December 1841 in Laichingen in Württemberg, Germany. There had been several teachers in his father's family, including his grandfather who was a headmaster of a school in Hamburg. According to his biographers, Koch's father had a doctoral degree in medicine and philosophy and a broad educational and cultural background, which may have been of great significance to Koch's own development. Koch's father's family came from northern Germany and his mother's family, in which there had been many priests, came from Württemberg in southern Germany.

Koch was the oldest son and was originally going to become a priest or a teacher; however, because he caught typhus, he failed a critical examination – the so-called *Landexamen*. Instead, he worked as a chemist from 1857 to



FIG. 1. Julius Ludwig August Koch

1861. In order to qualify in medicine and then help his father, who worked as a general practitioner and headed his own private insane asylum, Koch passed his *Reifeprüfung* (final secondary-school examinations, which made it possible for him to study at university) in 1863. From 1863 to 1867, he studied medicine in Tübingen, Germany, and travelled to such places as Prague and Berlin (where he met Griesinger). Later, he joined his father in Laichingen and began working as a general practitioner. In 1870 he married Julie Herwig, a priest's daughter. He then became an assistant doctor at the private hospital in Göppingen. From July 1874 until

February 1898, he headed the Württembergische Staatsirrenanstalt, the state insane asylum (Fig. 2). Because of severe heart and lung disease, Koch retired in 1898 and moved to Cannstadt. He returned to Zwiefalten after his eldest son (Koch had three children) became senior physician in the Zwiefalten asylum. After a long period of suffering, Koch died on 25 June 1908 at the age of 67.

According to biographers (Gaupp, 1924: 195; Römer, 1908: 1004 ff.), Koch's father was very important in his development. From his youth, Koch was used to having contact with the mentally ill. When he became head of the asylum in Zwiefalten, he worked very hard to expand the hospital. In 1874 the average number of patients was about 190, and by the time Koch retired in



FIG. 2. The Württemberg state asylum at Zwiefalten

1898 the number had increased to 560. During this time, he was practically without any competent support because young physicians stayed in his hospital only until they were sufficiently educated in psychiatry to move on to other positions.

Koch had a wide range of interests. He studied the local natural history and published a paper on leaf lichens in the Zwiefalten area. He was also interested in the arts, especially poetry, and published his own poems, initially under the pseudonym 'Fredelik', later under his own name. As far as we know, Koch was a fairly reserved man. Although he was quite successful in life and won recognition, he 'could also keep silent in circumstances, in which he was undoubtedly treated unfairly, and in which most people would have retaliated forcibly. Basically this character trait is associated with his religious conviction' (Römer, 1908: 1007), which also impacted his family life.

Although deeply religious, Koch was nevertheless fascinated by the natural sciences. His efforts to keep these two areas separate were, in the end, unsuccessful, and this may partly explain Koch's contradictory character. He often seemed to be full of scruples. As Römer (1908: 1008) suggested:

He was aware that he himself was not free from such doubts, and he was honest enough to admit this to himself and to others where such a confession seemed advisable to him. Some traits of his image of the hereditary burden (*angeborene Belastung*) obviously arose from his neutral self-judgement and were recognized by him as significant for human life.

Gaupp, who for a short time worked under Koch's guidance in Zwiefalten, gave similar descriptions of Koch's character. He described Koch as an 'impressive and amiable personality of great gentleness, broad and deep education, with a very religiously-oriented basis to his character, and he was seriously concerned about religious problems in his later years' (Gaupp, 1924: 196). Gaupp also noted Koch's markedly Christian attitude, which seemed to pervade him:

He firmly believed in the revelation of God. His plain devoutness and his rich and vivid mind especially were expressed in his religious poems ... As a medical minister to many people, Koch emphasized the curative value of religious beliefs, 'the certain confidence' that arises from the certainty of belief, especially for those suffering mentally. With subtle humour and with impressive certainty he was successful in influencing his patients by suggestion; the seriousness of his own mind, with an inclination to compulsive ideas, gave Koch an empathy for the inner needs and imbalances of the psychopathic inferiorities (*psychopathischen Minderwertigkeiten*), which he portrayed with particular affection.

