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ON THE

SEDATIVE TREATMENT

IN

THE PREVENTION AND CURE

OF

INSANITY.

CAUSE

CON

JOHN CH

~~Andrew Sutherland~~
Jos. Workman M.D.
1855

INSANITY,

ITS

CAUSES, PREVENTION, AND CURE;

INCLUDING

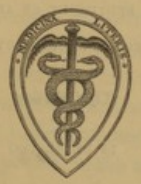
APOPLEXY, EPILEPSY,

AND

CONGESTION OF THE BRAIN.

BY

JOSEPH WILLIAMS, M.D.



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FORMER DEDICATION.

TO

THE RIGHT HONOURABLE

SIR EDWARD B. SUGDEN, KNT.,

LORD CHANCELLOR

OF

IRELAND,

BY

HIS LORDSHIP'S PERMISSION,

AND

WITH EVERY SENTIMENT OF ADMIRATION AND

RESPECT FOR HIS HIGH ATTAINMENTS,

This Essay

IS DEDICATED

BY

HIS MOST OBEDIENT AND FAITHFUL SERVANT,

THE AUTHOR.

TO

THE RIGHT HONOURABLE

LORD ST. LEONARDS,

LORD HIGH CHANCELLOR

OF ENGLAND.

My Lord,

While the bench and the bar must feel themselves honoured in seeing the woolsack now adorned by one with talents so profound, and with such consummate legal acumen, the philanthropist and the physician must rejoice, in knowing that the interests and the well-being of the pitiable lunatic, will be so jealously watched over and so vigilantly guarded. That the advantages to be derived from your Lordship's intellectual judgment may yet be extended over a lengthened period, is the sincere wish,

My Lord, of your Lordship's most obedient,

And very humble servant,

Joseph Williams.

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PREFACE

TO THE FIRST EDITION.

THE Lord Chancellor of Ireland having placed at the disposal of the President and Fellows of King and Queen's College of Physicians a premium for an essay, on some subject connected with the treatment of insanity, the President and Fellows consequently selected and publicly announced "The use of Narcotics and other remedial agents calculated to produce Sleep in the treatment of Insanity." This essay, having met with the favourable notice of the President and Fellows, is now submitted to the Profession.

The importance of this subject cannot be overestimated—to induce sleep in every stage of insanity is most desirable—to procure it in incipient cases, is often to effect a cure—and in many persons, the symptoms primarily nervous, become subsequently inflammatory, if vigilantia be not arrested —many cases of insanity being entirely prevented by procuring sound and refreshing sleep.

The author has rapidly glanced at the following topics—the importance of early treatment in cases of insanity—the prevention of insanity by procuring sleep—the error of always attributing insanity to organic disease—and those numerous agents which indirectly produce sleep, although not narcotics.—Bleeding and the antiphlogistic treatment have been more fully considered, and an attempt has been made to show the importance of distinguishing inflammation from maniacal irritation—the great advantage of the calming and soothing system being duly estimated. Considerable attention has also been given to narcotics—the use of various kinds of baths—exercise and amusements—and travelling—together with some observations respecting metaphysical and moral treatment.

This subject has been investigated as a very important branch of the practice of medicine, and it is hoped a candid and rational inquiry has been made into the value of the various agents useful in producing sleep.

London, 8, Tavistock Square,
Sept. 1848.

PREFACE

TO

THE SECOND EDITION.

The high encomiums which have been passed upon the former essay by the whole medical press, as well as by a large portion of the scientific journals, and the very favourable reception it has met with in the Profession, have encouraged me to more fully investigate, and more minutely examine the subject upon which it specially treats; and although I have entered much more elaborately into the character and causes of insanity, yet the treatment both moral, hygienic, and therapeutic, has occupied my chief attention, and useful hints will be found to pervade every page. The object has been to render it an essentially practical volume that may at once be consulted by the medical man

when called to the responsible duty of treating such difficult cases, and I believe it will be found to supply an hiatus which has long been known to exist. The cases have been uniformly selected with the object of illustrating some important symptoms, or of evidencing the value of some particular remedy. As these have all occurred in private practice they will be doubly valuable to the medical practitioner; by this let it not be thought that I am indifferent to the advantages to be derived from public establishments; I feel myself too deeply indebted for the information I formerly obtained, during a period of nearly ten years, from the hospitals in London, Dublin, Edinburgh, and Paris, to be insensible of the invaluable opportunities afforded by such noble institutions; still it is not to be denied that a great deal of practical experience in the management of the patient, and in the direction of the sick-room, has to be acquired after the medical man "has completed his education," it being then, in fact, that his experience really commences; and I doubt not but that many who may subsequently read these pages, when having perhaps for the first time been suddenly called to a case of ferocious delirium, or of acute mania, a stranger to the alarm and excitement caused in a family by such an unexpected out-burst, will then confirm and estimate the value of this statement.

In addition to the minute details and directions essential to be entered into and given when treating

a private patient, and which in public hospitals are undertaken as a matter of mere routine, it will be found that the very remedies themselves have to be adapted, not only to the individual symptoms, but almost to the very class to which the individual belongs, and however, some may affect to laugh at the truth of this expression, it is a fact which experience must subsequently teach them.

The patients principally referred to in this work, have been chiefly of the upper portion of the middle classes, many of them highly intellectual, and this I mention for the purpose of suggesting, whether in such cases narcotics are not even more especially useful, than where the mental faculties have never been improved? Still from the few cases I do see amongst the poor, I find that the sedative treatment produces the same remarkable effects, and it is indeed impossible for me to press too strongly upon the notice of the Profession, the absolute necessity of endeavouring to procure sleep in that state of restlessness and vigilantia which precedes and accompanies insanity. Experience proves to me that, although upon consideration and reflection, medical men invariably admit the importance of inducing sleep under such circumstances, yet in actual practice they not unfrequently fail to take advantage of the various narcotics which our Materia Medica offer; and I believe that opinions disseminated by some even distinguished medical officers of our own lunatic asylums, to the effect that narcotics are

rarely useful, often injurious, and but seldom effect the good for which they were prescribed, such unfortunate statements, have, I believe, done incalculable harm. I can only account for the non-success of narcotics, if judiciously selected and skilfully combined, by supposing that disease was *chronic* or absolutely organic, because in my own practice I have so constantly, so continuously, so almost invariably been able to induce sleep, even when others have failed, that I cannot but feel that in the restless state which precedes insanity, or even in that insomnia which accompanies it, sleep may as a rule be secured. Let it not be thought I uniformly prescribe one remedy in all cases, my aim is always to adapt the means to the particular symptoms; it will frequently happen that one narcotic is more especially indicated than another; in some, the warm bath will be more especially useful, in others cold applications to the head produce a sedative effect; mere change of air alone, will often procure relief, but frequently a little therapeutic treatment at the hands of the medical attendant will be essential; and I would strongly urge upon those who have not yet studied the art and science of prescribing, to make themselves well acquainted with Paris's Pharmacologia; it was the first medical book placed in my hands, now twenty-two years since, and has been by me more perused than any other work in my library, and I believe it contains the key which will unlock the mystery respecting

many physiological difficulties, and will prepare the mind for future therapeutic investigations. My object here, however, is not to enter into detail, but to enforce the paramount necessity of warding off the first effects of restlessness, and of procuring good, sound, refreshing sleep; and the interesting cases I have selected, cannot be regarded merely as illustrating a theory, but as demonstrating a valuable fact, and a fact too, as important as can possibly be conceived, and I conscientiously believe that many valuable lives might be annually saved by paying greater attention to vigilantia.

Few suicides occur without premeditation, there is generally ample warning; the patient is restless, irritable, morose or melancholy, sleepless at night, but this is disregarded, and the friends without seeking medical relief, too often hope "he will soon be better," and a few days so pass by, until a most melancholy catastrophe suddenly overwhelms them; and nothing can be more painful to a philanthropic mind, than taking up the newspaper morning after morning, and seeing this sad picture in another suicide. How different the feelings, to be able to look round the various walks in life, and see those who have been rescued from these temporary perils, to find them now cheerful, active, useful.

An apology may be apparently demanded for the very frequent recurrence with which I have enforced the inexpediency of sending incipient cases of insanity to Asylums, but it is a point which I

hold to be of such importance, that I feel it to be unnecessary to offer any excuse for such repeated reiterations; again and again have I been the means of preventing the incarceration of fathers, of mothers, of sisters, and where these very individuals are now holding prominent places in their respective circles; and, were it not manifestly inexpedient so to do, I could point out in many spheres, the incalculable advantages I have secured to these individuals, and the obvious social evils I have thus prevented.

As I felt reluctant to enlarge the size of this volume, I have not even touched upon the difficulties connected with medico-legal evidence, but must refer my readers to the "Medical Times,"* where it will be found I have entered very fully into unsoundness of mind, capacity and incapacity, imbecility, delusion, hallucination, responsibility, and the irresponsibility of criminal lunatics, illustrated by numerous cases, with the opinions of the most eminent physicians, and the decisions of the most illustrious judges.

There is one point to which I think it essential to draw the especial notice of the Profession, it is to that of the system being poisoned by urea; several such cases are here related, and one of these occurred under exceedingly painful circumstances, into which I must not enter, but suffice it to say, that his family considered he had been really poi-

* Vol. XV., commencing at page 199.

soned by a disappointed and flagrant amante, whereas he really died of epileptic convulsions, produced by the constant use of ardent spirits, there being renal disease and ramollissement of the brain. It often happens in this particular form of epilepsy, that the unfortunate patient is living with one or more drunken associates, or with some favorita, and when the terrible symptoms I have described occur, the friends suddenly summoned and fearfully alarmed at the horrible convulsions, think there must have been foul play; the scene around, and the associates, all fostering the suspicion; and I must confess that until my attention was more particularly drawn to this disease, I had previously more than once, held a doubt whether poison had not been administered; in one such case, nothing would satisfy an unhappy father, but my drawing up a formal and detailed account of the whole symptoms, which I did, and it was duly signed both by myself, and by the medical practitioner who had consulted me. This subject would not have been referred to here, had not a lady called on me subsequently to this book itself being printed; and her statement so powerfully re-impressed me with its importance, that I cannot refrain from detailing the following account. I have attended her upon two or three former occasions with congestion of the brain caused by amenorrhœa, and this is now aggravated from deep grief at the recent death of her brother.

He was naturally of a full habit and very excitable, irregular in his mode of living, and constantly inebriated from drinking porter. Since childhood he had suffered in the left ear from otorrhœa; whenever the discharge stopped he was always worse; and during the last two years he has had constant pains in the back, which were always referred to lumbago. When first seized with his last illness, he complained of severe pains in the head and lumbar region, for which the medical attendant opened the temporal artery, but fortunately only a small quantity of blood was obtained, he was then purged; the pains in the head continued during three or four days, when at 7 A.M. an epileptic fit occurred, succeeded at 7 P.M. by another, these again and again regularly recurred at the same hour for three days, when death terminated the scene.

An execution for debt was then in the house, and had been during the preceding fortnight, this, together with the dreadful symptoms, led to rumours, and an inquest was consequently held.

The post-mortem examination showed ramollissement of the superior and right portion of the cerebrum, this being the opposite side to the affected ear; there was also some serous infiltration; the liver was hypertrophied and indurated, also hypertrophy of the heart; and the kidneys were enormously enlarged and degenerated. Of course such pathological facts sufficiently evinced the real cause of death.

The same effects from poisoned blood circulating through the brain, I have seen in a case where the autopsy revealed double pneumonia, and therefore let me again urge the forensic importance of medical men paying great attention to this subject.

There is yet one other caution I would venture to suggest, it is respecting the periodical administration of Calomel in diseases of the brain, especially where there is an hereditary tendency to insanity; much cerebral mischief not unfrequently results from ptyalism, and several primary cases of mania may be clearly referred to this cause, even where the Mercury had been given for other diseases, and relapses are very constantly observed to follow salivation.

I take this opportunity of thanking several professional brethren, to whom I am unknown, for various statistical accounts, and many valuable communications, with which I have been favoured; many of these convince me that the subject I have advocated is daily gaining attention, and that the important distinction is now being drawn between irritation and inflammation.

8, *Tavistock Square, April*, 1852.

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INSANITY.

REFLECTIONS AND OBSERVATIONS.

The highest endowment bestowed on man is mind; that intellect, which God has in infinite wisdom placed in man, and in man alone. Philosophers have for ages disputed as to the composition of mind, and while some have endeavoured to refer it to ultimate atoms, others have considered it as ignited air, or a vital essence. We shall not, however, even notice the material opinions of the Stoics and Epicureans, nor the transmigratory but yet immortal character assigned to it by the Greeks; nor would it be more useful even to refer to the fire of Democritus, the water of Hippo, or the halitus of Heraclitus; and it were as unsatis-

factory to consider the opinions of Thales, Pythagoras, Plato, Aristotle, and Galen, as it would be to perpetuate the subtle and infidel opinions of more modern times.

These various speculations, although amusing, and perhaps even satisfactory to those who gave them birth, are useless, except inasmuch as they teach us that men of great intellectual powers have failed in discerning what mind is, of what it consists.

This we know, that the mind is an immortal and immaterial entity; and while occupying its earthly tenement it is designated *mind*, but having left the body, it is called the *soul*.*

The soul or mind can never perish; but this intellectual principle, this mind, was given by our Creator to us, to guide us and direct us in our actions. And our first parents, possessing this reasoning faculty, received an express command from God, which command they broke, having previously debated and reasoned upon its utility and validity; but this command having once been broken, conscience immediately condemned them, and they hid themselves from their Maker; then it was for the first time that man knew "good from evil."

* I here rest content with this dogmatical statement, as it is my intention at an early period to discuss and illustrate this polemical and psychological subject in one of the Reviews.

Man is a rational creature; he reflects and reasons, thereby employing the faculties of perception, attention, memory, and comparison.

By reason we distinguish right from wrong, truth from falsehood; by it we compare the relation of facts with each other; by it we deduce one proposition from another; it is this which makes man a rational and an accountable being.

Man can not only reason, but he is capable of reflecting upon what is within him, and thus becomes acquainted with his own purposes; this is the highest faculty, and is termed self-inspection or reflection.

Whatever is perceived is called an idea taken in its enlarged sense; an idea may be either simple or complex; and it is the office of reason to discover the coincidence or consistency, and the irrespondence or inconsistency existing between ideas, there being either a natural correspondence or a natural repugnancy.

Sagacity depends on the rapid, acute, and just survey of the relation of things with each other; while he is considered dull and lethargic who torpidly arrives at the same conclusion by a more slow process of induction. The man of wit and genius not only rapidly connects facts with each other which in themselves are remote, but, with a vivid imagination and lively fancy, he, by peculiar stratagem, places them in agreeable and striking con-

trasts, and yet, with extraordinary ingenuity, so combines them that they have an apparently coincidental similitude.

Imagination is purely intellectual; this it is which enables us to conceive, compose, and form new ideas. It is often one of the most dangerous gifts a man can possess, impairing his judgment, and weakening his attention.

In addition to intellectual power, man also possesses the faculty of appetency, which not only instinctively teaches him to satisfy his desires, whether resulting from hunger, thirst, or the sexual passion, but also indicates whatever is repugnant to his feelings, hence we include under the faculty of appetency, desires and aversions.

The active and moral powers are divided into the *emotions* or *passions*, as hope, fear, joy, love, ambition, pride, vanity, sorrow, regret, rage, remorse, surprise, and wonder; and also into the *propensities* or *bodily appetites*, as hunger, thirst, the sexual passion, curiosity or the desire for knowledge, covetousness or the desire for possession, the love of power.

There are different degrees of mental perfection, and it would appear that although one man is born with more genius than another, yet that intellectual excellence depends on culture and steady discipline; and however great the natural endowments, there are few who attain eminence in any

pursuit but by the most patient and untiring energy.

The intellectual faculties are dependent upon the external senses for a supply of facts, while the moral or appetent faculties refer to that which is within, constituting *instinct*, controlled by an inherent power, the will; it is by this *will* that man directs his thoughts and actions, by which he acts and commands; volition being the act of willing or determining, and resulting entirely from the wish or will; this *will* being therefore an innate, dictating, or determining power, always subservient to the understanding; *self-will* being directly opposed to self-government or self-restraint.

There have been numerous definitions of insanity, in each of which there is something incomplete or objectionable. Locke referred insanity to false judgment, while Dr. Battie thought the perception to be at fault, together with a deluded imagination. Cullen considered it an impairment of the judging faculty. Locke observed, "That madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very wrongly, they mistake them for truths; and they err as men do that argue right from wrong principles."

Dr. Mason Good considered the judgment and perception to be both at fault, although not equally so. Lord Erskine imagined, where there is no frenzy or raving madness, delusion is the true cha-

racter of insanity; and Dr. Willis was of opinion, that unless symptoms of delusion were betrayed, the soundness of mind of the party could not be questioned. Dr. Prichard referred insanity to "a disordered state of the functions of the brain, which give rise to disturbances in the operations of the mind," presuming that a lunatic confounds the ideas of reverie or imagination with memory.

Insanity is, according to Dr. Conolly, "the impairment of any one or more of the faculties of the mind, accompanied with or inducing a defect in the comparing faculty." It is in the opinion of Dr. Copland, "the exhibition of morbid and prominent points of character uncontrolled by reason, this being opposed to the established opinions of society."

Now, whether we regard the "erroneous judgment" of Locke, the "deluded imagination" of Battie, the "injured imagination" of Mead, the "delusive image" of Lord Erskine, the "false belief" of Haslam, or the "delusion" of Willis, we find something incomplete, incomprehensive, or erroneous. It is impossible to give a definition which will act uniformly and justly in every conceivable case.

It will be found, on taking a comprehensive view of the subject, that one faculty or some particular emotion or passion is generally specially affected, and hence has been described that characteristic the most uniformly seen, or the most prejudicedly

sought for. The various shades have depended upon the different degrees of reflection, and hence the contrariety of opinion as to what specifically indicates insanity is likely to be as great and as unsatisfactory as it would be to determine the actual colour of the chameleon.

Dr. Prichard considered that the judgment or reason of a lunatic is never perverted; but I certainly accord with the opinion of Dr. Conolly, that the judgment is always perverted in insanity, although in different degrees.

Judgment results from comparison; and a great characteristic of insanity is the incapacity for comparing facts with each other. The insane do reason, and often on wrong premises, but it is almost always observed that the judgment becomes weakened, even in incipient insanity.

That man may be said to be insane who has no control over his thoughts and actions; it is not the mere knowledge of what is right or what is wrong, for many lunatics, at this moment in confinement, are very good judges on such a subject; but, notwithstanding this discrimination, they knowingly do that which is wrong, feeling an irresistible and persistently encouraging impulse which cannot be controlled; but according to law, every man is responsible who knows right from wrong.

An insane person generally either holds some opinion which no rational person could entertain, or he reasons in such a way as at once to prove his

irrationality; and, in addition to either or both of these, there is often a characteristic physiognomy, a peculiar manner, a diagnostic gait, with more or less inconsistency and eccentricity, and these not unfrequently combined with suspicion, exaggeration, irritation, or violence.

There is a great distinction between perception and reflection; the perception alone may be at fault, while the reasoning may be correct; and again, a person may reason wrong and perceive right. Some patients know their perception and judgment to be at fault, and will, without hesitation, acknowledge it; others never will admit it, but declare those to be mad who differ from them.

The most simple deviation from perfect sanity is usually termed eccentricity, and to determine the exact line of demarcation between this eccentricity and insanity has hitherto been found impossible. In many instances where there is great excitement or deep depression, no one would for a moment hesitate in at once recognising insanity, but no general rules can be laid down where the fainter shades of false opinions have to be decided upon. Cases which exhibit such extraordinary eccentricity as even to involve the doubt respecting the individual's sanity, cannot but be regarded with apprehension and alarm; therefore eccentricity should be checked in its earliest development. A man may be eccentric in dress, in manners, in habits, or he may draw inferences at variance with the

opinions of a sound judgment, being different from those of any sensible person; now such affectation as this is very apt to grow; it begins as affectation, it continues as eccentricity, it not unfrequently terminates as insanity. Such persons get into a wrong mode of thinking, and they for so long have acted from mere impulse and conceit, and their opinions have been so entirely dependent upon imagination, that at length they believe that which is false—they cannot separate truth from error. Almost all eccentric people are excessively self-conceited; their object is often to be different from other persons; it may show itself in a thousand various forms, but such habits are very dangerous, and should never be overlooked.

There are many persons who hold very absurd opinions, but they are so far aware of their peculiarities that they always endeavour to conceal them; and while an eccentric person can avoid and may even laugh at his eccentricities when pointed out to him, a lunatic almost invariably becomes excited and enraged when his weak point is alluded to

The memory is often defective in insanity, being sometimes specially at fault; in other instances it is preternaturally active and retentive, and such persons are often quick, acute, and subtle, and the weak point or defect in reasoning is only detected with difficulty. Instances have occurred where the paroxysms have even been enjoyed, the memory being so comprehensive and the intellect appearing

to themselves to be so elevated; and when under such influence they have made poetry, acquired eloquence, and composed music; whereas the paroxysm passes over, and they are again left with only ordinary powers.

Although the memory is very often defective in several forms of insanity, yet it is not *necessarily* so in *connate* imbecility, it being here often very good as to everything trivial and childish, but the understanding, judgment, and comparison are at fault. The very look bespeaks the childish sentiments and feelings; such persons are usually shy and submissive, silly in their actions, and indiscreet in the way they spend their pocket money.

A man may be so forgetful as to ask twenty times a day the name of a son at college, or he may, even when knocking at a door, forget his own name, as occurred to a German statesman, who, on calling at a friend's house, was asked by the servant his name; he had, however, at the moment forgotten it, and turning round to a friend who accompanied him, said, "Pray tell me who I am, for I cannot recollect." In adult life there is sometimes great inattention, and such a person may require to be powerfully aroused, but when this is effected the judgment is sound.*

It is most singular that when consciousness and reason return, the memory often reverts to asso-

* See a curious case, Sir A. Crichton's "Mental Derangement," vol. i. p. 281.

ciations which had happened just prior to the attack, and which during months and years have been totally forgotten. Thus, a labourer, for security, when leaving work, placed some tools in a hollow tree, went home, became maniacal, and remained so several years; his reason suddenly returned, he asked for his tools, and went to the field where he had not worked for upwards of five years, and immediately found them in the spot where he had left them. In another instance, a young man saw the seed sown in a field, and, as he supposed, at the end of four days, found the reapers cutting down the corn; the interval which he had lost had been passed in furious mania.

So a lady, who had for a length of time been most industriously employed in some needlework, became insane and continued so for seven years, when she suddenly recovered; although during her insanity she had never alluded to it, one of the first questions she asked was respecting the needlework. Cases have occurred where the insanity was periodical; thus a conversation has been abruptly broken off on the occurrence of the paroxysm, and resumed at a subsequent time, when the reason returned, exactly where it had been discontinued. These are very remarkable facts, and show how completely some of the powers of the memory are for a time paralysed.

In these instances the comparison as to the relative length of time was faulty; the periods of in-

sanity were passed over as a blank, whether it consisted of one hour or of five or seven years; had recovery not taken place, these individuals would never have possessed the power of comparing the length of time. And this is well exemplified in the case of a young gentleman, who a few days before his contemplated marriage received part of the charge of a gun in his forehead; he was found deranged; from that time until he was eighty years of age, when he died, he was always talking of his bride, and from day to day contemplated with the highest pleasure and expectation the coming ceremony. Here the judgment being faulty, the power of comparison being absent, he was unable to detect the flight of time.

It may not be out of place now to mention that many lunatics, who have committed crimes or performed extraordinary acts while insane, have not, on their recovery, had the slightest recollection of such events.

The character of the delusion much depends upon predisposition, physical temperament, and collateral circumstances. Thus an ambitious man fancies himself a monarch, or perhaps a general, some one of distinction—a modest and retiring person fears his reputation gone, he sees distress in every object —a pugnacious man will represent some celebrated pugilist—whilst another, who has much frequented theatres, constitutes himself *the* living actor; and yet again those who have been enthusiastic in re-

ligion affect to feel themselves as martyrs, or inundate their listeners with pulpit eloquence—so that a maniac frequently is only hyperbolizing his natural character; the same actions, habits, and thoughts which characterise him through life are exaggerated. Self-esteem is often unbounded, so that every asylum affords the first senators, the chief physicians, the most distinguished generals, the greatest architects. The thirst for distinction is great, and hence there are always some who represent the Almighty, Mahomet, Satan, monarchs, emperors; they often themselves believe they hold supernatural powers.

These not only indicate their insanity in the false ideas they entertain, but in the extreme pusillanimity they exhibit; they profess to hold the power, and yet forget its privilege—they are themselves submitting while giving their commands; and often at the same moment of declaring their titles, authority, and commission, perhaps even from Heaven, they, as a favour, ask permission of the attendant to leave the room. The vanity of lunatics is very great: they are not only very fond of assuming high characters, but they dress up with stars, gems, jewels, orders, and badges; these being often represented by the most insignificant bits of rubbish or paper. It is but right here to mention that Gall and his disciples believe that these assumptions of different characters depend upon various portions of the brain being affected.

A person of merely weak mind, although he may be very eccentric and foolish, yet, when his errors are pointed out by another, he sees and admits them; but if insane, he cannot perceive them, and will neither believe nor acknowledge them; yet, although this person of merely weak mind does acknowledge his errors, he never profits by them, he never gains experience, and he is as indiscreet at fifty as he was in boyhood; so that if such a person was considered unfit to manage his affairs, it would not be because he was insane, but from his being imbecile or idiotic.

Unsoundness of mind consists in a morbid condition of intellect, or loss of reason, coupled with an incompetency of the person to manage his own affairs. This, however, must depend on the degree of mental imbecility, as those proved *non compos mentis* have exhibited a self-control which would have insured them a verdict of sound mind, had not some accidental circumstance, or the entrance of an individual, led to the particular hallucinating point.*

Insanity is often characterised by an undue impression which fixes itself upon the mind with great pertinacity, and this impression may either result in error or truth; whether true or false, it is wonderful how it absorbs the attention, so that most

* For further information, refer to my Medico-Legal Essays in the *Medical Times*, commencing p. 199, vol. xv.

important events are entirely disregarded by a person in this state. It is a mistake to imagine that, when an error is held, it always occupies the mind to the exclusion of other false ideas, there being generally the chief hallucination mixed up with a number of other weaknesses.

In judging of insanity a comparison should be instituted between the previous and the present habits, it being not so much the absence or presence of many eccentricities or peculiarities, as it is the remarkable *change* which occurs in most lunatics; indeed many peculiarities may offer the presumption of insanity in one person and yet not in another.

How commonly, as a precursor of mental aberration, is a change in the natural feelings; the wife who was beloved is now disliked, and looked upon with suspicion, her very fidelity being even suspected; the children, before so lovely, are now intolerable; and those habits of friendship which gave so much satisfaction are relinquished in antipathy and disgust.

It is much more easy, as M. Esquirol observes, to discover that the moral affections and passions are disordered, than to detect illusion or delirium; and a return of these moral feelings and of the natural habits and sentiments must always be hailed with the greatest pleasure.

It is of the greatest importance to ascertain the previous character of an individual, for a person

who is now represented as insane may have always been indiscreet, he may have been foolish in youth, as a man, and in old age—he may have been always eccentric in dress, manner, or habits.

Occasionally during the dark hours of night, while vigilant and restless, some peculiar fancy or idea presents itself—it cannot be dispelled, it occasions uneasiness. The affairs of the next day and cheerful society dispel it, and it may never recur; but if predisposition has existed, or should some unfortunate coincidental catastrophe occur, the judgment and reason may be shaken, the balance be destroyed, the mind be deranged; this may be temporary or it may be permanent.

A healthy mind should be able to dismiss an idea at pleasure, and change the train of thought; in monomania, or insanity principally referring to one subject, this cannot be accomplished—the attention is fixed upon and devoted to one object; but in many weak-minded persons, on the contrary, a necessary degree of attention is not given to form a sound opinion, there being such an evanescence, and such a rapidity of thought, that time is not afforded for properly investigating facts; such persons have no stability, but are remarkably versatile.

If a person who had hitherto been peaceful, steady, prudent, and kind to his family, suddenly avoided his friends, threatened his relations, became passionate and intemperate in his actions, or

engaged in purchases and speculations which he could not discharge, being not only totally inaccordant with his fortune, but also with his previous caution, all these would tend to show that his mind had been "turned," that "a change" of mind had really occurred, and in some instances it might even be necessary for a jury or some competent authorities to at once decide as to the competency or incompetency of mind; for this very man twelve months subsequently would probably be thankful that he was prevented from ruining his family. The great point in such cases is to compare the present character with the previous life, and if, when such a change first commences, the erroneous views and extravagancies are prevented from becoming fixed and enduring, by removal from home, or by seclusion from the family, the most marked benefit often follows immediately, and will sometimes be at once acknowledged by the patient himself, who is often fully aware of his mental aberration. Seclusion, or even removal, and temporary change of residence, will often entirely effect a cure.

