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OUTLINES OF INSANITY.

FRANCIS H. WALMSLEY, M.D.

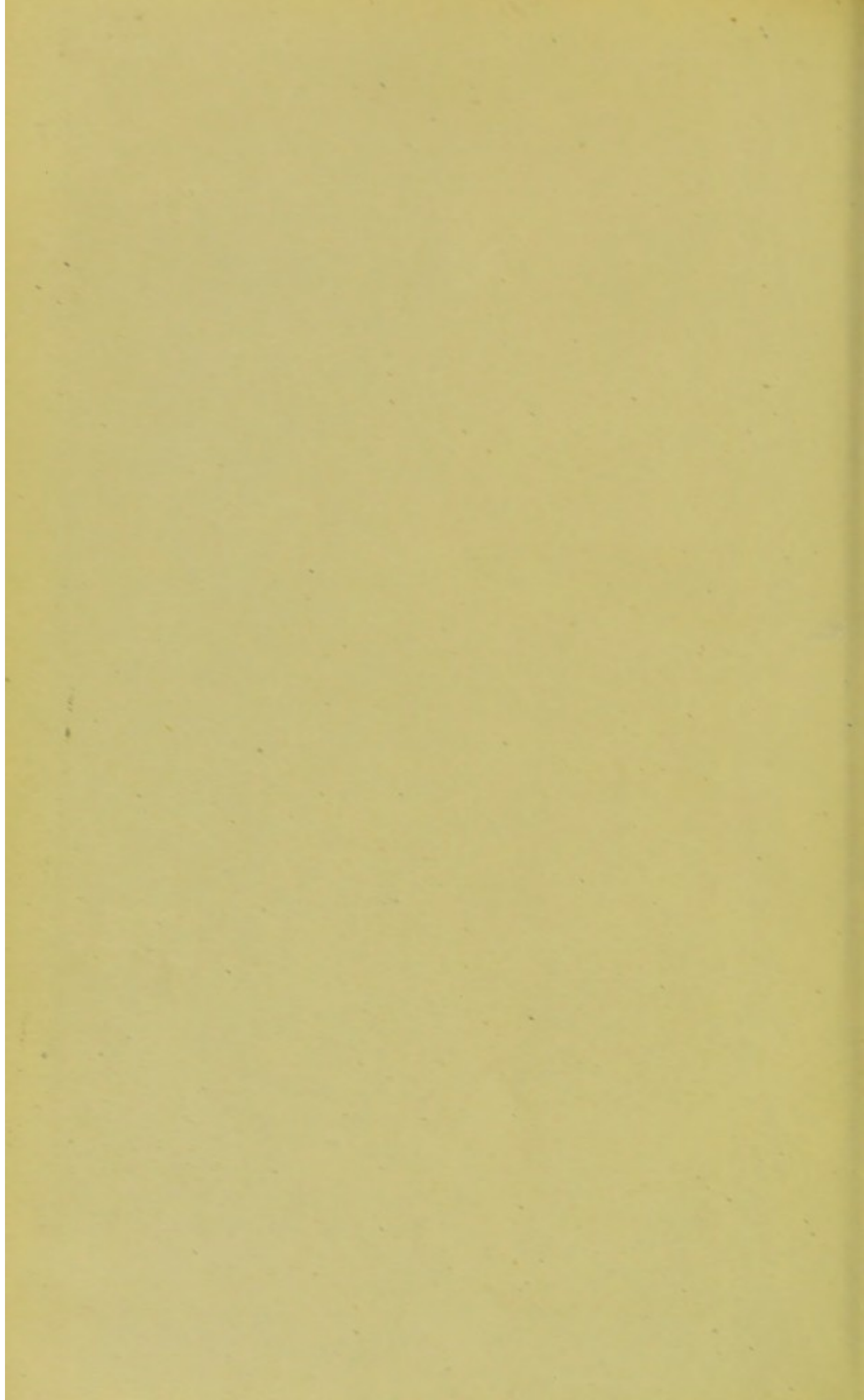
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OUTLINES OF INSANITY.

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OUTLINES OF INSANITY

AN ATTEMPT TO PRESENT IN A CONCISE FORM THE SALIENT
FEATURES OF MENTAL DISORDER; TABULATED AND
ARRANGED FOR FACILITY OF REFERENCE WHEN
DRAWING UP LUNACY CERTIFICATES

DESIGNED FOR THE USE OF

Medical Practitioners

Justices of the Peace

and Asylum Managers

BY

FRANCIS H. WALMSLEY, M.D.

LEAVESDEN ASYLUM

METROPOLITAN ASYLUMS' BOARD

MEMBER OF COUNCIL OF MEDICO-PSYCHOLOGICAL ASSOCIATION

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PREFACE.

THE development and propagation of Insanity are directly due to the influence of abnormal social surroundings and conditions. Lunatics in London are increasing at the rate of 400 a year, thus every five years it will be necessary to erect a new asylum at the cost of half-a-million. Our existing asylum system, with its 87,000 inmates, is maintained at an annual expenditure of upwards of two millions. It is no vain hope that as the healing of social calamities progresses the call for the erection of "The palaces of desolation," so pathetically alluded to by Lord Rosebery when laying the foundation stone of another Metropolitan asylum, will become less and less imperative.

It is hoped that this exposition of Insanity, presented in simple language, divested, so far as possible, of psychological diction, may be of use to those desirous of obtaining information on a subject of the profoundest interest—affecting, as it does, the welfare of the entire community.

In preparing these "Outlines," I have freely availed myself of every source of information within my reach; particularly am I indebted to those inexhaustible mines of information—with their wealth of recorded cases—the *British Medical Journal* and the *Journal of Mental Science*.

LEAVESDEN ASYLUM,
April, 1892.

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“Oh! she was changed
As by the sickness of the soul; her mind
Had wandered from its dwelling, and her eyes
They had not their own lustre, but the look
Which is not of the earth; she was become
The Queen of a fantastic realm; her thoughts
Were combinations of disjointed things;
And forms impalpable and unperceived
Of others' sight familiar were to hers.
And this the world calls Frenzy!”

“The Dream.”—BYRON.



OUTLINES OF INSANITY.

CHAPTER I.

NORMAL MENTATION.

BEFORE proceeding to the study of Insanity, we must glance at the phenomena of Normal Mentation ; make some inquiry into the nature of thought—how it is born and multiplied in the brain.

According to the doctrine of Evolution, mind is gradually built up from the simplest raw elements of sense and feeling. Step by step, during the gradual evolution of the organism, there has gone on a differentiation of its parts from each other; nerves have grown up out of the soft tissues as channels of communication between part and part; sense-organs of extreme simplicity have first been formed on the outside of the body, where it comes most into contact with external nature; use and wont have fashioned these sense-organs through long ages into organs of sight, hearing, taste, smell, and touch; meanwhile corresponding percipient centres have grown up in the brain. The action of the environment on the organism begets a nervous system of ever greater and greater complexity, culminating at last in the elaborately-evolved and ever-evolving human brain—the instrument whereby man is enabled to carry on that continuous adjust-

ment of inner to outer relations which constitutes life. In the vague sensation of touch and pressure which this contact of the organism with its environment gives rise to, we discern the first faint glimmering of that mysterious energy we know as consciousness; an energy which exists in its simplest form in unicellular organisms, and reaches its highest expression in the human brain. Sensibility is found from the protozoan up to the human infant, and as the brain of the infant matures, gradually expands in the highest cerebral centres—the “tissue of the mind”—into conscious intelligence. Stage by stage this mind-growth has gone on unceasingly, through infinite steps of progression induced by ever-widening intercourse with the outer world, from the simplest kind of reflex action, where an impression produced by adjacent obstacles during the movements of the organism is followed by a muscular contraction or reflex motion—to the genesis, by accumulated experiences, of Instinct out of Reflex Action—to the gradual transition from instinctive actions to rational actions, where the directive and executive movements become the best adapted to the circumstances—up to the final outcome in that wonderful network of feelings and thoughts which constitute man.

The “genus man” possesses, in common with other portions of the organic world, an almost infinite power of modification; the qualities and habits of the organism have been moulded to suit a certain set of conditions; these conditions undergo change from century to century, and even from decade to decade. In normal states the organism is ever being brought into exact conformity with its environment. In abnormal states this power of adjusting

internal relations to external relations is profoundly disturbed: there is a mental disharmony of the individual with his surroundings; no longer does he exactly conform to his environment.

For our present purposes we may say that the mind at birth is a blank, is like a sheet of white paper upon which experience writes our ideas.

The growth of intelligence is due to the repetition of experiences, the effects of which are accumulated, organised, and inherited; the brain is highly retentive of the impressions made upon it: they are embodied in its structure, and are part of its growth.

For simplicity of exposition, the phenomena of mind may be examined under the heads of:

- I. Sensation or Perception.
- II. The Emotions or the Feelings.
- III. The Intellect or Thought.
- IV. Volition or the Will.

I. SENSATION.

By sensation we understand the mental impressions, feelings, or states of consciousness resulting from the action of external things on some part of the sensory periphery of the organism; *e.g.*, the skin and the receptive areas of the special senses.

Sensations of touch and sight and hearing, and taste and smell and muscular effort, are all combined in wonderful variety. By the combinations and variations of these sensations, we are made acquainted with the existence of the external world, and acquire notions of the nature and properties of environing objects.

The Muscular Sense. Mental states are very

largely dependent on the character of the muscular feelings. For the purposes of our intelligence we need to be distinctively aware of degrees in our motive energy put forth; it is in this way that we obtain perceptions of many properties of the outward world; it is by tactile impressions and muscular sensibility that we are informed of the expenditure of nerve-power necessary to gauge the weights of heavy bodies, to lift them, and indirectly acquire a precise notion of their attributes, etc. Thus, the important attributes of Extension, Size, Form, are impressed upon the mind through the movements they require us to make, and are therefore pure feelings of muscularity.

The sense of touch, combined with the muscular sense of effort, leads to the inference of resisting bodies outside of us. This sense of resistance, which contact with outer objects creates in us, forms the raw material of primitive thought, constitutes in fact the "muscular element of thought" as distinct from the other elements or contingents of sensitive impressions received through the special senses.

It is the primitive element in our intelligence; all our primary or fundamental ideas—Matter, Space, Motion, and Force—arise from our experiences of resistance.

There is no feeling of our nature of more importance to us than that of resistance; of all our sensations, it is the most unintermitted, for whether we sit, or lie, or stand, or walk, still the feeling of resistance is present to us; everything we touch—and we can never be free from impressions of touch—at the same time resists, and everything we hear, see, taste, or smell suggests the idea of something that resists.

It is through the medium of resistance that every act by which we subject to our use the objects and laws of nature is performed, and of the complex states of consciousness there is hardly one in which the feeling or idea of resistance is not included.

Thus the sense we have of the external world is the consciousness of particular energies and activities of our own ; the notions we form of force, power, and causation arise from our own sense of effort, action, and resistance. This "sense of power," this "feeling of energy put forth," is the most general and fundamental of all our conscious states ; it constitutes the basis of our intelligence, and is the chief means whereby we become acquainted with many important properties of external objects and of the effects which result from their operations.

We shall see that in states of mental depression, and in states of mental exaltation, the muscular sense, and consequently the character of the muscular feelings, become profoundly modified—giving rise in Melancholia to the feeling of inability and impotency in the presence of obstacles hitherto correctly gauged and successfully encountered ; and in Mania substituting for the normal sensation of existence an enhanced sense of personal agency and capability of performance

II. THE EMOTIONS OR THE FEELINGS.

Emotion is the happiness or the misery of the sentient being ; everything we term pleasure and pain, and whatever is called mental excitement, comes under this head.

Our feelings, when at all strong, manifest themselves in outward demonstrations and physical effects ;

every feeling has for its primary concomitant a diffused nervous discharge which excites the muscles at large, including those that move the vocal organs, in a degree proportionate to the strength of the feeling, consequently muscular activity increasing in amount becomes the natural language of feeling increasing in amount—be the nature of the feeling what it may.

The organs first affected under excitement are the moving members; some of these are more readily agitated than others, for example the features of the face and the voice, for which reason these constitute the principal medium of the expression of feeling.

Besides the agitation of the muscular framework, an important series of effects occurs in the organic functions of the body—the respiration, circulation, digestion, etc. ; one of the secretions—the lachrymal—is specifically stimulated under emotion, as much so as the movements of the features.

Emotion, by acting on the will, determines the conduct; the feelings and the passions are to the mind as the winds to a ship—they only can move it, and they too often destroy it.

III. THE INTELLECT.

This is the thinking portion of the mind; the various faculties known under such names as Memory, Reason, Abstraction, Judgment, Imagination, etc., are modes or varieties of Intellect.

We have already referred to the “percipient centres” of the brain; they are made up of plexuses of nerve-cells and nerve-fibres, and are located in the cortex or surface of the brain.

To these “nerve centres” converge the inex-

haustible stream and infinite variety of impressions made on the senses by the outer world; each contingent of impressions arrives at its appropriate headquarters or receiving-station in the thinking tissue of the brain. Here these sense-impressions are perceived, assimilated, and brought into the most manifold relations and combinations.

As soon as a sensitive impression reaches the brain, it is immediately received with its recognised characteristics, and awakens a certain number of ideas which are attached to it by the relations of causality, coincidence, and similitude; these ideas in their turn arouse others which are bound to them in a similar manner one after the other.

Everything that comes within the sphere of our knowledge has been constituted into an idea, image, recollection, or item of knowledge by this adhesive operation taking place between the concurring impressions.

All our mental acquisitions whatsoever proceed upon this cohesive force of the mind which binds together the several impressions into one enduring whole, which we call our knowledge of the thing. Thus we see our thoughts are united together by "bonds of association"; connections are established among particular ideas; no sooner one idea occurs to our thoughts than it introduces its correlative—certain ideas present themselves, certain associations are effected among themselves, certain reminiscences are evoked, all takes place in orderly succession; the impressions of the present moment are inextricably mixed up with the memories of yesterday and the expectations of to-morrow, and all are connected by the links of cause and effect.

Lulled in the countless chambers of the brain,
Our thoughts are linked by many a hidden chain;
Awake but one, and lo! what myriads rise—
Each stamps its image as the other flies.

The accuracy of our perceptions depends very much upon the degree of attention employed; when the mind gives little or no attention, few or no associations are connected with the facts observed; hence these facts never become the property of the mind—they neither fix the attention nor hold the memory.

If the mind be exerted upon a subject of recollection, the intrusion of irrelevant thoughts soon occasions an interruption. The attention is distracted, the thoughts wander, as is exemplified in the case of the traditional monk who lost his wager by inattention: One of his brethren had been deploring his own inability to keep his mind fixed upon the Lord's Prayer during its repetition. "Nothing is easier," said the one to whom he confided his difficulty. "Very well," said the other, "repeat it to yourself, and if you can do so without having your attention distracted from it, I will give you my horse." The monk, who was unscrupulous enough to accept the wager, began; but he had not completed the first portion before the thought flashed into his mind, "I wonder if he will give me the saddle as well". "It is of no use, brother," he said aloud; "my mind is as wilful as yours."

We shall see how pronounced this failure in the power of giving undivided attention becomes in maniacal conditions.

IV. VOLITION.

Will. This involves action, or the putting forth of power for some end.

All our energies or voluntary activities are exercised in the pursuit of pleasure and in the avoidance of pain; every species of pain is a motive to acts of avoidance, and every pleasure prompts the will for its increase or continuance.

Our pains and pleasures impel to actions of some kind or other. Through the medium of the eye notice of approaching danger is transmitted to the brain; being comprehended, and the danger to the organism realised, at once the knowledge excites an impulse, and this impulse—a volition—passes through the out-carrying nerve to a muscle or group of muscles, giving rise to the development and execution of precautionary efforts, resulting in the most decisive acts of avoidance. Here the uneasiness and apprehension caused by the sense of danger determine the will, and the will thus directed results in action.

The influence of the will is most powerful over the muscular system of the body; next over the thoughts, the current of which is often regulated and directed by the will; and least of all over the emotions.

Mental Automatism. Actions we call rational are by long-continued repetition rendered automatic and instinctive; brain activities, with their correlated mental states, become welded together into an automatic mechanism; the same part of the brain is used over and over again; the nervous energy travels the same set of fibres, from the same centre, time after time, until ultimately it passes without any

control and almost unconsciously ; habits are formed which exist to a greater or less degree throughout life.

Every living creature tends to become half-organism, half-automaton; hence the saying that custom is a second nature.

An idiot who lived within the sound of a clock always amused himself with counting the hour of the day whenever the clock struck. The clock being spoiled by some accident, the idiot continued to strike and count the hours without the help of it, in the same manner as he had done when it was entire.

Thus do actions frequently repeated become automatic, *i.e.*, they are performed unconsciously.

We shall see that in Mania and in other mental states the action of the higher cerebral centres becomes very largely, or even entirely, automatic, and is performed without the intervention of consciousness.

The mental phenomena thus summed up in the three grand distinctive modes or manifestations of Feeling, Knowing, and Willing are found to be in close alliance with certain portions of our bodily organisation, and chiefly with the brain; properly speaking, the nerves and nerve centres (principally collected in the brain), the organs of sense and the muscular system, are the parts concerned in the mental functions, while ministering also to the bodily functions.

The term "Cerebral Centre" involves the following mechanism:—

- I. A sensitive end organ or surface—*e.g.*,
Eye, Ear, Nose, Tongue, Skin, Muscular
System, Viscera, etc. — connected by
- II. A sensory or in-carrying nerve with

- III. A central nerve-cell or group of connected nerve-cells, constituting a "Nerve Centre" which is in relation by means of
- IV. A motor or out-carrying nerve with
- V. A muscle or muscles capable of responding to the advent of impulses propagated from the "Nerve Centres".

The brain, through its afferent or in-carrying nerves, is put in relation with the actions of the external world, and through its efferent or out-carrying nerves is put in relation with the structures that react on the external world.

Afferent fibres carry impressions up from the senses; efferent fibres carry out stimuli to the moving organs.

The "Cerebral Centres" are concerned with the generation, storage, and distribution of the vital force or nerve-energy.

In a state of health there is a proneness to keep up a moderate discharge of this nerve-fluid; in maniacal conditions there is an excessive generation of nerve-energy, accompanied by a rapid and continuous discharge, often in a sudden and violent form, giving rise to sustained excitement with excessive mental and motor activity.

In states of mental depression the generation and diffusion of nerve force is scanty; the nervous system works at low pressure, the patient falling into a condition of despondency and gloom, torpor and inactivity.

These "Cerebral Centres" are differentiated into Sensory, Motor, Protection, and Controlling Centres.

Sensory or Mental Centres. These centres constitute areas for the conscious perception of the different

contingents of sensitive impressions, converging from the sensory periphery of the organism.

Motor or Muscular Centres. From these centres issues the output of nerve-energy which causes the muscles to contract; they are concerned with the execution of voluntary or purposive movements.

These centres—Sensory and Motor—together form the physical basis of mind. They are associated with the exercise of the higher intellectual qualities and emotions—of intelligent reason and deliberation.

Protection Centres. During our waking state we are continually exposed to all those impressions which our constitution permits us to receive from the external world and from the different parts of our organism. The nerves connected with the brain, together with their branches and minute ramifications, probably exceed ten millions in number. The “Protection Centres” hang as a screen or barrier, as it were, between the “Thinking Centres” and this infinite variety and inexhaustible stream of external and internal impressions, arresting and hindering many from assailing the Mind Centres. Thanks to the Protection Centres, mental operations can be carried on uninterfered with by the environment; there can arise trains of thought independent of present experiences. We can stand aloof from the outer world, and all things go by us unobserved; loud conversation will strike unheeded upon the ear, varied sights will pass unseen before the eye, rough contact will be unnoted; the mind can be intensely fixed on a particular subject. Men of intellectual greatness have almost invariably possessed this power of concentration. Dante, when his mind was occupied by

a train of thought, was oblivious to outside events. One day, when a great procession was parading through the streets, the poet took up a volume at a book-shop, and began reading it. The procession passed with all its noise and splendour, but Dante saw nothing of it; his eyes had been on the page before him, his thoughts with the author of the book.

In Mania, owing to the loss of this protecting influence, the patient is continually exposed to the infinite variety and inexhaustible stream of external and internal impressions arriving at the brain. He lives amidst a chaos of interruptions; trains of thought cannot be carried on; no longer can he call to his aid reason and deliberation, since reason is an adjustment of the mind to steadfast conditions; in maniacal states the conditions are not steadfast; the patient experiences the existence at one moment and the non-existence at the next of phenomena which suggest no connection of cause and effect.

Cerebral organisation may be compared with the organisation of an army, which may be described as a highly-complex organism, composed of a vast number of individual parts or powers so organised and disciplined as to act together, be mutually reliant, and perform in unison the evolutions of the march and battlefield according to the absolute will of one man. This organism depends for its vitality upon the trained spirit of order and discipline which holds it together.

Organisation enables the leader of an army to transmit his orders to three or four subordinate commanders, who pass them on to three or four others under them, until through a regular chain of

responsibility the original impulse is communicated to the private soldier.

The commander-in-chief is the presiding genius, to whom is intrusted the supreme direction of the operations as a whole. He alone directs the order of battle, receives reports, and issues orders to the generals in immediate command, with such skill and foresight that from first to last no movement fails of its object. That warlike operations may be conducted to a successful issue certain conditions must be fulfilled; these conditions, above all others, are unity of direction and the perfection of the military machine.

Similarly the stability of the brain depends on the harmonious co-operation of the individual parts or factors making up the whole; in order that the multitude of cerebral centres—mental and motor—may be true members working harmoniously for the good of the whole, and not isolated masses, each serving its own ends only, they need to be bound together by co-ordinating and controlling centres. These “dominant and directing centres,” like a true royalty, dwell in the dome high above; they unite and harmonise the vast multitude of mental and motor centres concerned in the cerebral operations. They are the unifying centres of the whole organism, and thus the centres whereby the organism as a whole is adjusted to the environment.

As evolution progresses the highest nerve centres not only gradually develop, but also become more and more detached from, and more independent of, the lower cerebral centres, out of which they have been evolved.

By the double process of increasing complexity and increasing detachment we gradually “get above”

our lower mere animal selves ; we become less and less at the mercy of our lower instincts.¹

These "Higher Nerve Centres" are the latest evolved and the most delicately organised of all Cerebral Centres, and therefore the first to break down in states of mental disease. To lose the controlling and directing part of one's brain is to lose or lower organisation, to become less complex, to pass from a higher to a lower degree of development. With the loss of the higher brain is lost the power of intelligent reason and deliberation. The lower or animal states of life rise up into action and prominence ; the higher and nobler self is dethroned, the meaner and baser self usurps its place.

The whole man is reduced from a higher and more rational to a lower and more instinctive phase of existence.

¹ Hughlings Jackson.

CHAPTER II.

ABNORMAL MENTATION.

THE Errors of the Understanding are known as Hallucinations, Illusions, and Delusions.

Hallucination. A diseased state of mind, in which a person has a settled belief in the reality of things which have no existence—visibility without tangibility.

Unless there be an external substance, the bodily eye cannot see it; therefore, in all such cases, that which is supposed to be seen is in fact not seen, but is an image of the brain.

External objects naturally produce sensation; but here sensation produces, as it were, the external object.

The organs of the senses are not necessary to the existence of hallucinations; the blind may see visions and the deaf hear sounds.

A person suffering from hallucinations neither sees, nor hears, nor feels, nor smells, nor tastes anything in reality, though he believes he does; he sees with the eye of the Imagination, and mistakes his thoughts for persons and things.

Thus we see that hallucinations are subjective—of centric origin—*i.e.*, arise solely within the brain without external agent.

The following account affords a striking instance of hallucinations of sight and hearing:—

An Italian painter, a native of Rome, had lived in some familiarity with, and been much patronised by, a young nobleman; but upon some slight occasion they had fallen out, and his patron, besides using many reproachful expressions, had struck him. The painter brooded over the disgrace of the blow. He could not challenge the nobleman, on account of his rank; he therefore watched for an opportunity, and assassinated him. He fled from his country, and finally reached Hamburg. He had not, however, passed many weeks from the night of the murder before, one day in the crowded street, he heard his name called by a voice familiar to him; he turned short round, and saw the face of his victim looking at him with a fixed eye. From that moment he had no peace; at all hours, in all places, and amidst all companies, however engaged he might be, he heard the voice, and could never help looking round; and whenever he so looked round, he always encountered the same face staring close upon him. He struggled long, but life was a burden which he could now no longer endure; he returned to Rome, surrendered himself to justice, and expiated his crime on the scaffold.