Koch seems to have been a contradictory, perhaps scrupulous, but in any case, deeply religious person, and one cannot go far wrong in assuming that, by keeping a close eye on himself, he was able to recognize some of the traits he described in the 'Psychopathic Inferiorities'.

### Philosophical and religious background

Before Koch published his most important psychiatric works in the last two decades of the nineteenth century, he had studied philosophy deeply and had defined his own position in several publications. His first philosophical work *Erkenntnistheoretische Untersuchungen* (Epistemological Investigations) was published in 1883, and *Grundriß der Philosophie* (Compendium of Philosophy) in 1884. Only two years later, Koch published his main philosophical work: *Die Wirklichkeit und ihre Erkenntnis. Eine systematische Erörterung und kritisch vergleichende Untersuchung der Hauptgegenstände der Philosophie* (Reality and its Knowledge. A Systematic Discussion and Critical Comparison and Investigation of the Main Topics of Philosophy; Koch, 1886). This was his most extensive and systematic explanation of his philosophical point of view, and he himself called this text the most mature of his philosophical works. Thus, my summary of Koch's philosophy is based mainly on the insights contained in this work.

In this book, Koch tried to reconcile two points of view which were central to his intellectual development: first, the Christian faith, which was always the basis of his thinking, and second, Immanuel Kant's critical philosophy. In a careful reading of Koch's philosophical works, it quickly becomes clear that in any conflict between the two, the former always had the upper hand over the latter.

With regard to Immanuel Kant, Koch believed that only one's own existence and imagination (*Vorstellung*) of the world were certain elements of one's consciousness, and that the reality of the external world could not be proven in a strict sense. However, Koch also rejected the contradictory position of radical scepticism, which refuted the existence of any external world. For Koch it was important to recognize one's 'sense and cohesion of the world', which itself was dependent upon the elements of one's own consciousness. Koch strictly rejected – as he called it – 'subjective phenomenalism'.

Koch criticized Kant for denying the existence of 'extra-sensory perception' (*übersinnliche Erfahrung*). Kant had not examined the origin of 'the world above us' or of a 'free mind' (*freier Geist*). Thus, Koch wanted to defend two central issues of his thinking: first, the belief in God, and, second, his indeterministic conviction that the human mind was free and independent of body and soul, which was especially relevant to forensic-psychiatric issues. Koch also wanted to overcome the Kantian distinction of the 'thing itself' (*Ding an sich*) and its 'appearance' (*Erscheinung*). He favoured an epistemological theory of correspondence (*adaequatio intellectus et rei*) when he stated that world and subject determine one another (Koch, 1886: 162).

Again and again, Koch emphasized that the reality of the external world was nothing but 'faith' (Koch, 1886: 230). Solipsism for him was not logically refutable. Using this point of view, he complained that belief in a real human mind and the 'world above us' was as legitimate as belief in the reality of the

external world. On the other hand, Koch argued as a natural scientist: he believed that the perceivable world operated according to mechanistic laws. For him, body and soul belonged to the material world, which was in contrast to the mind (*Geist*). The soul operated according to the same mechanistic laws as the material world; therefore, in the soul there was – in contrast to the mind – no freedom. The appearance of the mind should be independent from that of the soul and body. Indeed, the existence of the mind could not be proven; however, there were good reasons to assume its existence. Through the mind, not only does freedom exist, but it is also a ‘moral claim by God’ (*sittliche Anforderung durch Gott*). This claim of morality accrued from religion and finally from God. Koch rejected every form of materialism or atheism, which lacked any ethical power for life. With regard to the mental and material double existence of man, Koch was a dualist when he wrote that the ‘human mind is independent from the existence of the body composed of matter; the matter composing the body, however, is independent of the mind’. Koch regarded mind and matter as similarly indestructible. In his dualistic view, he left open the question of how the mind and body interact: ‘We don’t know, and we shall never find out, in which way the impact of the mind to the body and vice versa comes about and is made’ (Koch, 1886: 271).