If we see a person becoming gloomy and dejected, and this without any real cause, our vigilance should be excited, as it is by using moral means in such cases, when employed sufficiently early, that so much benefit may be effected. Often such persons are afraid to be alone; they have their minds haunted with suicidal promptings, which reason yet enables them to resist—but this is just the point:

if such gloomy forebodings and wishes are allowed day after day to present themselves, that which was transient becomes more permanent, and on each recurrence self-control diminishes—even that which was previously known to be assumed is now believed to be true. So it is with the dislike and suspicion manifested to relations and friends: at first these insidious surmises disprove themselves, but, again and again returning, seem now more probable, till at length they are confirmed by having so constantly occupied the attention. Now, common sense at once dictates what should be done in such cases: the patient should be removed from home to some cheerful residence, either at the seaside or amongst rural scenery; if no particular dislike is shown or felt towards relations, one or more may be allowed to accompany him, but no one whom he has previously known or been intimate with, *and to whom he feels an antipathy*, should be thrust upon him. It is well known, even with ordinary invalids, that strangers manage them the best.

One of the earliest symptoms of approaching aberration is the change in the person's character. We have just described a suddenly acquired dejection and gloom, and we by no means less frequently find a person, previously sedate and reserved, suddenly becoming noisy, mirthful, and boisterous; bearing evidence of excitement which gradually becomes more marked; though before

modest he is now indecorous, and he shows in every thought and action absence of self-control. Now, it is far better to consider this a case of *preternatural excitement*, than to pronounce it one of madness; and how judicious, how delightful, if by calming this excitement and removing those causes which may augment it, a medical man prevents such a person being consigned to a house where he must necessarily mix with those who are irrational.

At home, with quiet and proper remedial and moral means, this person may in a few days be quite restored to health and reason. Frequently these symptoms will be found to be dependent on a *slightly* inflamed state of the membranes of the brain.

To neglect such a case and do nothing is most wicked, for if such a person be left to himself he often plunges into all sorts of sensual excesses, the gratification of which soon renders him uncontrollable. It is at this time recourse is so often had to stimulating drink, which, like adding fuel to a fire, heightens this excitation into absolute frenzy. Therefore, whenever such symptoms are first observed, it is the duty of the medical attendant to exercise control; often, by merely confining such a person to bed, with slight antiphlogistic and sedative treatment, and, by removing every source of excitement from the patient, future mischief will frequently be entirely prevented.

An insatiable appetite, if over-indulged, is constantly augmenting its evil, and to check it is often beyond the control of the individual, although knowing its injurious and wicked tendencies. It is when the passions are kept within the limits laid down by the general laws of society that an individual is allowed his personal liberty, but directly his actions interfere with the peace or happiness of his neighbours or friends, the civil power immediately interferes, if the prudence of his family have not anticipated such necessity.

When religion forms the subject of erroneous impressions, there may be religious excitement and enthusiasm, or extreme depression, giving rise, in the former, to the most ecstatic aberrations, and in the latter to the most gloomy despondency. Now, whenever it is observed that a person shows excitement or despondency when such topics are introduced, the greatest care should be taken to prevent its recurrence; and a morbid irritability having been detected, which is generally physical as well as mental, change of air and scene, or travelling, should at once be resorted to; so if an immediate or remarkable change of opinion is observed, that one previously doubting becomes without reason confident, or, when firm in her belief, suddenly falters, and this not arising from anything she has heard or seen, not being connected with any real change or conviction of heart, but depending on caprice, without foundation, here

travelling, and any occupation which draws off the mind from its delusion, should be promptly attended to.

Those predisposed to insanity are often remarkably timid, and frequently complain of constriction of the throat, and they are not unusually remarkably fond of showing off and reciting and spouting. When the disease has manifested itself there is generally increased sensibility, extreme irritation—they may be indiscreet, brutal, or revengeful; there is often vigilantia; pains in the head, stomach, or bowels; suspicion, apprehension, and passion; constipation and diminished secretions often occurring in incipient cases. The physiognomy, the eye, the gait, the dress, the altered habits, all proclaim the change.

An insane person generally has some suspicions that he is not quite right in his mind, and he may have frequently detected his false perception or delusion, but after a time, from their continually recurring, he believes them.

It sometimes happens that patients themselves desire to be placed under control, feeling they are not possessed of sufficient self-control to prevent them from committing deeds which their reason even yet convinces them are wrong; and whenever such is the case, the patient's wish should *not* be disregarded; and, if such solicitations are not promptly attended to, murder, suicide, arson, or

other crimes may ensue, of course depending on the peculiar bent of the patient's character.

As it is found that a person becoming insane shuns his friends, disregards the attentions of his wife, and suspects everything and every person, so when affection returns—when a patient wishes to see his family, and is anxious to be with his children—a cure may be anticipated. Therefore when we see alienation, suspicion, depression, or excitement, we should have our suspicions awakened; considering, as M. Esquirol has stated, that moral alienation, and calumniating and avoiding friends, are characteristics of insanity.

Many persons suffering from indigestion become infirm of purpose, irresolute, and indisposed for any enterprise—they are moody, thoughtful, and pettish; but an altered diet, and a little aperient medicine, soon dispels these vapours; however, even this is a state which should neither be encouraged nor tampered with, and it is advisable promptly to attend to dietetic and social regulations.

While indigestion renders the ideas and actions torpid and sluggish, quickened circulation through the brain, or slight inflammation, gives a sharpness to the faculties, a man's spirit is roused, his ambition is excited, he is ready for anything. This is a condition which is not to be induced with impunity; and where wine, mental exertion, or any

other stimulant produces this preternatural excitement, the cause must be removed. Common sense at once dictates how necessary amusements, occupation, and lively society, are for the one, and how essential quiet, repose, and abstinence, may be for the other.

So, again, at the time the sexual function ceases, a female's mind may become disordered, she gets corpulent, indolent, gloomy, taciturn, undecided, apprehensive, and suspicious; here, as Sir Henry Halford has said, it is in *degree only* she differs from melancholy mania.

How maddened some men become by drink. How excited, intemperate, and revengeful, when overcome by angry passion. How rash is the man in love. In each of these conditions they, for a time, are often not masters of their actions. Some men are literally mad when drunk; and it is so uniformly observed in particular individuals, that their neighbours say of one thus influenced, "He is mad when he is drunk." Now, this state cannot be indulged in with impunity; it may be frequently repeated, but at length the mind permanently gives way: the individual becomes a confirmed lunatic.

Persons when insane, as well as those who are sane, sometimes see spectres or spectral illusions, which may occur during night or day. These apparitions, especially when occurring at night, are generally caused by congestion of the brain, which

may be only of a temporary nature; they more commonly appear at night, and especially when the attention has been wearied, and exhaustion supervenes upon excitement. Mrs. Siddons has related the disagreeable phantom which her excited imagination conjured up. Her husband had retired some hours; she was studying a part she was to act in one of Shakspeare's plays, her candles burning dimly, and darkness deep around her; at length, so completely did her imagination conjure up the reality, that in breathless haste she rushed out of the room, ran up stairs, and threw herself upon the bed, afraid for some time to speak or move.

It once occurred to the writer, on a cold, damp, and foggy night, in winter, to be sent for to a patient, to reach whose house it was necessary to pass through a long and dreary lane, more than a mile in length, there being no habitation near. I was on horseback, and, having ridden about two miles, entered this solitary lane; it was a most dreary night, and while reflecting upon the dangerous character of the case I was about to visit, and the probability of death, a sense of loneliness crept upon me, and the hedges on both sides gradually appeared as mourners clothed in black; and where a tree happened to shoot up a little higher than the hedge, these irregularities appeared as mutes with their wands; this being also occasionally relieved on either side by white wands, which were

in reality white posts. I saw my patient, found her most dangerously ill, and returned by the same road, but with a more faint vision of the mournful line. In this instance it was easily accounted for: I had been reading for several hours, and this, together with the dark and uncomfortable night, the lonely situation, and the fears I justly entertained respecting the patient's danger, who happily subsequently recovered, all these tended to cause this optical delusion; and, although a most painful impression was produced, yet I was quite aware of its being an illusion.

Sir Joshua Reynolds had, on one occasion, been intensely occupied, and when walking out, the lamp posts appeared as trees, and the passing men and women looked like moving shrubs.

Now, in any of these cases, had the belief existed in the reality of such illusions, it would have constituted an hallucination, and this hallucination being present, being believed, and being acted upon, would present a true case of insanity, for insanity consists in confounding idealities with realities; so that a person who, although conscious of the appearance of spectres or illusions, knows them to be false, is not insane, but if he mistakes them for realities, and believes them, there is then most unquestionably an error in judgment.*

* Read the extraordinary case of Nicolai, of Berlin, in 1799. See "Nicholson's Journal of Arts," &c., vol. vi. p. 161; also Dr. Bostock's "Illusion;" see his work on Physiology.

A man the subject of hallucination believes in a false fact, so that he reasons or acts upon false premises; it is true an hallucination may occasionally coincidentally represent an actual fact, but this is merely an accidental circumstance, and proves only the exception. Some have drawn a distinction between illusion and hallucination: the former being evidenced as when a person declares he sees a demon; the latter where he *believes* he hears him; or again, where he imagines supernatural agents are plotting against him—the one representing a physical error, the other a metaphysical—illusion being caused by the false perception of objects, while hallucination is rather the result of conception, or an error of imagination. However, I consider those persons who see illusions and believe in them hold an hallucination; it is true this may not render such a person unfit for many services to which he may be called, but still it indicates a feeble mind, and shows the judgment to be weak upon that particular point.

In fevers there are often ocular illusions, they, however, generally disappear on the remission of the febrile symptoms; but to enter upon this point would exceed our present limits. Although it will be more fully entered into subsequently, yet it would not be right to leave this subject without stating, that whenever the hallucination has a dangerous tendency, as where whisperings are heard and instigations to commit any injury or crime, the

most efficient and prompt precautions must be resorted to: for the man who fancies he hears whisperings acts under an hallucination, and, if the supposed communication is of a destructive character, the most dangerous consequences may be anticipated, and should consequently be guarded against.

Spectral illusions generally arise from some irregularity of the circulation in the brain, or even sometimes from an affection of the eye itself; they occasionally occur from the mere effects of a morbid or extravagant imagination, being involuntarily forced upon an individual; and they have, in some rare instances, been actually under control, being also produced at pleasure. Although illusions are comparatively rare in persons awake, and especially by day, yet the very same effects are exceedingly common in those who dream, or who are at all somnambulistic. The illusions may often be traced to a physical cause, as exemplified in Nicolai's case, he having suffered considerable cerebral inconvenience from suppressed hemorrhoids.

A person who wakes up from his delirium knows his delusion, and, by comparing what he supposed to exist with that which actually does exist, he proves the verity of his sanity; but should he persist in believing his delusion or hallucination, and cannot compare what is false with what is true, his judgment is gone—he is insane; and it is a proof a man is *not* insane if he can correct himself and

perceive his error, however absurd or foolish such error may have been.

Insanity sometimes occurs suddenly without any premonition: the individual makes some very ridiculous statements, and immediately defends it in the most absurd manner, at once exposing his state of mind; the sublime and the grotesque frequently succeeding one another in the most rapid alternations. In other cases insanity may have remained latent for many years, occasionally evidencing its tendency in fickleness, indecision, and eccentric peculiarities, and then some exciting or depressing event at once calls it into action.

CAUSES OF INSANITY.

Amongst the *causes* may be enumerated constitutional peculiarity or predisposition, temperament, intermarriage—as seen particularly in the aristocracy of France, the children of old and debilitated parents, intoxication—more especially from ardent spirits, an over-stimulating diet, intemperance of every sort. Blows or falls, injuries to the head, inflammation of the brain or its membranes, fevers, severe mental exertion, especially in early life.

Love, excesses, sensuality, the depressing pas-

sions, premature sexual indulgence, self-abuse, abstinence, syphilis, mercury. Strong emotions and passions, grief, disappointment, scandal, fright, despondence, heart-ache, despair, misfortunes, sudden changes—whether of elevation or depression, avarice, love of country and home, poverty, destitution, want of sustenance.

Seasons, temperature, climate, summer, intense heat—as in the autumn of 1818 in France, meridian sun, heated rooms, confinement, want of exercise.

Excessive or suppressed evacuations, suppression of habitual discharges or of skin diseases; constipation; gastric, renal, and intestinal irritation; the gastro-entérite of Broussais, worms, hypochondriasis, hysteria, uterine disturbance.

Faulty education, overweening indulgence in childhood, want of self-control, latitudinarian principles—as observed during the French Revolution, erroneous religious opinions, intemperate preaching, political excitement, elections, public calamities, speculations, gambling, reverses.

Insanity is encouraged by whatever is opposed to virtue and favours vice, by whatever debilitates or injures the body, by whatever unduly excites or depresses the mind. Sudden changes are very prejudicial, whether from affluence to woe, from poverty to splendour, or from active life to indolence.

Sometimes after a blow or fall, or reverse of

fortune, a person becomes peculiar, and his friends, observing the change, say, "he is quite an altered man;" such a person may accommodate himself to his new position, may recover, or may never grow more eccentric; but sometimes it unfortunately happens that he becomes maniacal or imbecile.

While a sudden shock often causes insanity, it will sometimes cure it where it exists: thus an insane female, who abhorred her family, unexpectedly heard of her son's death in a foreign country—her natural feelings returned, she desired to see her family, and was cured. The same result has also attended blows or falls on the head, and even fever, each of which has occasionally been the means of restoring a lunatic to his senses.

Sudden news has often caused insanity, and it is found that elevation produces worse consequences than depression. Fright may at once induce insanity: a house is on fire, a lady is alarmed, rushes from her bed, and on reaching the street is removed in a state of fatuity.

It has been noticed that the offspring of a mother who has been greatly alarmed during gestation, especially when in the latter months, has often become insane, even where no hereditary predisposition has existed.

Constitutional disturbance and irregularity in females are a fruitful source of this disease, and determination of blood to the head, however pro-

duced, is a very common cause; thus it is that intemperance is so injurious: the spirit really circulates through the brain, and after death has been not only detected, but actually inflamed by the approach of a candle. Constant inebriation frequently induces delirium tremens.

The atmosphere has a marked influence on man and beast, and it peculiarly affects lunatics: in dull weather they are much more irritable or melancholic than on a fine day in spring. Intense heat is always noticed to cause an increase of lunatics, and a sultry summer greatly excites those predisposed, as well as those actually suffering from insanity.

The greatest proportion of cases occur in May, June, July, and August, there is then a decrease from September to December, and a further diminution in January, February, and March.

Insanity rarely occurs before the fourteenth or fifteenth year; but becomes very common as the age of puberty approaches; the system being then so much excited.

It is to be observed that some ages are more favourable to the development of insanity than others; it is most common from twenty-five to thirty-five in both sexes, and in every condition of life; it then diminishes, and again increases from fifty to sixty. More females are attacked before twenty than males, and the educated classes are more subject to early insanity than the poor.

Insanity is much more common than is generally supposed, or than statistical tables would lead us to infer, the fact being that so many incipient cases are cured in private practice of which no notice whatever is taken, and hence the various tables of cures which are published do not represent the actual number of recoveries of the whole of those attacked with insanity, but only the convalescence of those who have come under the cognizance of the commissioners, or of those actually received at the various asylums, many of which cases have been continuing one, two, or three months previous to admission. Bearing this in mind, and also remembering the various restrictions of admission into the different hospitals and asylums, we shall be better prepared to judge of the relative value of such statistics. There can be no doubt but that the most accurate way of fully investigating the subject is to include the number of lunatics in a whole country, rather than by merely examining the details of a particular district.

Insanity is either cured, becomes chronic, or terminates in death. Recovery generally occurs within the first month, and if more than six months elapse, the chances of cure become very much diminished. The mean time of cure is considered by Pinel to be five or six months, while Esquirol and Tuke estimate it at rather less than a year. When insanity is not cured, it often terminates in death before the expiration of the second year; the mean

average of the duration of the lives of the insane being materially shortened.

The deaths in asylums will be found double the average of that of the community at large, and, in some instances, even four times as great. The diseases with which insanity is often complicated are, phthisis, and organic disease of the brain, heart, kidneys, liver, spleen, and intestinal canal.

The mortality is found to be greatest in the autumn, during September, October, and November, then in December, January, and February; and during the other months of the year the deaths are much less frequent, scarcely amounting to one-half.

The average of recoveries depends very much upon the periods of admission; thus, where a number of incipient cases are included, the average of cures will be high, and *vice versâ*. In France more *incipient* cases are admitted than in England, the formalities are less, and I believe there are no rejections; a patient may be admitted at all hours, and not be obliged to wait until the sitting of a hebdomadal board. Every one knows that early treatment is most essential, and therefore, if a patient cannot command suitable accommodation and attendance at home, he ought to be admitted into one of the general hospitals or infirmaries at once, to receive the necessary treatment on the first moment of attack. In private practice it will al-

ways be found that the average of cures is much greater than in public institutions.

Insanity has continued twenty, thirty, and even forty years, and a cure has occasionally occurred when a person has been insane for twenty years; but, of course, such cases are rare, and form the exception. Mr. Hitch attended five patients who had been insane ten years, of whom two were cured in six months, one in nine months, one in ten months, and one in twelve months; and he also attended a patient who had been insane forty years, who was cured in four months; in three other cases a recovery occurred after eleven, seventeen, and even twenty years. Now, these cases show that all hope must not be utterly abandoned, even when insanity has been of such long duration. Dr. Greding mentions that he had an insane patient in his workhouse who was eighty-five years of age, and where his mental affection had continued more than forty years.

After sixty years of age, recovery is rare, and is by no means common even after fifty; and it may be considered, the younger the patient, and the more incipient the case, the greater is the chance of cure. Patients seldom recover suddenly, but generally have lucid intervals, which gradually become longer and longer. More recoveries take place between twenty and thirty; they are more rare after forty; but cases are not utterly hopeless, even after fifty or sixty years of age.

Taking the average of two or three civilized countries, it will be found that nearly an equal number of men and women are attacked; but it is noticed in large towns, especially in London and in Paris, that the number of females afflicted with insanity exceeds that of males, and this may partially be accounted for by the demoralizing and baneful effects of prostitution; such form the very worst and most hopeless cases, as owing to previous excesses the constitution is sapped, and they speedily pass into dementia, and become paralytic. Where a more regular life has been followed, the chances of cure are greater in females than in males; as from a number of statistical tables it will be found, that insanity is not only more curable in women than in men, but that more men than women die insane.

The married are less liable to be attacked with insanity than the unmarried, which may arise from the more comfortable, contented, and regular lives of the former, while the single are subject to greater excitement, and more frequent irregularities. M. Esquirol has stated, that where one case of insanity arose from continence, one hundred resulted from excess; therefore it would appear that insanity does not depend upon the restraints imposed by celibacy, but usually results from the vices and excesses to which the unmarried in France are addicted.

In savage and low life, insanity may generally

be traced to physical causes; but in more civilized life, and amongst the educated classes, it more frequently results from metaphysical, mental, or moral causes. It has been also observed, that the more acute the sensibility, the more brilliant the mind, the earlier does insanity attack; and hence the higher become affected earlier than the lower classes, and women, from their greater susceptibility, are attacked at an earlier age than men.

In Turkey, where the mind is never excited, mania is unknown; but an idiotic state is very common, resulting from continued apathetic lethargy, as well as from the abominable system of criminally exhibiting narcotics.

In France, where insanity is so much on the increase, opinions are speculative: that which is solid and substantial is neglected, and the *spirituel* is the watchword of society. Nothing can be worse for a country than the constant change of dynasty, and, while freedom of thought should be permitted, yet it is unhappy, indeed, when such liberty permits the propagation of opinions not resulting from judgment but from mere *caprice*. The great fault in the French character is excessive love of change: there is no fixedness of principle, no fixedness of purpose. In those countries where freedom of thought and action is forbidden, insanity is very rare; but wherever there is excitement, change, uncertainty, there mental disease abounds.

Insanity is much more common in civilized than

in savage life; nor is this to be wondered at, when we reflect upon the vices of refinement and of luxury; the chagrin, disappointment, and intriguing of the parasite of fashion; the ambition, the speculation, and the jobbing of men of commerce; the severe and often premature mental exercise, and the sedentary slavery, of those connected with letters: added to all, the jealousies, vexations, anxieties, and cares to be met with in every class of society: these, together with an uncontrolled state of the temper and the passions, are always tending to increase the number of the insane.

The constant state of excitement, the late hours, the discontent, ambition, intrigue, the love of dress, in short, the excess of every kind which is to be found in fashionable life, all contribute to debilitate the mind and body; and, did it not happen that something like cessation does occur during seven months of the year, thousands more than are already victimized, would be annually sacrificed.

In rural life, even, there are evils of much greater importance than a superficial observer would imagine: what with domestic disagreements, village scandal, the bitter quarrels and feuds of neighbours, and the unhappy consequences of unrestrained passions and of disappointed love, the numbers of the insane consequently become much more augmented than would by a cursory observer be thought possible.

There seems to be a peculiar and hereditary tendency, not only to develop the disease, but, what is still more remarkable, is, that there appears to be an hereditary periodicity: thus a son is observed to become insane at forty, whose father manifested the same disease at that identical age; and a mother may give birth to several children who each develop the disease on the approach of puberty, or on arriving at some other period in later life—it being considered when the threatening, or periodical, or critical time has been passed over, without any manifestation of insanity, that the chances of being so affected are much diminished. It is usually supposed that the female parent more frequently and more powerfully transmits the hereditary tendency to this disease, than the male; and this is in accordance with the opinion of M. Esquirol. Like many other maladies, insanity is atavistic—leaping over one generation, and then again developing itself.

Tall persons appear to be more predisposed to insanity than the short; and chesnut hair and hazel eyes are very commonly seen among lunatics; but it must be remembered that these are the prevailing colours in every rank of life.

Insanity is moulded according to the previous habits, thoughts, actions, passions, and feelings, there being often a greater predisposition where there is excitement, warmth, acute sensibility, or an active and vivid imagination; the type being

determined by the sanguineous or melancholic temperament.

Men with dark hair and eyes are usually robust and sanguine, have strong passions, are generally furious maniacs, and have marked crises — while those with intensely black hair and eyes are of a nervous temperament and are more subject to melancholia; those with brown hair have less energetic paroxysms—while light-haired persons, with blue eyes, being of the lymphatic temperament, although subject to mania and monomania, have often agreeable and pleasing reveries, and are seldom furious, but the cases are generally more chronic and pass into dementia; while red-haired lunatics are very treacherous and dangerous, and are never to be trusted; the same also applies to white-haired maniacs, who are almost always furious and traitorous.

CLASSIFICATION.

In entering upon the various forms of insanity, it is essential that names should be given, and it is of great importance that the same terms should,

as far as is possible, be uniformly adopted, inasmuch as mistakes have already occurred from a doubt as to the present nomenclature.

Without names we could not succeed in making any science or art intelligible; no classification can be made without nomenclature, and every disease, whether of the mind or body, is distinguished by its name; these names, it is true, are often arbitrary; having frequently depended on merely accidental circumstances, but the necessity of a nomenclature having been established, and in order to prevent confusion, we shall adhere to the classification recently adopted by the commissioners:—

I. Mania.
   1. Acute Mania, or Raving Madness.
   2. Ordinary Mania, or Chronic Madness, being less acute.
   3. Periodical Mania, or Remittent Mania, with comparatively lucid intervals.

II. Dementia, or Decay and Obliteration of the intellectual faculties.

III. Melancholia
IV. Monomania } Partial Insanity.
V. Moral Insanity

VI. Congenital Idiotcy.

VII. Congenital Imbecility.

VIII. General Paralysis of the Insane—Epilepsy; Delirium Tremens.

In addition to these, it is our duty to add Puerperal Mania, which has been excluded from the above classification, as such cases are very properly not considered suitable to be sent, or to be admitted, into a lunatic asylum.

Aberration of mind is dependent on either intellectual or moral error, and hence Dr. Prichard has divided insanity into *intellectual* and *moral.*

Intellectual, or madness attended with hallucination, "in which the insane person is impressed with the belief of some unreal event, as of a thing which has actually taken place, or in which he has taken up some notion repugnant to his own experience and to common sense, as if it were true and indisputable, and acts under the influence of this erroneous conviction."

Moral, consisting "in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without any maniacal hallucination."

Heinroth has divided insanity into disorders of the *passions,* of the *intellectual faculties,* and of the *voluntary powers;* in each of which there may be either excess or deficiency of action.

A man may reason well and act most absurdly; or he may be consistent in action, but deficient in reason. So, as Pinel states, he may be most furious without his understanding being at all affected,

rage and anger being the chief indication. The intellectual faculties and the passions are generally deranged in mania, while the affections are more commonly disordered in monomania.

Intellectual insanity is subdivided into *monomania*, or partial insanity; *mania*, or raving madness; and *dementia*, or incoherency.

MANIA,

Or raving madness, is generally at once detected, and it is very seldom indeed made the subject of legal controversy in civil cases. It is known by the violent excitement, comparatively *without* fever; it may come on suddenly, but it generally commences with restlessness and agitation; the individual is uneasy for a few days, sleeping very disturbedly at night; this is then succeeded by pain and throbbing in the head, and a want of connectedness of ideas; there is a vacant, wandering, protruding, and glistening eye, with an unmeaning laugh and unprovoked ferocity; he alternately tears, foams, cries, and laughs, feeling great antipathy to his relations and friends; projects are talked of but not accomplished; the thoughts

wander, the language being more or less incoherent; and when reproved or checked, there is great rage and violence.

The restless activity, the high spirits, the preternatural vivacity, the violent mental agitation, the rambling, the extravagant ideas, the rapid walk, the peculiar gait, the irascible irritability, all tend to show too plainly the character of the disease.

In females, especially when young, the symptoms are more hysterical; they alternately weep and laugh, there being an absence of delicacy; the secretions are diminished, the appetite fails, there is often thirst, and dryness of the nose and fauces; the passions are excited, and they frequently become obscene; the symptoms gradually increasing from time to time, until, at the expiration of a month, the disease has passed its height; and if recovery is to take place, it may then be expected.

In chronic mania there is less raving and excitement, and not that excessive rapidity of thought and action; and, inasmuch as the paroxysms are less violent, so there is not so great a consequent depression.

Mania may be continued, remittent, or intermittent, the attacks usually recurring with great irregularity. Intermittent mania is more rare than is supposed, and perfectly lucid intervals are even denied by some, who merely consider them periods of comparative tranquillity.

If madness suddenly cease, without any marked crisis or change, it is most probably a case of intermittent insanity. Great caution is required in giving an opinion that a cure has occurred, as it often happens that a relapse takes place, although not so frequently as is generally believed. Some have even doubted the very possibility of a lucid interval, but there can be no doubt that a return of the usual or habitual soundness of mind does in some cases take place during the intermission of madness; and it will often be observed that the longer the interval the stronger is the reasoning power, and *vice versâ*, the symptoms usually becoming more aggravated with each returning paroxysm, unless the patient is convalescing, when the paroxysms often become more and more mild.

While many physicians state that lucid intervals are seldom perfect, there are some who even deny the very existence of lucid intervals; and Dr. Haslam, after twenty-five years' experience, was of this opinion. Dr. Ray has endeavoured to prove pathologically that such a thing is impossible; but, as Dr. Prichard has wisely observed, and as is often noticed in practice, a person enfeebled with epilepsy has long intervals, and yet, when inspected after death, tubercles or ossific deposition have irritated the brain; so that here is irritation set up, at one time producing a fit, and yet an interval of months or years passes without a relapse.

The intervals of composure or placidity, in cases

of insanity, vary as to length, and where these are long it is called *recurrent* or *intermittent*, and sometimes *remitting* insanity; but, however named, it is meant that the intervals of freedom from the delusion are of considerable duration; when, however, these periods are very short, occurring very frequently, the insanity is called *paroxysmal*. The longer the interval, the less is the danger of recurrence.

When mania is complicated with epilepsy, there is often great danger, such a patient may suddenly become ferocious and violent, and may at once murder his dearest friends; such cases should never be mixed with other patients who are not epileptic.

Attacks of mania are more common between fifteen and forty-five, and are more frequent in males than females; speculators, merchants, military men, and artists, are more exposed than those of other professions and trades.