Illusions are disorders of perception, and are related to the special senses of sight, hearing, touch, smell, taste, and the muscular sense.

Illusion means a mockery, false show, or counterfeit appearance; as when a person sees, or hears, or smells, or tastes, or touches something, and takes it to be something else; or when one, under the influence of terror, takes a stump of a tree whitened by the moon's rays for a ghost.

Delusions are erroneous or false judgments formed

by the mind, as distinguished from false perceptions. An illusion of the senses, if believed to be a reality, becomes a delusion of the mind; the mind does not recognise its unreal perceptions, but believes in and acts upon them as verities, and they so dominate the thoughts, the feelings, and actions of their unfortunate possessor as to change his individuality as compared with his former and natural self, and thus to make him insane.

Delusions, like the prejudices of men, are rooted, for the most part, in their personal character, and on account of this close connection with the roots of personal existence, they cannot be removed; neither evidence, nor understanding, nor reason has the least effect on them.

To the deluded whatever is, is. His perception constantly deceives him; he can only judge of things by their effects; whether there is any cause or not in that or any other perception, it is sufficient for him that the effect is real. It would be idle to go about persuading the patient that he did not behold the figures he says he does. He might reasonably ask us, if he could, how we know anything about the matter. He would exclaim: "I hear voices, because I hear them; how they originate I know not, but to me they are as distinct as your own voice; if I admit the reality of your words, you must also allow me to believe in the reality of those voices, as to me both are equally appreciable".

In the Insane the more or less habitual relations which experience establishes among our ideas are disturbed; the impressions of natural things upon the mind are very far indeed from the correct impressions; the appearances presented to the senses are the

reverse of the fact; thus they are led to believe that things are what they are not.

The insane man believes that nature works everywhere exactly as with him, and is ready to believe that his conceptions of things correspond to the things themselves; as a result, his intellectual building is not as that of the world at large; his ideas are deranged or re-arrange themselves, and a set of new perceptions and colourings of his existence takes place, as in a kaleidoscope when we shake it; new objects arise which have the vivid impress of reality.

The phenomena of dreaming have a striking analogy to the phenomena of some forms of unsound mind. All men, while they are awake, are in one common world; but each of them when he is asleep is in a world of his own. The lunatic has no common world; he lives and moves in a private world that is particular to himself—"voyaging through strange seas of thought alone".

By bringing vividly before our minds the scenes and incidents in which we played a part in one of our short night-dreams, we shall the better understand the long day-dream of the insane, and read aright the thoughts and passions, the tears and tortures, and the joys by which they are possessed.

But yester-night I prayed aloud
In anguish and in agony,
Up-starting from the fiendish crowd
Of shapes and thoughts that tortured me
A lurid light, a trampling throng
Sense of intolerable wrong,
And whom I scorned, those only strong
Thirst of revenge, the powerless will
Still baffled, and yet burning still!

Desire with loathing strangely mixed
On wild or hateful objects fixed.
Fantastic passions! maddening brawl!
And shame and terror over all!
Deeds to be hid which were not hid,
Which all confused I could not know,
Whether I suffered, or I did:
For all seemed guilt, remorse, or woe,
My own or others still the same
Life-stifling fear, soul-stifling shame.

In the sleeping state the Emotions have full play, unrestrained by the Will, and governed only by the Imagination. The Thought or Intellect is variously affected in its different powers. The Imagination is active; the Memory may be exercised to a great extent, but Perception, Reason, and the Judgment are weakened, and sometimes altogether lost. The Will is entirely suspended.

In dreams the door of the Fancy is left without its keeper, and forth issues pell-mell the whole multitude of ideas or images which had been stored within the brain, and kept to their respective duties.

Dreams are the interludes which fancy makes;
When giant reason sleeps, the mimic wakes,
Compounds a medley of disjointed things,
A court of cobblers or a mob of kings.

Thus the dreamer, hurried along by the force of an Imagination, unguided by the check of Reason and Judgment, converses with numberless beings of his own creation, and is transported into ten thousand scenes of his own raising; or, as in the painful experience of all who have suffered from nightmare, he passes through every species of torture and alarm. How he longs to escape from that dreadful something, which is the more dreadful because he knows not

what it is; fain would he start aside from the frenzied monster, which, approaching step by step, seems ever to enlarge its dimensions unto him; in vain! he is pinned to the ground with excess of fear, his limbs are turned to stone, spell-bound he is dragged to that fate, with regard to whose *nature* he knows nothing more than that it is a fate most horrible!

Akin to this is the *vague* apprehension and dread experienced by those suffering from the acuter phases of Melancholia; here the patient feels himself in the presence of some threatening danger, which looms up massively and darkly before him, ever ready to overwhelm him.

As soon as the dreamer is roused from sleep, and the outer world is again brought before him, all his illusions and delusions vanish; he smiles at his alarms and agonies, saying, "Behold, it was a dream!" But the madman is in a waking dream, from which he cannot be roused.

The states of lethargy, catalepsy, somnambulism, are closely allied, if not identical with one another.

Hypnotism. A consideration of the highly interesting and instructive experiments carried out by physiologists (Foster, Ferrier, Bastian, and others) will help us to a clearer understanding of the phenomena of hypnotism. If in a brainless frog a drop of acid be placed on its right flank, the right foot is almost invariably used to rub off the acid. In this there appears nothing more than a mere mechanical or automatic action; if, however, the right leg be cut off, or the right foot be otherwise hindered from rubbing off the acid, the left foot is, under the exceptional circumstances, used for the purpose. This at first sight looks like an intelligent

choice. A choice it evidently is, but manifestly the frog cannot be conscious of exercising this choice; automatic life has replaced his conscious existence. Again, by the application of appropriate stimuli, a brainless frog can be induced to perform all the movements which an entire frog is capable of executing; it can be made to swim, to leap, and to crawl; when placed on its back it immediately regains its natural position; when placed on a board it does not fall from the board when the latter is tilted up, so as to displace the animal's centre of gravity; it crawls up the board until it gains a new position, in which its centre of gravity is restored to its proper place. Its movements are exactly those of an entire frog, except that they need an external stimulus to call them forth; they inevitably follow when the stimulus is applied. Again, if the frog's flanks be gently stroked it will croak, and the croaks follow so regularly and surely upon the strokes that the animal may almost be played upon like a musical instrument. If, in removing the brain of the frog, that portion which is concerned with the sense of sight be left undisturbed, we see that the movements of the animal are influenced by light; if it be urged to move in any particular direction, it will avoid in its progress objects casting a shadow. In some hypnotic subjects the excessive power of sight (as shown by Dr. Luys) reaches such an extraordinary pitch of acuteness, that if we cover the eyelids with a layer of cotton wool, and then put a newspaper in front of the eyes, we are amazed to see that the person hypnotised can read it, no doubt through some tiny cracks imperceptible to us.

All that the patients do in the several states of

somnolence or hypnotism is simply the result of automatic action—the mind is absent throughout. We saw that the brainless frog has become a machine, and nothing more. This machinery is put into action, and its movements originated and guided by a stimulus supplied from without, the stimulus passing along the sensory nerves of the skin, the eye or the ear, as one or the other is played upon by the operator; this is precisely what takes place in the case of the hypnotised subject, who may be said to be in a condition analogous or similar to that of the brainless frog, so far, at any rate, as his consciousness is concerned.

He is in a trance-like state in which the ordinary functions of the mind are suspended—the reason, judgment, and will being in complete abeyance. In somnambulism, and to a less extent in ordinary dreams, we act our ideas out to the full, the usual restraining power being dormant; in hypnotic sleep the patient is open to the reception of ideas suggested by another person, while the mind is unsusceptible to the external situation generally, and is, to that extent, asleep. In ordinary sleep, the sleeper is, so to speak, wrapped up in himself. The hypnotic state differs from ordinary sleep in that there exists a relation between the sleeper and the operator; in this condition there is forgetfulness of the outer world, and a sleep is produced in which suggestions are readily acted on. In some cases sleep is partial in its area; portions of the brain that are usually involved in sleep remain exempt, so that the sleeper exhibits powers which sleep usually annuls—hence, we may have sleep-talking and sleep-walking. In sleep-talkers, dream-thoughts are capable of evoking correlative acts of speech, and such persons will allow

a listener to hold a sort of conversation with them, of which in the waking state they recollect nothing.

It is related of an Irish gentleman that he swam more than two miles down a river, got ashore, and was subsequently discovered sleeping by the roadside, altogether unconscious of the extraordinary feat he had accomplished. Again, an individual who was particularly fond of horse exercise used to rise at night, find his way to the stable, saddle his horse, mount the animal, enjoy a gallop, and finally come back, knocking at his own front door in a somnambulistic condition. He was cured in a manner sufficiently funny to be worth recording—his servants tickled the soles of his feet.

In somnambulism certain faculties of the brain are in a condition of exalted activity. The alliances here are intimate with hypnotism. In somnambulism the patient acts in obedience to suggestions from within; the stimulus is intrinsic. In hypnotism he acts in obedience to suggestions from without; the stimulus is extrinsic. In both states his consciousness is suspended.

The memory of sleep-talkers is occasionally prodigious under the influence of the dominating impulse that moves them. A poor and illiterate basket-maker, who was unable to read or write, would, in a state of sleep, preach fluent sermons, which were afterwards recognised as having formed portions of discourses he was accustomed to hear as a child, more than forty years before.

Men have apparently forgotten entirely circumstances and impressions, and then under the influence of some great stimulus the memory of them has risen up again clear and distinct; the slightest impressions

of past life have come up again to consciousness, brought again to view the tracery of records long forgotten. No impression, no feeling, no thought is ever actually forgotten. In acute mania these remembrances arrive at such a pitch of vivacity, that they are mistaken for present experiences.

As an instance of "unconscious memory" may be quoted the case of a girl given to sleep-talking, and who was in the habit of imitating the violin with her lips, giving the preliminary tuning and scraping and flourishing with the utmost fidelity.

The following is a similar example of automatism and unconscious cerebration:—

X— was already known as a very able musician, and could lead an orchestra. It was this circumstance in his past life which revived the following mimicry in him. X—, in a state of spontaneous somnambulism, rose; he did not walk without care; everything shows that his mind, suddenly roused by some idea or remembrance, urges him in a very definite manner. With perfect co-ordination of movement he is occupied in placing in the middle of the room a great number of chairs, which he proceeds to take successively, and places them by the neighbouring beds. He forms a circle with them, in the centre of which he places himself. With a slight gesture he appears to command attention; then his arm is alternately raised and lowered; he marks the time, quickening or slowing the movement, indicating by an appropriate gesture the passage of the piece that ought to be played with force or with sweetness. Sometimes in the midst of this he precipitates himself towards a point in the circumference traced by the chairs; his contracted physiognomy expresses discontent or

anger. It is evidently one of his musicians who has incurred his reproaches on account of a false note. The piece ended, he bows repeatedly to an audience whose applause he doubtless hears.

This patient, X——, a Frenchman, is a hysteropileptic, subject to grave convulsive attacks, and to somnambulism tending to automatic acts.

X——, being under treatment in hospital, passed into the somnambulistic condition. On this occasion his physician, M. Mesnet, pointing out to him one of his *internes*, said, "Observe the chain of M——. Do you see it?" The patient answered, "Yes". "Well! I order you to seize it during my visit to-morrow, and then immediately escape." The patient looked surprised; his limbs shook, and there was a very evident expression of discontent, but he did not reply. I said to him, "I command you, I tell you". He responded, "Yes," with a quick, jerky gesture. I then awoke him. He was absolutely ignorant of what we had just done and said. The next day, on coming into the ward, I found him chatting freely with the medical students. I asked him various questions, to which he replied satisfactorily. During my visit he accompanied the students, and talked to them, but with less spirit than usual, and voluntarily approaching M——, the *interne*, whom he seemed to regard with special interest, soon fixed his eye on the chain visible in the half-open coat, and he became more and more absorbed in its contemplation. His pupils became dilated, his face assumed a singular and very painful expression; respiration and pulse became rapid, and his face red in patches. After having several times inclined his head and body towards M——, he slowly made a step forward; then after

some hesitation he rapidly removed the watch and chain, and ran out of the ward. I found him immediately afterwards arrested by the attendant, who had followed him. He was in a state of complete mental aberration. I blew upon his eyes, and immediately he returned to his previous state. I asked him what he had been doing. "Nothing that I know of." I drew from his pocket the watch he had taken, saying that he had stolen it from M——. He exclaimed, "I am not a thief," and began to cry.

This patient X—— scarcely passes a day or night without having automatic impulses and corresponding movements. On one occasion there happened a most exciting scene. At half-past six a.m., on the 19th March, X—— rose and went out of the hospital ward, going over the balustrade of the gallery which surrounds the garden of Hôtel Dieu; thence he descends the cornice, whose line of inclination seemed as if it must throw him upon the ground from the second storey. He remained there, however, without apparent difficulty, and slowly advanced upon the edge of the wall towards the façade of the court of Notre-Dame. A crowd soon collected, and was alarmed to see the *somnambule*, who, having arrived at nearly the end of the cornice, tried to return by feeling his way on the wall. For an instant the anxiety was extreme among the crowd, for he seemed to hesitate in his movements, and to be surrounded by insurmountable difficulties. At last he was able to turn round and avoid the fall, which seemed to all the spectators imminent. He then returned; from the cornice he easily regained the balustrade, upon which he walked like a gymnast, counting "1, 2! 1, 2!" and he then passed over it twice in an opposite

direction. In going he had avoided with care the flower-pots arranged on the platform, and which were removed immediately after his first walk. In returning, and at the moment when he arrived at the point where he found that hindered his course, he stopped. His expression indicated astonishment, and immediately he was seized with nervous tremors. Without loss of time some one seized hold of him. A convulsive crisis occurred, and rendered it necessary for five or six persons to master him. He then became calm, and awoke. He knew nothing of the perilous exploit he had performed.

In the following instance we observe that a criminal act was committed in a state of somnambulistic automatism. The patient was twenty, a dentist's pupil, and one evening entered a curiosity shop opposite his own residence, and proceeded quietly to remove a number of articles in a leisurely manner, as if he was quite at home. He carried to his own house various articles of furniture, and was only prevented by the arrival of the shopkeeper, who easily apprehended him. Stupid and dumfounded, he at once stoutly denied the charge, and acted in a very eccentric manner. At the police station it was observed that he had momentary fits of absence. When spoken to he no longer replied. When his name was called he did not move, and the strongest appeals did not arouse him from his torpor. He had a succession of attacks of somnambulism, and when before the magistrate was in one of them. He had been subject to similar attacks.

Thus we see that individuals in a state of somnambulism act unconsciously, commit extravagant actions, even crimes, without having any conscious

idea of the things of the external world ; and at the end of several hours, or even of several days, emerge from this condition of partial stupor, quite astonished and stupefied by the words they have pronounced and the deeds they have done during this period of inter-regnum of their conscious personality.

DOUBLE PERSONALITY.

A woman of hysterical temperament was attacked with a singular malady, affecting her in such a manner that she lived a double life, passing from one to the other of two states. In the normal or first condition she was serious, grave, reserved, and laborious. Suddenly, overcome with sleep, she would lose consciousness, and awake in the second condition. In this state her character was changed ; she became gay, imaginative, vivacious, and coquettish. She remembered perfectly all that had taken place in other similar states and during her normal life ; then, after a lapse of a longer or shorter period, she was again seized with a trance. On awaking she was in the first condition ; but in this state she had no recollection of what had occurred in the second condition ; she remembered only anterior normal periods.

Thus the same organism can furnish forth two perfectly distinct selves, which may presumably be ascribed to the operation of two separate cerebral groups. Under favourable conditions the same organism can furnish forth a number of perfectly distinct selves.

In the following account it will be seen that the patient could be made to pass successively, and at will, through three different states of consciousness,

in each of which she displayed a clear and well-balanced intelligence:—

The patient was brought into the room in the *second state*, which is the usual one. In this state she was bright and lively, and expressed herself with exceptional facility in clear and well-chosen language. On the mere *order* being given by M. Verriest, she fell into a sort of cataleptic condition, from which she awoke after a minute or two in a new state of consciousness—the *first state*. On opening her eyes, she was astonished and confused to find herself among so many people; she tried to slip away, and hid her face and eyes. In this new state she was more serious and melancholy. She had no recollection of anything that had taken place while she was in the “second state,” nor did she recognise any one unless she had previously seen him in the same “first state”. She did not know where she was, how she came to be in that room, how or when she had left her native village, etc. In the “first state” she was dumb, but communicated with facility in writing; her writing did not differ from that in the “second state”. In the “first state” she could drink, but could not swallow any solid food; in the “second state” the reverse was the case.

The “first state” lasted not more than 15 or 20 minutes, at the end of which the patient fell asleep *spontaneously*, subsequently awaking in the “second state”. In this state she then remained indefinitely, until in obedience to *order*—never spontaneously—she returned to the “first state”. Only five or six persons had this power over her; the commands of all others were ineffectual.

By means of hypnotic passes, the patient was

thrown into a *third state*, differing from the ordinary hypnotic condition in this, that the patient retained her intelligence and her integrity of judgment completely, and that no suggestion had any effect on her.

On the hypnotic influence being removed, she invariably returned to the "second state," and had no recollection whatever of the pseudo-hypnotic "third state". In the "first state" she had no more recollection of the "third state" than of the "second".

The following is an interesting example of Double Personality, and has a medico-legal importance:—

Emile X——, aged 33, is a barrister in Paris, a well-educated man, successful in his classical studies as a boy, who spent a short time as medical student before he turned to law. His father had been an eccentric man and a heavy drinker, his younger brother was mentally deficient. He was himself always very impressionable, and sometimes a loud and sudden noise was enough to send him into what was considered a hypnotic sleep. Even in the law courts on one occasion when conducting a case the judge fixed his eyes on him, and thereupon he stopped speaking, and fell into this abnormal state. His friends, who knew his peculiarity, roused him at once, and then he went on with his speech. Again, when he was at a café near the Bank, he looked at himself in the mirror, and fell asleep again. His neighbours were surprised, and did not understand it, and thereupon took him to the Charité, where he was awakened. The strangest thing about him was his occasional loss of memory for considerable lengths of time, and his change of personality during these times. He was wide enough awake throughout, but whilst he was in this condition he could remember

nothing at all of his past life. He was active in every way, walking, riding, travelling by train, or making purchases in the shops. And when he passed back from this secondary life to his normal state it was by a process of awakening, and he had no recollection at all of what he had been doing. He had two memories, in point of fact, which alternated--the first belonging to his normal life, the second to his abnormal. On 23rd September, 1888, he had a quarrel with his stepfather in Paris which reduced him to his second self, and this he did not cast off for three weeks, when he found himself in a village a hundred miles from Paris. He could not tell how he had got there or what he had done; he could find out from questioning his neighbours that he had paid a visit to the priest of the village, who had thought his conduct odd, and previously to that he had stayed with an uncle who was a bishop, and in whose house he had broken his furniture and torn up his letters, and had even had a sentence passed against him in a police court for some misdemeanour. During these three weeks he had spent about £20, but where it had gone he did not know at all.

Again, on 11th May, 1889, he breakfasted as usual in Paris, and found himself some three days after at Troyes with a similar complete blank in his memory. He noticed that his overcoat was gone, and his purse also, with £9 in it.

After Emile X—— had spent three weeks of travel and visiting in his second personality, and awakened with no memory of what had happened. He was then hypnotised, and could, so long as he was hypnotised, recollect his wanderings, his conduct in the episcopal palace, his losses of money at the card

table, and the misdemeanour for which judgment had been given against him. In the same way, after he had been to Troyes, there was no memory of how or why he had gone till he was hypnotised, and then he could tell the whole tale of his journey. This effect of hypnotism was very lucky for him, for it enabled him to describe exactly what he had done with his overcoat and his purse with £9 in it. His friends made a note on this point of what he said in the hypnotic state. After awakening, he was surprised to read his own account, but he believed his hypnotic self, although his normal memory was just as blank as before, and wrote to the hotel at Troyes, telling them where he had left his coat and purse. He was still more surprised when in a couple of days he received from the hotel-keeper the coat, found where he had described, and the purse also, with the money in it. The law, too, in a way that is worth notice, acting perhaps on the important precedent in Dr. Dufay's case of excusing one personality for the criminal actions of the other, revoked its previous judgment against him for the petty misdemeanour of his second personality.

Owing to the prevalence of the practice of hypnotism, and especially to public exhibitions of it, the Committee of the Manchester and Salford Sanitary Association deem it expedient to re-issue a caution published by them some years ago when the influence now known as hypnotism was called mesmerism. The following is a copy of this timely warning:—

“Exhibitions of the phenomena of mesmerism have become very frequent of late, and many people have been trying experiments in private with reference to the same matter. It appears to the Com-

mittee of the Sanitary Association very important that public attention should be called to the dangers arising out of such tampering with the highly-organised and sensitive nervous system of many people. Without entering into the difficult and still obscure physiology of the mesmeric state, it will be sufficient to point out that in this condition, when really attained, the will of the subject is for the time in abeyance, and his actions, and even his sensations and ideas, are entirely under the control of the person operating. By frequent repetitions of the operation the submission to this influence becomes more facile and its action is intensified. Moreover, there appears to be developed a liking for the mesmerised state, so that the subjects present themselves willingly for experiment, and it becomes quite easy for persons, in no way connected with the first operator, to throw these persons into a condition such that they are entirely under their power, in which they cannot resist any indignity, and can be made to commit any act, however outrageous, at the command of almost any person who may choose to assert imperiously such power. It will readily be seen how dangerous is such a condition, not only to the subjects themselves, but also to the public at large. Women especially, for their own sake, should be warned never to permit themselves to be placed in danger of submitting their will to this paralysing influence, seeing that they may become the slaves not only of the first operator, but of other less scrupulous persons. Men also should remember that they may become unconscious instruments of designing persons, and that they may be made to perpetrate even crimes whilst in a state of partial unconsciousness."

In order to a correct understanding of insanity, we must ourselves endeavour to think with the insane.

The following graphic description, written by one who had recovered from an attack of mental derangement, is highly instructive, and affords us an insight into the working of the disordered brain :—

“My senses were all mocked at and deceived ; in reading, my eyes saw words on the paper which, when I looked again, were not. The forms of those around me, their features, changed even as I looked on them. I heard the voices of invisible agents, and notes so divine, so pure, so holy, that they alone perhaps might recompense me for many sufferings ; my sense of feeling was not the same, my smell, my taste was gone or confounded.”

Another patient thus describes the abnormal sensations which perplexed him :—

“Every single tree, when I approach, becomes—even in calm weather—a source of murmurs and sounds resembling words and speaking ; the carts and carriages crack and sound in an extraordinary manner and relate anecdotes ; the horses’ hoofs do the same ; the swine grunt names and stories ; the dogs bark abuse and reproaches ; the cocks and hens, and even the geese and turkeys, cackle names, words, and sentences ; the smith causes his hammer and bellows to sound words, phrases, and often entire anecdotes, and thinks he does this with my consent and will ; all who come near me tell with their feet, without their will, the most curious, droll, and nonsensical things which happen to me and to those around me ; this is especially the case in going upstairs ; even the pen with which I write produces articulate tones, words, and phrases”.

Swedenborg wrote:—

“During several years, not only had I dreams by which I was informed concerning the things on which I was writing, but I experienced also, while writing, changes of state, there being a certain extraordinary light in the things which were written. Afterwards I had many visions with closed eyes, and light was given me in a miraculous manner. There was also an influx from spirits, as manifest to the sense as if it had been into the senses of the body; there were manifestations in various ways by evil spirits when I was in temptation; and afterwards, when writing anything to which the spirits had aversion, I was always possessed by them, so as to feel something like a tremor. Fiery lights were seen, and conversations heard in the early morning, besides many other things; until at last a spirit spoke a few words to me, when I was greatly astonished at his perceiving my thoughts. I was afterwards, when my mind was opened, greatly astonished that I could converse with spirits; as the spirits were that I should wonder.”