Koch said that we experience a ‘world above us’ as a sensory external world or a human mind. According to him, the existence of this ‘higher world’ was justified because only then is there a possibility of moral retaliation after the individual’s death. Koch assumed the existence of a creative God. Without arguing in detail, he posited ‘great theism’: the doctrine which states that the world was created ‘by a personal God from nothing’.

He was concerned about the relationship between philosophy and religion, holding the latter as more fundamental. In fact, Koch separated the two disciplines: philosophy should be without presuppositions, whereas religion should be believed in because of experiences which were evident in themselves without any inquiry. He thought that only through religion is one capable of realizing a ‘true’ view of the world. Philosophical positions which contradicted religion were dangerous: ‘When in a Christian nation philosophical trends against the Christian faith get the upper hand, the people will necessarily face severe afflictions and dangers’ (Koch, 1886: 353).

When looking at Koch’s philosophical work as a whole, it becomes clear that the Christian faith is the ultimate basis of his thinking, which cannot be questioned by any philosophical argument. One example illustrates how dogmatic his way of thinking was: as long as he discussed questions concerning the world of ‘appearances’ (*Erscheinungen*), e.g., the world outside us, he used arguments based on Kant to emphasize his point of view. But, as soon as he left the world of the *Erscheinungen* and wrote about ‘free will’ or the ‘world above us’, he appealed to his faith or incontrovertible evidence. For him, the simple fact that mankind was confronted with moral challenges provided the proof for an existence of God. He assumed that every man had a feeling of a ‘world

above us', which he believed to be a monotheistic one. All these postulates were so evident to Koch that he considered a more detailed inquiry unnecessary. In his main philosophical work, Koch (1886) expressed his conviction that the reality of God is unquestionable, because otherwise the injustices of this world could not be compensated for. Witte was probably right to regard Koch's philosophy and especially its religious traits as a 'homespun philosophy' (*hausbackenes Bekenntnis*) (Koch, 1886: 398).

All in all, Koch's thinking seemed to be quite dogmatic: he believed that every philosophy not consistent with the Christian faith was dangerous, and he predicted that every nation in which atheism was predominant would suffer disaster. Koch might also have been expected to criticize Nietzsche's philosophy, but names or terms related to Nietzsche were not found in his works. Overall, the impression prevails that Koch's thinking – although dealing seriously with philosophical questions – was limited by his fundamentally Christian view of life.

## The psychiatric works

### *Koch's psychiatric nosological system*

Koch's first written work was his dissertation, which he wrote during his medical studies in Tübingen, Germany (1863–67), *Über das Hirn eines Buschweibes* (On the Brain of a Bushwoman; Koch, 1867), which may sound rather peculiar today. In 1878 he published an epidemiological work: *Die Statistik der Geisteskrankheiten in Württemberg und der Geisteskrankheiten überhaupt* (Statistical Data on Insanity in Württemberg and on Insanity in General), in which he demonstrated why the growing number of inmates in lunatic asylums at that time did not constitute a growing proportion of insanity in the population. Later, Koch published the philosophical works mentioned above and, in 1888, he presented a description of mental disorders *Kurzgefaßter Leitfaden der Psychiatrie* (see Koch, 1889). He developed his nosological system in this book and in some other publications about the same time, including *Specielle Diagnostik der Psychosen* (Koch, 1890) and 'Diagnostischer Überblick über die Psychosen' in *Börners Reichsmedizinalkalender* (Koch, 1892 and following years). The classification of mental disorders presented by Koch in his *Leitfaden* (published the year before *Die psychopathischen Minderwertigkeiten*) remained the basis of his psychopathology, so some of its main points will be mentioned here. These two books are difficult to understand, because Koch used several terms which were contradictory to normal usage. Therefore, in order to prevent misunderstandings, I would like to make some introductory remarks on his terminology.