The most frequent exciting causes of mania in men are intoxication, intemperance, cold, study; in short, any excess of physical or metaphysical excitement or exertion. The usual causes in women are suppression of the catamenia, disappointment, jealousy, and parturition; in men, bankruptcy, loss of character, severe mental exertion, excesses, apoplexy, and epilepsy. In either sex predisposition equally favours the disease, which is also encouraged by a sanguineous tem-

perament, and the inordinate indulgence of the passions.

Mania is distinguished from monomania or melancholia by the extreme violence and excitement. It is of the greatest importance to distinguish between the *delirium* of fever and acute mania; delirium generally refers to past occurrences, and the patient seems as though he was dreaming aloud; *there is intense fever*, the rambling does not remit, but continues with the fever; whereas in mania the febrile symptoms are not so high, and the wildness and incoherence often suddenly cease, and then again recur, the symptoms being paroxysmal.

The prognosis in mania is more favourable than in any other form of insanity; the chances of cure, however, being in the inverse ratio to the period of duration, being also less with each succeeding attack, and indeed, when occurring a third time, is rarely recovered from.

When incipient, it demands seclusion and absolute quiet, every source of excitement being removed, and hence even it may be often necessary to keep the room nearly dark; friends should be excluded, and one or more careful attendants should always be present. It has now been proved that restraint augments the paroxysmal rage and fury, and therefore additional attendance, with strict watching and care, must henceforth supply the place of buckles and straps.

It is a mistake to suppose lunatics can bear a great degree of cold; during a paroxysm, their violence occasions a more than natural warmth, but this subsiding, the effects of cold soon become manifest; and although patients may not have complained, yet their feet are often blistered with chilblains, and even mortification, consequent thereupon, has not been unfrequently observed.

MONOMANIA,

Or partial insanity, is evidenced by an erroneous judgment upon some particular point; a false idea is assumed and persistently sustained; this may result from illusion, hallucination, or erroneous perception or conviction, involving either the intellectual or the moral faculties. The particular type which it exhibits depends upon predisposition, habits, and external circumstances; it would be impossible to give names to, or to classify, every false belief or hallucination which is found amongst the monomanic, but those most commonly observed are designated as the melancholic, the hypochondriac, the misanthropic, and the theomonomanic.

This particular form of insanity, the monomanic, often comes on gradually, the symptoms being

rather chronic than acute—there being great fickleness, timidity, restlessness, and watching at night. In melancholia especially, the vigilantia is most distressing, and there is an unaccountable sense of impending danger, not unfrequently aggravated by suicidal promptings.

It is by many considered, that those who are the subjects of monomania adhere pertinaciously to their false point, and that this never varies; but it is not unusual not only for the hallucination occasionally to change, but also for the persons so affected to hold minor errors upon other subjects, so that several delusions may coexist; sometimes, however, the hallucination is undeviatingly held for life, and in melancholia a patient is occasionally seen sitting in a profound reverie, brooding over the same subject for days, months, or even years.

Where there is hallucination or partial insanity, the judgment upon other points is generally weakened; and it often happens that those persons who are the subjects of monomania have throughout life, and long antecedently to the attack, been considered by their friends and acquaintances as persons of weak mind or of peculiar fancies.

Predisposition, temperament, and great susceptibility, favour an attack of monomania; it is caused by sudden shocks, reverse of fortune, the cessation of any excitement, whether pleasing or painful—grief, fear, fright; also by the depressing passions and intemperance. It is occasioned by injuries to

the head, or organic disease of important viscera, but more especially of the liver and of the *lungs*. Melancholia very frequently arises from excessive sensual gratification or self-abuse, while mania is often caused by rigorous abstinence. Melancholia more commonly attacks the middle-aged than the young.

MELANCHOLIA

May be met with in every degree. An individual may at first be merely sad and desponding, subsequently becoming much depressed, and at last being actually the subject of a fixed hallucination. Mere hypochondriasis cannot be called insanity, however selfish, or however hyperbolical the estimate of a patient's bodily feelings and apprehensions; but the moment he is possessed of hallucination, he is then insane. For instance, a hypochondriac suffers great pain in his stomach and bowels, he desponds, and fears he must die; although depressed, he is not mad; but supposing he now believes that this pain is caused by a demon in his bowels, or that he has some reptile or animal there, this of itself indicates his insanity; he reasons falsely.

The hallucination may not occur spontaneously, but may be assumed at the instigation of another person; thus a clergyman swallowed a seal, and was told by a friend who was present it would seal up his bowels. He took no food, and immediately assumed that nothing would pass through him, although purgatives acted freely. This person starved himself to death—he was mad. Here the hallucination clearly resulted from the indiscretion of his friend; probably, in such a case as this, deception might have effected a cure; at any rate it would be worthy of a trial.

Another example occurred to a bank clerk, who, apparently, accidentally encountered three friends, each of whom successively met him by design, and affected to sympathize with him on his looking so exceedingly ill. He went home, and, although before perfectly well, took to his bed and died.

Another curious death, resulting from hallucination, happened to a young farmer who one night waited out in the cold, for the purpose of detecting an old woman whom he suspected of stealing his fagots. He received her malediction, with the wish and prediction, that he would never get warm again; he believed it, and this belief led to his death.

The student of Jena affords another extraordinary exemplification of illusion. He imagined he met a white figure, which said to him, "The day after tomorrow, at nine o'clock in the morning, thou shalt

die." He made his will, appointed his funeral, submitted to medical treatment, declaring it was of no use, that he was already half dead. The dreaded hour approached, his physician gave him a strong opiate; the youth fell into a profound sleep, and did not awake until eleven o'clock—this being two hours after the prognosticated time of death. His first inquiry was, "What is the hour of the morning?" On being told, he wondered, and said, he considered it all as a dream. He was thus permanently cured of his morbid imagination; but, had a less judicious physician attended him, he would probably have died at the hour which had been predicted.

In some instances it is possible to disprove the hallucination; thus a lunatic, whose delusion consisted in his belief that he was a bankrupt, had this removed by a balance-sheet being made out, which thus proved to him his error.

Monomaniacs not unfrequently believe that some extraordinary metamorphosis has occurred to various portions of their person, or even to the whole body; they will imagine they have a serpent, or devil, or bat, within them; or that their legs consist of butter, or that they themselves are tubs, or eels, or oysters, or eggs—indeed nothing is too grotesque or too absurd to prepossess their representing fancy; they will also mistake medicine for wine, or common food for the greatest luxuries. Some have

refused to eat, imagining they were dead; and in one such case, where there was a fear a Prince of Bourbon would be starved, the stratagem was devised, and which succeeded, of asking him to dine with some who were also deceased. Dr. Conolly mentions the case of a young man labouring under hypochondriasis, who imagined he was dying, and went himself to correct the errors of the ringers, who, by his own orders, were tolling his death knell. The cold air and the exercise together cured him, so that on his return home he was able to form a just comparison of facts.

The powers of the external senses may be variously affected: there may be errors of touch, taste, smell, sight, and hearing; and, in some instances, such errors are corrected by the personal judgment, or by the judgment of another. Consciousness and sensation, however, often remain unimpaired, being sometimes augmented, sometimes depressed, and very frequently perverted; but the judgment or the reasoning powers may be also defective.

A French officer looked in vain for the column of Napoleon in the Place Vendôme, and, not seeing it, believed it to have been destroyed by insurgents; and he consequently began to attack the quiet peasants who were, with their baskets, coming into Paris to market. Here he was first deceived as to the column, and, not seeing it, considered it must have been removed by insurgents; he was then unable

to judge between peaceable citizens and turbulent insurgents, being, in fact, incapable of forming a just comparison.

A man who was wounded at Austerlitz became insane, and the nerves of sensation were affected, so that when touched he was not sensible of it. He also said his body was not his own, but only a machine like it; he frequently refused his food, saying he had no belly. M. Esquirol also mentions a case where a girl imagined the devil had run away with her body; the sensation here was so imperfect, that when M. Esquirol pricked her arm with a pin it produced no pain. In some instances the powers of sensation are so much impaired, that a lunatic can, with impunity, face a meridian sun, or eat and drink the most disgusting and loathsome excrement with a most approving relish.

A person suddenly becoming eccentric, and manifesting a change in all his actions, is likely to be insane. Mere eccentricity may be habitual, the individual has always been so; but it is the *great change* which justifies the suspicion.

The early separation of a monomaniac from his friends, and occupying his attention by the interesting objects always to be met with in travelling, are often of the greatest service. The removal is doubly important, if the patient bear ill-will to his family, or usurps unjust power; and its advantage will often be speedily manifested. Should travelling be impossible, a cheerful, dry, and temperate

situation should be selected; and the less such a person mixes with those irrational, the more favourably will he be placed for convalescence. The object of removal should not be to send him to visit deluded people, but to separate him from those whom he suspects, distrusts, and dislikes. It may not suit the convenience of some to declare, or the prejudice of others to believe, that mixing lunatics with each other does them no harm, if it does not actually specially benefit them; but such an opinion is opposed to common sense. Therefore, if it be possible, a patient should be sent to the sea-side, or to any cheerful residence which may be more specially considered suitable; or he may be recommended to travel, or even in some instances to make a voyage by sea. Should any of these be impracticable, and the friends are obliged to resort to an asylum, the consequent evil may be partially diminished by selecting an institution where judgment is shown as to classification, and where no coercive measures are permitted.

Where there is great despondency, the assiduous attentions of a chosen domestic are more acceptable and often more useful for a melancholic; and travelling will frequently be found beneficial where seclusion may have been thought essential.

If, after a few months' separation, a patient is not benefited, it is advisable to allow the friends gradually to be admitted; it requires some precaution, but may prove of the happiest effect; it will

generally be better at first to introduce some friend against whom the patient has held no antipathy.

Removal from home, and the consequent change, is often highly advantageous; and it has even been noticed by M. Esquirol, that those patients who go up to Paris from the provinces are more frequently and more rapidly cured, than those who have always resided in the metropolis.

Persons of every temperament and character may attempt or commit suicide, but the melancholic and bilious are more predisposed than the sanguine or lymphatic. Irregularity in the menstrual function very often causes cerebral disturbance, and suicide may not unfrequently be traced to this source; and pregnancy, especially when illicit, often leads the unhappy individual to hide her shame in death. Many suicides result from despondency, particularly where persons who have been for many years actively engaged in business retire—it requires such a man to be of strong mind, and of great resources —he must seek occupation of some sort, or his life is miserable.

It is not unfrequently caused by arachnitis, especially when this is induced by severe mental exertion; it is observed to be very common in hot weather, and more cases occur in the autumn than in the spring. Extreme heat predisposes to suicide, and it has been noticed as very common when the thermometer exceeds 75° F.; and many more suicides occur during the hot days of July than in

the dreary month of November. In some instances it arises from a sudden temptation; in others, the wish may lurk for some time, when it may result from organic disease.

Those who have been prevented from committing suicide often express the greatest gratitude for such deliverance, and they state *the wish* to have overpowered them—it was something irresistible, and the mere retrospection strikes them with horror.

Suicide is not always the result of insanity; it is sometimes committed while in a fit of passion, but this is generally in young persons, especially boys. Several instances have occurred within the last few years where boys have been detected in petty thefts, and in fright have committed self-destruction.

Although the greater number of those who die by suicide are without doubt insane, yet we can hardly coincide with Esquirol in believing the act itself a proof of insanity, for persons who have been prevented from accomplishing self-destruction, have subsequently confessed that distress of mind, or jealousy, or passion, induced them to make the attempt; consequently the *act* itself is no evidence of insanity. Severe pain, inevitable ruin, and the certainty of an ignominious end, have induced many persons to seek death in suicide.

Where there is a suicidal tendency, there is often a desponding look, the person appears unnatural, suspicious, dull, and retiring, the eyes are cast down, and *averted*, and often have a very glassy

and peculiar appearance; there is a something which is more readily detected when the suicidal wish exists, than can be accurately or easily described; the person appears uneasy, as though he was trying to conceal something; he is sly as well as shy. There is something very peculiar in the aspect of one bent on suicide; if he suspects his intentions are detected, he becomes unguarded, and will often even confess his determination, so that that which would induce a sane man to dissimulate more, renders a suicidal lunatic even less cautious than usual.

A person of an irritable habit should never be allowed to pass at once from constant employment to habitual inertness, but the greatest care should be taken to supply some other occupation, to afford some new and interesting pursuit; many cases of monomania and of suicide have lately occurred from the sudden cessation of the accustomed excitement of business or of authorship.

Suicides are more common from thirty-five to forty-five; cases have occurred as early as nine, and are occasionally heard of in extreme old age; but after seventy are rare.

In France, more women commit suicide than men; this was the reverse in England, and is still said to be so; but certainly the proportion of females in the metropolis has, of late, been greater, who have either attempted or succeeded in effecting self-destruction; and these, for the most part, have

consisted of unfortunate girls who have been recently seduced, or of still more degraded, debauched, and dissolute characters.

It has been found that the married are less suicidal than the unmarried; indeed, upwards of two-thirds of those cases which occur are amongst the unmarried. It is also observed that more suicidal cases occur amongst paupers than among private patients; thus, in forty-four cases of melancholia in private patients, only eighteen were suicidal; while among seventy-six paupers, forty-six were suicidal. It is probable that the absence of moral education, the wretched accommodation, and the more unsightly appearance of the cells and iron bars, may have had some influence in increasing the propensity to suicide amongst paupers.

In suicidal cases every precaution should immediately be taken, as the act is frequently only delayed until there is a convenient opportunity; but still the greatest kindness should be shown to the patient, and the least possible degree of restraint offered, watching and superintendence being substituted for it; the removal of injurious weapons, and surveillance being frequently all that is necessary; a patient should be treated as a rational being, and not as a dangerous demon. When we find, as at the Glasgow Asylum, that a single text of Scripture, judiciously employed, has been sufficient to arrest the suicidal wish, that the words "no murderer has eternal life," have penetrated so deeply

as to restrain so pertinacious a desire, we cannot but feel that moral treatment should be more frequently attempted. A man who holds an erroneous opinion, however absurd or dangerous such opinion may be, is not a brute, he still has reasoning powers, though they may be impaired; and it is far better to gently exercise this debilitated reason, rather than to coerce and restrain him.

Women rarely commit suicide with weapons or instruments, but generally drown themselves, or jump from a great height; they sometimes resort to hanging. Men usually cut their throats with a razor, or if much used to firearms, blow out their brains; if military men they not unfrequently shoot themselves through the heart, and it is found that the way in which life is taken, much depends upon the occupation, and also upon early associations. Thus medical men and chemists often resort to poison, and take prussic, or oxalic acid, or laudanum, their knowledge teaching them to avoid arsenic, which common people so often ask for, because they have used it for poisoning rats. So artizans have been known to employ the instrument which they have used in their manufactures. Anatomical knowledge has sometimes been the means of aiding the accomplishment of this dreadful intention or propensity, and instances are occasionally occurring both in and out of the profession. Specific information is sometimes sought, for the special purpose of effecting the deed, and several recent instances

might be quoted. One man, with a penknife, opens the carotid, another has divided the femoral artery, and sometimes the heart itself has been pierced. A very affecting instance has occurred since this essay first appeared, in the person of a surgeon, who was formerly my fellow-student, and who, from disappointed love, thrice penetrated his heart with a catlin, taken from a case many years since awarded him as an anatomical prize; he had for days been restless and vigilant at night; and I mention the case for the purpose of stating that in my opinion, had this gentleman been fully brought under the influence of morphia, such a melancholy catastrophe might have been averted.

In France, where foolish lovers together commit this deed, they often meet a united death in the fumes of carbonic acid gas. Where such persons combine to commit suicide, it can scarcely be believed to originate in insanity, but must result from a highly depraved state of the moral sentiments and feelings.

Mutual suicide is sometimes sincere, and is fully carried out; in other instances, being the means a heartless villain adopts to get rid of a paramour or lover, escaping himself while the other drowns, or he rejecting the poison which the other swallows. It often happens that a man murders his children and then commits suicide, or a mother despatches her infants and then drowns herself; the presumption in such cases is that they are insane.

In the delirium of fever, suicide is often attempted, and, unfortunately, has been frequently successful. Whenever there is excitement and wandering in fever, there should be the strictest surveillance; all weapons should be removed, and the patient should not be left alone for one moment; the same precaution is also necessary in cases of puerperal mania.

Persons who commit suicide have often insane relations, and there can be no doubt that suicide is in some instances hereditary. It has been noticed to descend through three generations, the grandfather, father, and some of the sons, actually dying by their own hands, while various other members of the family indicated different forms of insanity.

Dr. Rush mentions a singular example of two twin brothers, who were officers; they were on service in different parts of the country, and yet each committed suicide, without communication with the other, at about the same period. Their sisters had a similar propensity for years, and the mother was decidedly insane. At the moment of writing this last paragraph, a man called on me, whom I have always thought very eccentric; this morning, he informs me, one cousin has committed suicide, another died raving mad, another is about to be confined, and some of the rest of the family are amazingly litigious, a peculiarity I have not unfrequently noticed in insane persons. This man,

whenever speaking of his family or their concerns, becomes morbidly excited.

Suicide may be the result of delirium, and be immediately acted upon, but in cases of melancholia is generally long thought of. It may be occasioned by violent rage, remorse, disappointment, mortified pride, erroneous views on religious points, and even as a religious rite or ceremony. It is often caused by excessive and protracted sensual indulgence, gambling, speculating, reverse of fortune, the passion for notoriety; any of these in the absence of self-control and moral restraint, are sufficient to account for this destructive propensity. It is encouraged by whatever favours vice or is opposed to virtue, and hence materialism, infidelity, and socialism, tend very much to its increase.

We must not, however, omit, amongst the causes, political and commercial crises, irritation from domestic troubles, want, pain, seduction, disappointed love, the desire to escape criminal exposure, the suicidal predisposition, the irresistible impulse, the reading exciting details, imitation.

To show how much political excitement and the troubles consequent thereupon have a tendency to overturn the best interests of society, it is only necessary to state, that in the neighbourhood of Versailles, during the reign of terror in 1793, upwards of thirteen hundred suicides were committed within a few months; and the number of suicides

which resulted from the railway mania, have but too frequently and too plainly proved the baneful effects of an unwholesome and illegitimate spirit and system of speculation.

If a suicide or a dreadful murder occur, within a day or two there are likely to be several repetitions. In the Hôpital des Invalides, at Paris, a pensioner was found hanging in one of the corridors; two days after a second hanged himself on the same spot; and subsequently a third and even a fourth; this corridor was then closed, and the suicidal predilection ceased. The same influence of *imitation* has been seen at the column in the Place Vendôme, and also at the Monument in London; one person precipitates herself, and very shortly after another fatal leap occurs; this indeed is now so well known that active precautions are adopted. It is unnecessary to further illustrate this subject by adducing the numerous attempts made, and happily also often frustrated, from the various bridges in the metropolis and in Paris.

Many persons are unable to look down from any great height without feeling an inclination to throw themselves down; this does not arise from giddiness, but seems to depend upon some peculiar fascination; and I have known persons, when so exposed, say, "I must go back or else I shall throw myself down." They possess the necessary degree of control to prevent them from exposing themselves to the temptation, but probably an insufficiency to restrain

them from acting upon the deadly impulse when actually exposed. It will be well to bear this in mind when referring to criminal acts depending on moral insanity.

There can be no doubt but that the minute details of murders, and of suicides, tend very much to cause their fearful increase, and the evil is by no means diminished by the dramatic exhibitions of the present day. Where, when a murder has been attended with any circumstance more horrible than usual, advantage is taken of it, and the scene is even *re-enacted* at our theatres! where murder is looked upon as a quiet way of getting rid of an enemy; where suicide is regarded as an easy manner of shaking off this world's cares; where one hears of the pleasures and gratifications of intrigue, of the miseries and troubles of domestic life; where a highwayman is a hero, and a dexterous thief is upheld as the pattern for imitation—a gallant and gay Jack Sheppard; where the smuggler, who has killed his dozen, is, when at length taken, treated as a most noble and injured individual, demanding the greatest sympathy; where, in short, virtue is despised, and vice, if not actually applauded, is seductively presented—is this the place where infancy, or youth, or age, should be? Is it here we are to learn what to avoid or shun, what to admire and imitate? Is it here the moral qualities will be improved, and the animal passions subdued? It is said, that the vivid pictures of life, and the faithful delineations

and *exposé* of character, render a theatre highly useful for the public, and especially for the young; what false philosophy! what error!

Even with the more respectable portions of the press, greater attention is devoted to the failings and crimes of men, than to their good doings and virtues; and the very publicity given to the horrid deeds of egotistical and conceited malefactors, has been sufficient to induce other vain and weak-headed villains to render themselves in turn the object of public gaze and attention.

RELIGIOUS INSANITY.

Where there has been physical disturbance, and where there is consequently debility of mind, such a person, when exposed to any exciting cause, whether it be political, theatrical, or domestic, is very apt to become insane upon that particular circumstance or opinion which gave immediate rise to the error of mind; thus a person suddenly hearing of the death of her dearest friend, imagines she sees him constantly, or holds some erroneous impression or hallucination concerning him; or another hears of his loss of fortune or rank, he thereupon becoming

insane, either is always repining at his tremendous losses, or he imagines that he is amassing wealth by supernatural powers, and that he represents a station higher than other mortals. Thus the character or type of the delusions is often dependent upon, and bears relation to, the exciting cause.

Now, is it to be wondered at that religious opinions sometimes give rise to mental error, and constitute the hallucination? I firmly believe that most of these religious monomaniacs would have become insane had they never heard of those particular points which form their hallucinations; by which I mean, that such persons, often hereditarily weak, would, under one circumstance, represent our Saviour or the Virgin; under another, Mahomet or Vishnu; or again, one fond of military tactics might fancy himself an Alexander or Napoleon; while another, thirsting for theatrical representation, and powerfully influenced by Shakspeare, imagines himself a Hamlet or some other well-drawn character. So, during the period of the coronation of Buonaparte, there were great numbers of kings, queens, and generals; and when the Pope entered Paris, the number of martyrs and saints greatly increased; thus proving, where there is the predisposition, it is generally the exciting cause at the time which forms the object of delusion or the form of hallucination; so that, most probably, had not the Pope visited France, there would have been fewer supposed martyrs and saints, and had Napoleon lived

a less conspicuous life, we should never have heard of his numerous prototypes.

It is because there are monomaniacs holding erroneous religious views, that so much prejudice seems to exist upon this subject; but when we reflect that of the educated classes, the instructions and ordinances of religion, in some shape or other, are more prevalent and universal, and are more frequently presented to our notice, than any other or all other systems put together, we cannot but feel that religious views and opinions do not exercise that morbid tendency which some have stated, and that the proportion of such lunatics bears nothing like an equal ratio to those insane upon other points, notwithstanding its vast, and powerful, and oft-presented influence; while the absence of religion, and consequently of moral discipline and restraint, has produced a thousandfold more injurious consequences. It is very true, that under such circumstances, there are fewer cases of *religious insanity*, and why? because this subject never being presented to the senses, is not likely to be thought of or appreciated intuitively; but, in the absence of religious restraint, the depravity of the moral habits and sentiments is such, that insanity fearfully increases. And for confirmation turn to France, and there will be found, as detailed by Esquirol, that during the state of political discontent, when that kingdom was convulsed, and even the very form of

religion was totally subverted, the increase of insanity was fearful!

It has been mentioned by Dr. Burrows, that he did not recollect a single instance of religious insanity occurring where the individual had remained steadfast to his early opinions. This is easily accounted for; such a person, either as the result of *conscience* or of disease, is led to *doubt*, opposite and conflicting opinions continually assail him, he is carrying on a mental controversy, he hesitates and wavers, then again believes, until this dreadful uncertainty harasses him night and day; the very points he would avoid continually force themselves upon him—he cannot shake them off; he neither sleeps nor eats; the system, now sympathizing with the mind, becomes irritable and excited, and thus doubly aggravates the mischief; so that what, in the first instance, was merely a metaphysical error, has now led to a physical defect; that which was originally a mere mental inaccuracy, delusion, or deception, has now produced organic disease.

Amongst Roman Catholics, religious insanity is very rare, which may be accounted for, not only from their general ignorance upon this particular subject, but from the implicit *faith* they place in the doctrines, and tenets of their own Church. The priests themselves are, however, by no means exempt, but, as a class, yield more than their respective ratio in proportion to their numbers, which

probably arises from the unbelief known to exist amongst them, as well as from other causes which need not now be entered upon.

Amongst Quakers, where enthusiasm is unknown, it is not to be expected that they would become excited upon religious subjects; and their contentment, together with a self-approving conscience, seldom allows them to become depressed or melancholic on any points connected with religion.

I quite agree with Mr. Bakewell, that "the visionary fervours of devotion, which have been stated as the causes of insanity, are frequently the first effects of it."

It is seldom useful to argue with a religious maniac, but there are times when a word judiciously used may be of the happiest effect; to contradict them is only to excite their worst symptoms, and it will seldom be advisable to refer to their particular point of error, unless introduced by the patient himself. Exercise, constant occupation, reading history, travels, anything which amuses and draws off the attention of a patient from himself and from his error, form the rational mode of treating these cases.

Persons afflicted with religious insanity sometimes require watching, as they have occasionally become dangerous, hearing whisperings which tell them to take the lives of their infants to save them from eternal punishment. Suicide is not often a consequence of religious insanity, and indeed, even when

the desire for self-destruction has existed, it has been checked by the moral restraint resulting from a religious education; and even a single passage of Scripture has been sufficient to overcome this dangerous and destructive possession.

The regular attendance in chapel to hear the daily prayers, morning and evening, has often been found to be of the greatest service in tranquillizing the patients, and in obtaining moral influence over them; and it is extraordinary, in this instance, how great is the power of imitation and example. Few lunatics, however restless and noisy elsewhere, dare to behave indecorously during the period of divine worship; and if any do become troublesome, as Dr. Yellowly, of the Norwich Hospital, says, who was, I believe, one of the first to introduce this rational privilege for the patients, if any do become troublesome, they are immediately checked by the others. Public worship is now found to be most consolatory even to those erring and much distressed on some religious points, entirely disproving a prejudiced opinion which formerly prevailed on this subject. Of course, in such cases, the greatest care would be taken in no possible way to touch upon the point of error.

MORAL INSANITY.

In moral insanity there is no illusion, no hallucination, but there is an absence of self-control, with inordinate propensities, the intellectual faculties remaining unimpaired. As Dr. Prichard has so ably described this particular form of insanity, I shall quote his own words; he says:— the error

"Moral insanity or madness consists in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without any maniacal hallucination.

"There are many individuals living at large, and not entirely separated from society, who are affected, in a certain degree, with this modification of insanity. They are reputed persons of a singular, wayward, and eccentric character. An attentive observer will often recognize something remarkable in their manners and habits, which may lead him to entertain doubts as to their entire sanity, and circumstances are sometimes discovered on inquiry, which add strength to this supposition. In many instances it has been found that an hereditary tendency to madness has existed in the family, or that several of the relatives of the person affected have laboured under other diseases of the brain. The individual himself has been discovered to have suffered, in a

former period of life, an attack of madness of a decided character. His temper and disposition are found to have undergone a change; to be not what they were previously to a certain time; he has become an altered man, and the difference has, perhaps, been noted from the period when he sustained some reverse of fortune, which deeply affected him, or the loss of some beloved relative. In other instances, an alteration in the character of the individual has ensued immediately on some severe shock which his bodily constitution has undergone,—this has been either a disorder affecting the head, a slight attack of paralysis, or some febrile or inflammatory complaint, which has produced a perceptible change in the habitual state of his constitution. In some cases the alteration in temper and habits has been gradual and imperceptible, and it seems only to have consisted in an exaltation and increase of peculiarities which were always more or less natural and habitual."

Moral insanity is what Pinel calls, "manie sans délire," or madness without delirium or hallucination; there being an absence of self-control, and a depraved state of the feelings and affections.

It is under this form of insanity, that there is in some an irresistible propensity to murder; in others, to burn down houses or buildings; and, under the same influence, honest persons are sometimes tempted to steal. There is a moral perversity in those individuals who feel inclined to break china,

dash down girandoles, or crack any small objects of vertu; this wish for mischief is exceedingly common, especially in young persons, but self-control enables them generally to resist such temptations. Many people must have heard a young person say, "Oh, how I wish to break that china bowl;" "How I should like to dash that china cup;" this feeling is not natural, and may perhaps be regarded as one of the slightest indications of perverted or morbid feeling. In all such cases, great care should be taken to check such propensities, and to impress upon them the value of self-possession, and they should be taught to control fancies or whims, which, though at present ridiculous, may hereafter become most disastrous; such persons should be encouraged to act from reason, and not from impulse.