On the body of one who had committed suicide was found the following letter addressed to the coroner:—

“Dear Coroner,—If you can do anything so as not to cause these people unnecessary pain and delay you have the anticipate thanks of a fellow-being. It is a very old ordinary case, and calls for no questioning or circumlocution. The dear ones left fancy there is something dreadful in death, and I cannot convince them otherwise. Truly, I am rather mixed—we all are. By way of refreshing my memory and testing my senses I drove round the garden last night in a

hearse among nasturtiums and poppies. All was as usual, except that the candle was out—snuffed out perhaps by some careless person who did not know what it was there for. Well it had lit two other candles, but they are not here. The wind blows and careless persons are abundant. Would you believe it, dear Coroner, during that drive in the hearse all the laughable and comical incidents that I had seen in life came upon me in full fury, and I smiled as the world has not seen one smile before? Then two other candles appeared, and we all smiled together, and said this is good, the world is beautiful. Then one candle vanished, and an army of extinguishers hovered round us. I said: ‘Drive on, for I will not be one of them’. I looked back, and saw the two candles still shining in the distance. The army had disappeared, and the wind had lulled. I knew that the candles would light by themselves and burn to their sockets, and I was happy. I said: ‘Drive after the other candles,’ but they had gone for ever. The grief between two eternities was ended, and the candles and myself were but things of the imagination. Enough! The history of the world cannot be written on a sheet of foolscap. Do you ask why men kill themselves? Then ask why, as one falls, why men mourn for the dead; why a north pole attracts a south; why a man loves a woman; and why men live. If you must have something other than unsound mind, let the verdict be death from inability to cope with the problems of life; but perhaps it is not in the world’s phrase-book.”

Such utterances coming from the patients themselves enable us to form some conception of what takes place within the diseased mind.

A patient believes himself the victim of a wide-spread conspiracy, and writes :—

“It to me seems almost incredible that persons, be the gang ever so numerous, are able to defy the laws of God and England. To show the wide range of their action by means of Messrs. Piggott & Co., or Government spies, employed by the Gladstonian Government—of course, all illegal—for they employ political engines merely to rob persons, that they might employ the proceeds to secure their political power, and divide their plunder between their party, by means of the Caucus, of which Joe Chamberlain was president. They ruined me by lying. He sent one of the gang to me, who laughing, said: ‘Now you can go to your rich relations; they will let you have fresh capital’. I do not believe even now he is all bad; but he is a man that will have his way, cost what it will, and as he is not troubled with Honour, Honesty, or the Fear of God, a Sceptic, even as I was up to May, 1882. Earl Fitzhardinge, the Bishop of Gloucester, Sir H. James, and plenty of others are men of similar stamp. What can we grab? is their creed, their trust, and their whole aim in life. Their motto is ‘Dead persons tell no tales’; fifteen times they tried to murder me; I appealed to God, was rescued, and He appointed me—His Witness—in fact, I believe I represent the man spoken of by ‘Dives’: ‘If one were sent to his brethren from Hell, they would repent’. What is time or space to a spirit? Can any one wonder when such things are done in England, once the Land of the Bible and the Cradle of Christianity, but now the Laughing-Stock of the World? I have tried by every means in my power to get Justice, but cannot even obtain a hearing.

“Does not all this point to the coming Reign of ‘the Beast’ spoken of in Revelations, to be when the measure of Iniquity is Full!

“Mine is ‘The Test Case,’ as told me by the Angel after the Manifestation, and when too late all will see there is a God to Judge on the Earth in default of Human Justice!”

A female patient regards herself as the victim of persecution and plotting, and writes thus:—

“‘Your cunning, lying, plotting, and scheming will come to an end some day’.—*Job* xx. 7.

“You and your accomplices have most grossly and maliciously belied me and trapped me; you know it! You did it under the guise of friendship and compassion; take care you don’t fall into your own trap one day, the lot of you; you have had pounds and pounds out of me, you tricksters! I could fill up sheets full of it.

“I have not the least sign of insanity or peculiarity in or about me; the Imbeciles talk to the air:

“Heaven is my Father’s land,
Heaven is my home.

“You bad, wicked lot, to serve me as you have. I don’t know how I have lived through all this, to me, bitter hardship. I feel sure some one outside, some malicious person, set some of the horrid wretches to insult, abuse, and annoy me. I would sooner be found dead in my bed than lead this life. I would sooner have been hung, as innocent as a Lamb, to have endured what I have. Wherefore was I to this keen mockery born? What an upside-down world; what pleasure can it have been to you all to have tortured me and mocked me? It was a wicked con-

spiracy ; that old tell-tale *serpent* is at the bottom of it all ; she managed to get married—*sun freckles and all*.

“ A million pounds would not compensate me for all the outrages, abuse, impositions, and mockery of so many years. I have been played at and talked at in all the plays in the theatres for three years. The wicked are allowed to torment and abuse the innocent and inoffensive. Mine has been a bitter existence from beginning to end. Why was I born ? ”

The following letter is from a female patient to her husband ; she addressed it to the “ Black Lands,” as she is firmly persuaded “ her husband is in Hell ” :—

“ Send me word if it is as hot in Black Lands as when you wrote last ; the last paper you sent me was scorched upon one side of it ; you told me it was a dear place for paper. I hope you will send some preserved fish and fruit if you can. Don’t think, dear husband, that I am unreasonable in what I require ; if you could send a paper from that place, it would be kindness indeed.”

The writer of the following letter believes she is the rightful heir to the Crown of England, but that the Army and Navy have conspired to dethrone her :—

“ My name is Augusta Sophia, the Royal Crowned Head of England ; an English woman. My father is King George the Fourth. His sister left me and George the Fourth money to bring me up, and his gold ring for my Royal finger, and gold watch. I want to secure the British protection for life. I am not Art or Craft. I am an English Lady, that never went to school. I am the British Royal Crowned Head of the English ; the Lords are Mad Doctors ; Bad or Mad, and the Army and Navy, too.”

Another patient thinks he "is affected by extraneous superhuman, preternatural powers—spiritualistic influence, which enters his body and causes a foulness of his mouth, and prevents him taking food". He ejects quite a pint of saliva daily, to rid himself of this foulness, and invariably covers any liquid given him with his hands, in order to keep out the light.

He gives the following history:—

"Dear Sir,—Agreeably to your request, I proceed to set down as succinctly as possible an *Epitome* of my so *portentous* and *phenomenal Career!* Verily, Truth far eclipses all the imaginings of Fiction: I had a most ardent *predilection* for the *Stage!* This was the *Turning* point of my so *portentous Career!!* I remained for ever afterwards a *wretched Incurable!* Monstrous Tear and Wear has literally torn Cavities in my Heart and wasted my Brain. After such a portentous and Horrible Career, one would aver I ought to have any amount of peace and Quietness for the sad Residue of my term of Existence; far otherwise, however, has it been with me. I understand, Dear Sir, that Hereafter I am to have seven bottles of wine (the prescription is set down in plain English), the Doctor being none other than the Heavenly Father or the Lord Jesus Christ! In this world I find the wine altogether beyond my reach. What can I say more, Dear Sir? I have thus, I believe, set down the most satisfactory (possibly the most Erratic also) *Epitome* of my Existence I have ever before accomplished. By reason of the Crew and the unutterable Machinery of Murder, I have to linger and languish on from Day to Day and from Year to Year in a Condition Ineffably Moribund!"

PERSONAL IDENTITY.

The consciousness of human personality, or selfhood, is developed and maintained by the various contingents of sensitive impressions arriving, from all parts of the organism, at the "percipient centres" of the brain.

During activities of these centres, states of consciousness arise—each person becomes sensible of his existence as a human entity; the scene, so to speak, of diverse thoughts and feelings.

Physically considered, the *Ego* is the entire organism: all the essential elements of the body—the nervous system, the muscles, the bones, the viscera, the cutaneous and mucus surfaces, the circulation, respiration, digestion, nutrition—contribute something to the formation of the feelings. The feelings—the immediate and permanent expression of organic life—form the self or person.

Not only the consciousness of self, but the quality of the particular self depends on the character and relations of these sensitive impressions (muscular, nervous, visceral, etc.); alter the character or disturb the relations of these contingents of sensitive impressions, and you alter the self; any break in that chain of causes and effects which constitutes the self or person leads to a modification or transformation of the normal *Ego*.

In insane conditions this normal unity of the consciousness is destroyed; the feeling of the personality suffers a profound transformation; the different contingents of sensitive impressions arrive at consciousness in an inadequate manner; they are incorrectly interpreted, and are the source of the strangest illusions.

Patients suffering from lowered sensibility of the organism, imagine that some kind of transformation has taken place in them.

Thus one says that his body has been changed, that he has been transformed into a machine. "You see," he said, "that I no longer have a body."

Another insisted that he was dead from head to foot; had been killed by a bullet; that a machine had been made to resemble him.

Others say they are changed into animals: wolves, oxen, dogs, toads.

Others affirm they have become inanimate things, as lumps of clay, glass, wax, butter, and avoid the fire lest they should melt.

The poet Cowper believed he was changed into a teapot.

Others again assert that they are possessed of the Devil, or that they are transformed into the Evil One—the Devil himself—or regard themselves as the products of hell, and of most horrible forms.

Some, owing to the abnormal information received from different regions of the organism, say they appear to have become extraordinarily heavy, or to have acquired a very great circumference, so great that they cannot pass through the doorway; others, on the contrary, say they are reduced in size; fluids set before them to drink seem, in comparison with their diminutiveness, a limitless ocean, in which they are afraid of being drowned.

Patients suffering from abnormal cutaneous sensations believe they are subjected to outward influences of a prejudicial kind, as galvanic and other agencies, that tortures are inflicted on them by supposed enemies, giving rise to delusions of persecution and

conspiracies going on against them. Thus a patient writes: "A night of battery again; the whole inside is battered; my face, my teeth, my head, my back pinned down with spears; double-hammer springs under the bed, across my mouth and teeth, right across the jaw and down the right side; my teeth all destroyed by galvanism."

Others assert they are attacked by foul and destructive creatures; that serpents or spiders crawl over the skin; that loathsome insects infest the body.

Patients suffering from perversion of the visceral sensibility believe they have frogs, vipers, and other hideous beings in their bellies. A female patient exclaims that "spiders, demons, serpents, and beasts of all descriptions gnaw at her inside; the spiders have multiplied tremendously, and now infest her body from head to foot". A male patient states that "he has men and women and imps in his inside, reduced to the dimensions of mice, who torture him by pinching with tweezers the peg upon which his liver (now non-existent) formerly hung".

Others, suffering from perverted organic sensations, feel the stomach sewn up and obstructed, the mouth closed, can eat and digest nothing, because the bowels cease to act. A female patient for months persistently refused all nourishment, exclaiming: "I can't eat; I have no mouth, only a button-hole!" She was fed daily with the stomach-tube.

Another patient says that "all his life he has been constantly conspired against and tormented by various people, been dosed with arsenic and phosphorous, and his inside destroyed".

THE FALSE BELIEFS OF THE INSANE.

The true idea of the human mind is to consider it as a system of different perceptions, which are linked together by the relation of cause and effect.

Our ideas are determined by the impressions derived from the various avenues of sense—sight, hearing, smell, taste, touch, and the muscular sense.

In insane conditions, owing to derangement of the “percipient centres” of the brain, consciousness no longer perceives in the normal manner the impressions which the external world transmits; enviroing objects assume an essentially altered signification.

The understanding of the relation between the individual and his surroundings is disturbed and distorted.

The insane may suffer from hallucinations of one or all the senses—sight, hearing, smell, taste, cutaneous and muscular sensibility.

Very often the most dangerous deeds result from the hallucinations. The patient may at any moment be incited by voices or visions to inflict violence on himself or others—to murder in consequence of hearing a command from God to deeds of vengeance. The majority of crimes committed by the insane are the outcome of these hallucinations.

HALLUCINATIONS OF HEARING.

Patients hear voices speaking to them which no one else can hear. The voices appear to come from afar, from the walls, from the furniture, from under the floor, or from the patient's own body. They hear language of reproach or menace, or voices which whisper abominable words and sentiments. Fre-

quently the patients reply to the voices by friendly or threatening gestures and words.

A female patient cries out indignantly: "Who dares thus to mock me? Am I some loathsome animal to be thus reviled?"

Another complains "that people talk to him at all times and make sport of him, and say obscene things; torment him at night, and interfere with his sleep".

Another patient states that he hears voices talking to him, most frequently when he wakes at night; occasionally also in the daytime; they are spirits that talk to him; they give him warning of impending events, such as the death of acquaintances.

A patient is indignant because people annoyed him in the streets and made abusive remarks as they passed by; he frequently overheard personal remarks regarding himself.

A patient, at present under observation, states that he was tormented to such a degree by voices abusing and reviling him at all hours of the day and night, that his life became unbearable; he tried to end it by jumping into the Thames, but was rescued by the water-police.

Another patient thus writes:—

"The man (a former patient of the hospital) has intercourse with me through the walls and everywhere. I answer him often with my mouth shut and without uttering a sound, and he understands me quite well. The man can attend to my apprehensions, impressions, ideas, and thoughts; he can also sharpen my attention or lead it away; he can bring an image into my eye as if I saw a drawing. He can guess thoughts, cause dreaming in the night and while awake. speak through walls and everywhere to any one."

HALLUCINATIONS OF SIGHT.

Patients see objects which no one else can discover.

One sees himself "surrounded by the deadliest spirits that ever assailed the heart and head".

Others see bright and fiery objects, birds, hideous faces, white figures, masses of fire and light.

One believes he is in Heaven, and sees the majesty of God in all His glory; another believes himself encompassed by the flames of Hell; another declares he has seen the Devil on two or three occasions coming in at the door; was without a tail, but displayed a cloven foot.

A male patient writes: "As I approached the Town trumpets struck up a long way on the road, trees were illuminated, and the town in uproar; people in groups talking, and the whole town illuminated from a reflector half-a-mile away".

An old *blind* man, 83 years of age, sees himself surrounded by figures, which approach him armed with daggers, but they never strike or lay hold of him. Sometimes he seizes the daggers, and easily breaks them. One day he fell asleep after an attack, with five daggers at his throat, but without feeling anything. He often sees his bed filled with men, and this explains why he refuses to go to bed when he is suffering from his hallucinations. He has also seen himself surrounded by precipices.

In the intervals between these attacks he has sometimes hallucinations of a different character. He sees, for example, a table on his bed, and several people about to dine at it; he takes cakes and carries them to his mouth, but in doing so he feels nothing in his hand and tastes nothing.

Reference may here be made to the remarkable phenomenon known as "colour-bearing," in which, with some musicians, different notes have their corresponding colours.

HALLUCINATIONS OF TASTE AND SMELL.

Patients suffering from derangements of taste or smell are tormented by the thought that attempts are made to poison them.

They dread to partake of food, and frequently refuse all nourishment, rendering compulsory feeding necessary.

Patients suffering from loss of sensation of the tongue and throat bitterly complain that they have been deprived of their meals, though they have just partaken of them.

Others, owing to perversion of the sense of smell, complain that they are surrounded by dead bodies ; or that they are living in a poisoned atmosphere.

The acts of the insane are generally connected with their delusions. Thus—

A patient at all times wears his coat over his head tightly. He does so as a measure of precaution, to prevent his head from leaving his body ; some influence is constantly at work affecting his scalp and tending to drag his head upwards.

An individual, having become low-spirited and despondent by reason of his father's death, developed the delusion that it was possible to communicate with his spirit. He posted a letter containing a message to his father, and attempted to set fire to the box, believing that if the letter was consumed the smoke would be wafted away, and convey the message to heaven.

A female patient fixes a postage stamp on her forehead, and believes she goes through the pillar post long journeys to visit her relatives; the following morning she affixes another stamp, and is returned, through the post, to the asylum.

An individual believes that he is a bad half-crown, and will go round to the neighbours warning them not to take him in payment or to give change for him when his wife offers him at the counter.

Certain patients have the delusion of double personality, and will hold conversations with a second self within them, will quarrel, and end by striking severely the *left* face, nose, and eye with the *right* hand.

The acts of the lunatic often evince the same forethought and preparation as those of the sane, as is seen in the case which recently occurred in Chicago, where a priest was shot, and it was feared fatally wounded, by a young man supposed to be in a dying condition, to whom the priest was about to administer the last sacraments. It was subsequently discovered that the man was insane, and in no immediate danger of dying.

The delusions of the insane generally pertain to self; they are of infinite variety.

A sempstress working late at night impaired her eyesight; she saw at the same time four hands, four needles, and four seams. She at first treated this as an illusion, but at the end of some days, in consequence of weakness and prolonged mental anxiety, she imagined that she was really sewing four seams at once, and that God, touched by her misfortunes, had worked a miracle in her favour.

A male patient proclaims that he is under the

special protection of Providence ; that he has had a spiritual call, and has become an ensign unto the people, and is about to be engaged in a mission from the Lord God Almighty.

Another insists that he is the rightful King of England ; all the royal palaces belong to him. He admits, nevertheless, that he is a chaff-cutter by occupation.

A female patient believes herself to be the Queen, but a conspiracy in her body prevents her reigning.

A male patient states that he has been confined in cellars under the earth, in a convent, in an asylum for the dead ; was a carman in the city, broke a blood-vessel, choked himself, died, and found himself in a coffin under the earth.

Another declares that when an infant he was carried in a mysterious way to Windsor Castle to see the Queen and Prince Albert ; later he again saw the Queen at Edinburgh, where she spoke to him before 20,000 soldiers ; he could hear the words, although he was a quarter of a mile distant. The Lord High Chancellor granted him a thousand a year. He professes himself to be a latter-day saint.

At the Court dinners of the insane King Louis II. of Bavaria it was arranged that the guests were hidden behind vases of flowers and piled-up dishes, so that he might not be plagued by seeing them. A musical band drowned the sound of conversation. During the last years, as the love of solitude grew upon him, his dining-table was hoisted up by means of machinery through the floor, with everything ready, so that he could take his meals without seeing a human being. When he wanted a thing he must have it at once. When an idea occurred to him it

must be immediately put into execution. If he read of a piece of architecture he would order a special train to go to see it. He would order his equerries to be wakened in the middle of the night to play at billiards with him, and dismissed one of them from his service because he came with his neckcloth awry. He often slept all day and remained awake all night, sometimes reading, sometimes wandering about in the moonlight amongst the grand scenery surrounding his castles, and during the winter he used to be driven about in a sleigh amongst the hill roads. The peasants would now and then see the splendid vision glide by, the outriders, the four plumed horses at full gallop, the carriage, a marvel of beautiful design, illumined by electric light, and the king sitting within alone. Numbers of labourers were employed in keeping the roads in good repair, for fear of an overturn.

His most expensive taste was building new palaces. He built the colossal Castle Neuschwanstein on a precipitous rock, opposite the old Schloss of Hohenschwangau; also a model of the summer palace of the Emperor of China, and several new castles in solitary places amongst the mountains. These were decorated with rare taste, and at a cost that knew no stint.¹

FALSE PERCEPTIONS OF THE SANE.

Sane and healthy persons are liable to both visual and auditory spectra. Voices are heard and images flash unaccountably into existence :—

¹ Ireland.

Ben Jonson's well-known hallucination of Turks, Roman Catholics, and Tartars desperately fighting about the arm of his chair, which the poet witnessed complacently, seeing the moving forms of the contestants as though they were real objects, yet knowing they were not.

Byron imagined himself to be sometimes visited by a spectre ; but he said it was due to over-excitability of his brain.

Van Helmont saw his own soul in the form of a light with a human countenance.

Napoleon the Great had his "star".

In 1806 General Rapp, on his return from the siege of Dantzic, having occasion to speak to the Emperor, entered his study without being announced. He found him so absorbed that his entry was unperceived. The General, seeing the Emperor continue motionless, thought he might be ill, and purposely made a noise. Napoleon immediately roused himself, and without any preamble, seizing Rapp by the arm, said to him, pointing to the sky: "Look there, up there". The General remained silent, but on being asked a second time, he answered that he perceived nothing. "What!" replied the Emperor, "you do not see it? It is my star, it is before you, brilliant"; then animating by degrees, he cried out: "It has never abandoned me; I see it in every occurrence; it urges me onward, and is an unfailing omen of success".

An individual, meeting a friend in the street, could not tell at once whether it was a phantasm he saw or an actual person until he heard the footfalls.

Sir David Brewster records the following interesting case of a patient, Mrs. A., who suffered from

hallucinations of sight and hearing. She did not believe in their reality :—

(1) The first hallucination to which Mrs. A. was subject was one which affected only the ear. On the 21st of December, 1830, about half-past four in the afternoon, she was standing near the fire in the hall, and on the point of going up to dress, when she heard, as she supposed, her husband's voice calling her by name : "——, ——, come here! come to me!" She imagined that he was calling at the door to have it opened; but upon going there and opening the door, she was surprised to find no person there. Upon returning to the fire she again heard the same voice calling out very distinctly and loudly : "——, come, come here!" She then opened two other doors of the same room, and upon seeing no person, she returned to the fireplace. After a few moments she heard the same voice still calling : "Come to me, come! come away!" in a loud, plaintive, and somewhat impatient tone. She answered as loudly : "Where are you? I don't know where you are," still imagining that he was somewhere in search of her; but receiving no answer, she shortly went upstairs. On Mr. A.'s return to the house, about half-an-hour afterwards, she inquired why he had called her so often, and where he was, and she was of course greatly surprised to learn that he had not been near the house at the time. A similar hallucination, which excited no particular notice at the time, occurred to Mrs. A. when residing at Florence, about ten years before, and when she was in perfect health. When she was undressing after a ball, she heard a voice call her repeatedly by name, and she was at that time unable to account for it.

(2) The next hallucination which occurred to Mrs. A. was of a more alarming character. On the 30th of December, about four o'clock in the afternoon, Mrs. A. came downstairs into the drawing-room, which she had quitted only a few minutes before, and, on entering the room, she saw her husband, as she supposed, standing with his back to the fire. As he had gone out to take a walk about half-an-hour before, she was surprised to see him there, and asked him why he had returned so soon. The figure looked fixedly at her with a serious and thoughtful expression of countenance, but did not speak. Supposing that his mind was absorbed in thought, she sat down in an arm-chair near the fire, and within two feet, at most, of the figure, which she still saw standing before her. As its eyes, however, still continued to be fixed upon her, she said, after the lapse of a few minutes: "Why don't you speak?" The figure immediately moved off towards the window at the further end of the room, with its eyes still gazing on her, and it passed so very close to her in doing so that she was struck with the circumstance of hearing no step or sound, nor feeling her clothes brushed against, nor even any agitation in the air.

(3) On the 11th October, when sitting in the drawing-room, on one side of the fireplace, she saw the figure of a deceased friend moving towards her from the window at the further end of the room. It approached the fireplace, and sat down in the chair opposite. As there were several persons in the room at the time, she describes the idea uppermost in her mind to have been a fear lest they should be alarmed at her staring, in the way she was conscious of doing, at vacancy, and should fancy her intellect disordered.

Under the influence of this fear, she summoned up the requisite resolution to enable her to cross the space before the fireplace, and seat herself in the same chair with the figure. The apparition remained perfectly distinct till she sat down, as it were, in its lap, when it vanished.

CHAPTER III.

MELANCHOLIA.

THERE exists a close connection between high vitality and pleasurable feeling, and between lowered vitality and painful feeling.

The whole expression of a man in good health and spirits is exactly the reverse of one suffering from depression and sorrow. In the former case there is manifested bodily energy and mental activity; the individual is cheerful, gay, and animated; the mental operations are carried on with strength, vivacity, and rapidity. In a state of health much of life's actions and ways is executed in an unconscious and automatic fashion. The pleasure of healthy life may be largely negative in its nature; this quietly negative side of life gives place, in one suffering from mental depression, to a positive and annoying phase of existence, and pain appears on the personal horizon as the evidence of the disturbance of function which heralds it may be the more serious disease. A morbid reaction is induced, and feelings aroused which are really due to fatigue and exhaustion—the invariable accompaniments of a badly nourished brain.

The duties of life are no longer perfectly and pleasantly performed; the individual is harassed by a sense of inability and failure and of discontent with his exertions and his powers; his distempered mind

sees its distempers only in things and conditions around it.

At this stage the unhappy sufferer may be painfully conscious that his feelings are irrational and untrue, yet he cannot divest himself of them; they are ever present with him; they impart a colouring and expression to his whole existence, and occasion a sense of insecurity and unrest. The patient, though he is not at this moment positively insane, is what is very nearly the same thing—*unsane*, a nature out of joint, poisoned and racked with pains.

Dejected and discouraged, his buoyancy and self-possession desert him; his tranquillity and serenity of mind are replaced by timidity and irresolution; his conduct is characterised by fitfulness and intolerance, by a nervous irritability of manner and speech unusual to him, and by extreme emotional susceptibility; trifling circumstances readily and unduly disconcert him.