Koch differentiated between mental disease (*Geisteskrankheit*) and insanity (*Irrsinn*), where insanity is the narrower term. Mental disease also comprised idiocy (*Idiotie*), which conforms to today's mental retardation. It was also unusual that he used the terms 'disposition' (*Disposition*), 'burden' (*Belastung*)



and ‘degeneration’ (*Degeneration*) for several degrees of psychopathic inferiority. However, in his opinion, this was only a gradual differentiation, not a categorical one. Another unusual term that he used was ‘idiopathic’ disorder, which he assumed to be a disorder in patients who had been totally healthy before.

For Koch, the word ‘psychopathy’ had a very broad meaning. It was more or less a synonym for mental abnormality in general and comprised the psychoses, as well as his psychopathic inferiorities. Also his use of the word ‘organic’ was misleading. Sometimes he wrote about ‘organic psychoses’ and meant the exogenic disorders due to brain disorders; and sometimes he stated that the psychopathic inferiorities could also be caused by brain disorders, and called them ‘functional organic deviations’ (*organische Abweichungen funktioneller Art*). Despite his undeniable efforts to achieve an unambiguous and systematic classification of mental disorders, there have always been misunderstandings due to these terminological ambiguities, and even his contemporaries had some difficulty in reading his works.

In his psychiatric-nosological system, Koch differentiated three main units: in the first group were the ‘isolated psychopathic phenomena and their combination in psychopathic states’; the second group comprised the psychopathic inferiorities; and the third group described the psychoses, which Koch divided into ‘idiocy’ and ‘insanity’. Insanity was then subdivided into idiopathic, constitutional, and organic psychoses. Also the ‘transitory psychopathic states’ described by him can be assigned to psychoses.

According to Koch, the first group – the independent elementary mental abnormalities – comprised, for example, isolated hallucinations and compulsive phenomena. These could occur in the mentally healthy, as well as in the somatically and mentally ill. The latter seems to be problematic, because it is difficult to differentiate between isolated hallucinations and schizophrenia (according to today’s classification).

The second group – the psychopathic inferiorities – was the subject of Koch’s three-volume monograph which will be dealt with separately below.

Koch’s third group – the psychoses – also comprised states of mental retardation (‘idiocy’). Koch preferred a differentiation into ‘apathic’ and ‘erethic’ idiocy rather than a graduation between them. The term ‘insanity’ comprises the ‘idiopathic psychoses’ (named by Koch), which include melancholia, raving madness, secondary idiocy, hallucinatory confusion and primary idiopathic idiocy. ‘Constitutional psychoses’ are independent psychoses due to hereditary or acquired constitutional inferiorities of the nervous system. This is a very heterogeneous group of mental anomalies, such as paranoia, moral insanity, hypochondriac, hysterical or epileptical insanity or litigious paranoia. Under the ‘organic psychoses’, Koch also subsumed fairly heterogeneous syndromes, such as catatonia, delirium acutum, paralytic, luetic and alcoholic idiocy and old age idiocy.

The last entity, according to Koch, were the transitory psychopathic states; here he included, for instance, mania transitoria, transitory stupor or raptus melancholicus, and also states with restricted awareness – comparable to today's organic cerebral psychosyndromes.

I cannot discuss these differences in detail here, but anyone interested would find it useful to read Koch's works, in spite of the problems due to the unusual nomenclature and systematics he used. These may be difficult for a present-day reader, who is familiar with Möbius's differentiation into endogenous and exogenous psychoses, and with the differentiation of the endogenous psychoses into manic-depressive illness (or bipolar-affective disorder) and dementia praecox (or schizophrenia). Nevertheless it is worth the effort to explore Koch's publications. Those who would like to learn something about the difference between compulsive and delusional ideas, for instance, can find an exact differential diagnosis. In *Die psychopathischen Minderwertigkeiten* (see below), Koch presented a considerable number of patient histories which are worth reading and which add interest to the rather heavy text.

#### *Die psychopathischen Minderwertigkeiten*

Koch's main work, which has ensured him a lasting place in the history of psychiatry, is without any doubt his three-volume 'Psychopathic Inferiorities' published in 1891–93. I would like to present a general summary.