Some persons utter words they do not wish, being unable to control or direct them, yet knowing them not to be correct,—the same has occurred in writing; thus, a gentleman in drawing a cheque has begun correctly enough, but in continuing, has put down something totally irrelevant to the subject; the memory is the faculty at fault in such cases. Torpid persons often forget what they are talking about even in the midst of conversation, and a more or less complete absence of thought is occasionally produced by a too protracted mental effort, and it was probably from this cause that John Hunter could not for half-an-hour remember the house or the street in which he then was. The same effect

is produced when any of the senses are over-wearied; thus, Dr. Wollaston, after too closely employing his eye-sight for a protracted period, in walking out, passed a shop with the name JOHNSON painted over the door, but the Doctor was unable to perceive more than . . . . SON.

It often happens that a man either gradually, or more suddenly, becomes very troublesome to his family, he is always finding fault, he begins to dislike his best friends, he wastes his property, is always contemplating new schemes, often far beyond his means, there being most extravagant notions. There is, however, no particular illusion or hallucination, and if such a person be brought before a jury, he will answer questions most rationally; but however capable of responding to such queries, and however calm and collected when under the surveillance of those whom he respects, and before whom he would feel ashamed to expose himself, yet in his family his incompetency is hourly evident, and he proves it by very soon verifying their prediction, in involving them with himself in a common ruin; as Dr. Hitch says, "these patients are insane in conduct, and not in ideas."

Now what should be done in a case where every one but the individual himself, sees that his conduct is so strangely altered, that though before a cautious man, he is now inextricably imprudent?

However unreasonable the actions of a person suffering under moral mania, he is always prepared

to justify them. Moral madness is generally ushered in by absurdities which become more and more manifest. Thus a merchant, who has previously been remarkably prudent, suddenly engages in most unjustifiable speculations, increases his establishment, becomes very turbulent, and engages in acts and conversation from which but recently he would have revolted; probably, from his incaution, in a few weeks or months he is involved in bankruptcy, when this additional shock completely overturns his already weakened mind, and he either at once commits suicide, or he becomes raving mad. His habits and manners first altered, his affections then became changed, his passions subsequently were excited.

There is no effectual way of restraining a man who is so reckless, inconsistent, and imprudent; he may be examined by a jury, who, finding him readily answering the various queries put to him, are satisfied, and pronounce him sane. Now it should never be forgotten, that some men reason well, but act inconsistently, while others who are most prudent in every action, may be very deficient in reason; therefore a jury should bear these differences in mind, and duly estimate their importance. The two points necessary to be decided are, *first*, is the alleged lunatic fit to be trusted to the care of himself? *secondly*, is he fit and capable to manage his own affairs? for I do not accord with

those who place the property first, and the person after.

It should not be forgotten how hard a case it is for a family to find their money squandered possibly on most worthless objects, and to see a parent who has always been characterized for prudence, sagacity, and moral probity, sinking deeper and deeper into drunkenness and debauchery ; his feelings alienated, his judgment impaired, his reason daily becoming less. Surely here some restraint is necessary, the oft repeated gratifications of the will, are daily expending his vital energies, and to protect himself and his fortune, some efficient check should be interposed. We cannot believe such persons to be responsible for their actions, the very *change* which has occurred, of itself, is almost sufficient to indicate its cause, and therefore if not responsible, this very irresponsibility indicates incompetency.

There is, occasionally, a most remarkable change noticed in old men, and as Dr. Burrows has stated, "the pious become impious, the liberal penurious, the sober drunken ;" such persons are always getting into mischief, and, if without friends, are exposed to every sort of wicked imposition. In this senile insanity, they are remarkably perverse and passionate, often becoming impious, imprudent, discontented, and miserable.

Directly opposed to the extravagant habits so often observed in the insane, we occasionally see a

miserable misanthropic miser, whose habits of accumulation are mixed up with so much secrecy, suspicion, and eccentricity, as to constitute a species of mental derangement.

Where such a person is without near relations, however niggardly in his habits, however he debars himself, feeding perhaps upon a scanty crust, or depending upon carrion which even birds have rejected, yet, inasmuch as this only affects himself, and does no injury to his neighbours, no one has any right to interfere with him; but should he be a parent, and neglects the education of his children, or withholds proper sustenance from them and from his wife, such a person must be restrained from keeping back that which is just and necessary; and if such habits are directly opposed to those he exhibited in his former life, and more especially previously to his marriage, it would indeed be a flagrant omission of duty to allow a wife to be subjected to the freaks and annoyances of such men as Elwes or Dancer. Fortunately such cases are rare, and even when they do occur, the individual has generally happily been too misogamistic in his views, as to involve the expenses of any additional encumbrance.

Misanthropic monomania may often be traced to a faulty education; there is essentially an overweening love of *self*, almost invariably combined with self-approbation and self-esteem.

The irresistible inclination to partake of intoxi-

cating liquors, must be considered as a species of moral insanity, and but too frequently ushers in other forms of that disease. Many of these drunkards feel deeply the degraded and disgusting position in which they place themselves, but are unable to exert sufficient self-control to withstand the stimulating draught; as the liquor circulates, excitement increases, and not unfrequently regular paroxysms of mania occur, which at first pass away as the patient becomes sober.

This is a form of insanity to which butlers are becoming much exposed, and if, from loss of place or any other circumstance, the intoxicating draught is withheld, depression follows, and they then often commit suicide. I believe that more butlers have recently, in London, terminated their existence, by their own hands, than any other class of individuals.

Some persons always attempt suicide on becoming intoxicated; whenever this is the case, it is imperative that proper precautions be taken to prevent such an individual from becoming inebriated, and it should be fully borne in mind, that occasionally, nothing but being placed entirely out of the way of temptation, will prevent some persons from becoming drunk. It does sometimes happen that such individuals will themselves request to be placed under control.

A gentleman, previously correct in his habits, begins to frequent a pot-house, drinks, and becomes excited, mad—he now spouts, and delights the

cabaret — he fights over battles in which he had never been engaged, and details extravagant narratives, which have arisen only in his own imagination—he perhaps then slumbers where he fell, and his anxious relatives at length find him in this degraded position. This scene is oft repeated, until it terminates in delirium tremens, or settles down in imbecility or dementia.

Another form of moral insanity, is the hysterical and sexual. Erotomania is a metaphysical disorder, the sentiments being affected; while nymphomania and satyriasis arise from physical causes, and there is generally local irritation, with an ardent sexual impetus, which exhausts the sufferer, and arises from excessive organic irritation. Erotomania, on the contrary, is found in the virtuous and disappointed; there is frequently the most fervent devotion and attachment, possibly to a concealed object, and the intensity of the feeling is such, that often the finest form is gradually reduced to the merest shadow, when, if consumption does not close the scene, this excess of passion, this erotomania, gradually leads to confirmed mania or dementia.

Erotomania is not unfrequently cured, when the object which induced it can be attained, and hence, occasionally, a happy marriage has been of the best service; it is of the greatest consequence to ascertain the moral cause, and, if possible, to act upon such information; when this is impracticable, re-

moval from the exciting cause, with change of air and travelling, will sometimes prove of use.

The gratification of sexual desire usually tends to aggravate the symptoms of most lunatics, and, as a general rule, a strict interdict must be laid upon any such indiscretion, still there are exceptions, and much judgment is necessary in deciding on such delicate cases; there being other considerations than those merely affecting the patient himself, which must be duly weighed and estimated by the physician.

Dr. Mason Good mentions the case of a clergyman, who became raving mad in consequence of genital irritation; he recovered in six months, and soon after, finding the same symptoms returning, which had ushered in the previous attack, and this clergyman, himself, having spontaneously referred his irritation to the right cause, *married* his servant, and was for upwards of twenty years most happily united. In a confidential statement to the doctor soon after his marriage, he gave as his reasons for this apparent indiscretion, the necessity of marriage, and the impossibility of being admitted into any respectable family, when having just emerged from a mad-house. His friends, however, thought this marriage only a greater proof of his madness. Now suppose him to have had a title, or a large fortune, these friends might possibly have goaded him into madness, by a commission, by confinement, and by

restraint; but he providentially escaped this, and lived in unusual happiness with his wife and children for upwards of twenty years!!

One of the earliest indications of insanity attacking women, is the change of ideas, sentiments, and actions. A female, hitherto modest and retiring, becomes impetuous, loquacious, and indecent in her actions; or, if still possessing some control, the wanton glance alone expresses the inward sentiment — friends are now suspected, relations are reviled, and if no one has the power to interfere, and proper means are not resorted to for checking such excitement, every symptom becomes aggravated, and not a few who are deprived of parents, fall into snares which are horrible even to contemplate. Although drunkenness generally is seen in man, yet females, under this irritation, not unfrequently aggravate their malady by plunging into intemperance; and if, at an early period, such cases are not removed, and if, by therapeutic, general, and moral means, the excitation is not calmed, the symptoms become chronic, and these cases soon become hopeless.

In those cases where the sexual passions are so highly irritated and excited, it is often found, that from early youth all moral control has been disregarded; a very afflicting proof of which has recently occurred, in the person of a young lady whom I had formerly known, who possessed considerable personal attractions, and who was, unfortunately, in

early life, deprived of both her parents, with a handsome fortune at her disposal. She was always eccentric, and being brought up amongst a gay and fashionable circle, often forgot the prescribed bounds of discretion. She selected a young man of good family as her lover, followed him to the metropolis, and with a promise of marriage, was seduced; she gave birth to a daughter, but not before she had been deserted by her heartless injurer and deceiver; her eccentricity now developed itself in the worst forms, and she, for a period of four years, admitted many who sought her favours, and also accelerated her death by drinking deeply. Although having possessed an ample fortune, and reared in the lap of luxury, she died a beggar, in a public hospital, and her name was registered, and she was buried, as a common prostitute.

Now this poor girl had been lively, amiable, but possessed no self-control; there was evidently something eccentric, but had she met a man of moral worth, who, as her husband, could have properly directed her judgment, and judiciously tempered her character, instead of having been so grossly deceived and injured, and exposed to scenes of such temptation and excitement, she might have been alive at this moment, and have adorned the society in which she was placed. Some of her friends had her removed to a private lunatic asylum, soon after she entered her most disgraceful haunts, but she escaped, and again reached the metropolis, where

she plunged into that fatal vortex which has overwhelmed thousands.

Over-excitement of itself will produce moral insanity. Dr. Prichard mentions a very interesting case, of a successful corn-dealer, which is most instructive. It commenced by excitement, then a change in temper and habits, with prostration of the natural feelings and affections, loss of moral rectitude and self-control. Twelve months had elapsed before he was put under treatment, during which time he had been getting worse and worse; when taken, he had been wandering about the country, subsisting by the meanest artifices; he was put under treatment, and in three months was cured.

Puerperal Insanity.—Puerperal insanity occurs after parturition, and is generally observed in those cases where there has been considerable exhaustion, and in this respect it somewhat resembles delirium tremens. Puerperal mania also arises from protracted lactation, and in this example, we also observe that the powers are generally prostrated. These cases ought not to be sent to a mad-house, it being very rare for puerperal mania to continue long, especially when early and properly treated; but if, after a month, the symptoms still continue, the pulse being very quick, change of residence, and removal from home, should not be generally longer postponed.

It has been observed, that more unmarried

females die from puerperal mania, than when married; and this may easily be accounted for, as the mental excitement, the shame, the remorse, the despair, continue to weigh down in deep affliction, the mental powers of these unhappy females.

When a patient is in her own comfortable home, she should not be removed even if violent; but at the same time, the infant, the husband, and the friends, whenever they occasion the least uneasiness or excitement, must be kept out of sight. Strangers always in such cases command more authority, respect, and obedience; the great thing is to obtain an honest, confidential, and experienced nurse, who should always be cautioned by the medical man in attendance never to leave her patient for one moment—the room must never be left.

DEMENTIA.

Unfortunately the term dementia has been employed to describe two very opposite states of mental disease, but in the present day, it is almost universally allowed to represent a species of imbecility, fatuity, or idiotcy, as held by Esquirol, Georget, Prichard, and most modern authorities. There is no difficulty in detecting dementia, the faculties are

destroyed, there is an absence of reasoning, there being neither imagination, thought, wishes, nor ideas, and there is rarely any opposition—the demented individual being usually easily guided and directed. It may be primary, as not unfrequently occurs in old age in debilitated constitutions, but is generally secondary, as when caused by protracted mania, or monomania, or by apoplexy, epilepsy, or organic disease of the brain; it is in such cases termed "*dementia accidentalis;*" the "*dementia naturalis,*" legally signifying idiotcy.

Dr. Prichard has very accurately described *senile dementia*, and has divided it into four stages:—

1. *Forgetfulness.* Where an old person perceives, but immediately forgets.

2. *Incoherence.* Where there is a total loss of reasoning, the reply being forgotten before capable of answering; while talking such persons suddenly speak of something totally irrelevant to the subject.

3. *Incomprehension.* Where nothing can be understood, however simple, the physical powers still being good.

4. *Inappetency.* Where even the animal instincts are lost.

In dementia there is a very impaired memory, the person is usually calm and collected, but is sometimes violent—the eyes are dull, sunken, and inexpressive, and there is a great love of chattering; the whole time is continuously occupied with disconnected incoherencies, having no relation to each

other, there being the most rapid change of thought and opinions; in the mildest forms, however, the patient partially understands, and then becomes bewildered.

These cases of dementia are very common, and constitute more than half the number of lunatics confined in our asylums, of whom the greater proportion are women, it being observed that insanity more frequently lapses into dementia in women than in men.

The prognosis in this form of insanity is most unfavourable, especially where the powers of the mind gradually diminish, there being more chance of recovery when dementia has resulted from a sudden shock or fright. When general paralysis occurs, there is little or no hope, as this arises either from organic disease of the brain or its membranes, or from the general powers having been broken down by intemperance and debauchery.

Imbecility, fatuity, and idiotcy may often arise from a connate tendency, being inherited; and this is caused by whatever debilitates the parents, as sexual weakness, and irregularities and excesses of every kind. It has been frequently observed to arise in those cases where the mother has been frightened when pregnant, especially during the latter months of gestation, and injuries to the head during labour have often given rise to mental weakness. It is also sometimes caused, especially in early infancy, by blows or falls on the head,

diseases of the brain, convulsions, teething, the exanthemata, immoral and precocious desires, phthisis, and mesenteric disease.

There is a great difference between dementia and idiotcy; the *connate* imbecile always appears childish; he never has improved his intellect; he has his passions, but possesses neither memory, judgment, nor comparison; whereas in general or acquired dementia, there usually remain those individual traits of character which have resulted from education, although one or more of the faculties have become diseased. It should never be forgotten that while dementia frequently resembles idiotcy, with a complete loss of mental power, it is sometimes removed by proper treatment, and therefore great care should be taken to diagnose correctly in these difficult cases.

An idiot cannot reason at all, his mental powers are impaired; and this constitutes the difference between idiotcy and insanity; in the latter there being often very great mental activity without correct judgment, the judgment not being sound. An idiot, or natural fool, is one that hath no understanding from his nativity, and therefore is by law presumed as never likely to obtain any. According to Dr. Johnson, an idiot is a fool, a natural, a changeling, one without the power of reason.

An idiot is described as one that hath no understanding from his nativity. "Fatui naturales,"

which were of non-sane memory, *a nativitate.** "And he that shall be said to be a sot and idiot from his birth, is such a person who cannot count or number 20*d.*, tell who was his father or mother, nor how old he is, so that it may appear that he hath no understanding of reason, what shall be for his profit or what for his loss; but if he be able to beget either son or daughter, he is no fool natural." †

Idiotcy is a defect of the intellectual powers, and fatuity resembles idiotcy, only fatuity may happen at any age after infancy; whereas idiotcy is so called when occurring from the birth, the faculties or the intellect never having become developed. Dementia or fatuity may be sudden in its attack, and, having continued many years, may be entirely recovered from. It is often caused by fright, by bad and even by good news, especially when unexpected and sudden. This was instanced by a young man who saw his brother shot down by a cannon-ball, at his side, when on the battle-field; he immediately became fatuous. There have recently been several examples, both in this country and in France, where persons have at once fallen into a fatuous state, on hearing of unexpected fortunes being left them; and it is a very extraordinary fact that good news, when improperly communi-

* Blackstone's Commentaries, i. p. 302.

† Coke, Littleton, p. 247.

cated, is far more likely to injure the mind than a sudden reverse of fortune.

Fatuity is characterized by *inertness* of the intellectual powers, perception and memory being chiefly at fault, the mind being *incapable of receiving impressions;* and this distinguishes fatuity from mania, delirium, and insanity, as in these the mind *receives false impressions,* the imagination and the feelings being unduly excited. In the worst forms of fatuity there is an almost total loss of consciousness, so that hunger, thirst, and the calls of nature are totally disregarded.

It is only in the earlier stages of dementia or fatuity, that a legal inquiry for civil purposes can be necessary, just where the memory is becoming traitorous, and where, when facts are supplied, there is a difficulty in perceiving and reasoning upon them, even though reminded of them; but, as disease advances, the tottering gait, the hesitating and confused manner, the faltering and sluggish, or the rapid and incoherent, speech, the vacant look, at once show the utter imbecility and incompetency of the apathetic or debilitated individual.

GENERAL TREATMENT OF INSANITY.

It forms the exception for medical men to pay any attention to mental disease; and hence, when a case of insanity occurs in private practice, the individual so affected is either sent away at once to a lunatic asylum, or the medical attendant, being himself alarmed, restrains his patient by violent measures.

The general ignorance of diseases of the mind, so prevalent throughout the profession, has frequently led to very unjust detentions; and if any medical man, so uninformed upon this subject, is requested to visit an alleged lunatic, he goes prepared to *prove* insanity; whereas his object should be to ascertain the exact state of the patient's mind, and to see whether there would be danger to life or property in allowing him personal freedom; but the very fact of seeing a person already manacled, has, alas! been to many sufficient proof of his insanity; and indeed, as Sir Henry Halford has said, if already confined, his condemnation is almost certain.

No medical man is warranted in signing a certificate of a patient's unsoundness of mind, without having seen such patient, and not upon the mere representation of friends consign a person to a mad-

house; and it is only upon some very special occasion, as when some immediate danger is threatened, either to the patient himself or to others, that it is justifiable to place him at once in custody. The application of the family is no sufficient warrant, but personal observation alone can justify any medical man in signing a certificate of unsound mind; and if any one should now be so wicked or so indiscreet, the powerful arm of justice will be raised to prevent the repetition of such acts, whether they arise from ignorance, inconsistency, dishonesty, or malice.

The generality of medical men, when asked to see a case, go with the full intention of establishing insanity, not to disprove it. The object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion;* but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations.

When a patient, in a calm and placid manner, complains of unjust detention, or charges his

friends with dishonest intentions, this, although so common among lunatics, should not be disregarded, but a thorough investigation should be instituted; and it is more proper to judge by the facts and appearances themselves, rather than from any opinions voluntarily tendered by others. It may happen that the unsound state of mind at once betrays itself, but still it is a duty to examine individual cases, because, as numbers have already been proved to have been placed under confinement from interested motives, the same delinquencies may again occur.

It is of great importance, in examining a supposed lunatic, to appear to believe everything he says; to be interested, and not to consider anything ridiculous; never to contradict him, and especially upon the insane point. It is extraordinary how consummate is the address with which some lunatics conceal their delusion, or mask their weakness; this applies, in some instances, to every form of insanity; and in criminal cases it has often been found that lunatics will cringe and fawn upon and flatter their keepers for weeks, and then on the very first opportunity they murder their victim.

Medical men should never enter court as partizans; their object should be to establish truth. When examining a patient, take care he is not agitated; gain his confidence, and endeavour to ascertain that he has not been previously excited. Kindness will do more than subtlety or deceit; by

it the violent will often become placid, and those who are habitually morose may even detail their griefs, instead of maintaining their taciturnity.

It is very important to ascertain the exact state of the pulse and the various functions, to observe whether the patient is excited, and whether any ill treatment has been practised or threatened.

The most monstrous means have been adopted to intimidate weak-minded individuals; and fraud, conspiracy, and intimidation must be met by perspicacious sagacity, and by the most unflinching and uncompromising honesty and honour.

A person who is improperly taken and detained as a lunatic may maintain an action for assault and imprisonment, and a jury will then decide whether the proceedings have been regular and justifiable.

If access cannot be had to a patient for the purpose of investigating his state of mind, application may be made to the Lord Chancellor, who has the power to give an authoritative order; but the request is always refused if made by a person who has no pretence for the demand. This subject, however, cannot at present be more fully considered.

There can be no doubt as to the necessity of placing under control a furious maniac, who would be constantly injuring himself or others; and, should he, in addition, eat his own excrement, this would even render more surveillance and cleanliness necessary; but the greatest care and precaution should be directed to those who are suicidal, or

who, suffering from instinctive madness, are homicidal; and indeed equal vigilance is necessary where hallucinations prompt the possessed to injure life or property. Now, in any of these cases, no one, however humane, would wish to see such dangerous lunatics allowed perfect freedom of action; but, at the same time, although they require control, they need not be treated as felons; but extra attendance and increased caution must supply the place of iron bars or iron hobbles.

There cannot be a doubt that numbers now the occupants of lunatic asylums ought never to have been subjected to such imprisonment. Dr. Conolly says, "The crowd of most of our asylums is made up of odd but harmless individuals, not much more absurd than numbers who are at large."

How often is a man sent to an asylum by his friends because he is eccentric or irritable, whereas by removing him from home to some suitable and cheerful residence, and by having an experienced servant to wait upon him, he might, by temporary change and care, again in happiness return home to resume his usual duties; but he is sent to an asylum, and Dr. Conolly says, "This is the worst place for an eccentric or irritable man, as here this eccentricity, this irritability increases; whereas in general society these failings would be checked. Confinement renders it permanent, and ripens eccentricity or temporary excitement or depression into actual insanity; and this is not the worst part

of the evil, for even when a patient has suffered no aggravation of his disorder during its greatest severity, the danger is not passed: nay, it is increased as his convalescence advances; for, when that otherwise happy change commences, the sights and sounds of a lunatic asylum become, if they were not before, both afflicting and unsalutary."

How dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house!—to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady? There is no rational person to whom he can unburden his mind; reason and sympathy are not within those walls; his half-recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, "the chances against his perfect restoration are fearful; and most powerful causes of returns and aggravations of his mental malady, are accumulated upon him."

Although classification may effect a good deal, yet where the patients are numerous, as they always are in county asylums, no system can be made so perfect as to place such convalescents together as that they may not impede each other's recovery. The opinion is not of ancient date, when it was declared, that a lunatic saw his own errors more clearly when associating with those who held opinions equally ridiculous with his own!—and

yet we know how vivid and active is the power of imitation, and we also are aware of the restraint general society imposes upon most of the insane, and it is well worthy of inquiry how such opposite views can be reconciled. The fact is, so powerful is the effect produced upon healthy and sound minds by being constantly in the presence of lunatics, that very few nurses or keepers live under such exposure many years without themselves becoming insane!

It is of the greatest advantage for persons at all singular or eccentric to associate with others free from these peculiarities, and hence it is that cheerful society is so advantageous in many cases of insanity. Man is fond of imitation; it pervades all classes; and, therefore, to mix up a number of weak-minded persons together is to confirm silly habits and false ideas. It is imitation which causes hysteria to run through a female ward; it is imitation leads a number of men in succession, as at the Hôtel des Invalides, to hang themselves on the same spot, within a few days of each other; it is imitation which tempts nervous persons, especially women, to murder those helpless babes whose innocent smiles even form no protection; and it is imitation which often induces romantic and foolish lovers to terminate existence in one common act. I feel it were impossible to describe the various proofs of imitation; I see it in every thought, word, and action. How few can be original; how much

must a man imitate before he is in a position to form a sound judgment, even upon the daily occurrences of life.

If, then, imitation plays so important a part in the economy of man, can it be said that a mad-house is the place where one who is becoming conscious, who begins to reason, who recommences to reflect, that this is the place for him? That here, amongst the irrational, he is to obtain reasonable answers to the queries he makes? that the perverted conceptions, the distorted ideas, and their oft repeated reiterations, will be more likely to aid him in the recovery of mental vigour, than a calm, dispassionate, and judicious manner, which can only emanate from one of sound mind? How much more reasonable to suppose that in a happy family, where harmony united all, and where judgment, reason, and affection guided every sentiment and wish, that here irritability would be soothed, eccentricity would be restrained, and insanity prevented?

Many persons, not predisposed through hereditary transmission, may be eccentric to such a degree as to be on the very verge of insanity, and yet never become insane if allowed to mix in general society; although it is not unusual to find where there is predisposition that the mind ultimately gives way and the patient becomes irrational. A mad-house is not the place for persons of merely weak mind, nor for the milder cases of insanity, nor of incipient

mania; in all such instances the symptoms are almost invariably aggravated by such indiscretion—they become chronic, and disease is confirmed. To send a puerperal patient to such an asylum is most reprehensible. Dr. Conolly says,—"I well know that patients labouring under puerperal insanity have sometimes been sent to lunatic asylums; such a step in such circumstances is so inconsistent with every feeling prevailing in social life, that whenever it is taken, the whole responsibility and the whole odium of it must rest with the medical adviser."

Even to remove such a patient from home is indiscreet in the first instance; but if the presence of her infant, or her husband, or her friends irritate and annoy her, they should be excluded; if, a month subsequently to her confinement, no improvement has taken place, change of air and scene should be recommended, and more especially if she appear dissatisfied with home; where this is not the case, she will be more likely to get well at home than elsewhere; but where there is much irritability, and this continues daily increasing, change of air, especially at the sea-side, is highly desirable.

Delirium is frequently attendant on fever, and it does occasionally continue for some weeks *after* the febrile symptoms have subsided; and it has happened that such cases have been removed to lunatic asylums, both during and subsequently to the at-

tack. Nothing can be more reprehensible; it is the very way to render chronic those symptoms which are only temporary, and the patient may by such treatment be driven mad. During the convalescence of fever it is delightful to watch the mental vigour increasing day by day, and to see the individual, who so shortly since was perfectly imbecile, now able rationally to converse. How different might the result have been if placed within a lunatic asylum!

It is of great importance to distinguish accurately between delirium and insanity; for to send a person to a mad-house who is delirious from fever is an indiscretion so terrible, and may prove of such disastrous consequences, that the greatest circumspection and precaution should be exercised. Delirium is found as the consequence of fever, *the febrile condition* being the chief affection, there is an intensity of fever—the delusions or wanderings depend upon the fall and rise of this fever, but do not remit; whereas in acute mania, although there are febrile symptoms, yet they are not of the same intensity, and the incoherencies and violent actions generally suddenly cease, the maniac becoming for a time not only tranquil, but more or less rational.

It is scarcely possible to conceive the various injuries which may result from mistaking delirium for madness, but to mention a single instance will

be sufficient to prove the truth of such a statement. A clergyman built a chapel at his own expense, expecting to derive an income from the letting of the seats; he had an attack of fever, and was delirious for some weeks. Soon after he was taken ill, a friend had, incautiously, from the desk, announced that there was no probability of their pastor ever again addressing them, as he was labouring under mental derangement; but in a few weeks more he actually recovered, and when he again appeared in the chapel, he found it deserted; and he to this day preaches to nearly empty benches; and I have myself heard persons in that neighbourhood say, "It is not likely one would go to hear a madman preach." Now this gentleman is perfectly sane, and is a martyr to the indiscretion of those who, in the first instance, mistook the symptoms of his affection.

So long as a man manages his property with discretion, and neither injures nor threatens to injure himself or others, however eccentric in other respects he may be, yet he is not a fit object for control or for confinement; for many men, who are in other respects very ridiculous, can take good care of their money, and even by their own industry and talent realize large fortunes; and to confine such a person, or take out of his own power the management of his affairs, is unjustifiable, and not unfrequently, in such cases where the

friends send such a person to a lunatic asylum, it is for the sole purpose that they should themselves assume the regulation of his affairs.

I have known two instances of ladies, not connected with each other, who invariably turned night into day, sleeping while the sun was shining, and rising when darkness came on; and one of these ladies always had the greater part of the house well lighted up at night; this, together with rather an unnatural gloominess, constituted her peculiarity. Now this lady enjoyed life, and, having an ample fortune, could easily gratify her fancy; there can be no doubt it would have been unjustifiable to have interfered with her liberty, and confinement and restraint would probably have complicated her error and shortened her life.

Another lady I knew, who, after an illness, took it into her head that she should die if she passed the threshold of her door. I always saw she was eccentric, and considered this fear an hallucination. Her husband died, and she was obliged to leave the house, as it was to be pulled down; and, although she had not been out of the street door for twenty years, she was removed to a distance of about four miles, and was then as well able to walk out as any of her neighbours. A peculiarity in this case was, that she was able to go out at the back door and walk about the garden; but it was her fear of passing the front door which kept her such a prisoner. Now this lady thoroughly enjoyed life after

her own style, and was very happy in her family, and to have separated her from them would doubtless have aggravated her very mild and innocuous delusion.