In adversity—it has been well said—men are but a sponge, and but a sponge filled with tears, and whether you lay your right hand or your left hand on a full sponge, it will weep.

In a typical case of Melancholia the striking characteristics are :—

The profound depression and sense of ill-being.

The predominance of painful ideas.

The feeling of insufficiency and inadequacy to the demands of duty.

The distorted, deranged mode of viewing things in the patient's environment and in his personality.

The groundless suspicion and distrust.

The determined refusal of food.

The idea of being controlled, restricted, and overpowered.

The sense of impending calamity.

The suicidal tendency.

The declension of mental and bodily vigour.

In states of depression the nervous system works at low pressure, the vital energies are sunk below the normal pitch, the mental and bodily processes are reduced in all their activities, the power of thinking is appreciably diminished and the judgment obscured; trains of thought are sustained with difficulty; spontaneity and volitional initiative are to a great degree suspended; the patient no longer reacts readily and vigorously to his environment; a state of unfitness is set up; the mind and body are nipped in all their activities, the patient gradually drifting into a state of more or less complete passivity—an apathy and growing indifference for all that comes in contact with him.

There is a perceptible weakening of the higher feelings and sentiments that incline to sympathy and sociality—public and domestic; the patient recoils from the world, retires within himself, narrows his sphere of action, becomes silent and reserved, shrinks from intercourse with his fellows, ceases to display that warm concern for others which formerly characterised him; his family, friends, occupation, public duties, all become distasteful and burdensome to him; his former objects of interest and delight no longer arouse in him pleasurable emotions—instead, his mind is filled with restless and disturbing thoughts that occasion vague apprehensions of coming evil. Doubting, uncertain, and perplexed, in vain he seeks

self-satisfying solution to all his fears; he sees nothing before him but misery—misery in the present, misery in the future, misery everywhere! In his gloom and despair he feels that never again for him will there dawn glad, confident morning.

Every man, says Seneca, thinks his own burden the heaviest. To the melancholy man it seems well nigh insupportable; bowed down as he is with a sense of the weariness of life, he welcomes death as the close of all his miseries. At this time is it that there springs up within him the thought of self-destruction; startled and alarmed, he shrinks with abhorrence from the suggestion, thrusts it from him—Reason is not yet dethroned—again and again, with ever-increasing force and imperativeness, the thought recurs, until at length, his strength undermined, his powers of resistance broken down, he seeks peace and security in the last desperate resource of those who suffer, and puts an end to an existence which to his morbid imagining appears intolerable.

A patient of cultivated mind, under the gloom of his present condition and the hopelessness of his future, developed strongly-pronounced suicidal tendencies; he would for hours restlessly pace his room, repeating in a dull, low monotone, with much sighing and moaning, the following lines, which no doubt faithfully represented the sense of wretchedness and desolation of mind under which he laboured:—

My feet are wearied and my hands are tired,
My soul oppressed;
And I desire, what I have long desired,
Rest—only rest!

The following letter, left behind by one occupying a position of trust faithfully filled, discloses the

whole history of her mental condition, and makes it clear that she had broken down under the haunting conviction that she was unequal to the responsibilities she had undertaken :—

“I seem to give satisfaction here, and yet I feel myself that I am not experienced ; I have always been trustworthy and straightforward in all the business, and that I feel sure every one who knows me will say. . . . Yet I feel overcome with myself. I thought I had more knowledge of the world than I have. I feel more and more every day that I have no knowledge of the world, and I cannot go on without it. It is so hard to think of this, but I cannot go on any longer. Nobody is to blame for anything. Everybody has been kind.”

The importance of endeavouring to enter into the mind of the patient cannot be over-estimated. Of all forms of Insanity, Melancholia is the most recoverable.

Only by prompt recognition and the most careful management of these distressing cases is the calamity averted and the individual restored to his family and society.

The following extracts from letters left by those who had committed suicide bring vividly before us many important points which should not be disregarded :—

“Yes ! Yes ! I can remember those feelings coming across me when I was a little child. I feel as though I want to be far away from everybody, and I know very well they can see by my face how miserable I am, and for which I cannot account.” She speaks of her “premature and self-willed death,” and how she “feels as though she was going mad, and better death than that”.

Here we note :—

The suspicion on the part of the patient that she is losing her understanding.

The intense recoil from the world.

The sense of impending difficulty—knows not what may come next, what may happen, or what she may lose.

The nameless sadness and feeling of desolation.

“A restless day, followed by a restless night; whilst I lay awake the idea of suicide presents itself. It is now such a constant visitor, I am more surprised when it goes than when it comes; how I am longing for the time to come that I may be done with the whole thing.”

Here we have the constant recurrence of the idea of suicide until it takes complete possession of the patient's mind; it becomes so overpowering and overwhelming that he hastens to carry it into execution, in submission to the influence of some strange irresistible power which dominates him.

The following is an extreme instance of the *tedium vitæ* :—

“I having come to the conclusion that life is not worth living, therefore come to the point at last that I must rid myself of a life that is nothing more to live for than eating and drinking. I am tired of this practice.”

The following concluding lines of a letter, written by a young Frenchman before drowning himself, discloses the strong feeling of revulsion against the indiscriminate energy of the practical world as it is, and shows how the normal give-and-take of society had become painful and oppressive to him :—

“The toilers and moilers are exploited and

tyrannised over in this world so atrociously that I prefer going to the next”.

Many patients when they are harassed and tormented by this temptation to end their lives will voluntarily place themselves under restraint, as the following letter attests:—

“You will certainly think that I do not know what I am wishing for or thinking about by this note, but I feel so anxious that I scarcely know what to do with myself. I feel so troubled, *I dread to think what might happen if I left the asylum*. May I ask to be kept in altogether—not to leave? May I remain?”

Cases of Melancholia are eminently apt to terminate in a suicidal attempt.

It is most important that such patients should be placed under the supervision and control of a trained and experienced attendant; they should be watched day and night closely and continuously. It is often early in the morning that the suicidal attempt is made, hence the desirability of an attendant in the patient's bedroom at night. Though there appear to be signs of improvement the watching must not be relaxed.

Often the patient's determination to terminate his life is concealed for months; it requires unceasing care and vigilance to prevent him carrying out his design. Those having charge of him should ever bear in mind, “How oft the sight of means to do ill deeds makes ill deeds done”.

All firearms, razors, and other weapons should be kept out of his way.

The patient in this depressed and suicidal condition should, if possible, be induced to enter an asylum

as a voluntary boarder, allowable under the new Lunacy Act now in force.

Hitherto our description has been of Simple Melancholia. By prompt treatment the disorder may be arrested at this stage; if, however, the disease progress there is observed an intensification of the patient's symptoms.

His mind becomes enveloped in a mist of gloomy bewilderment—and here let it be remarked, that in all phases of Melancholia everything that so much perturbs the patient is indefinite and shadowy; we note his vague apprehension and ignorance of the *nature* of the threatening evil; he appears to be possessed by an indefinable presentiment of some impending calamity—he dreads a thousand nameless evils that make him tremble, although he is unable to define them.

He walks, as it were, with dreams and darkness; a mind-mist fastens upon him; the perception of the outer world is quite veiled by the intense and overpowering fancies which oppress the whole consciousness, so that, without the perception being exactly false, the patient sees things and persons with other than healthy eyes.

The mind, as Locke says, frights itself with anything viewed confusedly and at a distance; the objects seem greater than they are, and being beheld in the mist, they enlarge their diameter unto us.

Said the philosopher of old to his pupils, who were constructing a map of the world: "Where you know nothing, place terrors!"

These phases show the unhappy tone and spirit which have taken possession of the patient; he views everything in painful disproportion, and falls into a

state of settled discontent and dissatisfaction with all things and all people; to his excited feelings every man's hand seems to be against him, and he sets his hand against every man; everybody is leagued against him within the house, and everything works for them without. His sorrow or resentment takes entire possession of him, and deprives him of all relish in the common occurrences of life.

When we are in our best condition of bodily and mental vigour our regards are objective or outward. A man who lives a healthy, varied, natural life—who mixes freely with his fellow-men, who troubles himself much about their welfare and their happiness, who reads and thinks, and works and plays, who vividly represents to himself the feelings and wishes and ideas of others—such a man as that seldom becomes morbidly depressed. He has no temptation. His surroundings are too sane and his interests too numerous. A family, friends, public duties, society—all these are safeguards against the melancholic tendency. Literature, science, art, politics—the wider your world the less your chance of nervous derangement.

The melancholic man will have none of these. All his thoughts are turned inward—he abandons himself to an inactive, unhealthy, morbid brooding and preying upon self.

Kindly offices excite a feeling of hostility; the patient rejects all counsel and consolation, and angrily repulses those who strive to solace him. Doubt and suspicion have darkened into distrust; the patient sees nothing but the desire for his destruction, and now swayed by the belief that attempts are made to poison him, he manifests the most determined refusal

to take food ; for weeks or months he is strenuous in his resistance, rejects all nourishment, and would die of starvation if compulsory feeding were not resorted to.

Weighed down by the weight of woe that oppresses him, his eyes shut to external objects, nothing can for an instant call away his attention from the doom which he sees poisoning itself to fall upon him.

The patient has passed into the delusive stage. The material of thought is falsified by the bewildering confusion of distracting sensations and false, erroneous perceptions.

The delusions now developed are of infinite variety, and correspond to the feelings of the sufferer.

Thus patients imagine conspiracies and plots among relatives and friends going on secretly against them. They believe they are the victims of unseen agencies working electricity ; that they are followed by spies or by the police ; they entertain ideas of their own unworthiness ; that they have disgraced their family ; have committed some inexpressible crime or unpardonable sin ; that they are forsaken of God, outcast, and doomed to eternal punishment.

“Leave me,” says the wretched man, “me the impious, the accursed, hated of the gods, to suffer my punishment.”—*Plutarch*.

RELIGIOUS MELANCHOLIA.

A thoughtful writer says: “No one who has not felt it knows the fearful agony caused by doubt to the earnestly religious mind. There is in this life no other pain so horrible. The doubt seems to ship-

wreck everything, to destroy the one steady gleam of happiness 'on the other side' which no earthly storm could obscure; to make life gloomy with the horror of despair."

Akin to this is the mental agony experienced by those who feel they have failed in their duty to the Creator; the firm belief is developed that all chance of salvation is lost.

The poet Cowper, when labouring under one of his recurrent attacks of religious melancholia, thus spoke of himself:—

Hatred and vengeance—my eternal portion
Scarce can endure delay of execution,—
Wait with impatient readiness to seize my
Soul in a moment.

Damn'd below Judas; more abhorr'd than he was,
Who for a few pence sold his holy Master!
Twice betray'd, Jesus me, the last delinquent,
Deems the profanest.

Man disavows, and Deity disowns me,
Hell might afford my miseries a shelter;
Therefore, Hell keeps her ever-hungry mouths all
Bolted against me.

Hard lot! encompass'd with a thousand dangers;
Weary, faint, trembling with a thousand terrors,
I'm call'd, if vanquish'd! to receive a sentence
Worse than Abiram's.

Him the vindictive rod of angry Justice
Sent quick and howling to the centre headlong;
I, fed with judgment, in a fleshy tomb, am
Buried above ground.

A parish minister, the subject of religious melancholia, accused himself of having spent a disgraceful life and of serious misdemeanours.

The following statement was written by the patient after his recovery :—

“ I was oppressed with work, and very low-spirited ; I ceased to take exercise ; household cares weighed heavily upon me, and I lost a newly-born child. From that time I lost all cheerfulness and pleasure in work. After preaching I felt fatigued and exhausted ; anxiety and sad ideas came over me ; my sleep was scanty and tormented by horrible dreams, after which a violent shiver ran through all my members. Nevertheless, I considered myself healthier than formerly. It did not occur to me, therefore, to seek the cause of my sad condition in my own body, but rather in my entire life, which appeared to me to have been one great crime. This idea did not originate gradually, but entered, if I remember rightly, my mind all at once like a dream. Thus I explain my entire state. This occurred in perfect clearness of thought, confidence in others and in myself. The entire human race seemed to rise up against me, to throw me from their midst with the most shocking torments, and I myself was my greatest enemy. I acknowledged to my wife that I had committed the most fearful crime that had ever been perpetrated, and would be torn in pieces by my parishioners as soon as they became aware of it. The performance of my duties became impossible to me, and my anxiety constantly increased. The leading members of my congregation gave me the best assurances and propositions, but still I considered that all was lost ; and one day when I fainted at a meeting I believed that I had done so willingly. I thought the noise of the stove was the beating of drums, and believed that soldiers were coming to

carry me off. Afterwards it seemed as if a scaffold stood before me, on which I should be torn in little pieces, and the fear of execution constantly pursued me. The things around me appeared more beautiful and brilliant than usual; all men seemed wiser and more clever; I considered myself in the deepest depths, and no longer capable of performing anything. I sometimes, only for a moment, believed that I nevertheless might still be delivered; and this feeling was generally followed by great sadness. I cannot better describe my state, towards the termination of the disease, than that of one who has awakened from a profound dream, and cannot immediately convince himself that it has been a dream."

A male patient, ordinarily of considerable intelligence, but now sunk in a state of profound mental depression, sits silent and motionless, with a look of blank, dull misery on his pale and haggard face—the picture of "leaden-eyed despair"—thus writes:—

"I have lain awake all night, as I frequently do, reflecting upon my past life. I have continued so long sinning against light and knowledge, that there can be no hope of redemption. The only child of religious parents, I had every care bestowed on my early days, among the inestimable blessings I enjoyed—and neglected—being a large library, chiefly consisting of some of the best works on religion. Under these circumstances I have continued sinning against light and knowledge, till I feel, like Esau, no place can be left for repentance. I have been in a state worse than heathen bondage! Oh, wretched man that I am, who shall deliver me from the body of this death? How shall we escape if we neglect so great salvation? When I think of all the religious and other advantages

I have neglected, the thought is almost damnation itself. I have crucified Christ! the depths of my desolation none can know.

“Having passed another ten hours in reflecting upon my vile, impious, awful wickedness and folly and wrong towards every living being during the last twenty-six of the forty-two years of life bountifully bestowed upon me by a beneficent Creator—to *everybody it is being proclaimed in the silent hours of night.* What a striking illustration have I now become in mid-life—forty-two—of the Scriptural assertion, ‘There is no peace for the wicked’. For my wrong done to my country, to mankind at large, and to my Creator, rivers of tears, and even oceans of blood can never atone. I am living in a state of darkness, discord, and even chaos. I can no longer be fit to exist on God’s earth. I am no longer worthy to look on the face of man, woman, or child—out of harmony with all Terrestrial and Celestial Creation, my existence itself—so degraded a wretch have I become—an outrage to Humanity.”

This patient developed strong suicidal tendencies. He begged to be protected against himself. He was much disturbed at night by hallucinations of hearing—he constantly heard voices reproving him for his past misconduct.

Such patients speak of themselves as “inferior to the vilest”. Others that they are leading a life half dead—a living death; that their evils have been brought about by their own default; that they deserve the pains and tortures of hell.

Patients suffering from Religious Melancholia commit crimes under the influence of supposed commands from the Deity, believing they have a

direct commission from the Almighty to fulfil some mission of wrath or extirpation.

A father hears voices from heaven calling on him to imitate the sacrifice of Abraham, in consequence of which he actually puts to death his son. This man's mental condition is graphically portrayed in the following version :—

“Towards the close of a day in late winter Dmitri Kurtin sat at the door of his log *izba* reading. He was a man of about fifty, tall, dark, emaciated, with narrow, high forehead, piercing small eyes, and compressed lips—the face of a *fra redemptor*, stern, forbidding, sombre. By the fading afternoon light Kurtin sat with his book—an old Slavonic Bible, inherited from his grandfather. It was the eve of St. Isaac, and he was reading the history of the ancient patriarch, reading and pondering, reading and praying. He had read and re-read the terrible story of Abraham's interrupted sacrifice of his son, and the old Hebrew tale seemed, somehow, to possess a strange fascination for him, filling his mind with awful thoughts that would come surging in upon him, he knew not whence. He explained afterwards that the thought of the wickedness of the world and the utter hopelessness of salvation coming to men had been for a long time weighing him down with grief. That all must perish because of their iniquity and distance from God was an idea that for weeks had been taking firmer hold of him. What could he do to prevent the inevitable doom that was to fall on mankind? Filled with this notion he sat and read the old story of Abraham and Isaac, and the awful thought entered his mind that he and his wife and son would be eternally lost unless they found some means of satisfy-

ing Divine justice. 'Jehovah-jireh, Jehovah-jireh,' he would mutter to himself, 'in the mountain of the Lord it shall be provided.' He would reason with himself, 'If the Lord asked me to offer up Grisha to prove me, would I be found wanting? O Lord, don't prove me, he is my only son, little Grisha. But shouldst Thou have it so, it will be grand to hear Thy voice saying, "Because thou hast obeyed My voice, and hast not withheld thy son, thine only son Grisha, that in blessing I will bless thee, and make thy faith an example to the nations, and accept thy sacrifice to the blessing of the nations of the earth".'

"A portion of the statement made by Kurtin some few days after this to the examining magistrate of the town of Vladimir runs thus: 'When it became too dark to read I entered my *izba* and went to bed, but during the night my sorrow so increased upon me that I could not sleep, and several times I rose to light more and yet more candles before the holy icon. During the greater part of the night I prayed on my knees for my own and my family's salvation, all the time the thought growing stronger and stronger within my breast that little Grisha must be sacrificed. He was a sprightly, joyful child, and clever beyond his years—such wise things he would say sometimes. If I sacrificed him I would thereby save him from the temptations of life, from the temptation, when he grew up, of forsaking the faith and making shipwreck of his soul. I concluded to prepare for him a sure path to heaven. Early in the morning, long before daylight broke upon the world, I went out into the dark, to the garden behind the *izba*, knelt down, and asked the Redeemer for a sign. I asked that if it be His will that I offer up my

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Grisha the desire to do so should come from the right side; if not, from the left. You must know that, according to our belief, angels give all thoughts from the right side, and the devils all from the left. After long praying the thought came from the right side, and I returned with a joyful heart to the *izba*, for I now knew that my sacrifice would be acceptable.'

"On a broad bench in the inner room Grisha slept with his mother, a gentle woman, loving her boy passionately, and admiring his precocious wisdom. Kurtin, fearing opposition from his wife, sent her on some pretext to the neighbouring village. Then turning to his son, he said, 'Rise, Grisha, and put on a white shirt, that I may rejoice over thee'. Kurtin afterwards explained to the examining magistrate that in the society to which he belonged it was considered sinful to die in striped or coloured clothes. When the boy had put on the white shirt he was told by his father to lie down again on the bench. Kurtin folded up a fur coat, and carefully placed it under his son's head; then, sitting down beside him, he drew a knife from his sleeve, and stabbed him several times. The child was sinking fast as the red dawn grew brighter and brighter in the eastern heavens, sending level beams through the little window of the *izba*, and luridly illuminating this terrible fanatic in the execution of his awful deed. Kurtin noticed the crimson light stealing athwart the ghastly face of the faultless sacrifice. He was awe-stricken, trembled convulsively, and, tottering to the corner where the icon hung, he fell prostrate on his face, and implored the Almighty to accept his offering. Then, returning to his still living son, he cried, 'Forgive me, Grishenka, that I have made thee suffer; it is all for thy good,

little boy'. The dying child, not yet unconscious, murmured, 'Good-bye, little father'. But Kurtin, not yet satisfied, placed the boy in an easier position, and made him say, 'God will pardon thee, little father'. Then he lighted fresh candles before the icon, and prayed for the soul of the boy one of those pathetic Russian prayers for the dying, asking the child to try to repeat the words after him. The poor little fellow did so as well as his trembling voice would allow, and, quavering out the last word of the prayer, his terrible sufferings ended. When Kurtin's wife returned home she saw at a glance what had happened. Horror-stricken, she ran to the village elders. The neighbours flocked to the scene of the fearful tragedy, and found the murderer lying senseless before the icon. . . . About a fortnight afterwards the Governor of the State gaol of Vladimir invited the doctor and the chief warden to a consultation on the state of a prisoner confined in the lunatic ward, who had refused for days to take any food, and who passed his days and nights in agonising cries for forgiveness and help. They went to see the prisoner. Opening the door of the cell in which he was confined, they saw through the imperfect light a shapeless bundle huddled close up to the wall, motionless. But all suffering had ceased. It was the body of Dmitri Kurtin, starved to death."

A female patient suffering from Religious Melancholia tried to poison herself and her daughter, who was seven years of age. The reason she gave was that the priest at confession had reproached her with her negligence to her religious duties, and some other delinquencies. While working in the fields the fixed idea came upon her that the devil would come to

carry her away alive. She, to be beforehand with him, determined to take her own life, and fall dead into the devil's arms. She determined to kill her little girl at the same time, because the devil would have no power over an innocent child, and she would go to heaven. Her husband said that she was in despair at the idea that she would never get to heaven, and tried to convince him that his fate would be no better. Her daughter said that her mother prayed before giving her the poison.

Some patients, interpreting too literally the Scriptural injunction, will mutilate their bodies ; will gouge out the eyes, or sever the hand from the arm.

With many melancholic patients the ruling propensity is that of self-destruction ; an ungovernable, morbid impulse impels the patient to commit suicide. There is either an entire absence of motive for the act, or the motive is based on a delusion ; many imagine they hear voices from heaven, which it is impious to resist, commanding them to put an end to their lives. In some cases their determination is so well concealed, that no suspicion exists until the design is carried out.

In states of mental depression owing to the deranged nutrition of the brain centres there is a low order of nervous action ; the nervous system works at low pressure ; a diminished supply of nerve-energy is distributed to the muscular system ; the patient is beset with the most wretched and unmanning reluctance and shrinking from action. A person nervously weak has a sensation of weakness which is as bad to him as muscular weakness. By means of the muscular sense we are constantly in contact with the things of the external world ; through

this sense we become acquainted with many important properties of external objects and of the effects which result from their operations. Thus we learn how much mental states are dependent on the character of the muscular feelings. We have already seen that in a state of health much of life's actions and ways is executed in an unconscious and automatic fashion. The pleasure of healthy life may be largely negative in its nature. This quietly negative side of life gives place, in one suffering from mental depression, to a positive and annoying phase of existence; there is a conscious and painful effort felt in performing those actions which in a state of health are carried on automatically and without conscious effort. This means and expresses labour; labour gives rise to the feeling of pain and striving with difficulty. This unwonted sense of effort leads to the inference of resisting bodies existing externally. Again, the normal resistance offered by obstacles hitherto correctly gauged and successfully encountered appears to the patient to receive an accession of strength concurrently with the declension of his own powers. The environment tends to assume portentous proportions, and comes to be interpreted in terms of some hostile inimical power; there is developed the idea of being ruled, restricted, and overpowered. The patient feels that he may be swept away by an overwhelming tide against which he is powerless to struggle.

MELANCHOLIA AGITANS, OR EXCITED MELANCHOLIA.

In this—the extreme and most intense phase of mental depression—the patient is thrown into a state of melancholic frenzy—an extremely virulent kind of

misery or anguish, originating in pain, apprehension, and dread, such as is exhibited by animals when hunted to death, or by the whole human and brute creation in presence of some devastating cataclysm, deluge, terrific thunderstorm, earthquake, or other violent commotion or upheaval of the forces of nature.

The patient suffering from Excited Melancholia is terror-stricken ; his countenance bespeaks the extreme of mental distress ; he is restless and agitated ; in incessant motion ; paces ceaselessly up and down the room, wringing his hands in an agony of despair. Under the influence of this vague terror he shouts, groans, weeps loudly, and displays resistance and violence to those around him—the outward expression of his efforts to surmount the danger by which he believes he is encompassed.

A female patient in this frenzied state stands trembling with fear, her countenance livid and terror-stricken, her eyes dilated and widely opened, her brow furrowed and lips quivering, the hands nervously twitching, the arms thrown out wildly, her whole frame shaken with tremulous convulsion, her gaze fixed and her attention riveted on some object before her—substance or shadow, reality or appearance of reality—taking the semblance of some frightful thing, encircling, insatiable, invincible, that seems about to sweep her from her hold upon the earth. In a voice tremulous with excitement she cries : “ Oh ! it is intolerable ! How can I cope with it ? It is dreadful, terrible to be thus tortured ! Who shall dare to put me to death ? I who never injured living creature ! ” Then suddenly starting and gazing wildly around, she shrieks out in a fresh accession of

terror: "There! There! it comes; it comes to destroy me! I see horrid faces jeering at me, and loathsome voices reviling me! Oh! it is beyond endurance! Save me! Save me! By day or night—no rest! no rest!"