In his introductory remarks, Koch (1891–93, I: 1) outlines the main topics he will describe:

The term 'psychopathic inferiorities' comprises all abnormalities – either hereditary or acquired – which influence a human's personal life, but which do not constitute – even in their worst cases – mental illnesses, although the persons suffering from them do not seem to be of a sound mind and sound physical capabilities.

The *first volume* deals with the permanent psychopathic inferiorities (in contrast to the non-permanent ones, which form another category). These permanent psychopathic inferiorities are classified into three main groups: the hereditary ones, the acquired ones and a mixture of both. Koch describes in detail the previously-mentioned three stages, which more or less seem to be degrees of insanity: disposition, burden and degeneration; where, the first one can change to normality, and the last one to insanity. By Koch's time, these three terms were contradictory to the usual understanding of the words.

Apparently influenced by the views of Lombroso (in Italy) and Kurella (in Germany), Koch describes the term 'hereditary psychopathic inferiorities' as several physical signs of degeneration, which can also be found in healthy people (for example, a 'receding forehead', 'asymmetries in skull and face' or a 'flattened occiput').

The mildest form of hereditary psychopathic inferiorities – 'hereditary psychopathic disposition' – is, according to Koch, characterized by 'mental

tenderness', which is sometimes accompanied by physical tenderness. An indicator of such a disposition can be strong homesickness in adolescents and young adults. The next stage – 'hereditary burden' – shows symptoms such as 'irritable weakness', 'increased mental irritability', 'disharmonious character' or 'self-centred thinking and feeling'. In a separate chapter, Koch describes compulsive disorders, which he differentiates from psychotic experiences. Patients with compulsive disorders understand and accept the inanity of their compulsive thinking or acting, whereas psychotic patients do not. Koch also points out that compulsive disorders are difficult to treat and that they can occur together with other mental disorders, such as melancholia or psychoses.

The group of 'hereditary psychopathic degenerations' comprises disorders with symptoms of stress and also of 'mental weakness'. This mental weakness can be an intellectual, moral or general one. Koch differentiates further. For instance, in patients with moral weakness, he distinguishes an active type from a passive type. The active type shows a drive towards bad behaviour coming from within, whereas the passive type is characterized by low ethical standards. However, it is always necessary that the *general* symptoms of psychopathic inferiority are present, especially in a contradictory character.

Koch stresses the importance of caring for affected children and adults in special schools and institutions. He also believes that degenerate criminals are misplaced in prisons and jails, as well as in asylums. In a longer paragraph, Koch emphasizes the urgent necessity to set out in law the possibility of diminished responsibility, as the individuals suffering from this degeneration are not certifiably insane (and thus not responsible for their actions), yet their free will and self-determination are limited.

Koch sees a greater likelihood of a psychosis developing in those with a psychopathic inferiority, for instance, a 'prisoner's insanity'. The psychopathically inferior are also more likely to develop a psychosis due to poisoning. The first volume of this work ends with a fairly heterogeneous group of disorders which can develop on the basis of hereditary psychopathic inferiorities, including 'constitutional mania and melancholia', 'hysterical insanity' and 'litigious paranoia'. In general, Koch's 'hereditary psychopathic inferiorities' are quite close to today's personality disorders.

In the *second volume*, Koch depicts those psychopathic inferiorities acquired over the course of one's life; therefore, using today's terminology, these can mostly be termed exogenous. Koch specifies a number of possible causes, which can also be combined in several ways. Due to these numerous differentiations, this volume is rather difficult to read and understand. Gaupp (1912: 232) stated quite bluntly: 'Here, Koch's terminology becomes a torture'. Once again, we find Koch's trichotomy into disposition, burden and degeneration. For example, under the 'acquired psychopathic dispositions' he summarizes mild psycho-vegetative symptoms of fatigue.

In the following chapter, Koch sharply distinguishes his views on the 'acquired psychopathic burden' from Beard's concept of neurasthenia. In

Beard's opinion, the term 'neurasthenia' comprises too many different forms. Ironically, Koch's own concept of psychopathic inferiorities could not escape this criticism either.