Dr. Conolly mentions the case of a gentleman who was remarkable for his taciturnity; he left home, ordering his dinner to be prepared daily at the usual hour; he was expected from day to day; he, however, unknown to his household, made a tour on the Continent, and returned home at the expiration of some months at the dinner hour, just as though nothing extraordinary had occurred. In no other respect was he eccentric, but was remarkable for the punctuality of all his domestic engagements.

Some persons have a remarkable aversion to meeting or speaking with their friends; they hold their heads down and try to avoid them, and there is the greatest difficulty in meeting such a man's eye. Dr. Conolly mentions a curious example, where a gentleman was constantly exclaiming, "Lord have mercy upon us!" "What a wicked world this is!" and similar short exclamations. In ordinary circumstances he was unconscious of what was passing, and took no notice; but when the impression was increased, his faculties were roused, and especially his attention, into healthy action. Now this is often observed in an absent man; he pays no attention to a subject, but rouse him, his faculties may be good, his judgment may be sound.

It is often noticed in concussion of the brain that the injured person disregards ordinary conversation, but, when aroused and addressed in a louder voice, he answers queries rationally. So the absent man is lethargic; his whole frame is torpid; his pulse generally slow and full; he is usually of the bilious temperament. Absence, however, may be natural, or it may be acquired. When a change suddenly occurs, when a person, previously lively, talkative, and active, becomes suddenly dull, silent, and lethargic, medical and moral treatment is required; and change of air, travelling, or anything which has a tendency to interest, is the proper mode of treatment; he must be roused from his lethargy.

In an incipient case of mania it is far better to treat it at the patient's own house; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. It is always in early cases so much may be done; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.

In treating such cases at home much must depend upon the attendants, who should be selected by, and placed under the strict orders of, the medical man. The room should be kept quiet, often dark, or at any rate avoiding a strong light or sunny exposure, no noise whatever being per-

mitted; the attendants must be firm but respectful, always showing deference where this is possible—no patient should be insulted. When however he is conversing, he must not be permitted to wander, but must be again brought back to the point whence he strayed; great care being taken that nothing is said which is likely to excite him. It is the same in treating monomania, or partial insanity, the patient must not be allowed to talk of his delusion, it being rarely advisable either to advert to, or allow the individual to speak of, his point of error.

Moral treatment is more effective in the early weeks than at any subsequent period. The quiet, with remedial and moral means, will often check delusion, or morbid fancies, in the bud; and in many instances, if the persons attacked, were at once subjected to seclusion and quiet, this alone would often effect a cure; there are, of course, some cases, where a different and an opposite mode of treatment is absolutely necessary.

The following case shows the great advantage to be derived from preventing a patient dwelling on the point of error. A lady, æt. 28, had, previously to her marriage, been several times annoyed by strange fancies—for instance, having been present one day when a friend was becoming a nun, and taking the veil, she returned home, and fancied that she herself had made the vows, and could not be convinced of this error by her mother. At another

time, being present when a friend was married, she thought because she had affixed her signature to the contract, that she herself was the person engaged in that rite, and here, too, her mother used every expedient to set her right. Some time after she married, and during her husband's temporary absence, she returned to her mother's house, where she again became annoyed by strange and absurd scruples. She fancied herself first a nun, then a priest, ultimately a pope; her mother, being a woman of weak mind, did not combat these absurd notions with sufficient firmness; so that, at length, her imagination became so much persecuted by these absurd fancies, that she several times contemplated suicide, in order to free herself from them. She also suffered from vigilantia, headache, and also from nervous paroxysms, when she struggled, cried, and alarmed her neighbours. M. Leuret gained her confidence, ordered her to be removed to a family where all were strangers, exacted a promise from her that she would never speak of her ailments, or delusions, to any one, not even to himself; he also ordered baths, *bread pills*, and a somewhat nauseous ptisan, merely as a placebo. During the first month he himself gave her lessons in arithmetic, history, and geography, because she was not disposed to pay sufficient attention to other persons. All the necessary restraints of tuition and acquiring thwarted and annoyed her exceedingly at first, but she submitted, as she wished to be cured. She

gradually became attentive, read and studied with interest and pleasure, and now indulged, of her own accord, in amusements and in habits of social life; her sleep had also returned, and the pain in the head had ceased; and she now expressed her astonishment at having allowed herself to be carried away, for so long a time, by such absurd fancies. It was always noticed she was more fanciful and less diligent in her studies when suffering the periodical indisposition. In this case the treatment lasted for six months, she took no medicine, was allowed perfect liberty, only she was made to promise she would not advert to her troubles. On one occasion she very nearly had a relapse from having broken her promise, and detailed her sufferings in a letter. The object, in this instance, was to interdict her from speaking of her hallucination, and also to occupy her attention by agreeable and useful employments; and it is more than probable that had this lady been sent into any lunatic asylum, she would at this moment have remained there a monomanic imbecile.

A person may be highly eccentric in dress, manners, and ideas, but still is not a subject for restraint; but if his conduct interferes with the comfort of others, if he walks and annoys passengers, or threatens them, this must be prevented, or he must be put under control. So a woman may wear a bright red dress, yellow bonnet, and green boots, all made in the most grotesque style, she may appear

in many other respects ridiculous, she may give a hop at every fifth step, yet she ought not consequently to be restrained; but if, in addition to this, when walking in the public streets, she screams, shouts, and holloes, and in that way frightens others, this, being prejudicial to the interests of society, demands interference, as it may indirectly cause the death of an individual, as by fright to a pregnant woman, in this way possibly even sacrificing a double life.

The following case, in point, was heard before a police magistrate, 12th of May, 1846. Lord A—— has lately been constantly annoyed by a Mrs. Henry, who imagines his lordship married her in Paris, under the name of Warder. She has several times applied to various inspectors of police for protection, as she conceived Lord A—— watched her house, and wished to carry her off in a ship he had waiting in the Thames, and to frustrate this, she said, she had three holes dug in the garden, in which three watchmen were concealed, and she held a communication with them by means of a piece of string, so that, in the event of being surprised and attacked, she could instantly summon the watchmen by pulling the string. On being calmly reasoned with respecting this misapprehension, she became very angry, and threatened to shoot the inspector with a pistol. She imagined Lord A—— ought to support her, and said she had written to the Queen, with full particulars, and the necessary proofs.

Here it was clear she was hallucinated respecting his lordship, there was delusion, monomania. Lord A—— had not watched her house, had no ship waiting in the Thames, and had not married her in Paris; and, as he considered his life in danger, and three physicians had, in addition to this evidence, testified to her insanity, and the dangerous consequences likely to result from her delusion, she was ordered to find bail, which it being impossible for her to do, she was, in all probability, confined in an asylum.

It is certainly more prudent to remove idiotic or highly eccentric persons, especially if noisy, from public gaze in large towns, as the less such cases are exposed, the fewer examples may be reasonably expected; we are much the creatures of imitation, and there are at all times many hysterical persons who would soon outrival any absurdities they may have witnessed.

When it is found that a person cannot control his feelings and actions upon any particular point, it is very necessary that this deficiency should be supplied by the control of others; the degree of restraint must depend on the degree of defect or of danger. In some instances where intemperance is habitual, and where the patient gets maddened with drink, it may be only necessary to prevent a repetition of inebriety; but, whether rich or poor, to cause mere drunkards, however degraded in society, to associate with lunatics is most wicked, and ought

not to be tolerated; consequently, if confinement is essential, it should not be in a mad-house.

So, in the case of a man of fortune, where there is extravagance, where this gentleman is ruining himself and his family, daily wasting his wealth, the question is, is it not proper to restrain such a person from inevitable ruin, and to remove him into the country, and place him in such circumstances that he cannot lavish his wealth? perhaps, a few weeks after such seclusion, this very person may feel deeply grieved at his follies, and be grateful that he was prevented from getting rid of more of his fortune. But when a patient thinks himself inspired, that he holds a commission from heaven to take away life, or where, as a general, he imagines he must despatch a victim for the sake of example to his soldiers—where, in fact, there is danger to life, active surveillance, and even active restraint, are sometimes indispensable.

Removal from home and separation from friends, may often be necessary when it would be very inexpedient to confine such a person in an asylum; the *degree* of necessary restraint is the important point to determine. Separation from friends, and change of residence, and of servants, will often be justifiable, when to remove such an individual to a lunatic asylum would be most criminal. A patient rarely enters a mad-house without knowing where he is; and, in an incipient case, for an irritable man to wake up and find himself in a lunatic asylum,

may render him more irritable, more suspicious—it may aggravate every symptom.

Directly a person, be he rich or be he poor, entertains erroneous impressions, and often when only eccentric, away he is hurried to an asylum, where the chances of his cure are as remote as is the love which has not unfrequently, especially in the upper classes, dictated his removal. "Many individuals," says Dr. Conolly, "who conduct themselves rationally in the society in which they are restrained by the habits of social life, and by the necessity of paying some regard to the feelings and wishes of those about them, would, if freed from these restraints, become guilty of many extravagances and eccentricities."

A man may be poor and insane, and yet may not require to be confined or restrained; he works for his daily bread, and in doing so, is placed in the very best circumstances for preventing a more decided development or aggravation of his delusion. Shut him up in a mad-house, his case becomes worse; so long as his mental error does not involve his personal safety, or the safety of others, he should not be interfered with; but if he be unable, or unwilling to work, and, more especially, if he in any way disturb or annoy his neighbours, or if they constantly annoy and oppress him, then removal to some place of protection is indicated, and, inasmuch as his friends cannot support him, it is necessary that he should be kept at the expense of the County

in which he resides; and in many instances it would be far better that some other place should be selected for him than a county lunatic asylum, because, however perfect the system of classification, yet the very associating daily with others holding deluded opinions, is very injurious to any case where there is a chance of cure.

The mistake seems to be, that a person is considered a fit subject for a lunatic asylum merely because he holds fictitious or erroneous ideas, and this appears to apply both to the rich and the poor; but a man may think he can sail *through* the earth from pole to pole, and yet is not consequently incapacitated from circumnavigating the world; or another may not know whence his intellect springs, and may attribute it to the effects of "caloric," and yet in other respects may be highly gifted; indeed, so far as my observation extends, I find very clever men often exhibiting very glaring inconsistencies. A man may imagine he is tortured by mysterious agents with pneumatic aid, but surely to send him to detail his ills and misfortunes to a number of monomaniacs, is not so likely to remove such hallucination, as to engage him in healthy occupation, and to point out to him the beauties of creation;—to gain the confidence of such a person, to lead him on by successive gradations, to draw off his attention from himself, to keep him constantly occcupied—these constitute the rational manner and plan of treating such a patient. So in many cases where

there are false views upon religion,—religious hallucination; travelling and kindness, and withdrawing the mind from the source of error, these are the proper means to be resorted to.

Nothing is worse for the poor patient than to allow him to talk upon his point of error, and the constant endeavour of the medical and general attendant should be to tranquillize and not to irritate. To introduce the subject to him is really wicked, and the more incipient the case, the more injurious will such indiscretion be; the attention must be drawn off from the hallucination. Of course, the milder the delusion, the less necessary is removal or restraint. Some monomaniacs are so violent in their actions, and altogether so extravagant, that confinement is absolutely necessary, while others again exercise considerable self-control.

Moral insanity does not always require either separation or seclusion, especially where a patient does not feel injured by, or an aversion to, his friends, this should be the great test; if the motives of friends are mistaken, separation is always necessary, although seclusion may not always be indicated. When it has been considered necessary to order seclusion for a patient, care should be taken not to protract it any longer than is essential; the time must of course vary, and in some instances even half an hour or an hour may be sufficient.

The presence of strangers is often agreeable to the insane, when that of their own family occasions

them the greatest irritation; and it often happens that a man who has been most violent at home, becomes quite tranquil when removed to some other residence; the *change* produces the effect, and in many cases it may be necessary to select new and faithful and experienced servants.

Throughout Europe physicians are agreed that separation and seclusion are of the greatest benefit in the treatment of insanity, and although early seclusion is often of the greatest service, yet, after a time, when benefit has not resulted, it should not be persisted in, and this is a point which requires the nicest discrimination and the soundest judgment. To admit friends too soon is very injurious, but this has certainly not often been *a fault* at private lunatic asylums. There may be particular reasons why a patient should not be disturbed on some special occasions, when these should be duly explained by the persons in charge, but when friends consider it necessary and essential to see an afflicted relative, contrary to the wishes and experience of the medical attendant, it is considered better to have the wish expressed in writing, simply to exonerate the medical man from responsibility.

There are occasionally particular periods when the introduction of a friend may prove of the happiest effect, as is well illustrated in a case, which came under the notice of Dr. Gooch, of a lady, twenty-eight years of age, who suffered from melancholia, a few months after the birth of her second

child. She was sent to a cottage pleasantly situate, and separated entirely from her friends. She was gloomy, and for several weeks manifested no improvement. At length she imagined she was to be executed for crimes she had committed, and fancied every noise she heard was that of workmen employed in erecting the scaffold. Every evening at dusk she would station herself at a window, and fix her eyes on a white post, this was the ghost of her husband. Many weeks passed in this way; the husband became impatient, and demanded an interview; this was refused, he being told that patients are more likely to recover when completely separated from their friends, and that if she saw him, she would say, it was not himself, but his ghost. The husband, however, persisted, and an interview was appointed. When he arrived at the cottage he was told she had passed a tolerable night, was rather more tranquil, but there was no abatement of her gloomy notions. The husband thus describes the interview:—

"As soon as I entered the drawing-room where she usually spent the day, she ran into a corner, hid her face in a handkerchief, then turned round, looked me in the face, one moment appearing delighted at the thought that I was alive, but immediately afterwards assuming a hideous expression of countenance, and screaming out that I was dead, and came to haunt her. This was exactly what Dr. —— had anticipated, and for some minutes I

thought all was lost. Finding that persuasions and argument only irritated and confirmed her in her belief, I desisted, and tried to draw off her attention to other subjects. It was some time since she had either seen me or her children; I put her arm under mine, took her into the garden, and began to relate what had occurred to me and to them since we parted. This excited her attention; she soon became interested, and I entered with the utmost minuteness and circumstantiality into the affairs of the nursery, her home, and her friends. I now felt that I was gaining ground, and when I thought I had complete possession of her mind, I ventured to ask her, in a joking manner, whether I was not very communicative for a ghost? She laughed. I immediately drew her from the subject, and again engaged her attention with her children and friends. The plan succeeded beyond my hope; I dined, spent the evening with her, and left her at night perfectly herself again."

The next morning, in a state of great anxiety, he went to know whether his success was permanent; but her appearance at the window with a cheerful countenance soon relieved his apprehensions. While there Dr. —— arrived, went up stairs, without knowing the result of the interview, and came down saying, "It looks like magic!" She was ordered to the sea-side to bathe; as soon as the day of her departure was fixed, she began to droop again, and the evening before leaving she was very low, and on

the morning of setting off was as bad as ever. This state continued for several weeks, in spite of sea air and bathing, and then ceased as suddenly as it had done before, apparently in consequence of interviews with friends, calculated to remove those apprehensions which haunted her. She has since then continued perfectly well, and has had another child, without the slightest threatening of her former malady.

Agreeable, pleasant, and useful occupation, with plenty of exercise in the open air, should be constantly employed in the treatment of insanity; the farmer in the North of Scotland, who derived so high a reputation for his success in curing mental disease, trusted entirely to physical labour in the field, which was often of a most laborious character. Mere irrationality does not require restraint; control or guidance may be necessary, but how wicked to confine a person merely because he is irrational!

It may often be necessary to remove a patient from home—he is irritable, perverse, inconsistent—it may also be advisable that this removal shall absolutely separate him from his friends, but then, how much better that all this arrangement should take place as the suggestion of his ordinary medical attendant.

The medical practitioner ought to be instructed, nay, in many instances he now is instructed in mental disease. The county asylums are being gradually thrown open, and soon it will be as essen-

tial for every medical man to know how to treat a disease of the mind, as it at present is to prescribe for a corporeal malady. The profession is under a debt of great obligation to Dr. Webster, who, as a governor of Bethlem Hospital, strongly advocated the importance of throwing open its wards for the purposes of clinical instruction.

I am aware it is said mental disease is complicated—it is so; but there is no very great difficulty in estimating the amount of benefit resulting from any established rules of treatment which have generally hitherto been adopted. Disease of the mind is complicated, and the persons who have specially undertaken to cure that disease have, at present, individually done very little in the way of suggesting either therapeutical, moral, or general means for alleviating or curing such an afflictive disorder, and this too with ample means of investigation before them; the desire has always been to keep the system or plan of treatment "close." Even to this day their practice is often secret—empirical.

Nothing can be wiser than the example shown by the talented and benevolent physician at Hanwell, Dr. Conolly; he, in following out the humane system of Pinel, has proved that iron bars incite to mischief; that physical restraints augment and multiply the very evils they were intended to subdue; while the kindness shown by him personally

to the patients, and diffused by him through the attendants, both male and female, prove that honesty, humanity, philanthropy, and talent, have, in a very few years, effected more for the comfort, safety, and even the cure of the insane, than has ever been accomplished by the advocates of intimidation, coercion, and secret and obscure treatment. This humane physician says, — "To those who have opportunities of observing the extraordinary changes wrought in the most violent recent cases, by continual patience and kindness, it cannot but appear probable that some among the older patients, who remain invariably sullen or morose, might have been benefited at an earlier period if they had not been treated roughly and without consideration."

It is a great point to induce patients to keep up self-respect; a harsh and tyrannical nurse may soon do irreparable injury to sensitive and irritable persons; their mental power and vigour fails; they become prostrated by such treatment.

The physician should always be placid and dignified; his conduct regulates that of the attendants; and the conversation and actions of the patient himself much depend upon his observation of what transpires around him. It is rarely advisable to allow a patient to speak of his delusion; it is far better to converse with him, when not in a state of excitement, upon general subjects, but always with composure. Contradiction can do no good, and a

kind and conciliatory manner should always be exhibited towards the insane. The delusive opinions they hold, however absurd, are to them realities; and a greater degree of irritation is produced by laughing at them than we should ourselves feel if our word were doubted, or we were jeered at by others. A conciliatory disposition, with a manner sufficiently authoritative, is the great desideratum.

It is considered advisable that whenever a person's means will at all admit of his being treated at home, that this is always preferable, and especially in the first instance; for to send an incipient or slight case to mingle with lunatics, or persons holding deluded opinions, is very likely to aggravate and confirm those symptoms already present, or even by imitation to cause him to assume those fictitious ideas or characters which are so powerfully and so perpetually impressed upon him.

As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents, but the convalescents themselves require classification; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be

favourably impressed by another convalescent than by those of sound mind? as Dr. Conolly says,—"Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind; they can hardly assist, and they may retard, the recovery of one another." How powerful is the effect produced on those who habitually associate with the insane! how many keepers, both male and female, become insane!

Classification is, of course, of the utmost importance, the greatest care being taken that dangerous lunatics are not mixed up with the placid and contented. The noisy and restless should be put together, and those who are dirty and offensive should be kept apart from those who are clean. It is not only necessary that the dangerous be separated from the quiet, but in some instances they should be kept quite alone; the greatest precaution and surveillance being exercised towards epileptics, who should always be placed by themselves; so those who are desponding only augment each other's depression and melancholy, and may even in this way encourage suicide. It is also very advisable that the young should be kept separate from the old, and never allowed even to see those who are becoming decrepit or imbecile. So, again, those who are educated almost invariably become worse from mixing with the illiterate; and great care should be taken to put those of the same rank and acquirements together.

These few remarks will serve to show the difficulties which have to be overcome in classifying the patients of a large establishment.

An asylum is at present a necessary *evil*, and, as many patients must be congregated under one roof, the greatest judgment will be required to prevent the least possible amount of mischief; and this can only be effected by the most patient investigation and selection, and by the constant supervision of an active, intelligent, responsible, and humane superintendent. Lunatic asylums should be exclusively such; for to admit merely nervous, imbecile, or dejected persons, to associate with lunatics, is to aggravate and confirm their symptoms, and will, indeed, often render them themselves lunatic. To receive persons as *boarders* into an asylum is so objectionable, and may tend to so many abuses, and to so much iniquity, that it should be treated as a criminal offence, and should be most severely punished.

The insane should never be mixed up with criminal lunatics, who should always be confined in separate buildings by themselves; and, as at present, they scarcely exceed four hundred and fifty in number, throughout the whole of England, it might perhaps be advisable to have all criminal lunatics confined in one building; and, as it might be thought somewhat dangerous to place so great a number together, it would be quite practicable so to arrange, without any additional expense to the

State, that the barracks necessary for quartering troops should be so near the asylum as that an efficient guard should be always on duty; their assistance would never be required unless the keepers were likely to be overpowered, while the moral effect produced by their contiguity would alone be sufficient to effect the object intended.

It was not my intention to have again even alluded to "criminal lunatics," but a recent discussion having taken place in the Upper House of Parliament, in which Lord Derby considered a "criminal lunatic" as a contradiction of terms, I have stopped the press in order to re-consider the point in question.

The Premier is reported to have stated, that the word "criminal" implied a knowledge of evil, while the word "lunatic" implied an utter absence of that knowledge of evil.*

Now a crime is either the act itself, or the fixed design to do that, which violates a law, human or divine, it may consist of *omission* and of *commission;* consequently a criminal is either one who has *omitted*, and thus violated his duty, or one who has *committed* an actual offence against public or moral law. The crime is actually committed, even though a man may neither know it or admit it, knowledge does not constitute the crime,† the act itself is criminal, as judged, not by the perpetrator's

* *Times*, March 19th, 1852. † Vide p. 131.

opinion, but by the law; so that an act, which in England is criminal, may in India be considered a religious rite. A lunatic means an insane person, whether idiotic, lunatic, or of unsound mind.

A man of unsound mind who commits a crime, confounds idealities with realities, and it is a question worthy of very grave inquiry, whether, when a person is really insane, all responsibility for his actions should not cease, so that one who is *non compos*, should not be chargeable with criminal offences; for who is the man that can undertake to define the invisible line between perfect and partial insanity?

It appears that in homicidal insanity there is an instinctive impulse which is often irresistible, although conscious of its being wrong. Persons thus afflicted would avoid it, but cannot do so, and will even often caution those whose lives are in danger. Whenever this is the case, there should immediately be some control exercised over such an individual. This was strikingly evidenced in the case of a physician who a short time since committed suicide; he had warned the father of the children with whom he temporarily resided, "that he had a desire to kill his children;" within a few hours from that time he had committed suicide. Had this unfortunate gentleman killed his friend's children, many persons, particularly had it occurred in more humble life, would have considered it necessary to make an example of him, thereby hoping to prevent the re-

currence of such a dreadful catastrophe; but it should ever be remembered, that while the insane do sometimes take away the lives of others, in the great majority of cases they are tempted to sacrifice themselves.

To prove how necessary it is to take charge of a person who appears suicidal, I refer to the case of Captain James Purington, of Augusta, Maine; who was very avaricious, and his farm suffering from drought, he feared his family might starve. One Sunday his second daughter saw him writing a letter, which he perceiving, hid. He asked for his butcher knife, made it sharp, stood before the glass, and seemed preparing to cut his throat. His daughter seeing it, asked what he was doing, he said calmly, "Nothing." The letter he had written was found, and was addressed to his brother, informing him he was going a long journey, and directing him to take charge of his children. The next day he told his wife he had a presentiment his death was near. The day after he ground his axe, and in the evening was reading his Bible at Ezek. chap. ix. At two in the morning his eldest son alarmed the neighbours. When they arrived they found Captain Purington was lying on his face, dead, with a razor by his side; he had killed two sons in this room, and in the next room were his wife and a daughter ten years of age, both killed; in another room a daughter, aged nineteen, was found dreadfully butchered, and another, aged

fifteen, desperately wounded, also an infant, eighteen months old, with its throat cut. The eldest son was also wounded, and Captain Purington attacked and dreadfully mangled the second boy twelve years of age, who attempted to escape. During the time of this dreadful scene, this maniac did not speak a word.*

Although a man may know right from wrong, yet when labouring under hallucination he cannot apply such knowledge reasonably to his own case; and in moral insanity, where there is no delusion, yet the propensities are diseased, and there is very often not only a total absence of self-control, but an instinctive wish or desire which irresistibly impels an individual to do deeds which are opposed to his reason, conscience, and affection. There is no form of insanity so dangerous as this, and the moment it is detected, the individual should be immediately subjected to the necessary degree of restraint; numerous lives have been sacrificed from such delay or neglect.

There is now no doubt of the existence of *moral insanity*, so-called by Dr. Prichard, the *manie sans délire* of Pinel, or instinctive madness; and when persons commit murder from this dreadful instinct, there is often *premeditation*, with considerable ingenuity and deception. Generally the murderer at once confesses the deed, and appears unmoved—

* Prichard, quoted from Parkman's "Illustrations of Insanity," p. 133.

and it is by no means uncommon for a person afflicted with this dreadful propensity or destructive wish, to warn his friends, to desire them to go, or to remove children, or others, against whom he feels the deadly intent.

The unfortunate and afflicted subjects of homicidal insanity feel the instinctive desire to murder, and yet know the enormity of the crime; the impulse is irresistible, and they sometimes even feel remorse while committing the deed; the desire is generally, although not always, for the life of their best friends, for their nearest relatives, often of the very persons they are caressing; it sometimes, however, happens that they seek the death of their most deadly enemy. What can we think when a son, who is insane, says, "Mother, take care of yourself, I am forced to kill you;" "I am no longer master of myself;" who, before his attack and subsequently to it, exhibits the greatest affection for his mother? and yet many persons who have committed murder, under such circumstances, have been executed in this country and especially in France. There can be but little doubt that different degrees of this homicidal propensity exist; thus one person may give the necessary warning or caution, while another, from a more morbid and more violent impulse, at once executes the murderous deed.

A servant in the Baron Humboldt's family, in Germany, fell down before her mistress, and entreated her dismissal, and on being asked by her

mistress the reason, she said, whenever she undressed her little child, the whiteness of its skin tempted her to tear the child in pieces; and there have been many other instances, and they are now not unfrequently occurring, where patients will themselves request to be confined to prevent them from doing some particular mischief, or even from murdering others.

A great peculiarity, however, occurs in some cases, the perpetrator masks his design by consummate flattery and deception, but when he has accomplished the deed, he generally at once confesses it, and seldom denies the crime, usually remaining in an apathetic condition. Amongst these dreadful and dangerous lunatics there is a great propensity to imitate, and therefore those minute details, so frequently given in the daily papers, should be partially suppressed. The greatest care and precaution is also necessary wherever the hallucination is of a dangerous character, for such persons will conceal and even deny their hallucinations and dissemble their resentment, and on the very first opportunity they gratify their revenge. It is worthy of remark, that many lunatics who have threatened others and themselves, have not, on their recovery, had the slightest recollection of any such denunciation, which to a certain extent proves their irresponsibility at the time.

In the delirium of fever patients frequently attempt suicide, or endeavour to murder others; sui-

cide is, however, much more common under such circumstances, and every precaution should be unceasingly maintained in these cases; many lives are annually sacrificed from such neglect.

Nothing is more prejudicial than the minute detail of murders given by the daily press; it often creates and fosters a morbid appetite for that which is horrible, disgusting, dangerous. How often, when a murder has been committed, do those predisposed to insanity feel irresistibly inclined to imitate these horrible crimes.

The occurrence of a murder, especially when accompanied by any peculiarly singular or horrifying circumstances, is very frequently the harbinger of others, which result from imitation. After Henriette Cornier had murdered an infant in Paris, within a few days M. Esquirol knew of six instances where persons, some of them ladies, felt the same irresistible desire. Amongst silly, weak-minded, and highly nervous individuals, there is a great propensity for imitation, and this applies especially to things of a dangerous character, and shows how very wrong it is for the daily papers to give such minute and disgusting particulars when a murder occurs. The mere perusal of such an account drives these poor creatures mad; they have previously the predisposition, and if kept free from excitement, may even pass through life tolerably comfortably, but they read of a dreadful murder, it haunts them, they *tremble* at it, and yet they are *tempted* to imi-

tate it. When Courvoisier murdered Lord William Russell, the papers daily gave minute accounts of that diabolical affair; it was in every person's mouth. A respectable female, whom I had previously attended for general indisposition, came to me one morning in an excited state, and said, with tears in her eyes, "That she was tempted during each night to cut her husband's throat, that she loved him dearly, and trembled at the very idea of the deed, but sometimes she felt as though she must do it." Even when speaking to me, she grasped her hand as though it clutched the deadly weapon. She sobbed deeply, while lamenting the constant annoyance she felt from hearing, at every turn, the horrible accounts of that fearful murder, saying, "It really drives me mad." I had considerable doubt in this case what to do, whether to have her temporarily restrained, and I felt great anxiety for many days; but I am happy to say, no mischief resulted from her liberty. I ordered her soothing medicines, with morphia each night, and directed her particularly to place *confidence* in Him who never sleepeth—and I firmly believe that the very act of prayer, and the fact of such persons feeling that they are placing trust in another, and not in themselves, will relieve many of these afflicted individuals of their morbid, perverted, and often deadly propensities; for be it observed they can be reasoned with, they know their actions and their

consequences, but they feel an irresistible impulse, within themselves, which is incontrollable; and I believe in such cases, that if they will trust in God, if they will refer their own want of self-confidence and control to Him, that, in addition to his blessing, by the simple act of believing, there is a protective influence. And by transferring the responsibility from *themselves*, and referring it to *another*, that this very transference, of itself, actually tends to remove from them their preternatural desires. And to illustrate what I mean, I may say, I believe if a Hindoo female, suffering under such temptation, really believed in the power of one of her gods, and when sorely tempted by this moral depravity, that she placed full confidence in her god's protective power, that this feeling of assurance and trust would be sufficient to reassure her. Need I add, that if I believe the Hindoo may possibly be relieved by her confidence and trust in an image, how much more I feel the efficacy would be, by the Christian woman placing her trust in One whom she knows is too wise to err, who never slumbers, and who never refuses those who put their trust in Him?