With individuals mentally sound, but of a credulous constitution, whenever a real ghost appears—*i.e.*, some man or woman dressed up to frighten another—if the supernatural character of the apparition has been for a moment believed, the effects on the spectator have always been most terrible—convulsions, madness, or even death on the spot.

CHAPTER IV.

MENTAL STUPOR.

MENTAL Stupor supervenes after a severe mental or moral shock. Women are attacked more frequently than men. The majority of cases occur about the age of twenty. All mental power is suddenly arrested or entirely abolished; the mind becomes more or less a blank; the patient appears to be utterly incapable of making any effort; all energy and will-power seem to have vanished; external impressions excite no response; no effort can elicit either word or deed; the patient is perfectly mute to all questions; she appears to see nothing, to hear nothing, to feel nothing; if spoken to loudly she does not turn her eyes; if pinched or pricked she does not flinch; she has become a silent automaton—motionless, speechless; she is lost to all healthy feeling and human interests; if moved out of the room she stands like a statue, with blank stare, and gaze fixed right forward; set down at a table and food placed in her mouth, she eats; in like manner liquids are swallowed; all her bodily wants are attended to by others; if the arms be extended or raised above the head, they remain in this position for a length of time, or gradually drop down to the side; not unfrequently there is manifested cataleptic fixation of the limbs and body generally. Certain patients suffer from an occasional access of terror and excitement, and behave as though they saw and

heard imaginary objects about them, again relapsing into stupor. Such patients are generally labouring under some frightful delusion which utterly sways their consciousness and will; in the majority, however, no sign of definite delusion appears—no violent impulse or speech, no outrageous word or deed. On recovering from their abnormal state such patients may have only the most dim and hazy remembrance of a vague feeling of strangeness, apathy, and powerlessness by which they were possessed.

CHAPTER V.

MANIA.

THE stability of the brain depends on the harmonious co-operation of the individual parts or factors making up the whole ; in order that the multitude of Cerebral Centres—Mental and Motor—may be true members, working harmoniously for the good of the whole, and not isolated masses, each serving its own ends only, they need to be bound together by Co-ordinating and Controlling Centres.

These Dominant or Directing Centres are the latest evolved and the most delicately organised of all the Cerebral Centres, and therefore the most vulnerable, and the first to break down in Mental Disease.

Reverting to our illustration of army-organisation, we saw that if warlike operations are to be conducted to a successful issue certain conditions must be fulfilled. These conditions, above all others, are unity of direction and the perfection of the military machine.

An army—admirable though it may be in point of courage, fully equipped, and in a state of the highest efficiency, yet lacking this unity of direction, its individual corps giving battle independently, and throwing themselves in the way of an enemy acting under single direction, and carrying out a concerted plan—it is evident that an army adopting such tactics must

be thrown into confusion, ending in utter demoralisation and disaster.

Precisely this occurs in Acute Mania. Owing to disease the dominant and directing centres are silenced; the rest, no longer controlled, split up into independent groups, and brawl in delirium or madness; and though no pathological process has touched them, they are thrown into a state of physiological hyper-activity, and it is from their activity that the maniacal movements result.¹

The brain as a whole, and the right working of every section of it, is dependent on the co-operating activity of the rest.

To lose the controlling and directing part of one's brain is to lose or lower organisation, to become less complex, to pass from a higher to a lower degree of development. The patient in Acute Mania is reduced from a higher to a lower phase of Consciousness; there is loss, in varying degree, of the power of intelligent reason and deliberation; the lower or animal states of life rise up into action and prominence; the organism is reduced to a more automatic and instinctive level.

In certain states of the brain we observe that the action of the Cerebral Centres becomes very largely automatic, and is performed without the intervention of consciousness.

We note the wholly impulsive or instinctive character of the maniac's acts; that which determines these is, in many cases, no true act of volition with a consciousness on the part of the patient of the object to be attained and of the means necessary to bring it about, and as little is it a state of profound passion

¹ Hughlings Jackson.

which stirs the patient into action; it is, in the majority of cases, the automatic activity of the nerve centres that always more or less comes into play in general or partial delirium and in irresistible impulse.

Thus, in Acute Mania, owing to loss—from disease—of the controlling and directing centres, the mass of centres concerned in the maintenance of mental activity no longer act in unison; instead, we have a number of disjointed fractions lacking mutual and effective working co-operation. As a greater or less number of these centres—mental and motor—are in disharmony, so will there be a greater or less degree of intellectual perversion, emotional excitement, and muscular disturbance, varying from slight vagaries of conduct up to the wildest paroxysms of fury.

An attack of Acute Mania is invariably preceded by a period of depression and melancholy. The patient is disturbed and tormented by strange and perplexing sensations of a peculiar and overpowering nature; he feels that he is being gradually subdued and brought under the control of some alien power or adverse influence. It appears to the disordered imagination of the patient that his horizon is being curtailed and his freedom limited, that he is pent up, as it were, in a narrow compass—"cribb'd, cabin'd, and confined". He experiences a painful sense of being fettered and restricted in the exercise of his mental and bodily activities—that his powers of thinking, of willing, and of acting are forcibly restrained and impeded by some powerful incentive bearing on the will.

To the patient these strange and perplexing sensa-

tions prove the source of constant misery and oppression; he becomes restless and ill at ease; suspicious and distrustful; shuns his friends, and absents himself from home in fits of moodiness and gloom. He recoils from the truth he half-suspects, and which he dreads to acknowledge to himself or to others, and seeks by change of place some relief from his intolerable sensations, hoping in his wanderings to forget himself and his grim forebodings, as the poet Collins is said in his melancholy to have traversed and re-traversed the Continent of Europe, hurrying always, though with no settled destination, a silent, solitary, haunted man.

The duration of this stage is variable; it may last for weeks or even months, and very frequently is but imperfectly realised by the patient's friends, whose attention is first arrested by the wonderful change which now comes over his spirits—every variety of restraint appears to be suddenly lifted off; hope and joy take the place of the former gloom and despondency. For the normal sensation of existence there is substituted a feeling of extreme content and exaggerated self-confidence. The patient is buoyant and animated; he not only expresses confidence in himself, he expresses confidence that everybody else feels confidence in him. This morbid self-feeling, this extravagant belief in his own powers, gifts, or importance, displays itself at every turn.

He manifests an unwonted extravagance of speech—talks loud and long—expresses himself with a continuous copiousness that knows no bounds. As with many in the first stage of intoxication, his behaviour and demeanour, his oddness of manner and address, his extravagant acts, indicate to the observer

that he has lost the whip hand of himself; his self-mastery is slipping from him. He exhibits fitfulness and uncertainty of conduct, with liability to sudden outbursts of feeling; any opposition to his schemes or contradiction of the views he obtrusively parades being met by angry altercation or acts of violence.

His inclinations and affections are disturbed; those dependent on him, and who have hitherto been the subjects of his solicitude, become now objects of aversion, neglect, or ill-usage.

His whole moral character is essentially altered; the lower or instinctive states of life rise up into action and prominence; he becomes the victim of insatiable desires; for a time perhaps he struggles against the suggestions of the senses, resists for a while, but yields at last, and gives himself up to dissoluteness and hurtful excesses.

In his conduct we see the widest departure from the established rules of human action.

The patient's predominant mood settles into one of hostility, antagonism, or actual combat, passing into acute maniacal excitement characterised by:—

Despotic and angry emotions impelling to fury and outrage.

Exuberance of thoughts, which clash and associate in the most unexpected manner.

Incoherence and confusion of ideas.

Fleeting delusive perceptions.

Abolition of the internal restraints.

Explosive, chaotic, incalculable behaviour.

Incessant muscular activity.

Extreme susceptibility to external and internal excitants, and the intense reaction thereto.

Perverted instincts and appetites.

Degraded habits.

The contents of the Maniac's mind are determined by:—

The rapid and rushing stream of thought, made up of a series of disconnected ideas, which one by one possess the mind for a moment, hence are not detained and assimilated.

The chaotic impressions received from enviroing things.

The grotesque images which spring up spontaneously in boundless profusion, and which are believed to be real.

Remembrances so vivid, that they are mistaken for present experiences.

Fragments of yesterday's dreams taken for to-day's realities.

The ever-changing delusive conceptions, which succeed each other so rapidly that they obtain no strong hold on the mind, hence do not become "fixed delusions".

The consciousness of bodily grandeur and freedom.

The exalted notions of wealth, power, or greatness.

The enhanced sense of personal agency.

The turbulent passions which rage within during an outburst of acute maniacal excitement are disclosed by:—

The violent and menacing aspect.

The flashing eye, with its piercing and rapid penetrative gaze.

The distorted features: the contracted brow and quivering lip.

The disjointed and vehement utterance—the words often jerked out with incredible rapidity.

The harsh, discordant voice.

The energetic gesticulation and incessant movement—the hands wildly thrown about, the quick, rapid step, the restless pacing “to and fro,” the stamping of the feet, the whole body “on fire all through”.

In Acute Mania nerve-force is generated in excess, a rush of nervous power flows into the active system; the whole organism is violently agitated; the feelings are worked up by a quick succession of events. The patient is the scene of a strange multiplicity of sensations; he is borne on like a hurricane by the intense thoughts and feelings that come surging in upon him. In consequence of the precipitation with which all the mental processes are executed no distinct ideas occupy the mind, trains of thought cannot be carried on. The patient lives in a chaos of interruptions; his mind is every instant called off to something new; he is exposed to all those impressions from the external world and from the different parts of the organism which in health meet with resistance from the “Protection Centres” sufficient to arrest and hinder them from assailing the “Thinking Centres”.

The patient, distracted, experiences the existence at one moment, and the non-existence at the next, of phenomena which suggest no connection of cause and effect. The impact on the organism of every recurring thing is highly exaggerated. The patient may be likened to the soldier in the thick and peril of the battle, without a shield, in danger of every arrow that

flies and every sword that is raised against him : with eyes wide open and senses painfully acute, he leads a counterfeit existence, but a counterfeit which seems to him no counterfeit. He has lost the power of taking his bearings as to the position of things about him, hence he cannot regulate his conduct by past, present, and future circumstances such as he can foresee by means of the experience he has acquired. As with the incoherent ideas which rush through the mind without order or connection, and which are perpetually breaking away into new tracks suggested by passing associations, so with the delusions, they are fleeting and transient; they share in the tumult and precipitancy which agitate the patient's consciousness; they become so confused in their hurry, and pursue each other so rapidly, that they have no time to become fixed or to dwell in the mind.

Hamlet's cloud was at one moment a camel, at the next a weasel, and at another a whale. So with the Maniac; to-day he is an Emperor, to-morrow the Pope, and the day after "the pivot of the universe," and at all times hugely misconceives his relative significance in the scheme of things.

The conviction of personal consequence may be said to be a constant factor in most men's consciousness. The vain and self-satisfied man never entertains the question whether he really possesses points of excellence; he assumes it as a matter perfectly self-evident, and seeks every occasion to display some talent or flattering superiority; he tells you that everything belonging to him is the best that is anywhere to be found. His houses, carriages, furniture, clothes, horses, hounds, family, excel all others in

his conceit. His wine, if you will believe him, has a finer flavour than any other; his cookery is more exquisite, his table more orderly, his servants more expert, the air in which he lives more beautiful, the soil which he cultivates more fertile, his fruits ripen earlier and to greater perfection; such a thing is remarkable for its novelty, such another for its antiquity; this is the workmanship of a famous artist that belonged once to such a prince or great man. All his opinions, and especially those which he forms in his own favour, are lofty or presuming; he turns his view on himself with complacency and satisfaction on account of some excellence or merit which he discerns in himself, and which—in his view—contrasts favourably with some imperfection or demerit which he discovers in another.

Each man's intuitive persuasion of his own particular value contains from the first a palpable ingredient of active illusion—the morbid egoism, the exaggerated self-feeling, which is so prominent a characteristic of the insane, is but the extreme form of the same phenomenon. In the sane we witness this phase of mental intoxication and call it vanity and overweening self-conceit.

In the insane we observe this form of mental exaltation and call it a delusive conception—as when the pauper proudly proclaims himself a prince and indulges in visions of wealth and splendour. Both—the vain man and the deluded man—are the victims in varying degree of a species of mental aberration of which neither the one nor the other willingly acknowledges himself the subject.

In maniacal conditions a rush of power flows from the nerve centres with an almost total insensi-

bility to all around, and is propagated to the organs of motion, and there exploding, as it were, there ensues a state of great physical restlessness—what may be called mechanical intoxication, the patient keeping his muscles in constant play : singing, shouting, gesticulating, laughing, weeping, dancing, running, leaping, tearing up and destroying everything within his reach, fighting and committing violent and unprovoked assaults. In the more pronounced cases the whole being is thrown into a state of insurrection and turmoil ; the emotions run completely wild, and awakened by the slightest touch may at any moment find vent in an outburst of the blindest fury and outrage, when the patient, restrained from injuring anything human, turns his fury towards inanimate objects, demolishing everything within his reach. The irascible temper in a state of surcharge does not need an actual offender ; any person or thing the most innocent or irrelevant receives the shock.

A Sardinian peasant, recently discharged from prison (where he had been sent for bearing false witness), in a state of exasperation and resentment met a doctor, shot at him twice and wounded him mortally. He then went to the house of a peasant woman and shot at her, wounding her ; after shooting this woman he met another and killed her with two shots and three stabs ; proceeding on his way he killed an agriculturist with four shots. He then made good his escape into the woods.

The Malays when they run amuck, maddened by the effects of opium, rush out with daggers in their hands yelling “ Amuck ! amuck ! ”—that is, “ Kill ! kill ! ”—and slaughter whomsoever they chance to meet.

Many children when in a violent rage roll on the ground on their backs or bellies, screaming, kicking, scratching, or biting everything within reach.

Frequently the deeds of destruction, the savage attempts and ferocious acts committed by maniacs are the result of a blind impulse to action.

A female patient of powerful build, who for months had shown only slight singularities of behaviour, suddenly and without warning sprang from her seat, rushed wildly down the ward, yelling and shrieking, in her progress sweeping over several inoffensive patients whom she chanced to encounter. She was with difficulty overpowered and placed in seclusion. In an incredibly short space of time she had broken up woodwork, twisted the iron rods of the grating surrounding the heating coils as though they had been hair-pins, torn down shutters, smashed the windows, and surrounded herself with a heap of wreckage. In less than ten minutes the storm had subsided, the patient expressing deep contrition "for all the trouble she had caused," and intense relief that she had been secured and restrained from inflicting some terrible injury on those around. "I felt," she cried—her whole body shaken with convulsive trembling, her energies wasted, her mind calmed down by the subduing efficacy of the passion which but a few moments before had rent her—"I felt an irresistible impulse, which I could not restrain, to smash in somebody's skull".

Not all patients in acute mania exhibit these violent manifestations: with many their exaggerated self-feeling displays itself in boundless hilarity and great good-will. Their emotions are of a joyous or expansive character, they experience a general con-

tentment with everything and everybody : the benevolent rather than the malevolent inclinations have the predominance. Their intense self-feeling is so directed as to give them an apparent concern for others and render them, if not serviceable, at least more desirable members of the community in which they move.

They are friendly, benevolent, and generous ; overflow with exuberant enthusiasm, and are engaged in elaborating schemes for the welfare and happiness of mankind : thus one proclaims himself the "Saviour of Society," and is possessed by the conviction that he alone holds the secret of salvation, that only to his hands can the realisation of schemes for the amelioration of the world's ills be safely entrusted.

A patient of this description—fantastically attired, his cap encircled with scarlet band and decorated with peacock's feathers, his coat thrown off, his shirt sleeves rolled up to the elbows and his trousers to the knees, his waist encircled with showy scarf, and his shoes tied with gaudy ribbons—brimming over with geniality, hastens, as one enters the recreation ground, to greet us in jovial, rollicking fashion. With cheery laugh he shakes hands heartily, smacks you on the back, is delighted to see you ; at once challenges you to run a race for a thousand pounds, with the same breath assuring you he is the swiftest runner on earth, has beaten all competitors, holds the championship belt ; will take no denial, you must run. He soon out-distances you, shouting gaily : "None can come near me !" Elated with victory, he gives loud and hearty evidence of his appreciation, indulges in much boisterous display and vehement gesticulation, claps his hands, throws his cap in the air, pats

you on the back encouragingly; tells you not to be discouraged, you shall have the thousand pounds; has heaps of money in the bank—nothing can check his voluble stream of talk, his words come tumbling out, hustling each other in their hurry to escape—can't wait, must be off again; must keep in training; is to run the American champion next week—and away he rushes, the very embodiment of restless and incontinent activity.

It is to be remarked, however, that amiable as his qualities appear, he is not to be relied on. With him, as with all the insane, there is a weakness of control; his temper is variable, capricious, and uneven; irascible emotions are easily aroused. If his pride be hurt or his projects opposed he displays resentment and exasperation, which may at any moment issue in violent outbursts of anger. Such a patient forcibly reminds one of the impulsive man who carries fire near gunpowder. Generally he is all laughter and sunshine; on a sudden, if resisted, the looks and words are changed; he becomes all storm and tempest, and manifests his displeasure by acts of violence and destruction; but even here we do not witness that turbulent ferocity and brutality of anger exhibited by those in whom the malevolent inclinations predominate.

In his quieter moments the patient's language may be free, flippant, obscene, erratic, or amorous; or his utterances may contain outbursts of rugged rhetoric. Many express themselves well in proud, declamatory tones, with much exaggerated gesture. The slow of speech make unpremeditated harangues; the grave abound in pleasantries, the dull in repartees and points of wit.

The appetites or cravings are liable to be diseased and perverted, the patient ravenously devouring the most repulsive matter. The sexual sensations are morbidly exaggerated, all sense of decency, modesty, or propriety being abolished.

CHAPTER VI.

PUERPERAL INSANITY.

PUERPERAL Mania is a very distressing malady in itself, but doubly so from occurring at a moment ordinarily so joyful.

Patients are generally attacked during the period between the fourth and the fifteenth day, though they are specially susceptible about the fourth or fifth day after confinement. In many cases the onset is sudden, the patient waking up from what appeared to be a healthy slumber; or the disorder may be ushered in by a degree of exhaustion, conjoined with great excitability, headache, and want of sleep; or again, the attack may accompany or follow convulsions. The face is usually pale and haggard, with occasional flushing, the expression is indicative of alarm and suspicion, the eyes assume a morbid lustre—are unnaturally brilliant, and wildly glance at objects in rapid succession—the skin is often dry, sallow, or jaundiced. The patient may be joyous or melancholy, singing and talking incessantly, or silent, and suspicious of every one about her, fancying injuries and offences on the part of her husband or friends, and forgetful of her child.

The ideas are at first rapid and confused and of the most extravagant kind, images like those of dreams appear, and the delirium is soon confirmed by these illusions being considered as realities, the

speech and actions corresponding with these impressions. The dominant mood is one of suspicion and distrust; the patient manifests strong antipathies, is dissatisfied with those in attendance on her, and imagines they are in league to do her some grievous harm; she takes a violent and bitter aversion to her husband and child; she is restless and agitated, struggles desperately, makes persistent efforts to jump out of bed, and is not in the least affected by any exhibition of restraining power; the sleep is fitful, and disturbed by dreadful dreams. Again, the patient may be in a state of frenzy—beside herself—wild with terror, and apprehensive of some impending calamity.

There is developed a condition of extreme sensitiveness, with great intolerance of light and of the slightest sound; the sense of taste is very often perverted, and thus there arises in the patient's mind the belief that her food is poisoned; she cannot be induced to eat, therefore it becomes necessary to resort to forcible feeding. There are frequent explosive outbursts of passion, with tendency to sudden impulsive acts of violence; the patient may attempt to destroy herself, her child, or persons for whom she has usually the most affectionate regard; she apparently hears voices prompting her to strangle herself or to throw herself out of the window; believes she is surrounded by devils, evil spirits, witches, from whom she makes frantic efforts to escape; she listens to and shouts at imaginary persons whose faces she fancies she sees peering in at the window. A disposition to murder the offspring is a most prominent symptom; there is apparently an entire want of power to control the murderous feeling; there is no attempt at conceal-

ment, nor any denial of the crime on detection; conscious of this uncontrollable impulse, the unhappy mother, at times, begs that the child may be taken from her.

The number of cases that recover is very considerable—as many as eighty out of every hundred, the great proportion of recoveries taking place during the first three or six months; a fatal termination need not be anticipated in more than five per cent. of the cases. Certain patients are attacked after the birth of each child, becoming more or less permanently affected after the third or fourth attack.

In many cases—in half the number, or possibly more—hereditary predisposition is a potent factor in the causation of this distressing malady.

INSANITY DURING GESTATION.

Rarely has a more striking instance of this form of homicidal mania been given than is to be found in the report of the case of a woman who recently caused the death of four of her children during the period of gestation, and under circumstances which left no doubt of her insanity. The first child died last October, the mother being then between two and three months pregnant with her sixth child. The symptoms were supposed to be due to cholera infantum; but when, in about a fortnight, a second child sickened with somewhat similar symptoms, the question of brain disease arose. About a fortnight after the death of this one a third child was taken ill in the same way, and also died. It was noticed by all who knew her that a great change had come over the mother, and that from being a kind, careful, affec-

tionate mother, she had become stolid, and apparently indifferent to the welfare of her children, and not in her right mind; but it was not until after the death of a fourth child, which happened shortly afterwards, the mother having meanwhile moved from the country into a neighbouring town, that any suspicion of foul play took definite shape. The mother objected to a *post-mortem* examination on the ground that if the doctors could not tell what was the matter with the children during life they would not be able to afterwards; and she always declared that the doctors had been the cause of the death, and that in each case the child was not really ill till the doctor came. But it was ascertained that she said as each child sickened that it would die, and did not give the medicines ordered or take care that the child had any nourishment. After the death of the fourth child the bodies of two of them were disinterred, and arsenic was found in the stomach and liver in each case. The mother was thereupon put upon her trial, and was found insane. It transpired that there was a history of insanity, and that during each of her previous pregnancies her mental condition had been peculiar, and she was described as having been very hysterical. She stoutly denied being hysterical or having poisoned her children, but the evidence of a complete change of character since the death of the first of her victims was overwhelming. Her delivery was expected to take place last April, and it would be very interesting to know whether that was followed by a recovery from her mania.

CHAPTER VII.

DEMENTIA.

THE normal life of an individual, his whole organisation—intellectual, emotional, and moral—is kept in a condition of freshness and integrity only by the incessant activity of his memory and intelligence, and by the conscious perception of the things of the external world; it is the failure of the power of responding to the impressions received from without that is so striking a feature in the demented. In this defect of sensitive reaction we have a criterion which indicates to the observer the secret delapidations which have occurred in the sphere of mental activity. A man in a state of dementia is deprived of advantages which he formerly enjoyed: he was a rich man who has become poor, he is dethroned from a higher to a lower phase of consciousness, he has become less impressionable, less curious as to knowledge and feeling, he lends but an inattentive ear to the things of the external world, he lives in himself and upon remembrances of the past; days pass away, the world goes by, events succeed around him, he no longer pays attention, and the progressive indifference and invading apathy which manifest themselves in him attest the gradual exhaustion of the vital forces of his mental activity.

Dementia generally comes on gradually, the faculties, both moral and intellectual, decay one by

one, the deterioration of mental function extends from failing memory and slight confusion of thought to utter fatuity. In the earlier stages it is remarked that the individual is not the same he once was; he has lost his freshness and his spontaneity, there is a weakening of the higher and holier impulses, and of the ideas and sentiments that rendered him interesting and sociable; he is content to pass his life within the limits of a contracted sphere of thought and action. He may appear mentally healthy to those who see him for the first time, but essentially and to his friends there is a profound change; the decadence of the moral sensibility follows that of the intelligence step by step. In a man intellectually degraded we can only count upon a low morality. As the disease progresses the memory of recent events becomes impaired, there is a dulness of perception and apprehension; an inability to fix the attention, to follow out any train of thought, and to carry on consecutively a conversation of any length; the patient displays a lack of initiative, never originates anything, and is utterly helpless in action, hence the transaction of business requiring sustained attention becomes impossible, passing events produce little, if any, impression, while the past is remembered with tolerable freshness, and the patient can reason fairly correctly with regard to it, when he cannot clearly appropriate and rightly estimate the present; old memories remain the freshest and most vivid, while recent facts—impressions which occur at the very moment—are unperceived and treated as if they did not exist; a task interrupted is forgotten, incidents of the day, an order received, or a resolution made, these are soon effaced.