Koch describes, *in extenso*, hypochondriac, anxious, compulsive and – according to modern concepts – somatoform phenomena. For some of the 'acquired psychopathic stresses', Koch postulates his own aetiology. For instance, he assumes that intoxication with morphine, cocaine, bromine or caffeine can be responsible for nervous states. In addition, Koch's works repeat the theory, which had been held for several hundred years, of the harmful influence of onanism; he wrote about an 'onanistic constitutionally influenced burden' (Koch, 1891–93, II: 187; see also Braun, 1995; Gutmann, 1998).

Koch was definitely aware of the fact that hereditary and acquired psychopathic inferiorities might be difficult to distinguish in practice. He postulates that the category of 'constitutionally influenced acquired psychopathic burden' arose from his wish for systematization, rather than a need to describe something that would be found in everyday life. He also distinguishes between 'general' and 'specific' inferiorities. Apart from these problematic nosological and systematic differentiations, one finds in this chapter many descriptions of symptoms and syndromes which are worth reading. Regarding the therapy of the 'acquired psychopathic burden', he seems rather sceptical about the possible benefit of new chemical substances. He rejects hypnosis.

Finally, Koch discusses Morel's and Lombroso's views on degeneration, about which he is quite critical. He thinks that the hypothesis of the degeneration of mankind proceeding from inner necessity cannot be confirmed. Apart from degeneration processes, Koch also sees processes of regeneration.

In his *third volume*, Koch first describes the 'acquired psychopathic degeneration'. He depicts states of mental weakness after infections, illnesses of the brain, or after acute mental disorders. Here, too, he presents several sub-groups. However, he always has to admit that there are no clear boundaries, but rather transitions between the sub-groups.

At the end of the third volume, Koch mentions 'transient psychopathic inferiorities' and again describes a group of quite heterogeneous syndromes, from the aura of an epileptic or the intoxication of an alcohol addict to depressive moods accompanying physical indisposition. Koch subsumes all these physical features – what we now call exogenous mental syndromes – into a single term. By doing so, he lumps together totally different disorders, which is generally unacceptable.

Koch finishes with some forensic-psychiatric thoughts and calls for the introduction of 'diminished responsibility' into the criminal code and for the establishment of special institutions for these types of criminals.

### **Koch's significance to the history of psychiatry**

Koch's significance lies in his efforts to define the large area between mental normality and the psychoses. However, the integration of various symptoms

and syndromes into one single term – the ‘psychopathic inferiorities’ – soon proved to be too coarse, despite Koch’s numerous sub-differentiations. Yet, Koch’s definition of mental anomalies, apart from the mental disorders, remains valuable. We are justified in calling Koch one of the main authors to prepare the ground for today’s concept of personality disorders, and he is accordingly mentioned in various publications on the history of psychiatry (Berrios, 1996: 49; Fiedler, 1994: 14; Schneider, 1946: 5).

Although experts among Koch’s contemporaries scarcely took any notice of him, some of his terms, such as ‘psychopathic personality’ or ‘psychopathic constitution’, were soon found in various textbooks. Koch had a bigger response among non-experts, especially in the educational sector. Together with a teacher and a school headmaster, he published a journal called *Die Kinderfehler*, which was later re-named the *Zeitschrift für Kinderforschung*. Also, among theologians and lawyers, his theses were soon heatedly discussed.

Some of Koch’s statements seem quite up-to-date: for example, his call for special institutions for those he believed to be the psychopathologically inferior criminal offenders, who should not only be punished but also treated. Nowadays, diminished criminal responsibility, in Koch’s sense, can be found in the laws of some nations, and offenders with mental illnesses are treated in forensic psychiatric hospitals. Yet there is still a lack of special therapeutic treatment for those offenders who are criminally fully responsible, but are nevertheless mentally ill.

Koch’s comments on free will and on determinism are really fascinating to read. These can be found in his psychiatric, as well as in his philosophical works. For present-day readers, it is revealing to compare the views of more than a hundred years ago with those held today: the arguments in the dispute about free will are very similar. If the author’s name is not revealed, some passages in Koch’s works can hardly be identified as originating from a historical text, and could be mistaken for a contribution in the current debate on free will and neurosciences.

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