Many murders have been committed, many lives sacrificed, in obedience to this instinctive prompting, and often where there has been no animosity—where nothing but mutual regard and affection have existed between the homicide and his victim; and it is remarkable that children are especial

objects of sacrifice. There appears to be no delusion, no hallucination; it arises from an internal and irresistible wish and desire.

I am aware that this "irresistible" or "incontrollable" impulse has been a stumbling-block to many, especially to members of the bar; that however it really exists cannot be questioned,* therefore I hold, in common with most members of my profession, that the word "lunatic" does not necessarily imply "an utter absence of knowledge of evil;" and by "criminal lunatic" I understand a lunatic who has committed crime; the injury has really been effected, the crime has actually been committed, the law has positively been broken, but in mercy, as being of unsound mind, the lunatic is therefore held irresponsible; still, the law having been violated, restraint is imposed upon the lunatic to prevent any further transgression of the law, and hence it is considered necessary to have a special building for "lunatics" who have committed "criminal" acts.

Restraint is justifiable where the property or life of the patient or of others is endangered. His holding fictitious ideas, however foolish, does not demand restraint, but the instant such ideas really threaten danger to himself or to others, that moment strict surveillance is necessary; by this, I do not mean, that the mere possibility of danger demands such strict interference, because if so, where is the

* See my Observations in *Medical Times*, vol. xv., p. 280, et seq.

lunatic who would not be under restraint? but what I do mean, is this, immediately a patient thought it his duty to "send a child to heaven,"—that he had "a mission from above to take away life,"—or in any other manner showed that his hallucination was dangerous, then the utmost precaution is essential. Many lives might have been saved by attending to these precautions; the moment a man even thinks of taking his own life or that of another, vigilant superintendence should always be at hand.

It is important to ascertain whether a man has been and continues to be dangerous to himself or to others, and if so, and more especially if it be a chronic case, confinement may be necessary. Even here I think it very undesirable that a patient should be confined for more than two or three months, without a special inquiry being made into his case; and if, according to the provisions of Lord Ashley's Act, the Commissioners act fully up to their instructions, it must have the effect of preventing many of the errors and abuses which have prevailed.

It is quite evident on reading the Report made by the Commissioners, how great a difference of treatment exists in the various county lunatic asylums; thus a suicidal patient in one county would be allowed considerable liberty, under proper surveillance, while if placed in another county asylum, he might be hobbled, and chained, and treated worse than a felon. It is now a matter of fact that chains and bars increase the frenzy of maniacs, and often

tempt the insane to commit suicide. Pinel, who first denounced and abandoned the restraint system, found the number of furious maniacs diminish immediately the chains and manacles were abandoned.

In the summer of 1842, upwards of nineteen tons weight of iron bars and gates were removed from the Lancaster County Lunatic Asylum, and what has been the consequence? the gloominess has been dispelled, and attempts at self-destruction have been much less frequent. In the Commissioners' Report we find, "that the diminution of restraint in the treatment of lunatics, has not only lessened the sufferings, but has improved the general health and condition of the insane."

It is far better to control a patient by encouraging him when tranquil, and soothing him when irritable; the object should be to induce him to place confidence in his attendants and in himself, to do nothing which diminishes his self-respect, and the authority obtained in such a manner is greater and more permanent, than when resulting from hobbles, and buckles, and straps, and strait-waistcoats. Coercion is always unjustifiable, and where a patient is very violent, he should be placed in a padded room, where he cannot injure himself; and, if necessary, one or more assistants must remain with him during the height of a paroxysm. It is true that where the system of restraint is abandoned, there must be a greater number of superintendents, but owing to the improved moral discipline, and the

better classification, the extra number required is not so great as may at first be thought necessary. At Hanwell there is about one attendant to eighteen patients; and they are instructed to show great forbearance, never to argue with patients, and above all things, never to hesitate, but to act promptly, and especially, that they are placed there, not to punish, but to prevent mischief.

A person may hold very extravagant opinions, and yet discharge public and domestic duties with propriety; but a man having once suffered from mental hallucination or aberration, while in the army or navy, should be considered incapacitated from any such future service, because, as such persons necessarily have to be intrusted with arms of destruction, as each holds a situation of trust, varying of course greatly as to responsibility, and as relapses not unfrequently occur, and as the greatest danger might result from any sudden attack, it is considered most impolitic to run any such risk. Only a short time since we remember the Cove of Cork to have been placed in the greatest danger by the commander of one of Her Majesty's ships having, while insane, ordered the guns to be loaded and pointed at the town; happily mischief was prevented by the promptitude of one of the lieutenants.

It is perhaps hardly right at present to refer to the great danger which might have resulted to our troops in India, by an officer, who, under a tempo-

rary fit of insanity, ordered the artillery and cavalry to the rear, and finally, to retreat upon Ferozepore, thereby depriving the infantry of their support, and also preventing them from so fully following up the advantages they had subsequently gained. Although this error did not lead to any serious result, yet it is almost impossible to conceive how perilous might have been the situation of the infantry had they not found themselves intrenched within the enemy's camp. Such a case as this strongly points out the necessity of the rule which has just been laid down, with respect to an attack of insanity necessarily disqualifying for any future military or naval duty.

Insanity is not very prevalent in the service, which strongly tends to prove the advantages of discipline, because if the habits of regularity, as to drill and regimental orders, did not strongly antagonize and oppose the injurious effects of debauchery and revelry, we should reasonably anticipate a greater accession to the number of lunatics.

As we consider it would be inexpedient and improper ever to re-admit into the service for actual duty any one who had been insane, so we also hold that any person who has committed a serious crime, and who has been acquitted on the ground of insanity, should be confined for life. In either instance there may be a relapse, and danger would almost necessarily result.

Early treatment is of the greatest importance; a few days neglected, and the case may be irremediable; whereas, had attention been at once directed, and proper remedial and general means adopted, such a person might in a short time be again fitted for his usual avocation, and possibly be never again so afflicted throughout life. To send such cases to a lunatic asylum is not to be recommended; where persons can afford it, they should be visited by their ordinary medical man, who can, should he think it necessary, avail himself, not only of judicious and experienced nurses or attendants, but also of the opinion and advice of physicians who have devoted considerable attention to this particular subject; but in the case of poor persons or parish paupers, they should either be attended at their own houses by the parish doctor, or a special room should be set apart as an infirmary in the workhouse, a great object, however, being never to designate it by a term which might prejudice the recovery or the feelings of those who occupied it; consequently it should never be called the mad-ward, or the lunatic-house, and it would be much more discreet in medical men, when speaking to non-professional persons, to call such cases those of preternatural excitement or morbid irritability, or cases of inflammation of the brain; the fact being that many persons never regain their social position when once said to have been insane; whereas

where excitement has depended upon inflammation, the evil or injurious tendency is scarcely remembered after the patient has convalesced.

To show how important early treatment is, turn to the deplorable condition of the insane in North and South Wales, where the unfortunate pauper lunatics are shamefully neglected. In North Wales there is not a single public or private asylum, the lunatics being *imperfectly* and *badly* boarded out, their worst cases being sent to the Liverpool Asylum, the governor of which states, "that he never remembers an instance of recovery in an insane pauper from Wales."

It is to be strongly advised that those friends who have justly placed a lunatic in an asylum, should be the persons selected and allowed to liberate them, because although a convalescent may feel gratitude to those who had considered it necessary to have him taken care of, yet sometimes there is a very decided antipathy manifested towards them, and this too notwithstanding a perfect restoration to mental vigour.

Great caution is often necessary in discharging a patient when presumed to be cured, and the utmost care and precaution should be taken where danger of any sort has been threatened. Many persons have committed suicide who were considered convalescent, but who merely simulated convalescence to have the opportunity of destroying themselves.

A young man in the Bicêtre was by Pinel con-

sidered cured, and the commissary, after a most lengthened examination, pronounced him sane, and ordered his discharge; the patient, however, had to give his signature, and subscribed himself as "Jesus Christ," and then sustained that delusion.

Another much more remarkable and more important case occurred in Paris in the person of another of the patients in the Bicêtre, who, when liberated by the mob during the revolution, pleaded his cause so pathetically and rationally, that he almost brought down the vengeance of the armed rabble on the governor of the asylum, whom he had accused of cruelty. The rescued patient was led about in triumph amidst the shouts of "*Vive la Republique!*" the whole scene was too much for the unfortunate lunatic, he seized a sword, and wounded his liberators indiscriminately, and was then, by them, again taken to the Bicêtre, when the mob acknowledged their misconduct, and the injustice of those suspicions which had arisen from their ignorance.

So we also read of a medical man in this country, who had left a patient, relenting, as he rode along, that restraint had been proposed, and resolving to postpone it; before, however, he had gone half a mile, a mounted messenger informed him that his tranquil patient had nearly blown up his house and family with gunpowder. But probably one of the most dreadful recent instances, is that of the enthusiast Thom, alias Sir William Courtenay, this man

had been previously found insane, and had been confined for six months, but being considered cured, was released; he put himself at the head of a band of riotous fanatics in the neighbourhood of Canterbury, and was himself shot whilst in actual collision with the military, but not before ten other lives had been sacrificed.

From a general survey of what has been already stated, it will be evident that, although it is very necessary and highly desirable in every possible way to cure insanity when present, yet it is even of still more importance to prevent its occurrence at all, thus making true the old adage, "prevention is better than cure." A man who has once been the occupant of a mad-house seldom regains his social position, and therefore it is so essential to remove all predisposing causes;—and first as to intermarriage.

Intermarriage saps a country of its vital strength, it is this which has all but annihilated the ancient aristocracy of France; it is this which has reduced Spain to a third-rate power, and which has rendered the mental incapacity and the physical incapability of the Spanish Grandee quite proverbial; it is this which in this country is daily perpetuating and extending insanity, especially amongst our own aristocracy; and even when the mind does not give way, consumption and scrofula frequently result from these unnatural—these baneful alliances. I turn my eye on a family, the product of inter-

marriage, I find many swept down by phthisis, and others showing indications of an early summons; and these again themselves perpetuating their ancestral folly in marrying their near relations; and it is perhaps a much to be desired and a providential circumstance, that such weakness, when more closely repeated, exhausts itself; it being happier far that no issue should result, than that that issue should, with its earliest breath, indicate mental and physical exhaustion.

As a warning, I cannot refrain from mentioning the following example of the ill effects induced by the alliance of such close connexions; it is where the father and mother were themselves the produce of near relations—they were double cousins. They have had nine children, eight of them were born idiotic, some being deaf and dumb, and when, to their great joy, a girl appeared who had some share of reason, their happiness was not yet gone; but their fondest hopes were only raised to be the more depressed; for as this poor child reached the years of adolescence, her intellect, instead of expanding as she grew into womanhood, gradually decayed, and she is now an imbecile.

Idiots are very numerous in Scotland, more especially in the Highlands, and while it has been referred to the dampness, the cold winds, the insufficient clothing, the defective nourishment, the small, ill-ventilated, and uncomfortable houses, yet, very properly, greater stress still is laid upon *the*

intermarriages; and this appears to be proved from the fact, that the more isolated or insulated a tract of country is, the greater is the proportionable amount of idiotcy—this has been especially noticed in the Western Islands of Scotland, it is the subject of very common remark as to the county of Fife, and it has been observed that the Isle of Wight has more than its proportionate number of idiots amongst the common people, and, if ocular testimony can add anything to its verity, I may state, I never visited any place where idiots were allowed to roam about with such absolute freedom, and occasionally to the no inconsiderable annoyance and inconvenience of others.

Insanity prevails to a considerable extent amongst Jewish families, and were it not that they do occasionally marry those of other climes, it is probable that more mischief would result than is even at present found; and that consumption, scrofula, and skin diseases would be even more prevalent.

Amongst the Society of Friends, although so disciplined, with so much moral restraint, and with everything to combat the development of insanity, yet, notwithstanding their high state of moral excellence and virtue, predisposition, transmitted by marrying *within* such a limited circle, has already given evidence of so pernicious a system; and there can be no doubt but that these evils will augment, unless some of these fair and highly-favoured daughters of Eve diffuse their happiness and con-

tentment amidst a wider and more extended sphere; and I am happy to find, from a recent report of the Registrar-General, that a gradual decrease is shown in the annual number of Quaker marriages.

It is universally admitted that it is far better to prevent insanity than to cure it; for when once it has developed itself, whether the result of hereditary tendency or even of some accidental circumstance, the morbid diathesis is formed; and, independently of the danger of transmission, the individual who has been deranged seldom regains his social position; and when decided symptoms have once manifested themselves, the danger of recurrence after a cure is much greater than where the tendency has remained latent.

It is now established as a matter of fact, that a constitutional predisposition to insanity is hereditary; but those children born previously to insanity developing itself in the parent are much less liable to become so affected. It is also observed, not only that the predisposition is handed down from parent to child, but also the peculiar form of insanity is often perpetuated; thus the child of a monomanic parent himself becomes monomaniacal, while where mania attacks a family, the descendants are often maniacal; and even minor peculiarities in disposition, temper, habits, and opinions, are constantly seen to descend from father to son.

Dr. Burrows supposed that insanity may pass

over one generation and then develop itself in the grandchildren or in the nephews; and he also considered that a child, born before the accession of insanity in the parent, is not likely to be affected, provided the parent had no hereditary tendency; but if such predisposition existed, then the liability to the disease is great.

If insanity be so hereditary, even when one parent alone transmits the predisposition, how much greater is the danger where both parents spring from an insane family? This evil should never be lost sight of, but an endeavour should be made to render some instructive information respecting the evils of intermarriage as diffusive as possible.

It has been before stated that the children of old and debilitated parents are more liable to insanity than those who spring from young and vigorous persons; and the evil consequences resulting to the child when the mother has received a fright during gestation, have also been mentioned; the mere exposition of such facts at once points out the obvious prophylactic measures.

Those children who are predisposed to insanity, frequently, in early life, evince either a debilitated or an irritable and excitable nervous energy; and hence they are often subject to epilepsy, Saint Vitus's dance, and other nervous affections; and when the system becomes more irritable

as puberty advances, a very slight cause will often suffice to excite into action the latent tendency.

Wherever hereditary predisposition exists, an endeavour should be made to counteract it by mental discipline; the actions and thoughts should be regulated; the judgment should be strengthened, and a just comparison should be instituted respecting the various relations of external objects. The imagination will rarely require to be stimulated, but the necessity often exists for a regular and systematic exercise of judgment and comparison; distorted opinions upon any subject should be corrected, and a just appreciation of facts and their relative value to each other, and the inferences to be deduced therefrom, should be regularly carried out.

To practise and obtain the habit of *self-possession* is of the greatest importance, and the command of the will, wishes, and propensities, should be taught in early life. The inclinations of a child must be subjected to some control, or he will subsequently become fickle; nothing is worse than overweening indulgence, it being most important to inculcate a proper degree of self-restraint.

Children, even of very tender years, may be *reasoned* with, and may be easily persuaded, when the greatest trouble would be occasioned in enforcing a command; but where any important error prevails this should never be overlooked, for to allow a

child to go on from day to day increasing in waywardness is indiscreet and wicked; the character is perpetually forming, and the evil consequences of bad habits are constantly increasing; and not a few cases of insanity can be clearly referred to injudicious training in early youth. It should never be forgotten that temporary restraint in early life may prevent the necessity of permanent restraint subsequently.

Antipathies should be checked as soon as they appear, and this by reasoning and persuasion, rather than by intimidation and force. Some children evince dislike to colours, mirrors, or to various other objects of furniture, or to anything rough or warm; others are prejudiced against cats, dogs, or particular individuals. A judicious parent will see how necessary it is that such whims, fancies, and prejudices should be removed; but unfortunately it often happens that such caprices result from imitation; as from children seeing a mother fly from a blackbeetle, or screaming with terror on the approach of a spider; now almost invariably when a mother is so weak-minded her child imitates her example. Early impressions are most enduring, and hence how cautious should parents be. The children who have seen their mother tremble when the thunder-storm approached, and, half distracted, seek shelter in the cellar, often throughout life evince the same weakness—the habit of self-composure is lost.

Children should never be excited, but especially just before going to bed, by narrating stories, frightful tales, or anything unnatural or disagreeable, indeed, by nothing that is termed "striking." It is very important to ascertain the weak points, and to aid and assist in strengthening the mind by mildly exposing an error if it exist, or by enlarging the capacity of the mind where there are contracted or imbecile opinions; endeavouring to turn the obstinacy of the *stupid* into a cheerful and intelligent acquiescence, while the fugitive thoughts and the vacillating opinions of the *silly* and weak should be combated by forming the habit of perseverance and attention.

In early life the powers of attention are weak, and therefore every endeavour should be made to sustain them for a short time; this can hardly be expected unless an effort is made to find out the individual taste or talent. The great point in education is to fix the *attention;* and it should be remembered that it cannot ordinarily be maintained for many hours together; and for young children two hours at a time for scholastic duties is all that nature can afford, and everything exceeding this is only paralyzing the efforts for the next attempts.

The judicious instructor should take especial care to form or mould the character; and while the diffident should be encouraged, the precocious should be restrained. The habit of thinking, reflecting, and reasoning, should be formed; but,

above all things, fixedness of purpose should be substituted for vacillation and fickleness, and to attain this the attention should be directed to some subject or object which would necessarily occupy some portion of each day for several weeks together, taking great care that too much time was never devoted to such purpose in any one day. It is the regular, successive, and systematic habit of devoting the *attention*, that in early life does so much to strengthen the mind.

Education should be something more than what is merely speculative or fashionable; and while metaphysics should not be entirely prohibited, yet I feel assured that in early life the investigation of facts, the analyzing and comparing them, and, upon such comparison, forming the judgment, is the proper way to obtain mental vigour.

In studying history each pupil should occasionally read aloud, the others taking notes, and subsequently replying to those queries which the well-educated and vigilant teacher would select for elucidation and instruction, there being necessarily some points of more peculiar interest and utility. The composition of essays is extremely useful in bringing out the powers of the mind, thus necessitating not only the investigation of facts, but also their comparison.

It will be of far more value in every respect to form judicious opinions upon daily occurrences, rather than to pre-occupy the attention by foolish

ideas or metaphysical subtleties. We have heard in common parlance of a person being "a clever fool," or of another "not possessing common sense, but only uncommon sense." Now, generally, this arises from faulty education; there is the intellect, but the talents have not been cultivated; such persons were probably in early life left entirely to their own guidance, and were not subjected to those wholesome restrictions which teach us self-control.

It is most important to fix the attention, to enlarge the capacity of the mind, and to improve the memory; facts should be gathered, and a due estimate formed of their relative value, great care being taken to remove anything even approaching to prejudice. But while it is very desirable that the memory should be exercised, yet it is equally important that it be not over-taxed, it being found that when it has been overstrained it seldom regains its resiliency; and often, when too much or too early forced, it becomes not only impaired, but is altogether lost on the first approach of age, and at a time when others may be said to be in the full vigour and enjoyment of life.

How imperfect is the system of education for boys; it is true in some of the modern grammar schools a more rational plan is being gradually adopted; but look at our public schools—a universal law regulates the conduct of hundreds—the same system, the exact mode of teaching, and the identical studies are enforced upon all, whether

capable or incapable of progressing in them; no notice is taken of predilection, peculiar talent, or ulterior advantage. And then as to disposition—what so various? Amongst five hundred boys are we to expect the same predominant inclination? and yet punishment and reward are apportioned to all by one uniform rule; the consequence being, that while from a particular act one boy receives merely wholesome discipline, to another of less physical but of more acute mental capability, it may be sufficient not only to curb but actually to break the spirit. It is impossible that individual character can be studied in the larger public schools.

The defect in the education of boys generally is, that the moral emotions and affections form no subject of inquiry, regulation, or control—the heart is neglected, while the intellect is tutored; whereas the moral conduct and the moral sentiment should be educed from *principle*, and not be disregarded or left to depend on mere formal rule. The mind should also be directed to the wonders of creation, so that, by tracing out the evidences of design, the thoughts may be led to Him who created all things; and with the same view it would be very desirable that lectures, adapted to the capacity of the various auditors, should be delivered upon natural history and natural philosophy, these being rendered as interesting as possible by numerous illustrations and practical exemplifications.

In training youth there should not be merely a

servile subjection, the restraints which are considered necessary being for the benefit of those under instruction, and not for their oppression. The error in most schools is, that there is no confidence between the instructors and their pupils, and this almost invariably arises from the indiscretion or the incapability of the former. There should be neither too much familiarity nor too great reserve, but a mutual regard for each other should be encouraged.

There should be neither an excess of confinement nor an excess of liberty. Young persons require plenty of free and wholesome exercise, and during such time they should feel perfectly at ease, and be allowed to amuse themselves as they prefer, provided there is nothing objectionable in such diversions; but nothing improper should ever be permitted, the greatest care being taken to check, on its first appearance, indelicacy or cruelty.

Some children are naturally destructive, are always injuring insects and small animals, delight in fighting and in cruel sports, such barbarity should never be permitted, it being universally allowed that whatever is inhuman and hard-hearted, such as prize-fights, bull-fights, cock-fights, executions, are all deeply demoralizing.

The great fault in the present day, especially where young ladies are educated, is that there is no recreation! It is true the girls are allowed, perhaps for half an hour, to walk arm in arm round a

narrow plot of ground, being less indulgence and freedom than is granted to the very felons in Her Majesty's gaols; but as for recreation, amusement, exercise, it exists only in the name; these poor creatures, huddled together in rooms ill-ventilated, and left only for the hastily swallowed meals, are kept all day poring over books they can ill understand; the nervous system, consequently, becomes debilitated and irritable, and as the physical energies are impaired, so does the mental vigour correspondently decline; whereas had half the time usually allotted for study been well employed and judiciously directed, and *some hours* in the day devoted to healthful sports and recreation in pure air, the impressions traced on the memory, instead of being faint, would be permanent, and health, happiness, and knowledge, would be substituted for sickness, misery, disgust, and apathetic indifference.

The fact also appears to be too common, that they are not taught to reflect or reason; nothing is done to raise the standard of the mind, to form the judgment; they are compelled to amass facts and out-weary the memory, but the analysis of these facts, and the just comparison of them with each other, is generally totally neglected.

Where there is great desire for distinction, and when ambition early develops itself, this must be checked; and while ardour and emulation are not damped, contentment should be taught. Female

education but too frequently consists of mere accomplishments, and, instead of vanity, conceit, and ambition being discountenanced, these are tacitly encouraged by inducing a young lady to devote her whole time to those subjects alone which tend to make a decided impression upon the world.

To excite the feeling of envy or of rivalry is very injudicious, and is apt to encourage those bad feelings which so frequently increase as maturity advances. It is unnecessary to mention that idleness, trifling, procrastination, and indecision, must be in every possible way discouraged, while useful occupation, punctuality, and promptitude, together with fixedness of purpose, and a proper degree of confidence, should be as strongly enjoined. Self-esteem and vanity have been frequently mentioned as a constant cause and even as a grand characteristic of insanity, therefore when these preponderate they should be opposed by lessons of humility and of diffidence. Although an endeavour should be made to please others, yet in every way to attempt to satisfy a vain world is only to sacrifice oneself; pride is far less injurious in its effects than vanity, but either, when excessive, is most pernicious. It is also important that a strong guard be put upon the temper, not only to prevent the outbreaks of anger or rage, but also the accession of peevishness and irritability. While it is so necessary that the emotions should be under due control, it is equally imperative to restrain the passions, and the greatest

care should be taken to avoid anything even approaching to voluptuousness or sensuality. In short, all under tuition should be taught "to believe what is true, to love what is amiable, to do what is right, and to suffer what is appointed."

In the present day the objects are numerous enough while under tuition, and in mere accomplishments the generality of young ladies are educated far beyond what is requisite or necessary for their station or grade in society; and this, together with a love of fashion and dress, forms one of the great evils of modern society; in short, it pervades all classes. As was aptly said in the lower House of Parliament, "people seem to be struggling to make things appear a little better than they are;"—because such a friend gives expensive and luxurious dinners, we must do the same, and this error and folly is handed down from one class to another until the evil becomes fearfully magnified. It is the same with dress; the daughters of many an artizan attempt to appear in the same style as some favourite aristocrat whom they may have observed in the theatres, at the park, or even in church. The materials they use may, it is true, be coarse, because their paucity of means does lay limits to the quality; but in *the mode*, the exact, or even the hyperbole of representation is attempted; —their minds being thus injured, their vanity excited, they feel raised above their station, and many a girl, under such circumstances, while seek-

ing admiration, has been misled and seduced by some artful flatterer.

Oh, wealth, honour, fame, cannot give that happiness which results from contentment; the cottage lighted only by the blazing hearth, often fosters more peace and enjoyment than can be found in palaces—to know one's station, to feel therewith contented, and to be grateful for the mercies enjoyed, will give more peace than distinction, riches, or power!

Those errors of society which every person must necessarily mix with, should be judiciously exposed, their evils shown; for if the mariner is previously made aware of the existence of the hidden rock, that is generally sufficient to prevent him from foundering upon it; at the same time there are evil and wicked machinations and designs, which, as they but seldom expose themselves to public gaze, and though miserably enslaving those still more miserable persons who are enslaved by them, are yet happily confined to the few, and those frequently only the offscum of society—therefore it is unwise, it is prejudicial to the best interests of individuals and of the public in general, to expose and propagate, even in the way of caution, the more refined systems of vice, the more intensely devilish seductions of iniquity, and the more so, as no person ever can reach this climax at once; as there are numerous paths of virtue, so there are yet more numerous roads to vice, and few are so created as to become

proficients at once; and therefore it is when sin is hurling down a young man headlong, that the beacons should be brought prominently before him to warn him of his danger.

Ask the shipwrecked profligate whence he derived his misfortunes, where he first imbibed his thirst for sin, where he drank deeply from its cup, and he will point to the Theatre. The vain imaginations which were there fostered, the morbid and sensitive passions which were there roused, the seductive attitudes of sin, the alluring temptations of vice, and the fictitious honours paid to these by their accomplished votaries, all prepared him to perpetuate in person those flagitious and sensual errors which have been the ruin of thousands.

"It would be endless to trace all the vice,
That from the playhouse takes immediate rise.
It is the inexhausted magazine
That stocks the land with vanity and sin.
——————— By flourishing so long,
Numbers have been undone, both old and young;
And many hundred souls are now unblest,
Which else had died in peace, and found eternal rest."

The theatres may indeed be considered centres of vice, and the evils they entail on mankind are perfectly fearful; but the dangers resulting from masquerades are even worse, as numbers will transgress the rules of decorum and propriety when masked, who would vanish with shame did they think it

possible they could be detected. This is one of the greatest evils of modern society in France; it equally affects the highest, the middle, and the lowest classes, and nothing will do more injury in this country than introducing masquerades—domestic virtue will be assailed, and intrigue will be the substitute for conjugal affection.

Although gambling has not been yet mentioned, it is not because its consequences are less fearful than those we have previously noticed; the alternate hopes and fears, the ambitious anticipations, and the disappointed expectations of the gambler, keep him in a perpetual whirl of uncertainty—the greater his excitement, the deeper the subsequent depression, his very hopes are only raised to make his fall the greater. Gambling, whether at the billiard-table, the exchange, or the turf, or even at cards, should be discouraged, and to initiate children into the spirit and zest of this fearful vice is highly reprehensible.