Many Dements on the day after their admission into an asylum insist that they have been there a year, five years, ten years. They have only the vaguest recollection of leaving their homes and their families; they can tell neither the day of the week nor the name of the month; things heard five minutes since are forgotten; they cannot recollect what they had for breakfast or dinner; have lost all idea of their own identity, and have absolutely forgotten their own names; they frequently take persons about them for those who are absent or dead; they lavish caresses and words of endearment on dolls and other articles, which they evidently regard as their children. Many are able to arise, dress themselves, take their meals regularly, play at cards or other games, frequently with remarkable skill. They can still employ themselves mechanically—men in writing and women in knitting or sewing; the routine of daily life and habits long contracted are the last to be abolished. The new perishes and the old endures; the recollections of infancy are the last to disappear, and even in an advanced stage of the malady experiences and songs of childhood often return.

The next phase is one of complete incomprehension; memory, reason, the power of attention, and of perceiving the true relations of things are entirely lost; the talk is made up of fragmentary and incoherent rambling; the logical and associating bonds are altogether wanting; sometimes the same word or phrase is repeated for many hours together; persons so affected know their attendants, and recognise their friends and relatives, but they seldom display signs of emotion on seeing them. Nearly all Dements retain some tendency to slight attacks of

maniacal excitement. During these explosive outbursts acts of violence may be committed, or there may be a manifestation of destructive impulses of an automatic character, patients tearing up their clothing or bedding, and destroying everything within their reach; in some, amid the general wreck of mind, their delusions retain a more or less powerful hold of them, and determine their actions. One whose singular movements seem unaccountable is busy spinning threads out of sunbeams, while another continues the most violent movement of his arms in order to prevent the motion of the universe or of his own blood from coming to a standstill. Others are fixed in one position, believing themselves made of glass or wood; the chief and most common delusions of senile Dements relate to their property.

In some patients the muscular force often remains intact, and displays itself in perpetual activity, in jumping and running to and fro, walking round in a circle, rocking backwards and forwards, dancing, singing, shouting, or in talking and muttering incessantly; many manifest a strong disposition to collect all kinds of useless articles, which are hoarded up as if they were of great value; other patients again sit silent and tranquil for weeks, months, or even years, giving expression to a low monotonous moaning, or fitfully uttering a few sounds; others remain couched in uneasy posture, manifesting not the slightest interest or concern in what is going on around them. In the last stage the unfortunate sufferer lives, and that is all, being scarcely conscious of existence; he is reduced to vegetative life, eating, drinking, and sleeping, and becomes more and more

a child, caring no longer for those who day after day care for and tend him.

Dements constitute two-thirds of our insane population; forty out of every hundred of all new cases of insanity pass sooner or later into Dementia.

CHAPTER VIII.

WEAK MIND.

IN *Idiots* and *Imbeciles* the state of imperfection of the nervous system renders them slow in perceiving impressions from without; their senses are dulled, their sensibility obtuse, and thus they are capable of but a slight degree of attention; they see badly, hear badly, feel badly; this defect of observation and attention is the cause of the inaptitude of Idiots for education, and extends so far in some instances as to prevent the acquisition and conservation of the ordinary acts that go to make up the routine of life.

Idiocy in its lowest form combines the extreme of bodily deformity with an existence purely vegetative, the mind being almost wholly absent; such Idiots seem devoid even of sensation, and would perish if not attended to. The actions of these beings appear to depend on mere animal instinct, they recognise no one, remember no one; the unfortunate subject sees nothing, feels nothing, does nothing, knows nothing; he may be blind, deaf, or dumb; or if he sees, the gaze is wandering—he sees, but he does not regard, attention is wholly absent. In a somewhat higher form there are sensations of heat and cold, of hunger and thirst, and just intelligence enough to indicate the commonest wants by signs.

A still higher class consists of those Idiots who have sensation and consciousness. They are able to recognise familiar persons and objects, can move from place to place, make known their wants by gestures and sounds, or even by words imperfectly articulated. Others only utter monosyllables and certain cries, or grunt from time to time. Others again may learn to hum or sing. We may see in them a certain display of affection, a sort of gratitude towards those who nurse them and are continually with them; such subjects are susceptible of some improvement in their bodily and mental condition.

Most Idiots are of very inferior physique; they are dwarfish, and exhibit a general want of symmetry, have small misshapen heads, features ill-formed and distorted, squinting eyes, large gaping mouths with thick lips, irregular teeth, sallow and unhealthy complexion, the limbs and trunk imperfectly developed, and the gait awkward and unsteady. When, in growing, idiots gain strength they exert it uselessly; thus one spends his life in pulling out and pushing in the drawer of a table; many give themselves up to a sort of balancing; others rock the body to and fro ceaselessly, or perform certain monotonous, meaningless movements.

Imbeciles possess the faculty of speech as distinguished from the parrot-like utterance of the few words which the Idiot can learn. They are capable of some, though in most cases slight, mental culture. They have a limited power of acquiring or retaining knowledge and of recording the experiences of life. They cannot understand or appreciate the customs or laws of society, and are incapable of controlling their emotions and passions; they can invent nothing,

but their power of imitation is often considerable ; in this respect it is curious to see certain subjects learn a trade and gain a living.

Some display much shrewdness, and are constantly indulging in jokes. They pass for half-witted folk, whose droll behaviour and ready repartees create amusement. From this class the Court fools of antiquity and of the middle ages were derived.

Many Idiots and Imbeciles are capricious in temper. They display lying and thieving propensities, are often spiteful, get into mischief, are liable to violent outbursts of passions, and sometimes commit acts of atrocious cruelty ; in many the senses are very unequally developed. Certain Idiots, insensible to all other impressions, have an extraordinary taste for music, and are able to retain an air which they have once heard. In rare instances there is a memory of forms and colours, and an aptitude for drawing and painting ; some show remarkable ingenuity and skill in making models of ships and houses ; some can perform mental calculations of considerable difficulty. There are some Imbeciles whose memories within certain limits have been very remarkable. Thus, one who showed not the slightest intelligence on any other subject, can recite correctly the name, age, date of burial, and the epitaph inscribed on the tombstone of all who had died during the many years he had lived in the village.

Cretinism. In some of the low-lying districts of Switzerland, and in the valleys lying among the hills in other parts of Europe, there are to be met with unfortunate creatures known as *Cretins*, who combine the extreme of bodily deformity and degeneracy, with deficiency of intellect. The morbid feature by which

they are chiefly distinguished is the enlargement of the throat—or goitre—and the brown or yellow colour of the skin; the body is dwarfed and squat, they are mostly under four feet, and may be a little more than two and a half; they exhibit a total want or marked imperfection of the power of speech, deficient muscular energy, and inability to stand beyond a certain time. At the age of fourteen they look like little old men and women.

Weak Mind. There are many individuals living at large who are affected in a certain degree; they are reputed persons of a singular wayward and eccentric character; they often display great ingenuity in giving reasons for the eccentricities of their conduct; they manifest feebleness of purpose and a facility of disposition which lays them open to be imposed upon by the artful and designing; they are always forming acquaintances with unworthy persons who find it worth their while to know and to flatter them; throughout life they are weak, wavering, and fickle; it is impossible to put any dependence in their promises; they exhibit want of self-control, inaptitude for business, disregard of duty, and lack of common honesty. Such persons are known in society as easy, good-natured, well-meaning sort of people, and if possessed of brilliant talents, as having every sense but common sense; they are too easy to be just, too thoughtless to be honest!

Moral Insanity. It is difficult to say where Moral Depravity ends and Moral Insanity begins. We meet with many cases in both sexes, but especially in women whose tempers are so bad and so uncontrolled that they commit all kinds of evil actions, treat those nearest to them in the most wicked manner, make

false and malevolent accusations against them, hurting their feelings and doing them injury in the most deliberate way ; they are jealous and spiteful, and delight in annoying their friends. It would seem sometimes as if a universal badness had taken possession of them, yet a badness so inexplicable that it can only be looked upon as madness.

Such persons have no scruples about falsehood, and will deny or justify everything with which they are taxed. There appears to be an entire absence of the moral sense and corresponding want of self-control. It is useless appealing to higher sentiments of which they are destitute. With great plausibility they justify the state of moral feeling under which they appear to exist. In these cases anxiety and difficulty are experienced. They are troublesome and mischievous to their friends and to the public. They are the "thorn in the flesh"—the "moral pest" of the community in which they move.

No one has lived long in the world without meeting examples of such ill-regulated beings—victims to the tyranny of their vicious organisation.

CHAPTER IX.

ALCOHOLIC INSANITY.

ALCOHOL is absorbed directly into the circulation, and is capable of acting as a direct poison upon the nervous tissue. Taken to excess it is, in its passage through the organism, everywhere equally a destroyer. It causes profound changes in every tissue and in every organ of the body, but of all the symptoms of chronic alcoholism those connected with the nervous system are the most characteristic. Indulged in immoderately, alcohol leads either to formidable maniacal excitement or to the pitiable spectacle of acquired dementia.

Dipsomania. The subjects of this disease are governed by an overpowering morbid impulse to indulge in intoxication at all risks. The habit of drinking, or some inherited or other cause, has set up the diseased condition. Chronic habitual drinking is undoubtedly hereditary in many cases; not that the ancestors have necessarily been drunkards, but that the family is of unstable nervous organisation. This constitutional infirmity is handed down as a heritage to the offspring, and is manifested in them by an intense craving for drink. The following case is quoted as illustrative of the dipsomaniacal condition: An individual of good social position, of exceedingly active business habits, and one who always lived a

sober and circumspect life except when the fit was upon him, did not go far off to avoid scandal, but went to the nearest public-house, and shut himself up in a back parlour with disreputable companions, and drank brandy for six weeks—all this close to the village where he was an important man—during the paroxysm being totally regardless of his health, his reputation, and of all that could make life dear to him.

Acute Alcoholism, or Delirium Tremens. In this disorder the symptoms creep on gradually, the patient loses appetite, takes an aversion to food, becomes restless and wakeful, his sleep—obtained in unrefreshing snatches—is disturbed by horrible dreams, the face is pale, the skin bathed in perspiration; there are twitchings of the hands and trembling of the muscles of the face, limbs, and body generally—the patient can be felt to vibrate, so to speak. The trembling is sometimes so convulsive as to make the step hesitating, and the taking up of objects almost impossible. Fluids cannot be conveyed to the mouth without spilling. The patient is frightened, restless, and agitated; he is in a state of mental perplexity, talks ramblingly and incoherently, his delirium may vary from quiet wandering to wild maniacal excitement, marked by hallucinations and delusional ideas; he displays a painful eagerness to do something on which his mind is bent, wishes to start on a journey to some place—it matters not where—his desire is to get away from himself. His delusions and hallucinations are the outcome of the abnormal information conveyed to his mind by his disordered senses—particularly the sense of sight—thus he fancies himself surrounded by hideous and loathsome

objects, such as toads, serpents, and reptiles, or that insects, beetles, or mice are creeping over his body, or he is persecuted by strange sounds; suspicious and frightened he searches behind the bed-curtains, under the bed, or in corners, to satisfy himself there is nothing hiding there; threatened by assassins, attacked by robbers, he is a prey to a thousand miseries. He looks upon everybody with terror and distrust, imagining they are trying to poison or otherwise injure him. Under the influence of this vague dread he displays resistance and violence to those about him, and may do grievous bodily harm to himself or others; even in cases in which there is extreme violence marked by sudden explosive impulses, culminating in homicide or suicide, the excitement results from fear—for terror itself has its times of audacity. This is the condition known as *Alcoholic Mania*, and it is the physical explanation of many fearful crimes; not unfrequently, when in this state, individuals suddenly assault and kill their friends and associates under the belief that they are evil spirits or strangers who have come to attack them.

Trousseau remarks that the drunkard who has come through an attack of *Delirium Tremens* is as seldom cured of his passion for alcohol as is the gambler of his passion for play.

Chronic Alcoholism is marked by general muscular restlessness and unsteadiness, there are twitchings and trembling of the lips and facial muscles, of the fingers, hands, and limbs; the patient is subject to frequent attacks of vertigo, giddiness, or faintness; his face is dull, stolid, and expressionless; the habitual immoderate drinker exhales a distinct alcoholic and saccharine odour—peculiarly unpleasant.

There is advancing and persistent mental enfeeblement, indicated by loss of energy and will-power, and lack of judgment; notwithstanding this deterioration, however, it is curious to observe that the individual frequently entertains elevated ideas of his own worth and importance—ideas akin to the delusions of grandeur seen in other grave forms of insanity—he manifests serene contentment and satisfaction with himself and his surroundings.

The decadence of the moral sensibility follows that of the intelligence step by step, the whole man—body and mind—is gradually but certainly transformed; he becomes less scrupulous, less conscientious, he ceases to be exact in his transactions, he grows vacillating and unreliable; it is impossible to put any dependence on his promises; in his relations with his fellows he too frequently betrays selfishness, untruthfulness, cunning, and deceit. His power of self-restraint is manifestly weakened; from slight causes he is readily moved to increasing irritability and uncontrollable outbursts of temper. His mind is filled with suspicion and distrust, his imaginary evils soon pass into real ones; delusions are developed which tend to become fixed and persistent; thus, he believes that electricity or mysterious agencies are at work to injure or torture him, that attempts are made to poison him, his enemies are at hand plotting his destruction; he is tormented by voices prompting him to commit hideous crimes. Under the influence of these delusional ideas he is frequently driven to acts of desperate violence.

This tendency to suicidal and homicidal impulses is a most prominent feature in both the acute and the chronic forms of Alcoholic Insanity, and should ever

be borne in mind by those having charge of such patients.

As the disease progresses the memory undergoes further disorganisation, or is altogether annulled, the patient forgets everything of the recent past and most of what happened in his previous life.

In very advanced cases of Alcoholism the individual becomes indifferent, apathetic, and stupefied; he is lost to all healthy feeling and human interests; all intelligence is abolished, the mind becoming a perfect blank.

Physically there is complete prostration of muscular strength, the limbs are wasted to the last degree, the arms are so paralysed that the patient is totally unable to do anything for himself; there may be a wide extent of numbness or tingling, the sensibility of the skin is blunted, when pricked the patient does not flinch; owing to failure of the muscular sense he is unable to obtain a correct view of the situation of different parts of the body, with eyes shut he cannot tell the position of his legs—cannot cross one over the other—similarly he is unable to place his index finger upon the tip of his nose. The sight is weakened, the pupils less sensitive; a feather may be passed over the eye without causing pain or movement; objects appear tremulous and transient; blindness is not uncommon. There may be deafness and loss of the sense of smell and of taste.

Finally the patient may be seized with an epileptiform convulsion, ending in coma and death. To this pitiable condition does the man, enslaved by his passion for drink, reduce himself! Half the misery and wretchedness of human life, and much of the crime of the land, is but the outgrowth of a state of mind and morals produced by drink.

CHAPTER X.

EPILEPTIC INSANITY.

I.

EPILEPSY is one of the most dreadful and appalling diseases that afflicts mankind; so terrible indeed is the spectacle that, in the earlier ages, the only interpretation that seemed capable of accounting for the condition into which the unfortunate sufferer was suddenly plunged was the belief that some unclean spirit or torturing fiend had entered into and taken possession of him.

In the graver form of Epilepsy the person attacked—while engaged in his ordinary pursuits, and in apparent health—suddenly utters a peculiarly piercing and startling scream, and instantaneously loses consciousness; with terrific force he is struck down, his face coming into violent contact with the ground; the whole body is thrown into a state of muscular rigidity—becomes tense and stiffened out—the muscles can be felt like bars of iron; the walls of the chest are perfectly fixed and motionless; the breathing is completely arrested; a death-like pallor overspreads the countenance, the patient appearing as if about to expire. This stage lasts for a few seconds only. The face then becomes flushed and the veins of the head and neck distended, the redness rapidly changing to a livid dusky hue; the features are hideously dis-

torted, the eyes wide open, the pupils dilated; the eye-balls roll convulsively upwards or inwards; the lips are blue; the tongue, swollen and purple, and often deeply bitten, is protruded through the half-opened jaws—suffocation seems imminent. This stage lasts from ten to forty seconds at most, then commence convulsive movements of the body and limbs, which vary from the most trifling and transitory spasms to the most frightful and long-continued struggles. The temperature of the body rises, the skin becomes covered with perspiration, and saliva, reddened with blood, or not, issues from the mouth. When the paroxysm has reached its crisis the muscles relax, the convulsions subside, the lividity disappears, the breathing becomes more tranquil and the countenance more natural; this stage lasts from half-a-minute to two minutes at the most, so that the whole duration of the attack varies from two to three minutes, and in many cases still less than this.

After the paroxysm the patient looks like an individual who is stupefied by drink; for a length of time, varying from a few minutes to half-an-hour, he remains in a condition of profound stupor and complete immobility; at length he opens his eyes, looks around him in a perplexed or frightened manner, and falters out a few unintelligible words; on regaining consciousness the patient either rapidly recovers or remains confused and bewildered for some hours, or it may be a day or two before complete recovery takes place. The Epileptic Paroxysm varies in intensity, in violence, and in suddenness of seizure; in mild cases only one limb is convulsed, in others only the face, the lip, or the eye. Frequently one half of the body is affected, but in the severer form the

muscles of the face, trunk, and limbs are violently convulsed.

Very often the patient suffers severe injuries; the face may be bruised and lacerated, he may fall into the fire and be frightfully burnt; the convulsive movements may be so severe as to produce dislocation of the jaw or the arm; again, after the attack, the patient may remain temporarily paralysed on one half of the body.

There are singular disturbances of the nervous system known as warnings, which sometimes usher in Epileptic Seizures, a peculiar sensation which the individual compares to a kind of wind, or of vapour, or to tingling starts from some portion of his body, as the hand or the arm, and rapidly spreading up to the head, the fit begins; this sensation is transient, and lasts from one second only to a minute sometimes. Again, prior to the attack, the patient may manifest change of temper, indicated by extreme irascibility; he may complain of headache, giddiness, palpitation, cramp, trembling; he may display a tendency to run forwards or backwards, to turn somersaults, or to roll round and round on the ground; or he may perceive a peculiar smell, or hear strange sounds or voices, or he sees before his eyes, animals, departed friends, witches, devils, or experiences a sudden horror or trouble.

Frequently Epilepsy manifests itself in the form known as Epileptic Vertigo or the "Small Seizure". Though in this variety there is an absence of the violent convulsions, and the symptoms generally are less formidable, nevertheless it is a very grave disease.

Epileptic Vertigo is characterised by transient

strange phenomena which sometimes consist only in giddiness, in a sort of astonishment, in ecstasy, or a fit of absence; there may be little more than a momentary interruption to the continuity of the patient's thoughts; if he be closely observed at this moment, his pupils will probably be seen to dilate, his face to become momentarily pale, the eyes fixed, a few convulsive twitches may play over the face, there may be a totter of step, yet he does not fall; if he has an object in his hands, he drops, or convulsively throws it away from him. The whole lasts from two to four seconds, and sometimes more. The attack is then over; the patient recovers himself completely, resumes his occupation or the conversation in which he was engaged; if seized while walking, he may continue his movement as regularly as before the fit.

An individual subject to Epileptic Vertigo may, while playing at cards, and holding in his hand a card which he is about to throw down, suddenly become motionless, shut his eyes or stare before him, and then, after drawing a deep sigh, he may continue to play.

Again, a musician seized with one of these transient attacks while playing the violin, strange to say, goes on playing during the attack, and neither hears nor sees those he is accompanying; he still plays in tune, and performs without a fault the musical phrase which he had read just as his mind became affected.

Again, an architect, long subject to Epileptic Vertigo, does not fear to go up the highest scaffolding, and yet he is perfectly aware that he has often had fits while walking across narrow planks, at a pretty considerable height; he has never met with an

accident, although when in a fit he runs rapidly over the scaffoldings, uttering, or rather shrieking out his own name in a loud abrupt voice; a quarter of a minute afterwards he resumes his occupation and gives his orders to the workmen, but unless he be told of it, he has no idea of the singular act which he has been committing.

Epilepsy occurs far more frequently between the ages of ten and twenty than at any other period of life, though no age is exempt from attack.

Very often, in the beginning especially, the seizures take place during the night, frequently at the moment of going to sleep or at the moment of waking. An individual may thus be afflicted for eight or ten years, although nobody, not even himself, suspects the existence of his dreadful disease. Three very remarkable men—Cæsar, Mahomet, and Napoleon—are said to have suffered from Epilepsy. If they did, it must have been in a mild and infrequent form, for there was no indication in any one of them of any loss of brain power, or any tendency to general paralysis. Perhaps other diseases were more likely to be confounded with Epilepsy in those earlier periods than they are now. In any case, there is much room for doubt in all three instances.

II.

Epilepsy may co-exist with perfect sanity, yet it has, sooner or later, a fatal influence on the intellectual faculties; in proportion as the fits recur and increase in frequency, in proportion as the disease progresses, the mental powers fail, become gradually impaired, and insanity supervenes. For a certain period of their lives Epileptics are industrious, com-

plaisant, and docile; but at other times their conduct becomes suddenly modified, and presents the greatest irregularities. There is observable a singular changeableness of temper and of character, manifested by irritability, impulsiveness, and loss of self-control; the finer feelings become blunted, the most deplorable tendencies and the worse inclinations develop; those affected betray a general condition of unreasonableness, become turbulent and aggressive, pick up quarrels with those around them, exhibit lying and thieving propensities, complain of everything and of everybody, and are easily irritated from the slightest cause. Under the influence of this mental condition such patients suddenly cease their occupations or leave their homes, and wander about in an aimless, objectless fashion; they feel intensely miserable, they believe themselves to be victimised and persecuted by their relatives or their friends, they accuse all those with whom they have been in contact of being the cause of their trouble; if they have previously harboured any feelings of hatred or thoughts of revenge, these feelings are quickened and roused to a pitch of intensity which prompts them to immediate action, when they are apt, in a most sudden and unexpected manner, to commit all kinds of violence—suicide, theft, incendiarism, homicide. These attacks of Epileptic Furor may occur independently of the Epileptic Fit, and may last from a few hours to two or three days, or even a week or more; they are remarkable as a rule for the suddenness of their invasion and the suddenness of their subsidence.

No one can form an accurate notion of the sort of rage which suddenly possesses the Epileptic. They appear to be seized with ideas and hallucinations of a

terrifying character; they have visions almost constantly; they see frightful objects, ghosts, assassins, armed men who rush at them to kill them. When in this condition, the Epileptic Maniac yells and shrieks, knocks his body violently about, rushes furiously, striking whatsoever or whomsoever is in his way. During these attacks of blind, impulsive fury, the patient is scarcely, if at all, conscious of his real surroundings; when he emerges from this state of maniacal excitement, he appears to have no recollection of his painful thoughts or of his frightful hallucinations; his memory of what has occurred is exceedingly defective; sometimes he recollects fragments of what has happened as of a dream, but he can rarely call to mind all that has taken place, and perhaps forgets the main incidents entirely.

All kinds of doings after Epileptic Fits, from slight vagaries to homicidal actions, have one common character—*they are automatic, they are done unconsciously.*

Elaborate and highly-compound actions may be performed when a patient is in this state of *mental automatism*, the cerebral activity continues its functions in an independent manner; we see individuals as if in a state of somnambulism act unconsciously, commit extravagant actions, even crimes, without having any conscious idea of the things of the external world. The following cases are illustrative of this condition:—

A carman in a state of unconscious automatism, after an Epileptic Seizure, drove through the most crowded parts of London without any object, but also without any accident.

An Epileptic, seized with a sudden paroxysm, fell in a shop, got up, and, eluding the shopman and his friends, ran away, leaving his hat and order-book behind. He was discovered a quarter of a mile away, asking for his hat at all the shops, but not having recovered his senses; nor did he become conscious until he got to the railway, ten minutes after. He was in a condition known as the "Epileptic Dream," or the state of unconscious cerebral automatism.

A shoemaker subject to Epilepsy was often furious for some time after the fits, but sensible, amiable, and industrious in the intervals. One day, when in the gloomy and morose state of mind that often precedes a fit, he met the superintendent of the asylum, to whom he was much attached, and stabbed him to the heart. He had not had a fit for three weeks, but the night following the homicide he had a severe fit, and for some time the attacks continued to be frequent and severe.