In France formerly more men became insane than women, but of late years the number of females has considerably preponderated; nor is this to be wondered at, when we look at the low state of morality, the precocious desires, the consequent excesses, the thirst for luxurious indulgence, the constant excitement from reading intriguing novels, attending masquerades, visiting the opera, theatres, balls, and other places of amusement—all these together, without any rest, without any cessation, tend to turn the

brain, and literally to drive them out of their senses.

The late hours which are now so common are very prejudicial; wisely was it ordered that the night should succeed the day, but man is now attempting to make the day succeed the night. The very darkness has its effect upon mankind, and is most salutary in removing or preventing those various objects of excitement, or the natural stimuli which are presented to the senses throughout the day. Sleep is to the mind, what rest is to the body. Observe the man who has been up all night, he is found hot, feverish, parched—but the accustomed hour of repose arrives, he yields to slumber, and in the morning wakes refreshed; but should it happen that mental excitement has supervened, or that from any other cause sleep is withheld, his symptoms become aggravated, and frequently he either gets an attack of fever, or an irritable state of the system is induced, with nervous irritability and restless watching at night—and the habit of vigilance once formed is with difficulty removed; it is a state which should never be neglected, and medical advice should always be resorted to on its earliest approach; many cases of insanity may be entirely prevented by procuring sound and refreshing sleep.

The habit of castle-building ought to be discouraged in every possible way, and day-dreaming of every sort should be banished immediately it is perceived, or the mind will get into an unhealthy mode

of thinking; if literary exercise is not sufficient to dispel these ethereal phantoms or reveries, amusement or cheerful occupation should be resorted to. Whenever a person finds an idea constantly forcing itself upon his imagination, he must throw it off in occupation, either by thinking of or reading history, geography, travels, poetry, or else engaging in conversation or amusements. The mind becomes weakened when any idea is constantly thrust upon it, and becomes consequently incapable of forming a correct judgment, as was strongly exemplified in the South Sea bubble, in the Canal enterprizes, and more recently in railway speculations.

Fortune-telling often produces the most injurious consequences, especially when the mind is weak; such persons are continually looking for a confirmation of the gipsy prediction; and the ruin of not a few may be clearly traced to this superstitious, and, but too frequently, demoralizing practice. No female should ever be encouraged or even permitted to be subjected to such a baneful and barbarous influence.

The daily habit of devoting even a small portion of time to intellectual subjects, will be found no contemptible means of checking morbid fancies; and amongst those classes where physical labour is not necessitated in obtaining daily sustenance, mental employment is the more necessary. At the same time that due attention is given to increase the habit of reflection and to elevate the mind, great

care should be taken to strengthen the body. Occupation is necessary for all, whether the peer, the peasant, or the artizan, but it is especially essential for youth, where that restless activity characterizes every thought, word, and action. Every individual should always have some object in view, something to do; an idler never was, never can be happy; ennui—who can describe its horrors?

Some persons, when idle and without occupation, become insane in many of their acts; this is not unfrequently seen in officers who are on half-pay, in authors who have finished their labours, in merchants who retire from business, and not a few suicides can be referred to such a cause. People retiring to the country often become eccentric, the restraints of society ceasing to influence them, they dress, walk, talk, and act in a manner which would have excited their astonishment and wonder but a few years before. Misanthropic retirement or seclusion is bad for man, who is a rational being, and is made for conversing with his fellow-man.

When an individual has suddenly given up any pursuit, and begins to feel lonely, melancholy, restless, and suspicious, he should lose no time in devoting himself to some study or pursuit in which he feels interested, and should this not be practicable, he should travel. It matters not what is the occupation, provided the person is interested in it; and a farm, county business, or a seat in Parlia-

ment, may each be the most suitable in individual cases; but directly the person's attention is occupied and drawn off from himself, the mind again becomes vigorous; if such precaution, on the contrary, be neglected, the most unfortunate of all human ills may result.

Exercise and physical exertion are most important, as is daily evidenced even by the insane themselves; and a curious exemplification of its beneficial effects was instanced in the Priest Bourdaloue, who never could preach until he had previously danced and fiddled out his humour.

Where a person holds false impressions, we should endeavour to remove them, by substituting our judgment for his, and, if possible, by convincing him of the truth and justice of such judgment, proving it by analogy and comparison; taking especial pains to check anything like mental excitement; and where the mind is inclined to ramble, taking care that some definite and fixed object is as much as possible kept in view, it being very important to *fix* the attention wherever there is a disposition to wander; and even when in ordinary conversation with such an individual, it is necessary to bring him back to the point whence he strayed, and to supply his defect by collateral assistance—by, in fact, preceding him in the proper path. It is a great point not to permit a patient to talk nonsense, or to reason falsely; these, to a great extent, may be con-

trolled, and although it is impossible to restrain the thoughts, yet even the very ideas themselves may, by judicious management, be directed.

There is often noticed a great rapidity of thought, the mind is constantly roving, and cannot be fixed for a few minutes upon any subject, this ought to be checked, and should not be overlooked. The study of mathematics, or of any of the exact sciences, should be strongly recommended, even although so much disliked by persons of weak mind, and especially by those predisposed to insanity. The habit of mental application should be encouraged; the registers of the Bicêtre proving that maniacs of the educated classes consist almost entirely of priests, artists, painters, sculptors, poets, and musicians, while no instance occurs of the disease in naturalists, physicians, geometricians, or chemists.

The study of mathematics has been known to cure insanity, and is in some cases worthy of trial, even where there has been no previous instruction in this branch of science. Where insanity occurs in middle age, great care should be taken in inquiring as to the previous pursuits, habits, and studies in early life; and by judiciously selecting such subjects as may now be agreeable, we may sometimes succeed in drawing off the patient's mind from his delusion.

The study of a new language may sometimes be recommended, and indeed, in some instances, it might be of great advantage, not only to remove a patient from home, but to place him under the care

of a physician who would never converse with him but in a language he would have to acquire; care being taken that he was excluded from conversing with any person who spoke his own tongue, and that the servants who surrounded him were similarly instructed. This plan could not, of course, be carried out in an asylum, but is quite practicable in some instances in private practice; even then it should only be attempted under the sanction of the friends, as it is easily conceivable how wide a door of fraud and iniquity might be opened, without some efficient and powerful check being interposed.

If madmen must be mixed up together, and for the greater number of them, including paupers, I do not see how it can be avoided, the most complete system of classification should be established, but where the circumstances of a patient will admit of it, he will be placed in a far better position when mixing with those who are *rational*, rather than with those who are insane. If classification be important in all stages, it is doubly so when convalescing, for, as was previously stated, how dreadful for a convalescent to see madness in every form around him.

Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present usually met with, are very necessary I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I

am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary, and I would never send a person to an asylum, where he could afford to live out of it, unless he was dangerous to himself or to others, and not even then, except when the symptoms had become chronic—the disease confirmed.

THERAPEUTIC TREATMENT OF INSANITY.

It is an extraordinary fact that, although many distinguished physicians have grappled with the causes of insanity, have described its most varied hues and its minutest shades, leaving the treatment to the personal suggestions and private resources of their readers, while others again, in treatises no less diffuse, but endowed with a more practical adaptation, have enlightened us as to some of the best means of successfully combating or of warding off so dreaded a foe, yet the more close review of remedial agents calculated to procure sleep in those labouring under insanity, seems to have been either but slightly regarded, or often totally avoided.

It is not a little remarkable that such should be

the case, considering that insomnia or vigilantia are generally the precursors, and but too frequently the constant concomitants of those suffering from insanity, nay, that the very disease itself appears often to depend on this insomnolent condition; so that if sleep can be artificially induced, the threatened affliction may be retarded or even altogether prevented. Impressed with the difficulties of the subject, but stimulated thereby, I will now endeavour to give a rational exposition of the adaptation of hypnotics to many of the varied conditions in which we find the insane; and also to investigate the merits of the numerous means of procuring sleep, and although I shall occasionally speak of the adaptation of remedies when particular symptoms are present, yet minute directions will not always be given, as every qualified practitioner of course possesses a knowledge of the art of prescribing, knowing how very much remedial agents become modified by combination; and it is probable that this has not been sufficiently remembered by those who have denounced narcotics in the treatment of insanity; and I think few persons having read these pages, will say that narcotics are never indicated or useful in the treatment of the insane.

Fortunately, that vapid state which is termed idiotism does not seem to discourage or avert sleep, the unconscious sufferer occasions pain to those connected with him, while he himself, in apathetic listlessness, eats, drinks, and sleeps; his passions

may be momentarily excited, but he immediately relapses into his accustomed pitiable condition.

In those cases of monomania or melancholia, where the faculties are depressed, whether we regard the man bent on suicide, the low, desponding and distrustful hypochondriac, or the ascetic and suspicious misanthrope, we constantly find a pertinacious vigilance which unceasingly aggravates the condition of the sufferer; but the most horribly distressing restlessness attends cases of mania, more especially under the class dementia, where there is often the most ferocious delirium, and where the whole faculties seem to be exalted and drawn out to their utmost limits.

Physicians have been much divided in opinion respecting the propriety of exhibiting narcotics when there is furious delirium, it having been frequently noticed that even when sleep has followed very large doses, yet the patient has awoke with aggravated symptoms; and hence, although the sleep may for some hours have appeared tolerably easy and natural, yet from the subsequently increased frenzy on waking, it has been thought unadvisable to continue the narcotic, and this has induced some authorities to recommend that narcotics should never be given until the paroxysm has somewhat abated, endeavouring then rather to assist than direct Nature. Broussais says, "Lorsque la première impulsion vers le calme est donneé, c'est le moment des narcotiques."

When inflammation of the brain or of its membranes actually exists, opiates must not be given, or the symptoms will be aggravated and even coma may be produced: indeed wherever there is considerable arterial action with a hard full pulse, antiphlogistic measures must be resorted to before giving narcotics. Broussais never gave a narcotic until the antiphlogistic treatment had been carried as far as the powers of the patient would permit. It is most important to ascertain what are the complications with insanity, whether the brain, its membranes, the heart, lungs, liver, kidneys, organs of reproduction, or alimentary canal, are involved; Opium being peculiarly contraindicated where the abdominal viscera are at fault.

If in doubt, the mildest narcotics should be prescribed, such as Henbane and Camphor, or in some cases Digitalis, or Calomel and Antimony, or James's powder may be combined with Opium, or Digitalis with Opium or Colchicum; but generally, the safer practice when in doubt, is to order the Hydrochlorate of Morphia, remembering that in most cases, it will first be necessary to purge. At the same time it must not be forgotten that tepid, warm, or cold baths, refrigerating the head, with the use of the pediluvium, may sometimes be very beneficial, when the employment of any narcotics would be positively injurious.

It is well known that absolute repose and quiet are very essential in the treatment of incipient cases of mania; and whenever it is necessary to administer

a narcotic it is important that the room be kept very quiet, generally dark; and usually it will be advisable to keep the body warm and the head cool.

To say that bleeding should never be resorted to, that Opium should never be given in the treatment of insanity, is highly objectionable: bleeding may be necessary where with mania there is inflammatory action, and Opium is almost always indicated where delirium is consequent on loss of blood. That the injudicious and indiscriminate use of narcotics has been productive of much mischief in the treatment of insanity all will admit, but that these same medicines when administered with judgment, have been of the most marked benefit to the sufferer none can deny. There are cases where the stimulating properties of Opium itself are of the greatest service, and in other instances we gladly avail ourselves of the Hydrochlorate of Morphia, because its stimulating powers are so slight as scarcely to be appreciable, the sedative effect being immediately induced; and again, the spasmodic irritability produced by the Acetate of Morphia, render it, like Strychnia, more useful in some of the low forms of insanity. So when, wishing to calm excitement and diminish arterial action, we give antimonials with Digitalis or Henbane, in some cases preferring Nitre with Henbane, or again, Camphor with Hyoscyamus, the adaptation of these remedies depending on the indicating symptoms.

An intellectual man begins to reflect upon some

subject, his interest is excited, he concentrates his attention upon it, and he finds it thrusting itself upon him at every unoccupied moment, this causes an increased flow of blood towards the head, and frequently the head feels full, and on placing the hand upon the forehead greater heat than usual is felt; and it will often also be noticed, when a few days have so passed, that the hat feels tighter, this not arising merely from the growing hair, for when cut the tightness still is felt; now this augmented temperature and fulness, which can positively be detected, is not confined alone to the external portions of the cranium, but the same increased arterial action has occurred within, thus stimulating the brain and its membranes. While such stimulus is moderate, the faculties are only sharpened, the mind quickly grasping and comparing facts, but when once over-stimulated this acuteness becomes more remarkable, and if perpetuated the consequences are indeed terrible.

Such effects are by no means unfrequent even when the mind has been systematically tutored, but when a man, unaccustomed to intellectual pursuits, suddenly abandons physical employment, and begins to reason and reflect, the evil consequences are much more frequently observed. It is thus I account for many instances where religious views have caused mental disorder, as is here exemplified:—

Case.—A butler, æt. 26, residing in ——— Park. When I

first saw him, he was restless, vigilant, excited; even with me, a stranger, discussing at once doctrinal points, and as he reasoned, his eye rapidly becoming more injected, his pulse rising, perspiration starting from his forehead; the tongue, as in all these cases, white; his nights distressing. By calmly speaking, the pulse would fall, the excitement would diminish, and he would regret that he thought so much, but felt unable to prevent it, his mind would constantly revert to the same point. Here the treatment was obvious, remove the exciting cause, diminish irritability, procure rest. With such views I exacted from him the most solemn promise that he would only read the Psalms, and then only for a few minutes in the day, that he would hold no verbal discussions, and would endeavour to control his thoughts upon the controversial points as much as possible; and finding he had considerable leisure, and possessed mechanical dexterity, I directed him to employ it as he felt most interesting to himself; the result was pleasing, as it not only occupied and diverted him, but unexpectedly furnished me with a very well-joined picture frame, and my son with a very handsome writing-desk, made so well as not to do discredit even to a professed cabinetmaker.

The head was kept cool, mustard poultices were applied occasionally to the nape of the neck, and I ordered him gentle alterative aperients, with soothing medicine during the day, containing Tr. Hyoscyami, Liq. Ammon. Acet, Sp. Æther. Nit, and Morphia at night. Rest and tranquillity were procured, his sleep improved, and very soon his countenance indicated how great a change had occurred throughout his whole economy; he was now comparatively happy, sleeping well at night, and gaining flesh. In three weeks he was convalescent.

About twelve months after, his symptoms partially returned, but the soothing treatment, for a few days only, restored him. Three years have now passed without another relapse, he has left service, is in trade, and married.

I feel convinced that the brain is more easily inflamed or excited in those adults who have not subjected themselves to continuous mental training, who perhaps as boys may have had even good early education, but, placed in business, had their thoughts directed only to material objects; such persons engaging suddenly in mental controversy, in metaphysical discussion, or reasoning on the doctrinal points of religion, not unfrequently destroy the balance of the mind. I have seen amongst the agents of a most useful mission, three instances, which I believe justify me in this conclusion. One was removed from town with high excitement, and I lost sight of of him; another died under my care of chronic inflammation of the brain, with ramollissement, whom I only saw in the last stage of the disease; the history of the other is as follows:—

Case.—Oct. 20, 1850. Mr. ———, æt. 32, cannot sleep at night, "mind troubled," "is not master of himself," "confused." Ferrety eye, conjunctivæ injected, bowels constipated, nervous tremors, pulse 74 when quiet, rising considerably when excited; tongue moderately clean, but white; occasional palpitation, weight referred to the præcordial region. Had been salivated a few months since for iritis. Has only recently undertaken his duties, and has been reflecting deeply. Ordered Colocynth with Hyoscyamus as an aperient, and Liq. Potassæ cum Tr. Hyoscyami, ter in die, taking the last dose at bed-time; to give up all reading in the evening; to avoid doctrinal points, and only to refer to those parts of the Gospels and the Psalms which I pointed out.

Diet—beef-tea, bread and milk, cocoa; no solid meat, no stimulants.

27th.—Much better, bowels well acted on, tongue cleaner, head less oppressed, conjunctivæ much clearer, sleeps well, pain in the præcordia gone, appetite and spirits better; "feels now master of himself." However, after talking a few minutes, his eyes become injected, the brain a little excited, and slight confusion of intellect.

Take the pills occasionally; increase the dose of the Liq. Potassæ from xx. to ♏ xxv., and leave off the Henbane. Diet as before.

Nov. 4.—Health improved, reasons better, and sleeps well. Increase the Liq. Potassæ to ♏ xxx., ter in die.

20th.—Still progresses.

30th.—Leave off the drops. Cured.

The reason mistakes are so frequently made in such cases, is, that irritation, not maniacal irritation, call it cerebral irritation, is mistaken for inflammation; again and again have I sate by the side of a patient morbidly excited, levelling his anathemas against his family, but on reasoning with him calmly, by engaging him in conversation, and drawing off his mind from the causes of irritation, the pulse has diminished in frequency and power, the eyes have assumed a more natural expression, the excitement has subsided into a calm and tranquil state. Such control could not be long sustained, and therefore we avail ourselves of those agents in the Materia Medica which are known to quiet the nervous system, to diminish arterial action; and fortunately increased chemical knowledge has enabled scientific men not only to form new and useful preparations from drugs, which, given natu-

rally, have often caused dire effects, but prolonged therapeutic experience has taught us when to reject, when to avail ourselves of their characteristic qualities.

There are several agents which, although indirectly producing sleep, cannot be called narcotics nor even anodynes, except inasmuch as they tend to allay irritation, and in that way admit of sleep: for example, we find a person with fever, heat, restlessness, pain and weight in the head and vigilantia; Calomel with Scammony or Colocynth are administered, worms are voided, the restlessness and fever cease, sleep follows. Again, we see a patient with high fever, bounding, full, and strong pulse, rolling, injected, and sparkling eyes, great pain in the head, white tongue, dry and hot skin; blood is abstracted, an aperient is given, and sleep, which has been denied some forty-eight or sixty hours, soon follows. Instances might be multiplied, but these will serve to show how varied are the means employed and requisite in procuring sleep.

It is not my intention to discuss the physiological question respecting narcotics producing an immediate impression on the nervous system without entering the circulation, or whether it is essential that the narcotic principle must have passed through the brain previously to its effect being induced. On this subject opinion seems divided, and it would appear that, although some narcotics before producing their effect must enter the circulatory medium,

others act at once on the nervous system. Sedatives immediately depress, while narcotics cause temporary excitement and subsequent depression: we possess very few real sedatives, unless narcotics can be considered as such when administered in poisonous doses. Hydrocyanic Acid, Tobacco, Belladonna, and Morphia, are amongst the most powerful sedatives, and Opium if given in very large doses.

Most narcotics act primarily as stimulants, and this has induced many writers to condemn them in the treatment of mania; but although they often undoubtedly at first increase cerebral and arterial excitement, yet the period of excitation is short, occupying ten, fifteen, or twenty minutes, while the hypnotic effect is prolonged, continuing four, five, six, or even eight hours, and this continuous and lengthened tranquillity is of the greatest benefit to the patient. The Hydrochlorate of Morphia is the least stimulating narcotic we possess, and in many instances I have been unable to perceive the slightest rise of the pulse, the faintest degree of excitement, while its sedative and hypnotic benefit have continued many hours.

It is well known that during sleep the heart's action is diminished, and thus the brain becomes less stimulated owing to its supply of blood not being so forcibly or so frequently propelled through it, but this is only one of the advantages in procuring sleep, for when vigilantia occurs, not only is the pulse more irritable and more frequent, but the

nervous system itself, from prolonged and active thinking and out-wearied attention, becomes deranged, thereby doubly aggravating the mischief, there thus being increased arterial action, with nervous irritation, and these again mutually acting and reacting on each other; so that the hypnotic not only quiets arterial action, but also diminishes nervous irritation.

Some of the mildest cases which occur where there is preternatural excitement with vigilantia are those of persons having overfatigued the mental powers by continued application, more especially if confined to one subject, and the ill effects seem to be produced more frequently in those whose hopes and fears are in addition adding to the excitement, as is often noticed in junior barristers and students at our Universities.

Now, in such instances, if a young man apply early, the case is usually cured very rapidly, sometimes even within twenty-four hours; if passed over for a few days, recovery is retarded, and if totally neglected, phrenitis or mania by no means unfrequently ensues. In such cases there is great *action*, which is but too frequently mistaken for *power;* the pulse is quick, perhaps 100, 120, or even more, tongue white, face flushed, throbbing and heat of the temples, rolling, sparkling, and injected eye, rapidity of speech, everything showing great excitement; now this description is not sufficient to guide us as to the treatment, for all these

symptoms may depend on excessive nervous irritation, but more attention must be given to the pulse; if the pulse, in addition to being quick, is also full, hard, and bounding, and if the skin is dry and hot, then the abstraction of blood both general and local will usually be necessary, and often within an hour or two after depletion, the skin becomes moist, and the patient falls asleep. But what I am the more anxious to particularize is the opposite condition where bleeding is unnecessary and unsafe. Supposing the pulse to be quick, soft, and fluttering, weak or intermittent, the skin moist and clammy, and yet the excitement just as decided as in the other case, to bleed here is most improper, and many cases of insanity have arisen from such practice. The judicious administration of a narcotic will frequently act as a charm, and I have often found the following prescription very useful:

℞ Tr. Hyoscyami ♏xxx.
Tr. Humuli ʒij.
Camphoræ gr. v. ad x. aut xv.
Syr. Aurantii ʒij.
Mist Camphoræ ʒvj.
Misce et fiat haustus, hora somni sumendus.

This has often caused calm and refreshing sleep; and the patient, who has previously passed two or three nights with great restlessness and watching, feels himself invigorated, and receives his medical attendant with the greatest gratitude. How different are the consequences if sleep have not oc-

curred, the patient more restless, more excited, more irritable, pulse quickened and more irregular, tongue more furred; that which was excitement is now delirium, and the patient, with his burning head, flushed face, and rolling eye, is no longer master of himself.*

So important is sleep to those in that vigilant and restless state which precedes madness, that very many cases may be entirely prevented by calming the excitement and inducing sleep; and whatever may have been the cause of mania, whether incipient or chronic, to produce sleep where there is restlessness is always indicated. Dr. Combe says, if those who are exposed to any of the exciting causes of cerebral disease or of insanity, put themselves on their guard to secure regular sound sleep, they will do much to ward off an attack.

It is most essential to discover the cause, and

* A communication was lately made to the Asiatic Society of London, by Mr. Linton, of a mode of punishment peculiar to the criminal code of the Celestial Empire. A Chinese merchant, accused and convicted of having killed his wife, was sentenced to die by the total deprivation of sleep. The execution took place at Amoy, in June. The condemned was placed in prison under the surveillance of three guardians, who relieved each other every alternate hour, and who prevented him from taking sleep night or day. At the commencement of the eighth day his sufferings were so horrible, that he begged as a great favour they would kill him by strangulation, and he thus lingered on for nineteen days without having slept for a single moment, when death put an end to his torments.

trace the source of all this restlessness, as, if it arise from an excited or depressed state of the nervous system, the treatment would be different to that dependent on inflammatory action. The period of duration should be minutely considered; many cases from a severe shock to the system, as caused by an unexpected bankruptcy, a sudden death, or a quickened realization and awful apprehension of Omniscience, are *primarily* nervous, and may be treated with anodynes, hypnotics, and sometimes even with stimulants; but if these symptoms are allowed to continue uncontrolled, inflammatory action generally more or less speedily follows, and the case becomes necessarily more complex, there being inflammation with excessive irritation.

Patients, both male and female, not unfrequently consult their medical attendant, stating they are languid and depressed, restless, irritable, and anxious, "often feeling something internally making them wretched;" they are, in short, highly nervous. The pulse is weak, the skin clammy, the system rapidly excited, and as easily depressed; they are moody, reflective, distrustful, suspicious, quick, apprehensive, exquisitely sensitive; often afraid even to dive into their own thoughts, and hence feeling uneasy when left *alone;* the tongue is usually white, and the very tremor it exhibits, while being shown, indicates the excessive nervous irritability. Now these symptoms must not be disregarded, but Ammonia, Camphor, Valerian, Æther, Opium, Mor-

phia, Henbane, Hop, Gentian, Calumba, Quinine, Arsenic, Iron, Zinc, either of these may be the more specially indicated in particular cases, and it is by properly selecting and by judiciously combining such remedies as these, with proper hygienic guidance, that the nervous system becomes strengthened, the mind becomes quieted, and the whole physical economy soon evidences the beneficial change.

I believe the great error in treating insanity, has arisen from physicians having too frequently attributed the various symptoms to organic disease. So far as pathological investigations yet extend, many cases have afforded no appreciable lesion, although during life the subjects of ferocious delirium. We cannot of course speak positively respecting those cases which recover, but of those who die, it is found the more recent the attack, the less frequently is alteration of structure observed. However, an excited state of the system cannot usually continue long without producing a congested state of the brain, and perhaps of all effects, congestion is the most uniformly found.

Determination of blood to the head in the insane has been noticed by Aretæus, Aetius, and other authorities down to the present time, and quickened circulation was supposed by some of them to induce mania; and as the circulation is for a time much accelerated by ardent spirits, and as drunkards are peculiarly exposed to maniacal attacks, these have been cited as examples to prove that mania

depends on increased arterial action; but I consider that sufficient stress has not been laid on the stimulating effects of the spirit on the brain itself. I once saw a young man who had for a wager drunk a pint of gin—he died very soon after; on removing the calvarium, every one present smelt the spirit; in fact, the brain exactly resembled one that had been kept in spirit. Now imagine even a minor effect produced on a brain, day after day, perhaps for years, and we shall be at no loss to conjecture why mania is so often the consequence, but may probably be surprised how habitual drunkards ever escape.

In another instance a man died from drinking a quart of gin, and the spirit was found in the cranium in such large quantities as to be even inflammable; and I have heard of a child two years of age being thrown into a state of apoplectic stupor simply by the inhalation of the vapour of Eau-de-Cologne from a pocket-handkerchief.

An attack of delirium tremens is probably owing more to the absence or deficiency of the usual stimulus acting on the brain itself than to enfeebled circulation, this being probably only symptomatic, and actually induced by diminished nervous energy.

It is often found in practice that literary and professional men, by continuous mental application, feel exhausted, and are induced to resort to stimulants, one preferring wine, another brandy; and feeling temporarily roused thereby, and again able

to resume work, seek in this stimulus, oft renewed, Nature's restorer; this habit is to be highly deprecated, and, if long-continued, must inevitably destroy its victim; this particular form being infinitely more dangerous in its consequences than habitual drunkenness, for then the troubles of the sot are drowned—he has some rest; but where the brain is perpetually fed and stimulated, not paralyzed, by spirit, the mind vigilantly at work, how sure the consequence?

The most fearful cases I have ever known or heard of have resulted from this cause;—there may have been some slight premonitory warnings of delirium tremens, but at last suddenly a fearful form of epilepsy sets in, yielding to no treatment, but within forty-eight hours causes dissolution. These cases are by no means rare—I have seen several; amongst the worst was one I visited with Mr. Raven, where we also had the valuable assistance of Dr. Watson; here the fits were horrible, not a muscle in the body but was simultaneously convulsed, and this sometimes continuing four or five minutes, and instantly recurring. Another dreadful case, caused also by intemperance, I saw in the absence of Dr. Arnott; the symptoms were much the same, though not so violent, however, death was as quick and certain.

Withholding the stimulating cup, omitting or relaxing work, procuring rest and sleep, would obviously prevent such premature destruction.

Experience seems to confirm the opinion that predisposition acts most powerfully in particular families in favouring or inviting insanity, it being often under such circumstances called into action by the slightest cause; it is a disease probably more hereditary than any other with which we are acquainted, this referring equally to every form of mania, not even excepting the puerperal. Dr. Burrows states "that above half of eighty lying-in women becoming delirious had an hereditary predisposition to insanity."

Great public calamities have been noticed to considerably augment the number of those thus afflicted; much seems also to depend on climate and temperature: it is often called into action by extreme heat, as is proved by the greater number of cases occurring during summer, and, as was particularly exemplified in France, during the autumn of 1818. Those occupations necessarily carried on in an elevated temperature should never be recommended where there is the slightest predisposition to the disease. Famine has been noticed to be very injurious to those predisposed, as well as to those actually suffering from mania, as was so painfully observed during the French Revolution in 1796.

Many diseases seem to introduce insanity to those predisposed, such as inflammation of the brain and its membranes, also of the lungs and heart; pleuritis and pericarditis being not unfre-

quently associated with it. Corvisart has particularly referred insanity to the heart, especially in old persons; the particular form of melancholia being sometimes found concomitant with tubercular disease; insanity may also arise from sub-acute inflammation of the alimentary canal, the gastro-enterite of the celebrated Broussais; vermination, intestinal irritation, amenorrhœa, and dysmenorrhœa, often acting as the exciting cause. Mania not unfrequently occurs from jaundice, being occasioned by vitiated bile circulating through the brain; and is often caused by a diminished flow of urine, in some instances when albuminous, in others where urea is detected in the blood, as will subsequently be shown; and in such cases, on inspection after death, fluid is almost uniformly found under the arachnoid.