Again, an individual seized with Epileptic Mania on his wedding day killed his father-in-law with a blow from his knife, coming to himself at the end of several days. He had not the slightest consciousness of what had taken place.

A woman subject to Epileptic Seizures rose up from her chair one morning with her baby in her arms and went to cut some bread for the elder child. Having got the knife in her hand for this purpose, she had an Epileptic Seizure, and during the unconsciousness she cut her infant's hand clean off, and was found insensible by the neighbours. She had no recollection of the circumstances after getting possession of the knife.

Many Epileptics have a deep feeling of their in-

ability to resist a superior force which holds their will in subjection, and drives them in spite of themselves to acts of violence ; they say, for instance, that they are no longer themselves, that their malady drives them on, that they have within them an evil spirit which commands them to execute some deed of violence.

A peasant suffered from Epilepsy from his eighth to his twenty-fifth year, when, instead of Epileptic Attacks, he was seized with an irresistible impulse to kill. He felt the approach of his attack sometimes for days beforehand, and begged to be restrained. "When it seizes me," he said, "I must kill some one, were it only a child." Before the attack he was very weary and depressed, could not sleep, and had slight convulsions of the limbs. Some of those who are tortured by this irresistible impulse to homicide, in order to escape their inward anxiety and dread, attempt to commit suicide.

In many individuals, the temporary intellectual disorder which succeeds an Epileptic Fit assumes the form of more or less marked simple maniacal excitement. The patient talks incessantly and incoherently ; he moves about restlessly, and executes movements that are more disorderly than violent. An important character of Epileptic Mania is the absolute resemblance of all the attacks in the same patient, not only in the whole, but even in every detail ; the patient expresses the same ideas, utters the same words, performs the same acts—in a word, goes through the same phenomena on the occurrence of every fresh seizure.

A boy while a student at college had a quarrel with a fellow-student older than himself. The quarrel

resulted in a bitterly-contested fight, during which this boy over-wrought his entire nervous system. Shortly afterwards he was sent to another part of the country on a visit. One day he was out hunting with a friend, and was shot through the left lung. The shooting is said to have been accidental, but there has always been a mystery about it, and the boy would never tell what happened. His nervous system, impaired by the terrible fight, was completely unstrung by the wound. Some months afterwards the boy was seized with an Epileptic attack, during which he acted over again in detail the two great and unfortunate events of his life. About ten persons were standing around the unconscious lad, who lay upon the floor, where his father had directed them to put him at a recent attack. The father took away his watch and his knife, and left him his handkerchief. In a few moments the boy began to writhe, and then followed a scene which has probably never been duplicated in the history of medicine. The boy proceeded to act out the fight with his fellow-student when at college. First he thrust out both fists and struck several blows at the empty air. Then came the grappling. The lad seemed to be straining to throw or shake off his unseen and mythical antagonist. The muscles of his neck swelled out, his hands twitched, his face became dark-red from the rush of blood. Now and then he would strike out with all his might, and grit his teeth savagely. Finally he seemed to writhe and strain more vigorously, but with less success against his adversary. At last his back was arched high from the floor upon which he was lying, and then he sunk back as if exhausted and overcome. He had given a perfect picture of a

terrific athletic contest of a weak man against a stronger. For a few moments he lay very still, and then began unconsciously to re-enact the shooting tragedy. Suddenly he threw himself along the floor, while his face writhed with agony. He then clutched at his breast in the left side, and his face grew deadly white. His lips murmured, and he was heard to say in a low, hoarse voice: "Don't telegraph father that I'm shot. Don't—don't—don't." Then he muttered: "It is bleeding. I must stop the blood," and ceasing to clutch at the place where only a scar now remains of a once terrible wound, he began to look through his pockets. He soon found his handkerchief, and, raising himself upon his elbow, pressed the cloth against his breast, while his closed eye seemed bent upon it. "Too large, too large," he muttered, and, putting the end of the handkerchief in his mouth, he twisted it until he had made a sharp point. This he thrust against his breast. His features relaxed, a satisfied smile came over his face, and he sank into what seemed almost as natural as sleep. During all this time the father had stood by with blanched face and eyes streaming with tears, watching every movement of the writhing body of his child. When the last act of the shooting tragedy was over he gave a sigh of relief. In a few minutes the boy's eyes opened. In five minutes more he was sitting up, and in fifteen minutes he walked from the room with his father, apparently not the least exhausted from what he had just been through.

The termination of these maniacal attacks is, in general, as sudden as its invasion; in a few hours, sometimes even in less time, these patients return to their normal condition; they recover from their

attacks like a man who wakes up after a dream or a painful nightmare. Epileptics cannot be held responsible for any act of violence perpetrated during this perfectly automatic though short-lived delirium, which they have no power to control.

CHAPTER XI.

GENERAL PARALYSIS OF THE INSANE.

PROGRESSIVE PARESIS.

PROGRESSIVE Paresis is characterised generally by exalted ideas and delusions as to wealth, power, and greatness; by sudden outbursts of maniacal fury of a destructive and violent nature; and by progressive abolition of the power of co-ordinating muscular movements.

In the early stages of Progressive Paresis, owing to the intense circulatory disturbances, an excess of blood is distributed to the Cerebral Centres, which thus receive increased quantities of nutrient materials, and so are impelled to develop their peculiar vitality in an exaggerated manner; they are thrown into a state of hyper-activity and exaltation; the personality of the individual is raised several degrees above its normal pitch; he feels himself richer, greater, stronger than he was before. There is developed the consciousness of bodily grandeur, extreme well-being, and enhanced sense of personal agency.

In Progressive Paresis the morbid changes consist primarily of circulatory disturbances of a congestive and hyperæmic character leading to chronic inflammatory processes, succeeded by secondary degenerative changes of the brain-cells and of the

associating nerve-fibres which connect together the Cerebral Centres concerned in the maintenance of mental activity.

In the great majority of cases the cortical cerebral cells are first attacked, the pathological processes ultimately extending to and affecting the whole cerebro-spinal and sympathetic systems.

In some cases the degenerative changes appear to attack first the spinal cord, ascending and involving the brain structure.

As the disease progresses the wasting goes deeper and deeper, and diffuses itself over the whole brain. There is a gradual weakening of the mental processes of apprehension, recognition, comparison, memory, and judgment.

It is important to note that the degenerative changes attack not only the cerebral cells, but also the network of nerve-fibres which bring the individual cells of each centre into relationship with one another and with the cells of the other centres.

This physical association of our brain elements is the material substratum of the mental process of association of ideas which forms the groundwork of our intellectual operations; consequently, with the destruction of these relational or associating links are lost the more or less habitual relations and associations which experience establishes among our ideas, and on which entirely depends the justness of our conclusions, and consequently the prudence of our conduct. Here we have the physical explanation of many of the singular acts committed by the general paralytic, such as the purloining of articles, indecent behaviour, etc.

The patient becomes entirely ignorant of every

matter of fact beyond what is immediately present to the senses at the moment. He cannot estimate the consequences, punitive or disastrous, likely to accrue to himself or to others by reason of his present outrageous and extravagant acts.

In a typical case of Progressive Paresis the characteristic *Mental Symptoms* are:—

- The expansion of the *Ego* or personality.
- The satisfied, exalted frame of mind.
- The ideas of wealth and grandeur.
- The restless, busy activity.
- The enhanced sense of personal agency and capability of performance.
- The declension of the internal restraints.
- The impatience of all opposition and control.
- The liability to sudden outbursts of feeling.
- The failure of the power of attention and of mental association.
- Loss of the sense of duty and of social propriety.
- The thefts and indecent acts.
- The alcoholic and sexual excesses.
- The maniacal outbursts impelling to fury and outrage.
- The transient and variable delusive conceptions.
- The transition into Dementia.

In Progressive Paresis, as in other forms of Insanity, the commencement of the disease is generally marked by a Melancholic stage.

The patient exhibits a want of former mental activity and energy; a painful anxiety regarding the most trifling circumstances; cannot be well at ease; sees evils at hand and those looming in the distance;

is apprehensive of some disaster which appears to menace him or those dependent on him.

Whatever the commencement be, in ordinary cases, there always arrives a period characterised by a state of general mental exaltation. For the normal sensation of existence there is substituted an exaggerated sense of personal grandeur and importance. The patient estimates to the utmost his faculties and powers; boasts of his surprising feats of vigour and activity, of the dangers to which he has been exposed, and of the escapes which he has made. He heaps up a number of extraordinary events which are either the fiction of his brain, or, if true, have no connection with himself; his fruitful invention supplies him with a variety of adventures, and where that talent is wanting he appropriates such as belong to others.

He displays an uncommon and inconstant activity and restlessness.

His business, which he may hitherto have conducted with prudence and circumspection, appears now to offer no sufficient scope for his restless energy and boundless ambition; he enters eagerly into new projects and rash speculations, which for a while he may even carry on successfully; spends money lavishly; makes costly and useless purchases; gets mixed up with divorce cases; goes bankrupt; scandalises society in some manner or other.

A Turkish pasha, nearly three years before his death, alarmed his family by showing unaccustomed irritability and grandiose ideas, such as believing that he was Sultan or Grand Vizier. They found it best to humour him, and when one day he returned home saying that he had been nominated to a high position

in Europe, they never dreamed that he was telling the truth until the following day when the firman arrived. They then took steps to inform the Ministers of his apparently insane condition; but as the pasha had full powers of conversing well on intricate political subjects, they were laughed to scorn. The patient then took up his new post, and shortly electrified his august master by telegraphic prophecies as to the fate of several crowned heads in Europe. Believing that his banking account was unlimited, he made many absurdly-lavish purchases, delighted to make presents to ladies unknown to him, used to go to the theatre with 100 fans for distribution, and eventually scandalised his friends by appearing at an official reception in straw hat and flannels. His Government recalled him, but he replied that he was quite happy, full of work, and with no intention of leaving. It was only by a fictitious telegram hinting at considerable promotion at home that he could be induced to leave.

More and more weak-mindedness was developed, with attacks of aphasia recurring at intervals, loss of memory for recent matters, and failure in French conversation, though he had talked the language.

An early symptom in this case was the patient's own belief that he was going mad. Before being transferred to Europe he desired one day to resign the appointment which he held under the Government, and wrote, as he thought, his official resignation; but the paper was found scrawled all over with "Je suis fou". During the last year of his life the patient, who had always been a great card player, spent nearly all his time in dealing real or imaginary cards. Once he lay upon the floor for fourteen hours

at a stretch playing with imaginary cards. Convulsions became more and more frequent, mental deterioration and paralysis increased, and after three months' confinement to bed death ensued, the patient persisting to the last that he was Sultan of Turkey. This case was preceded by much sexual excess, but not by syphilis.¹

A patient undertook the task of buying nearly all the jewellery at Tiffany's (New York), and only stopped when the proprietors, becoming alarmed, refused to sell him any more. This man took the jewellery he purchased home, and bedecking his wife until she glittered with gems from head to foot, compelled her to walk up and down before him. Then he drew a cheque for 5000 dollars, and gave it to his servant who returned with a glass of water which he had called for. When I was sent for the patient told me he was going to Europe. He intended to make the voyage over in the *Great Eastern*, and would charter the *Scotia* as a tender. He would pay me one million dollars a month, and he would have a corps of physicians on the vessels, the members of which should be attired in a uniform of blue velvet with diamond buttons.²

All that relates to the person of the patient assumes in his eyes colossal dimensions, and is expressed by him in the most superlative language and highest numbers, as the following letter written by a General Paralytic discloses:—

“My darling Wife,—You will be G g to hear I shall be coming home to-morrow and I shall be shall be awfully glad to get back to my darling wife for it

¹ F. M. Sandwith, Cairo Lunatic Asylum.
Hammond.

is twelve months since I was with her her and now I must tell you you you what I am going to bring. 500,000 Barrels and Bottles of Barrell and Bottle Stout Bitter and porter, Cooper and all Basses also 500,000 Barrels, Bottles Sherry port wine, Burgundy, Champagne and 11 Masersales and Spanish wines and all the other wine that I have not named 500,000 Barrel and Bottles of Brandy, Rum, Whisky, and and Rum and Gin, 500,000 Boxes and Baskets of Cod, Salmon, place and herrings and Haddocks and Sprats and Cod and Salmon and 500,000 Dead whales and 500,000 live whales to put in our lake and to fish for one every day when we want a portion of one for our dinner 500,000 Baskets and Barrels of Hares, Rabbits, fowls Cocks and hens and nice tender chickens and ducks and Drakes and Swans and Geese and place and Herrings and Haddocks, Sprats and Winkles and Shrimps.

“500,000 Dead whales for us to eat and 500,000 live whales that we are to put in our lakes I shall be very happy to get home to my darling little wife again I have been away 12 months in hospital with a sunstroke that I had in Afghanistan and that made me daft and mad but I may be cured in 12 months in Hospital because my head used to ache every day and night, and but I got the Victoria Cross and I have won over 5000 Hundred millions of pounds and that is an awful amount of my money. I shall not know what to do with it, but I must tell you now what I am going to bring 500,000 Barrels and Bottles of Stout, Bitter,” etc., etc.

This patient, cheerful, light-hearted, with beaming face, tells that he can run 15 miles an hour; can walk to Peterboro' and then to London in a day; can with

ease lift five tons. He sits at the table and deals cards to an imaginary partner, with whom he plays cribbage, and is in the highest glee because at the game he wins five shillings.

A female General Paralytic, though manifesting no exalted ideas with reference to her own personality, nevertheless experiences a sense of reflected grandeur. She tells that her husband is married to the Queen, and lives at Buckingham Palace! Does this disturb her? No, certainly not! Has he not bettered himself; and should she stand in his way! Has she heard from him? No; is it likely he would write to such as she? to one occupying so humble a position!

This patient, being visited by her husband, firmly but quietly refuses to engage in conversation with him, remarking: "It is not my husband! It is an imitation of him!"

The progress of the disease is varied with intercurrent attacks of maniacal furor.

These violent and explosive outbursts are usually the outcome of terrifying hallucinations.

The patient perceives persons and things not visible to others, and is little if at all conscious of the existence of surrounding objects; phantoms rise before him; innumerable sounds ring in his ears; he looks around terrified, and rushes against an enemy that exists only in his inflamed imagination.

Thus, one believes he is about to be assassinated; another that he is pursued by furies who have come to tear him limb from limb; another believes himself encompassed by the flames of hell.

The patient's movements are violent and rapid; a torrent of sentences pours from him; his intense motor excitement issues in blind, miscalculating

violence, when he savagely attacks and demolishes everything that opposes him.

The designation "General Paralysis" is misleading, though a correct definition is not easily framed. The phenomena of *True Paralysis* are not observed in the early stages; muscular contractility is not lost. The power of executing movements remains, but that of co-ordinating these movements into regular and combined actions is lost; there is inability to execute with precision voluntary or purposive movements.

Thus, a patient told to put out his tongue makes ineffectual struggles, and fails; he has lost—not the power of putting his muscles into action, but the power of co-ordinating the very associate and complex movements requisite for the protrusion of the tongue.

The joint harmonious working of the neuromuscular apparatus has broken down.

Motor Symptoms. It is in the "Motor Centres" of the brain that voluntary movements find their source, and through and by which particular movements are effected.

In Progressive Paresis we see those motor performances first and specially affected which require the most manifold associations of simple muscular motions, viz.:—

The combined movements necessary for the production of speech, and which the tongue and lips are called upon to execute.

The opening of the mouth, with protrusion and retraction of the tongue.

The movements of the eyes, with dilatation or contraction of the pupils.

Prehensile movements—the apposition of the forefinger to the thumb.

Such associated muscular adaptations as are requisite in writing, sewing, knitting, playing musical instruments, etc.

The physical signs of Progressive Paresis which strikingly arrest the attention are:—

The slight general muscular restlessness and unsteadiness.

The fibrillary twitchings of the lips and facial muscles.

The quivering of the muscles of the tongue, with, in the more advanced stages, the tremulous and convulsive movements when attempts are made at protrusion.

The difficulty in swallowing or in getting food out of the mouth, with consequent danger of choking.

The difficulty in articulation—the diminished facility of speech: the quavering voice.

The pupillary phenomena—the pupils irregularly contracted or dilated.

The increasing Paresis which gradually invades the whole muscular system—face, neck, trunk, limbs.

The face devoid of all expression—mask-like, petrified.

The spasmodic contraction of the masseter muscles, causing grinding of the teeth.

Arms: The grasping power of the hands enfeebled, objects grasped as if convulsively, and occasionally suddenly let fall; loss of control over the combined movements of the hand and wrist; delicate and precise

movements become impossible—*e.g.*, the patient fumbles and fails to button his clothing.

Legs: Awkwardness of movement, the gait reeling and unsteady; the patient totters or sways from side to side—goes as if on slippery ground—involuntarily deviates to one side when attempting to walk straight forward, and easily stumbles if the floor be at all uneven; is constantly pacing “to and fro,” “to and fro”.

The centre of gravity maintained with difficulty, and, as the disease progresses, the patient can no longer maintain himself erect.

Anæsthesia may exist with impairment of tactile sensibility.

Loss of control over the sphincters: dirty habits; retention of urine.

Complete prostration of muscular strength with helplessness, speechlessness, and difficult deglutition.

Failure of the primary automatic or reflex movements: extinction of the functions of organic life and paralysis of the muscles of respiration.

Trophic disturbances; bed-sores; gangrene of lungs.

During the progress of the disease there are inter-current attacks of Syncope, Epileptic Vertigo, Epileptiform, and Apoplectiform seizures. Transient attacks of Hemiplegia or local Paralysis as different regions of the motor area are involved. After such attacks the paralysis and mental deterioration are both increased.

CHAPTER XII.

CAUSATION OF INSANITY.

INSANITY is one of nature's penalties for her broken laws.

It may be affirmed that no cause whatever, no matter how disturbing, will upset the sound mind allied with the sound body. Great mental work can be well borne if there be a due observance of the laws of health.

The most potent causes of Insanity are hereditary transmission and alcoholic intemperance.

Hereditary Transmission. Were it possible to trace the family history it would probably be found that no less than one-half of all occurring cases of Insanity are due to inherited taint. Although the parents may not have been Insane, Insanity may have existed in the grandparents and reappeared in the grandchildren, skipping a generation.

As examples of hereditary taint, there may be cited the case of a noble family of Hamburg remarkable from the time of the great-grandfather for their military talents, in which all the male descendants were attacked with Insanity at the age of forty. Only one remained, an officer; he was forbidden to marry; the critical age arrived, when he too went mad. Again, the case of a family in which the father, two brothers, two sisters, two cousins, and an aunt, all were Insane.

As instances of hereditary Suicidal Insanity may be quoted the case in which the grandmother, mother, and grandchildren were the subjects of Suicidal Melancholia; and another in which the father, who was of a taciturn disposition, had six children, five sons and a daughter, all of whom at different times, and by different means, committed suicide, impelled thereunto by trifling causes.

Alcoholic Intemperance. One-fourth of all occurring cases of Insanity are due to drink. Intemperance of parents generates mental morbidness in their offspring, which may manifest itself in the form of Hysteria, Epilepsy, Idiocy, or Insanity.

Other Causes are: Epilepsy, excesses of all descriptions, the developmental and critical periods of life, the puerperal state, bodily diseases—as apoplexy, syphilis, phthisis, etc.—anæmia, with defective nutrition of brain; domestic trouble, loss of relatives or friends, adverse circumstances, worry, religious excitement, love affairs, fright, shock, injudicious marriages, poverty, with all its attendant physical evils of insufficient food, the care for to-morrow, and insanitary conditions generally—in a word, too much of the gloom and too little of the light and sweetness of life. For the most part those who are affected by such causes are, by reason of hereditary taint, already predisposed to Insanity.

Sex. Probably more males than females become Insane, though the difference in the numbers is very slight.

Age. No age is exempt from liability to Insanity. This liability increases with the progressive development of brain and mind—the period of greatest mental and bodily activity—consequently Insanity is

most frequently met with between the ages of twenty-five and forty-five or fifty.

Education. The importance of a judicious training of the young, especially during early development, cannot be over-estimated. Due regard should be paid to the mental capacity of each child.

In connection with the question of the higher education of women and their introduction to the deeper studies, Herbert Spencer says :—

“The mental powers so highly developed in women are in some measure abnormal, and involve a physiological cost which their feminine organisations will not bear without injury more or less profound”.

The educational system should be constructed with the view of developing and strengthening the whole organisation, both mental and physical.

Marriage. Very early marriages should be discountenanced. The health of the mother, and consequently of the offspring, has a less chance of being deteriorated by delaying the woman's age of marriage to twenty-five or twenty-six years.

Consanguineous Marriages. The frequent inter-marriage of close relations tends sooner or later to Insanity. First cousins should not marry unless both they and their ancestors have been free from Insanity. It is better to prohibit marriages between blood relations down to, or even including, second cousins. The celibacy of the Insane must be enforced. Those in whom the Insane temperament is well marked should not marry; such unions are fraught with danger to the individuals, to the offspring, and to society.

Uncivilised or Barbarous People. It is stated that the lower nations are in the scale of education and

civilisation the less the frequency of Insanity among them. The Inspector-General of the Insane in New South Wales says that mental disease would appear to have been a very rare affection among the aborigines of Australia while they were in their primitive and uncivilised condition, and the manner in which they dealt with the few cases which did arise was of the most drastic nature. "If the Lunatic was violent or aggressive he was promptly slaughtered; if melancholy, he was allowed, if so disposed, to commit suicide; if demented and helpless, he was allowed to die, and only when quiet and peaceable and when his erroneous ideas did not result in offensive acts was he allowed to continue in the tribe." On the other hand, Emin Pacha records that the wild tribes of Central Africa are not free from what are often thought to be the diseases of modern life. Epilepsy and Insanity are common among them. Drunkenness is not, as frequently stated, introduced by Europeans, but is one of the favourite vices of the primitive negro.

Proportion of Recoveries. Of eleven persons attacked by Insanity, six recover, five die sooner or later during the attack; of the six who recover, not more than two remain well during the rest of their lives; the other four sustain subsequent attacks, during which at least three of them die.

Is Insanity Increasing? Insanity has a tendency to die out like other diseases. The numbers of our Lunatics would be tenfold what they are but that we have extinction—or a return to a healthy type. This tendency to revert to the normal is invariably manifested in the offspring, especially under improved conditions.

From available statistics it cannot be inferred that there is any actual increase of occurring Insanity. The increase in the number of Insane persons is more the result of accumulation than an actual increase in the number of new cases in proportion to the population, and it is cheering to note that in the cases recently admitted the form of Insanity does not show any sign of becoming of a worse type than formerly.

APPENDICES.



APPENDICES.

APPENDIX I.

"CARE AND TREATMENT."

Recently the Medico-Psychological Association has issued a very practical report on the care and treatment of the insane. On account of its value and interest, not only to the medical profession, but to the whole community, it is here reproduced :—

The Medico-Psychological Association considers it right to formulate and make public its deliberate opinion on the following most important subjects :—

It is of opinion that—

REGARDING INSANITY GENERALLY.

1. Insanity is a symptom of a physical disorder and results from derangement, primary or secondary, of the nerve centres.
2. This disorder may originate in mental or in physical causes, or in both combined, but is most frequently due to inherited instability, undue worry in daily life, hurtful excesses, and disease in the brain or other organs disturbing it.
3. Marriage into a family mentally unstable is a great risk, and the marriage of two persons from such families is much to be deprecated, since it tends to induce insanity in the offspring.
4. Insanity can be lessened by the avoidance of unwise marriages, by careful obedience to physiological laws, by moderation in all things, by judicious training and education, both mental and physical, in youth, by adopting such conditions of life and occupations as counteract morbid tendencies, and by the preservation of a calm and equal mind amid the cares and perplexities of life.
5. When the mental disturbance is such as to render home treatment inadvisable, but yet not such as to demand certification, every facility should be afforded to the patient for placing himself voluntarily under asylum treatment; and the consent of the proper authorities should be obtained after, and not before, admission.

6. It is proper and necessary from both the scientific and economical points of view that provision for the early treatment as out-patients of persons threatened with insanity, or a recurrence of insanity, should be provided for by all Committees managing County and Borough Asylums; and for this purpose the services of the medical staff of such asylums should be made available to the public, under such regulations as may seem to be most convenient to the circumstances of each asylum. Further, it is very desirable that in all hospitals and infirmaries to which a medical school is attached with a lectureship on mental diseases, the physician or surgeon holding the appointment should also be attached to the medical staff of the hospital.
7. While an asylum exists primarily for the benefit of patients resident therein, it should also subserve the public good; and, therefore, every Asylum Superintendent should be allowed, as a general rule, to meet General Practitioners in consultation in mental cases, and, to prevent any possible abuse, each consultation should be reported to the Committee of Management, if the Committee so desire.
8. Every public asylum should be available for scientific research and clinical teaching of insanity to students of medicine, and to qualified practitioners.
9. There is a most necessitous class of the insane, who are not paupers and whose means cannot procure for them in asylums the comfort and the care to which they were accustomed in health. It is therefore matter for deep regret and public concern that so little of our wealth is given to aid this class; and that the existing institutions, which were mostly founded for such cases, are thus limited in their charitable sphere of action.

REGARDING PATIENTS IN ASYLUMS.

10. Every patient should be medically examined on admission in the most careful and complete manner, and the results, both negative and positive, should be accurately recorded.
11. The rectification of bodily disorders, even of those which may seem trivial, is most important; and much more so when such disorders have relation, as they so often have, to the mental disturbance. All the resources of medical and surgical skill and experience should be devoted to this end; no form of treatment which affords hope of success should be left untried. When the condition is obscure, or the proper treatment doubtful, the Superintendent should have power to call in consultants.
12. It is essential in every case to secure and maintain the highest possible standard of bodily health both by medical treatment and by healthful conditions of daily life, as regards air, food, baths, clothing, occupation, and recreation.
13. In cases where the nerve centres are primarily affected, a healthy condition of all the vital processes is of the greatest importance, as tending to lessen functional disturbance and to retard the progress of organic change.

14. The treatment of brain disorder demands caution as well as skill ; a mere repression of symptoms does not prove the wisdom of the treatment. It is often better to guide the superfluous energy into harmless or useful channels, than to administer drugs which shall arrest it for a time by merely stupefying the patient.
15. Concurrent moral or non-medicinal treatment of insanity, or to speak more correctly, the treatment of insanity from the mental side, is of paramount importance. It is essential to convey to the patient a sense of kindly sympathy, help, and guidance, with, behind this, a suggestion of order and discipline, the more potent because less prominent and quite impersonal.
16. An essential part of the mental treatment is to distract the mind from insane ideas and to suggest new and healthy thought by means of suitable employment and recreation. Employment should be prescribed and watched by the physician as carefully as any medicine, it should be applied like medicine to the needs of each individual case, and it should be varied according to the condition of the patient and his previous history. Amusement and recreation come next in value : they should be used on the same principles as employment, and they are most useful when the patients take an active part in them, and are not merely spectators. Intellectual recreation in books, magazines, and newspapers is very important to many patients. Everything which tends to assimilate asylum to ordinary home life, and which can lessen the inevitable differences between them, is of the first importance. The whole surroundings and conditions of life in asylums should be as home-like and as little irksome as possible ; and every patient should have the utmost amount of personal liberty consistent with safety and the proper treatment of his disease.
17. The application of these general principles must of course vary according to differences in the patients, the locality, and the individuality of the superintendent.

REGARDING SPECIAL CLASSES OF PATIENTS.

18. Too strict classification of patients is to be deprecated. It is not desirable that a ward should contain patients of only one type.
19. As a rule *Recent Cases* should, unless obviously incurable, be received in a special ward or block, or building, where the number and experience of the attendants would secure the needful care and the special observation of symptoms, and where the character of the other residents would afford the needful example of order, industry, cheerfulness and obedience. It is essential for proper treatment to acquire as early as possible an exact knowledge of the patient's condition and symptoms, and it is very important that the patient's first impressions of the asylum should be favourable to his recovery. A hospital should not be placed in such a position as to deprive patients of out-door exercise and occupation, which are essential as a means of cure in the case of recent as well as other forms of insanity.

20. It is not desirable to associate too many *Suicidal Cases* with each other during the day, if this can be avoided. The great protection against suicide is the presence of an attendant, but he must rouse, occupy, and interest the patient, not merely watch him. By night such cases should be under the observation of a special attendant.
21. Concerning *Dangerous and Destructive Cases*, abundant exercise or occupation in the open air, an ample staff of attendants, attractive surroundings and the wise use of baths and of calmative medicines suffice for the care and treatment of many cases of this class without any need for restraint or seclusion. The admission into county and borough asylums of prisoners who have become insane is much deprecated, since their influence is subversive of morality and discipline.
22. In exceptional cases, seclusion and restraint are needful and beneficial. They should then be used without hesitation, but only as a means of treatment and by medical order, and their use should be recorded with punctilious care.
23. The recovery of *Convalescent Patients* should be tested by greater freedom and increased privileges, by parole, by removal to branch institutions or other suitable private houses, by temporary leave of absence, or by probationary discharge.
24. Although the whole asylum is a hospital, a special *Infirmary ward* or block is essential. It should receive cases of advanced brain disease and recent cases requiring bodily nursing as well as cases of ordinary illness. This ward or block should be fully equipped, like an ordinary infirmary, with every appliance for the mitigation and cure of disease.
25. It is advisable to pass all the attendants through a course of service in this ward or block, that they may more fully realise that insanity in all its stages is the manifestation and result of disease.

REGARDING ADMINISTRATION, STAFF, ETC., OF ASYLUMS.

26. The proportion of Medical Officers needful depends largely on the class of patients.
27. In a county asylum receiving only recent cases, there should be an Assistant Medical Officer for about every 60 yearly admissions. In a county asylum receiving only chronic cases, there should be an Assistant Medical Officer for about every 400 in residence. In an asylum receiving both recent and chronic cases, one Assistant Medical Officer to every 100 yearly admissions might suffice.
28. No public asylum should be without an Assistant Medical Officer, and the Superintendent and Medical Officers should not be so tied by routine ward-work as to have no time for unexpected visits, for special attention to new cases, for taking an active interest in the amusements of the patients, and for the cultivation of personal influence and friendliness with all. Resident Clinical Assistants, acting under the Medical Officers, are a very valuable addition to the medical staff of an asylum, and the appointment of such

officers forms an important means of extending the knowledge of insanity in the profession. Pathological work is a most important part of the duty of the medical staff ; and, while all should share in such work, one member of the staff in large asylums should be specially devoted to it. The results should be carefully recorded.

29. An asylum, and everything about it, exist for and concern the welfare of the patients, and should be made subservient to that end. Everything, therefore, should be under the control of the Medical Superintendent. In administrative and non-medical affairs his position should be purely that of a director, with responsible lay officers under him. Such duties may thus be made a relaxation instead of a burden.
30. The selection and training of attendants demand the utmost care, and every asylum should have arrangements for instructing them in their difficult and trying duties as recommended by the Association at the annual meeting of 1890. The wisest plan of treatment is in vain unless it can be carried out by a competent nursing staff.
31. The services of attendants should be acknowledged not only by good wages and comfortable quarters, but for the better discharge of duty they should be frequently relieved from its burden.
32. The best size for an asylum depends on the class of patients and on the construction of the asylum buildings. A county asylum, which receives only recent cases, and passes them on when they become probably incurable, should not have more than 200 to 300 patients ; an asylum which has both recent and chronic cases should not have more than 600 or 700 ; while an asylum for chronic cases might easily supply proper care and treatment for 1000 patients or more.

APPENDIX II.

LUNATIC HOSPITALS.

The existing asylum system has been lately subjected to numerous adverse criticisms ; whether these criticisms be merited or unmerited, I shall not, as Dr. Johnson says, assume the province of determining.

It will be in the recollection of many that a committee of the London County Council reported that a lunatic hospital would be likely materially to increase the present knowledge of the nature and causes of insanity, and therefore ultimately to increase the means available for its prevention and cure. There can be little doubt that there prevails an uneasy feeling that the places in which the insane are received are too much asylums and too little hospitals.

Our asylums as at present constituted are, and must inevitably be, "refuges" for stowing away all the wreckage of our social system—places where is thrown together everything in human nature troublesome and unsightly. The greater proportion of the inmates is made up of chronic and incurable cases. A large number of the most curable cases, those in fact that make up a considerable percentage of the recoveries, are patients suffering from the different phases of acute melancholia. These are they who have "fallen by the way," who have succumbed to the strain of a long period of anxiety and distress brought about by reverse of fortune, domestic affliction or other depressing influences, too often accompanied and aggravated by deprivation and want; they are reduced to a state of profound desolation of mind, to a sense of desolation so overwhelming that the unhappy sufferer welcomes death as the only escape from a life which to him has become intolerable. To brand such a case as "mad" in the ordinary acceptation of the term is unscientific, misleading, and obviously not in the best interests of the patient. The physical explanation of his condition is found in the disorder and defective nutrition of his "highest nerve centres"—a veritable starvation of the brain cells—and is a condition calling for treatment as active, watching as close as is given to a case of diphtheria or typhoid fever.

The Medical Journals advocate the provision of small detached Lunatic Asylum Hospitals for the reception of the acute and recent cases more on the lines of general hospitals, fitted with every appliance that science can suggest, and with an ample staff of physicians and surgeons.

Whether such hospitals for those suffering from acute mental disorders will be separate from the existing lunatic asylums and located in the metropolis and in the large towns in Great Britain, or whether they will be so constituted as to form a part of our present asylum system, is a question that can be decided only by those who control the purse-strings.

The Medico-Psychological Association, in the Report on the Care and Treatment of the Insane, places on record its deliberate opinion "that every public asylum should be available for scientific research".

Were the medical staff of each one of our asylums actively engaged in conducting post-graduate courses of mental medicine, facilities for the study and observation of insanity would be increased, and a better knowledge of the subject diffused throughout

the profession at large. Some such scheme universally adopted would cause our asylums to approximate more and more in character to the hospital type, and would benefit not only the general practitioner, but also the asylum physician, by bringing him more within the sphere of emulation with his *confrères* outside; he would have to provide all the newest and best knowledge of the time, and convey it in the most useful form; this alone would impart a healthy stimulus to work. He would meet with those engaged in different branches of practice, who view the subject from a different standpoint; practical men would be brought together and would impart all that was singular and of value in their experience.

How profoundly the general practitioner is interested in the question of insanity is shown by an enumeration of the duties which may at any moment devolve upon him, duties of a highly responsible nature, and of great importance to society.

He is concerned with the granting of lunacy certificates depriving a fellow-citizen of personal freedom and of liberty to manage his affairs. These certificates may become at a future time a subject of close and hostile criticism in our courts of law. He will be asked: Was this man when he made his will in full possession of his faculties? Is this man who squanders his property fit to manage himself and his affairs? Had this man, when he committed this atrocious crime, the ability not only of perceiving the difference between right and wrong—the legal test—but was he capable of choosing between right and wrong—the medical test? He will be consulted on the delicate question of the marriage of those of near kin. There will come under his observation those difficult cases fluctuating between sanity and insanity, and again those pathetic, and often tragic, cases where the individual is harassed by a sense of insufficiency and of inadequacy to the demands of duty; where the patient, though not at this moment positively insane, is what is very nearly the same thing—*unsane*, a nature out of joint, poisoned and racked with pains. Only by prompt recognition and management of such cases is the impending calamity averted and the individual restored to his family and to society.

There appears to be general agreement that the time has come for urging asylum authorities earnestly to consider the propriety of rendering available to the whole body of the profession the rich and valuable stores of information which our asylums contain; such a course must necessarily lead to an interchange of views between the profession at large and the permanent staffs of our asylums, which

manifestly must result in benefit to both, in good to the patients and in profit to the whole community.

Further, it is most desirable that special and systematic training by a course of lectures and demonstrations should be given to asylum attendants. This is strongly advocated by the Medico-Psychological Association.

As a result of the training which all hospital nurses have now to undergo, we see how materially their "status" has been improved; we see that they are universally regarded as the right arm of the medical service; and we would urge the importance of extending to all asylum attendants opportunities and facilities whereby they may be enabled to qualify themselves satisfactorily to perform the higher and more specialised functions they will be called upon to undertake.

The cardinal principle underlying and directing all treatment of the insane may be briefly described as the endeavour to prevent the formation of a morbid habit of thought, and the prompt arrest of this brain habit where already formed. We have seen that a morbid self-feeling is a prominent characteristic of the insane, and one which displays itself in every stage of their malady. We must adopt such a course of rational treatment as will succeed in taking the patient fairly out of himself; efforts must be made to direct his thoughts and feelings from his morbid self-contemplation to that care and concern for others which is his normal state; those about him will endeavour to supplant his delusions and insane thoughts by other ideas, subjects, and occupations—as the latter gain a foothold and predominance, the former fade and disappear.

It is often in vain to try to reason a man out of the indulgence of some master-passion, or the persistent pursuit of some favourite course of conduct; but excite some other passion or affection such, say, as ambition, or love of accumulation, or care for others, the passion which we wish to moderate or eradicate may with comparative ease be kept under control. Hence, to increase the intensity of any one passion or desire is to take an infallible means of weakening that of another.

This cardinal principle the asylum attendant is called upon to reduce into practice; surely a difficult task to set one to whom there has never been explained the nature or the mode of onset of a delusion or hallucination. The above considerations alone would suffice to demonstrate that thorough training and special education are essential for every asylum attendant.

It is pleasant to note that governing bodies are coming into

closer touch and sympathy with their officials of all grades. They fully recognise that—perhaps to a greater extent than any other influence—the personal qualities of every member of the medical and nursing staff (as one of the Commissioners in Lunacy happily expressed it) is really the *cure*. They fully realise that the duties of the attendants are arduous and exhausting, equally do they recognise that if these duties are to be faithfully and efficiently performed, means must be found whereby those having charge of the insane may be enabled to preserve a vivacious mind in a vigorous body. We see this concern for the comfort and well-being of the staff daily displayed ; they are provided with comfortable quarters, with recreation rooms, with good and varied dietary, with more liberal extension of leave, and with means of healthy amusement and occupation. Most asylums are now provided with tennis courts in some distant part of the grounds, so that the nurses may—when off duty—get right away from both wards and patients.

APPENDIX III.

ACTIONS IN LUNACY AGAINST MEDICAL MEN.

ACTION IN LUNACY AGAINST ASYLUM MEDICAL OFFICERS.

A patient, confined as a pauper lunatic in one of the London County Asylums, having written to a Q.C., the latter took up his case, and demanded to see the original papers under which the patient was kept in the asylum. This was refused by the Committee of the Asylum, by the Lunacy Commissioners, and by the Board of Guardians of the parish to which the alleged lunatic was chargeable, and by the assistant medical officer of the asylum. He is stated to have then applied twice for a writ of *habeas corpus*, so that the alleged lunatic might be brought forward. These applications were refused ; but eventually Mr. Justice Jeune gave him a rule *nisi*. The rule was then served on the medical officers of the asylum to appear before the Court of Queen's Bench, to show why the rule should not be made absolute. When the case came on the counsel of the medical officers produced the order for the reception and detention of the patient signed by two justices, and the usual medical certificate, etc. ; and submitted that there was no precedent for a writ of *habeas corpus* to bring up a lunatic on the ground that he says he is sane ; and, furthermore, that the Lunacy Acts provide proper measures for proceeding when it is alleged that a person is improperly detained as a lunatic. After hearing the other side, Mr. Justice Jeune discharged the rule,

saying that he should not have granted the rule had it not been that all information had been refused to the solicitor representing the lunatic as to the authority for the patient's detention. He considered that this was not a proper course of action ; under these circumstances he gave no costs.

ANOTHER ACTION IN LUNACY.

A case was recently heard in the Queen's Bench Division, in which the plaintiff claimed damages from the medical defendant for negligently making a certificate of insanity concerning the plaintiff, and for wrongly causing the plaintiff to be arrested and taken to an infirmary, and for libel expressed in the certificate. In defence, it was stated that the defendant had written the words as medical adviser of the plaintiff's family, and merely for the information of the relieving officer in order to set on foot the inquiry enjoined under Section 20 of the recent Lunacy Act ; that the words written were not in the form of, and did not purport to be, a certificate under Sections 11 or 28 ; and that, having acted in good faith and with reasonable care, the defendant was protected by Section 330.

For the plaintiff it was stated, and was in evidence, that on a previous occasion, namely, in 1889, he had attempted suicide, and had then been placed in an asylum for some months, and had been discharged as cured ; that on 1st November, 1890, he had some words with his wife, who thereupon went to the medical defendant, who, without seeing the plaintiff, wrote a few words to the effect that the latter was a person of unsound mind, and dangerous to those about him ; that, acting on this statement or certificate, the relieving officer, accompanied by two policemen, took the plaintiff to the infirmary on a Saturday ; and that when taken before the magistrate on the Monday following the plaintiff was at once discharged. Cross-examined, the plaintiff stated that his wife, son, and daughter always appeared to be very much against him ; that he had never threatened them, but had ordered his wife out of his shop.

For the defendant it was stated, and in evidence, that the plaintiff had had delusions ; that after some delusions he had attempted suicide in 1889 ; that his notion that his family were against him was delusive, that he was dangerous to them only ; that they desired to take care of him, but he had been in a miserable state for some time ; for days his wife had been in fear of her life, and at last went to the relieving officer, who sent her on to the medical defendant, who wrote the certificate in order to initiate an inquiry by the relieving officer, and who stated, in giving evidence, that he thought from his past knowledge of the case that the plaintiff might probably become dangerous again, and that, while it would be prudent to see a man before giving a certificate, yet, upon his previous experience of this case, and knowing that it was of importance that immediate action should be taken, he thought time, which it was most important not to lose, would be lost if he had gone to see the plaintiff. He had previously recommended plaintiff's removal in 1889, and if it had not been delayed, the latter would have been confined before he attempted his life. He had always found the wife truthful, and she bore an irreproachable character.

In summing up the case to the common jury, Mr. Justice Cave held that the suit, so far as it was on the ground of libel, must fail, the occasion being a privileged one, and malice not proven; and he held that the proceeding was under the Lunacy Act, the other ground of the suit; and that the question then arose whether it was necessary for the public safety or for his own welfare that the plaintiff should be put under control. If that were answered in the affirmative, the verdict should be for the defendant. Then the question also arose, did the defendant act in good faith and with reasonable care in signing the certificate? If he did, the verdict should be for the defendant; if not, then the verdict should be for the plaintiff, and such damages as the jury thought fit.

Verdict for the plaintiff, damages £25; judgment accordingly.

Commenting on this verdict, the *British Medical Journal* remarks:—

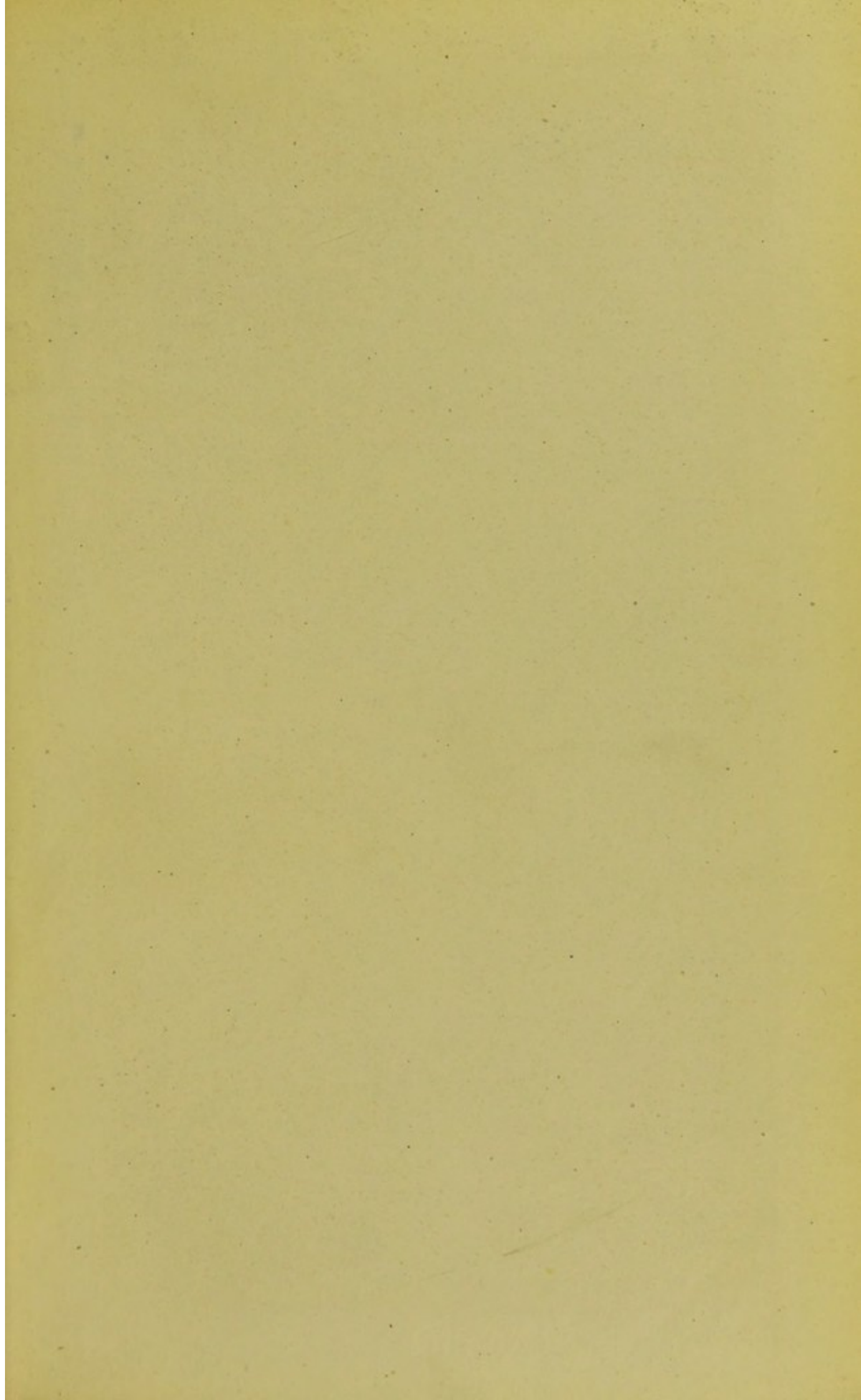
We are not aware what point led the jury to the verdict, which bears somewhat hardly on the medical defendant. Perhaps it was that he had not seen the plaintiff for some time before signing the statement above mentioned. But it will be noticed that the judge raised two questions on which decision was to rest; and not merely the one question which would seem to be the only one to be decided according to the clear and apparently all-embracing words of the protective section 330, namely, that the protection shall cover everything done in pursuance of the Act if the person has "acted in good faith, and with reasonable care". For it will be noticed that he also raised for decision the question whether it was necessary for the public safety or his own benefit that the plaintiff should be put under control. The wording is apparently taken from the section (20) providing for removal of alleged lunatic to workhouse in urgent cases. If such questions have to be contested in court under one section of the Act, then many analogous questions can be raised—in different cases—under other sections; and the provisions of the protective section, with its simple issue to be tried, namely, as to alleged want of good faith and reasonable care, become illusory.

Recently, the medical defendant moved for judgment or a new trial; the court allowed the appeal, and entered judgment for the defendant, thus reversing the verdict of the jury when the case was tried before it and Mr. Justice Cave.

In delivering judgment, the Master of the Rolls said that to establish his case the plaintiff must prove, first, negligence in the defendant; and, secondly, that the negligence was the cause of his being taken to the infirmary. As to the first point, the wife of the plaintiff got the written statement from the defendant for the use and assistance of the relieving officer; she did not go to the defendant to get advice and treatment for the plaintiff. There was, therefore, no duty on the part of the defendant towards the plaintiff as a patient, and no negligence. As to the second point, the duty of the relieving officer was to make up his mind and satisfy himself whether the plaintiff was dangerous, and ought to be confined. The sole responsibility was on the relieving officer, and he had to act upon his own responsibility. That being so, the opinion of the defendant was not the cause of the plaintiff's being taken to the infirmary; the act of the relieving

officer was the cause. Even though it might possibly be true that the act of the defendant was the *causa sine qua non* it was not the *causa causans*. In other words, the confinement was not the direct result of the defendant's act, but it was the direct result and the sole result of the act of the relieving officer. There was the intervention of an independent and responsible third person, namely, the relieving officer, who was responsible for what was complained of. Upon both grounds, therefore, the plaintiff's case failed, and judgment ought to have been entered for the defendant. Lords Justices Lopes and Kay concurred with the Master's judgment.





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