Maniacs often complain of pain about the arch of the colon, and it has not unfrequently been found enlarged and misplaced in such instances, and Pinel has even referred insanity to this malposition of the colon. In short, there are few diseases that have not been supposed to induce mania in some of its forms; and although maniacs are very frequently exempt from other complaints, yet there is scarcely a malady known which is not occasionally observed in the insane.

There appears, however, to be a special sympathy between the brain and organs of reproduction—particularly in the female, as we so often find mania

to arise from defective menstruation, especially at its first or second periods; also in the earlier or later months of gestation, and so also before and during labour, but more especially after its completion; indeed, puerperal mania is so frequent, and requires so much care and judgment in its treatment, that too much attention cannot be given to the subject. Both Drs. Marshall Hall and Gooch have attributed this puerperal affection to excited action in a debilitated frame. So again, mania often occurs during lactation, and especially when too long protracted. These different causes have diversified the names; thus there is the conceptive, parturient, puerperal, lacteal, and erotic.

Those living in a state of celibacy are more liable to attacks of insanity than the married; but even then, as Broussais says, "ordinairement il y a une organization encéphalique favorisant l'érotisme et constituant une prédisposition." Continence has, no doubt, in some cases occasionally induced it, and in stating this I would not be misunderstood, but may give in the words of Esquirol, "Quoique la continence soit très rarement cause de la mélancholie, il n'est pas moins vrai que, dans quelques circonstances, l'évacuation spermatique a guéri." I am well aware of the danger of disseminating such a doctrine, although so strongly supported by ancient authorities as Aetius, Stahl, Zimmerman, and others, and I perfectly coincide with Gall, that erotic mania is far more frequently caused by ex-

cesses than by continence;* still these cases do occasionally present themselves, and I have seen several instances of melancholia with a suicidal tendency where an erotic state of the system has been induced from this cause; and, when it has been practicable, I have recommended marriage.

Dr. Prichard has endeavoured to show that the primary cause of insanity is not to be found in the brain, but in some other part of the body; and Jacobi and Bichat considered the viscera to be in the first instance at fault, while Dr. Morris, of York, attributes it to irritation of the nervous structure of the brain itself. Georget considers the brain to be always primarily affected, and Guislain that the brain is always diseased. Mr. Solly is convinced that insanity invariably depends on inflammation of the hemispherial ganglia; and this opinion is also advanced, although in a less decided manner, by Esquirol and Dufour, but is opposed to the experience of Dr. Clutterbuck. I think I understand Dr. Seymour, when I say he believes the mind to be often affected when the brain is not diseased, and this accords with the opinion of M. Foville. Dr. Sutherland considers madness a disease of the brain, but thinks the fons et origo mali is not always to be traced to that organ.

Amongst those physicians who refer insanity to corporeal disorder are Knight and Spurzheim. Dr. Burrows also held that insanity always originates

* Refer back to page 79.

in a corporeal cause, derangement of the intellectual faculties being only the effect. M. Leuret says, if madness depends on organic disease, one is ignorant in what part of the brain it is to be found: it is more than probable that the various effects of inflammation, as seen in the brain of those dying of mania, have been produced as the consequence of mania, and this is why it is so important always to calm the mind of a patient, and why absolute rest, as in sleep, is so essential. Dr. Marshall Hall has also laid great stress on this importance of distinguishing between cause and effect in these cases.

Although great attention has been directed to the various functions of the different portions of the brain, yet our information is but vague and unsatisfactory, it being only now and then that a new fact is discovered, and for the present I shall rest content with the most cursory glance at this difficult subject, referring for what is known and conjectured to the labours of Serres, Pinel, Bouillaud, and Foville.

In persons of low intellect and in idiots the convolutions of the brain are often imperfectly developed, the cortical portion is small, and hence this cortical substance is supposed to be the seat of intelligence, while the medullary portion presides over motion; in several cases where there has been considerable injury to the surface of the brain the mind has suffered, but when the internal portions

of the brain have been diseased motion and progression have been chiefly affected. The organs of speech have been paralyzed in many instances where inflammation and softening of the anterior lobes of the brain have been subsequently found, while the lower extremities have been supposed to suffer when the middle lobes and corpora striata are diseased; while, when the posterior lobes of the brain and the optic thalami are affected, it is presumed to cause paralysis of the upper extremities. Much of this is only conjectural, and therefore I feel unwilling to pursue the subject further at present, as my object is to make this essentially a practical work.

There is no doubt but that mental exertion causes an increased supply of blood throughout the brain, and where this is not excessive, so that inflammation is not thereby produced, this continuous over-supply or nourishment must add to its increase and weight; and hence in men of gigantic intellect the cerebrum has almost invariably been found, *post-mortem*, to be heavy and compact; so that by healthy cultivation the brain itself becomes improved in size and quality. If, however, as age advances, the mental powers continue to be overstimulated, the brain gradually deteriorates and becomes softer day by day, the intellect correspondently declining, until the patient lapses into paralytic imbecility, and dies of ramollissement.

Up to the present time, the pathological investi-

gations of the brain, in cases dying with insanity, are by no means satisfactory — thus, while some physicians state they have always found palpable proofs of disease, some have occasionally been unable to detect any alteration of structure, while again others have, in very few instances indeed, observed any organic lesions. It is much to be regretted that in private practice so few opportunities are permitted of examining these interesting cases, the antipathy to *post-mortem* inspections, especially of the head, being very great, even amongst the intellectual classes.

It is impossible to know what changes may have occurred in those cases which have recovered, but when insanity has continued beyond a few months, on inspecting the brain, disease is generally evident, nor is this to be wondered at when we consider how many lunatics become imbecile, and die paralytic.

The cranium itself is often hardened, thickened, and heavy, bone having been deposited between the diplöe: the sinuses are gorged with blood, the membranes inflamed, the arachnoid granulated and opaque, the dura mater is often thick and yellow, and adherent to the inner table, the pia mater highly injected. Purulent, sanguineous, or serous effusion is sometimes seen between the bone and dura mater, or between the dura mater and arachnoid, and fluid is frequently found under and within the arachnoid, especially in aged persons.

The cortical substance is often varied in colour, and may be either indurated, atrophied, or softened; both the white and brown matter exhibit different shades, from a delicate rose colour to deep crimson; and minute ecchymoidal points are generally noticed. There is often infiltration of the pia mater, turgidity of blood-vessels, fluid effused at the base of the brain, also in the ventricles. The external portions of the brain are often indurated when the inner parts are softened, and M. Foville has found the grey matter of the periphery of the brain remarkably and specifically altered, while the grey matter of the interior was not affected. Sometimes the cortical portion may be easily separated into layers, the pia mater being inseparably adherent, as particularly described by Dr. Bright, especially in habitual drunkards. In some instances there is hypertrophy of the external white layer, with inflammation of the grey portion immediately beneath, as first demonstrated by M. Foville, and subsequently confirmed by M.M. Parchappe and Baillarger. Mr. Davidson, of the Lancaster County Lunatic Asylum, often found chronic inflammation had attacked the brain and membranes, but more especially the periphery of the convolutions in the cineritious substance.

In early cases there is generally excess of nutrition, especially in the cortical substance, while in chronic cases, the brain is usually more or less atrophied; and it has been found by M. Parchappe

to decrease in size and to diminish in weight, in proportion to the degradation of intellect, being considerably lighter in chronic than in acute cases.

That insanity, often, nay, most generally, depends on disease of the brain no one can doubt, and that very frequently, various organic lesions are found in these cases, no one can deny, but to state that all cases are consequently dependent on corporeal causes is assuming a position which it is very difficult to sustain.

A person with melancholia fancies he has within him a worm continually preying on his vitality—it is a constant incubus—he loathes his food—he daily emaciates—his attendant, when in full confidence, gives an emetic or a purge, dexterously inserts a worm in the excreted matter, shows it triumphantly to his desponding patient, who, instantly relieved from perpetual torture, greets his medical adviser with open arms, and from that moment feels himself a man. Now in this case it may be said the purge or the emetic may have had its share in the cure, by relieving congestion, or draining off bile, therefore I adduce another example.

A man, with melancholia, conceiving he is poisoned with black bile, is purged, but without benefit—his despondency increases; his medical adviser, perceiving the delusion, ordered Ferri Sulphas, and told his patient he had now found the true

character of the malady, and could speedily relieve him. On a propitious day, having previously examined each evacuation, he suddenly drew his patient's notice to the "black bile" therein contained, telling him, in a few days cure was certain; the blackness of the stools gradually diminished as the iron was by degrees withdrawn; the patient quite recovered, never knowing by what means! and, as a mark of gratitude, settled on his friend, for life, £100 per annum.

Again, a lady, impressed with her sinful state, imagined she had sinned a sin unto death, that she had sinned against the Holy Ghost: for months and even years her mind was on the rack: her friends saw her daily sinking to the grave: they would comfort her—console her—entreat her—but, alas, in vain—she refused to be comforted. At length a most judicious and pious clergyman visits her, she tells him, as she has told others, that she has sinned against the Holy Ghost. Without opposing her delusion, he says, And do you repent of this sin? *I do repent*, is her reply—are not my looks, my withered form, evidences of what I have suffered? The judicious answer is, Then you cannot have sinned against the Holy Ghost, because that is a sin that is not to be repented of. Immediately convinced, she grasps her consoler's hand, at once sees her error, and is cured.

Now these are actual instances which have occurred, and if organic lesions had existed in the

brain, could an innocent deception or a judicious word, by removing a false impression, at once cure organic disease? or by thus correcting a mere error in perception, could an important corporeal cause be at once removed? The fact seems to be that the mind may be affected independently of disease of any organ, but that more frequently the brain through which the mind acts is itself at fault.

Insanity may also arise from disease of other organs besides the brain; thus, the heart, the lungs, the liver, the kidneys, and above all, the organs of reproduction, in many cases, act as the primary cause; nor must we here omit intestinal irritation, which is a very fruitful source of this disease.

Inflammation of the brain is a frequent cause of insanity, and is often easily cured, perhaps with more certainty than when arising from any other source.

When attending the lectures of Broussais at the Ecole de Medecine, I remember how amazed I was to hear him state that he could cure early cases of insanity with as much certainty as inflammation of other organs, such for instance as of the lungs; and yet, although differing from Broussais upon some points, I am now convinced of its truth, and I am certain that the reason these early cases have been allowed to pass into the chronic state, has been because the sedative treatment has not been properly carried out, and I feel convinced, by carefully

analyzing the cases I have selected to illustrate this plan of treatment, that much good may be effected. Let it not, however, be thought that by sedative treatment I restrict myself to the use of Opium or even to narcotics generally, but I employ the term in a far more extended sense, thereby including even ice and cold, Antimony and Calomel, leeching and the warm bath, whatever, in fact, produces calmness and causes tranquillity.

It is of the greatest importance to determine whether arterial action is the result of inflammation, or whether it arises from maniacal irritation.

In mania the pupil is generally dilated, the pulse varies, is often feeble, quick, compressible, or may be splashing and apparently full, simulating power, and thus deceiving the inexperienced; the skin is clammy, tongue tremulous, face, forehead, and eyes flushed,—the symptoms are paroxysmal.

In phrenitis there is usually no remission of fever, the pupil is generally contracted, sometimes on one side only, often double vision, and noise in the ears, the head is hot, the pulse full, firm, hard, and bounding—tongue white, and thickly furred—skin dry and hot—urine scanty and red—and if these symptoms have been preceded by pain and weight referred to some particular part of the head, either rapidly shooting through it, or suddenly spreading over it, with moaning and intolerance of sound and light, and flitting of ideas, we may, with almost

certainty, diagnose inflammation of the brain or of its membranes.* If, on the contrary, we find dyspepsia followed by hypochondriasis, with general inattention and abstraction, and this gradually increasing until insanity actually existed, we should scarcely hesitate to refer it to disease of the chylopoietic viscera, and it would be by directing special attention to the primary affection, and by improving the general health that any good could be reasonably expected. So again if the lunatic presented to us seemed apathetic, had difficulty in articulation, paused ere able to project the tongue, and required to be powerfully aroused before the slightest attention could be excited, we should fear that these incipient symptoms of paralysis would speedily more plainly evidence themselves, and might with tolerable certainty predicate organic disease. Because the motor nerves are affected a case must not be considered hopeless, although the prognosis will generally be unfavourable. When epilepsy is complicated with mania, it probably arises from irritation or inflammation of the surface of the brain. Esquirol never saw mania with epilepsy recovered from, but when epilepsy has preceded mania, Dr. Sutherland has known patients completely restored to health and reason. I have seen absolute recovery

* For several interesting cases of inflammation of the brain and of its membranes, with remarks, refer to my Treatise on the Anatomy, Physiology, and Pathology of the Ear, p. 135, et seq.

where epilepsy has preceded and even accompanied mania, and one of these cases is fully detailed in these pages. In puerperal mania, convulsions of a decidedly epileptic character are constantly seen, and may frequently be speedily cured by sedative treatment.

Case.—I may here mention the case of a young gentleman now twenty years of age, who ten years since received a blow on his head from a stone thrown by a schoolfellow; head symptoms occurred, which were subdued by antiphlogistic treatment; within three months he had an epileptic fit, and these have recurred every three or four weeks, during the past ten years; his intellect becoming gradually impaired. When consulted by his father two years since, I recommended a consultation with Sir Benjamin Brodie and one or two other surgeons, to determine whether it would not be advisable to trephine a piece of bone, because he constantly refers pain to the exact point injured by the stone. Unfortunately the very horror excited by the proposition of trephining has prevented our consultation. Since then mania has occurred, and of a highly destructive character, but purging, antimonializing, and morphia, soon cut short the attack. So dangerous were the intentions, so suicidal the determination, that with four persons in his room he succeeded by main force in getting half way out of window, and was with difficulty saved from falling ere I arrived, he subsequently used the most cunning stratagems to endeavour to carry out his wish. While waiting for proper attendants, he again, in my presence, made a desperate effort, which was foiled, although with difficulty. It was impossible to make him swallow any medicine, or even to get into bed. Not being able to remain, and requiring immediate aid, I sent for two policemen; when one entered his room, I said, "Here is a gentleman who will not get into bed."

"I will," was the reply, and into bed he got. "He will not take his medicine, although he knows it will do him good;"—he remained silent; I poured out some mixture, which, with two pills, I handed to the policeman, he gave it to the gentleman, who at once took both pills and mixture. I had wasted upwards of an hour in endeavouring in every way to induce him to enter bed, and take his physic, but without avail; both which were accomplished in two minutes by the moral effect produced by the presence of the policeman.

Epilepsy may frequently be clearly referred to injuries of the head, and actual inspection after death has proved that the irritation of the brain has resulted from a depressed plate or even a spiculum of bone, and the trephine has actually cured such cases. There can be no doubt but that those who have had such injuries are easily overcome by excitement or the effects of wine, and I can trace this as the exciting cause in many such epileptic seizures, and it thus appears that whatever causes an increased and unaccustomed flow of blood to the brain is apt to induce a fit; the interval widely varying, sometimes being ten, fifteen, and even twenty years.

That blows or falls often occur without detection cannot be doubted, as the following instance will show:—

Case.—A young lady, now thirty years of age, continued in good health up to sixteen, she was then attacked with epilepsy, and referred her pain particularly to one spot upon the head; on being minutely questioned, the family had not the least remembrance of any injury or of any fall. The fits again and

again recurred, and occasional attacks of mania followed; she is at times so violent as to render seclusion necessary, and she herself, anticipating the attack, will request her mamma to take her back again. A few years since her old nurse died, and just before her death, sent for the patient's sister, and told her, that her heart was heavy and she wished to lighten it before she died; that when her sister was an infant, she let it fall from the top staircase to the hall below, and she felt sure that Miss ———'s miseries were all produced by the dreadful injury she then received.

The immediate exciting cause of an epileptic paroxysm most probably commences in the brain itself, and at its superior portion, not at its base; the aura vividly shoots through the brain, and with electric speed traverses the spinal chord, then circumvolates the whole frame, and every function receives the shock. The muscles of respiration are of course influenced, and necessarily also those of the larynx and of the tongue itself, and their convulsed action and constriction necessarily aggravate the evils of an attack, as by thus impeding respiration, the blood is consequently not properly decarbonized; still this laryngeal constriction is the consequence and not the cause of an epileptic fit.

For example, let any one hold his head over a basin, and pour upon its frontal portion as high up as the sagittal suture, spongeful after spongeful of cold water, and he will find his respiration becoming deeper and deeper, quite spasmodic; still however continuing, and by directing minute attention, he will feel the muscles of the larynx spasmodically

influenced, and this will be confirmed by *croupy* inspiration, and by the impending feeling of suffocation. I believe this effect so transmitted by the shock produced by cold water, is alike occasioned by the epileptic aura.

Of course whatever tends to render the blood circulating through the brain less pure causes cerebro-spinal irritation, as most satisfactorily shown in the wards of the Dublin Lying-in Hospital, where Trismus Nascentium was formerly so common, though now comparatively rare, proving the advantages of ventilation. I formerly examined several of these cases, and uniformly found the apex of the tongue drawn in towards the pharynx, doubled up in fact upon itself, and tilted backwards.

Epilepsy also often arises from the liver or kidneys not properly eliminating their respective secretions, and various affections of the brain may frequently be traced to chronic nephritis, a disease so constantly concomitant with gout; it is also sometimes dependent upon amenorrhœa, and to re-establish the catamænial flow, at once effects a cure.

Case.—May, 1851. Miss B——— æt. 20, had menstruated once, about fourteen months since, she took cold at the time and has never noticed a recurrence, but every four weeks feels heavy, dull, stupid, and miserable, then at an uncertain interval she falls down unconscious.

When first called to her she was in an epileptic fit. Cold water continuously poured over the head roused her in four or five minutes; I then sent her to bed, and ordered an aperient. She has been under nine doctors for her complaint but never

derived any benefit. Next day I saw her, and found the face flushed, the head full, the body distended. Ordered her to remain in bed, to have a warm bath every night, and to sustain warmth by an extra blanket. Tried also the effect of Ipecacuanha, with warm drinks, which I have often known successful in sthenic cases of amenorrhœa. In four days no decided relief accruing, and the warm baths causing distress and numbness, especially of the legs, I allowed her to get up, and ordered—

℞. Pil. Aloes cum Myrrhâ.
Pil. Galban. Comp. ana ʒss.
Misce, et divide in Pil. xij. Capt. unam nocte maneq.

She continued these pills during twelve days; her bowels are acted on always twice and sometimes thrice daily; she feels lighter and better, less disturbed, head clearer.

Ordered to take twenty drops of the Tr. Iodinii Comp. in a wineglassful of water three times a day. To rub over the loins, and on the inside of the thighs, every night and morning, some Ung. Iodinii Compositum; and pay great attention to the bowels.

She took the drops and used the ointment about a fortnight when the catamænia appeared, and her health was rapidly re-established. In three weeks, however, the ointment and the drops were resumed for a few days, she then marked her proper period, the same precautionary course was recommended before the next month elapsed, she was then again regular, left off all medicines, and was cured.

Monomania or melancholia is not necessarily preceded by dyspepsia, but may immediately occur from some sudden shock to the system, such as bad news; and when thus excited by fright, is much more likely to be nervous than when creeping on in

an insidious and gradual and more dangerous manner.

In the treatment of insanity it is most essential to refer it to its proper cause, to ascertain if it be dependent on some physical effect, or whether the result of mere error in perception. If on inspection after the death of a maniac, we find inflammation of the brain or its membranes, effusion, ecchymosis, or ramollissement, to a certain extent we may be justified in attributing the insanity to the pathological condition observed; but supposing, on the other hand, no morbid alteration can be detected, yet the symptoms during life may have been equally severe, as in those where disease was so evident, here we must pause ere we attribute the effects to the same causes.

In many recent cases, no alteration in structure can be detected, nothing in fact to account for the symptoms; but where insanity has continued many months or years, the membranes are often found thickened, the bones of the cranium indurated, sometimes effusion, and not unfrequently ramollissement or atrophy; this cannot excite surprise when we reflect that of the number of those who die lunatic, half are paralytics.

There is almost always extreme irritability in incipient insanity: generally the brain first suffers, then some other organ: the great object, however, is always in the first instance to allay irritation: endeavour to ascertain whether the brain was

primarily affected, or whether insanity followed some visceral affection. It is of the greatest importance to determine whether insanity is symptomatic or idiopathic—whether the result of mere error of perception, or whether the medium through which we reason is at fault; whether it has arisen from physical or metaphysical causes. An individual may at once, from some sudden shock, become incapable of perceiving, discriminating, or judging correctly, and it is in such cases, when tranquillity has been restored by narcotics, that the metaphysical treatment has been so successful. If the excitement, consequent upon reaction, in these cases, be not speedily lulled, the brain itself often becomes congested or inflamed, and this continuing, symptoms increase, and those alterations in the brain and membranes so frequently observed, more or less speedily occur.

It is also in cases of hallucination, as well as in those where there is actual delusion, that morphia exercises so remarkable an influence. The patient is for a few hours without his medicine, his delusion returns; it is administered, his error vanishes; it is not unfrequently the same with hallucination, the morphia actually dispels it, as is soon perceived both by the patient and his attendants.

As before stated, time is of the greatest importance with reference to the treatment of insanity; it is in early cases so much may be done, the chances of cure being in the inverse ratio to the period of

duration; and although we are encouraged to persevere from finding that in some few instances persons have been restored to the full use of their mental faculties after five, ten, and even twenty years' insanity, yet these cases are but few in number, and must be considered as the exception. Experience seems to justify the conclusion, that if decided improvement does not occur within twelve months after the attack, the chances of recovery become very much diminished. Insanity seldom occurs before the fifteenth year, and if it attacks a person advancing in life, or even beyond 45 years of age, the prognosis is not so favourable; few persons indeed recovering after that age, and it may usually be considered, the younger the patient the greater the chance of cure.

Bleeding.—While bleeding is generally injurious in the treatment of mania, it may occasionally, although rarely, be indicated. All modern authorities condemn its employment, except under peculiar circumstances; the longer disease has existed the more dangerous is general depletion, and it is usually only in incipient cases that any good can be expected from its adoption. Loral and Rush appear among its strongest advocates; while Cullen, Esquirol, and Haslam, employed it only in early cases when plethora existed. M. Foville appears to bleed but seldom, then with great caution. M. Georget and Dr. Prichard bleed when the pulse is

full and frequent with plethora and insomnia. Pinel found bleeding retard recovery, often leading to dementia or idiotism, and is one of those who has strongly pointed out, that determination of blood to the head is often deceptive. Dubuisson bleeds when the maniac is young, vigorous, and plethoric; but above all when mania depends on suppression of natural or habitual hemorrhages. Andral bleeds in early cases with plethora, or the catamænia being suppressed. Messrs. Beverley and Phillips found very few with vascular excitement requiring bloodletting; and Dr. Seymour has seldom seen bleeding attended with good effects, the soothing system being more useful. It should never, in cases of insanity, be resorted to without the most paramount necessity, and even then not largely, as the constitution will not rally after excessive depletion; if it be found after the abstraction of blood, however small the quantity, that stupor or loss of consciousness occurs, bleeding is strongly contra-indicated. In a robust, healthy individual, accustomed to epistaxis, or in a female suffering from congestion at the change of life, especially if resident in the country, bleeding may be advised; but there are very few persons suffering from insanity who can bear general depletion when living in densely crowded cities.

Although the abstraction of a large quantity of blood is so often positively injurious, yet occasionally even taking away six ounces, will wonderfully re-

lieve congestion in incipient cases; especially where there is oppression as evidenced by constant gaping. We must never be deceived by mere vascular excitement; but when it is considered necessary to take away blood, and yet the powers of the patient would not justify general bleeding, cupping or leeches may be resorted to. Cupping takes away the blood more rapidly and acts more promptly, and is therefore followed by more reaction than is observed when leeches are employed. There is evidently a soothing effect produced in some cases, while the blood is gradually oozing from the leeches, and they may often be applied to particular parts of the scalp where it is impossible to place cupping glasses. Leeching appears to be much neglected in the treatment of mania; in the majority of cases, the local abstraction of blood may be ordered with more safety than general depletion. It is necessary sometimes to leech in delirium tremens, even while administering stimulants, when bleeding by the lancet would very soon prove fatal.

Broussais recommended, where inflammation existed, to keep up the draining by a continued succession of leeches; this advice is most important, and whether we consider it as either applicable to local or general depletion, or as relating to the application of cold, still the principle is the same—*prevent* reaction. A decided impression may have to be made on the system at once; but because this is essential, it becomes doubly necessary to prevent

reaction, and this is a point very much neglected in practice—we are too apt to wait and see if reaction will occur, whereas our measures should always be so directed as if possible to prevent it.

A very efficient way of relieving head symptoms, when dependent on visceral congestion, more especially of the liver, is applying leeches to the rectum, and, if considered necessary, subsequently placing the patient in a warm bath; a large quantity of blood may be lost in this way without producing much prostration.

Many cases of insanity arise from extreme irritability dependent on prostrated power; and to support this power by good nutritious food, and sometimes even with brandy and wine, at the same time soothing the system by procuring refreshing sleep at night by Morphia, will speedily evidence the advantages of such treatment. The great error originally, was allowing the powers to sink; it is of the greatest importance that these powers should be supported — the nervous excitation must be calmed. In these cases, mistakes are but too frequently made; *irritation* is confounded with *inflammation*. The maxims so ably taught by Mr. Travers are forgotten; the object being to calm the action, not to diminish from the power—this nervous power being much more easily depressed than raised. Should this advice be neglected, and bleeding be ordered, stupor, or coma, or confirmed mania may be the consequence. In many cases where

there is the most ferocious delirium with great muscular power, yet the pulse is very quick, weak, and fluttering, and even the slightest depletion at once knocks down the powers; but even if the patient should again rally, there is great danger of his becoming idiotic. As Dr. Marshall Hall has so truly stated, under *irritation*, exhaustion is sooner produced than in health; while under *inflammation*, the system bears loss of blood, with less exhaustion than in health.

As a general rule, the quicker the pulse the greater the danger. Taking an average of maniacal cases, the pulse will be about 100, often ranging as high as 140, and but seldom descending lower than 90; therefore, in insanity generally, the average pulsations may be considered quicker than in a state of health, disease of the heart itself being by no means uncommon.

No one was more anxious than the late Dr. Abercrombie to point out the impropriety of depleting in many affections of the brain, even where there is wildness, excitement, and incoherency, with great restlessness; the pulse must be the guide, with the antecedent circumstances and condition, and very possibly tonics and stimulants will be the most proper treatment. Where the countenance was exsanguined, and the pulse small and rapid, with exhaustion, then Abercrombie always gave stimulants.

Dr. Gooch, in speaking of a puerperal maniac,

who had no sleep, says, her pulse was soft [*soft*] and never very quick, and her face pale; nevertheless, from fear of congestion in the brain, her head was shaved, and ten ounces of blood were extracted from the scalp by cupping-glasses, without diminishing in the slightest her violence and incoherence.

The fact is, many of these puerperal cases will not bear loss of blood; they resemble delirium tremens, are often induced by the same immediate cause, fright, and occur in both instances when the system is very much exhausted, and usually where the persons have previously been very nervous. The treatment must be anodyne, narcotic, and sometimes stimulant, Henbane, Opium, Ammonia, and Camphor, each being not unfrequently indicated. Narcotics generally, and Opium especially, produce more decidedly good effects in puerperal than in any other form of mania. Dr. Gooch, speaking of a lady who had lost a large quantity of blood after delivery, found her in a profuse warm sweat, pulse much above 140. He gave her some wine and water with immediate benefit, but says, "I had better have given her an opiate." In another puerperal case with vigilantia, the pulse was 140, small and weak, seven days after delivery. Two small doses of Laudanum were given, *sleep followed;* in the morning her pulse was 80; she was cured.

When Gooch was called to such cases, he gave Opium first; if it disagreed, he then gave Hyoscy-

amus and Camphor, gr. v. of each, every six hours, and doubled the dose at night, withdrawing it altogether if flushes and pains in the head increased.

Puerperal cases do occasionally occur which resist every remedy. Such an one I saw with Mr. Hugman, of Great Ormond Street, in a tradesman's wife, after her third confinement. Disastrous news had much depressed her before labour; she gave birth to triplets, became at once excited, highly maniacal. Here everything was tried without avail, and, at the expiration of a month, as the *exception* to such cases, I signed an order for her removal. She lingered on five months in wild excitement, and then died.

When a patient is in a highly excited state from loss of blood, a full dose of Opium is the best medicine we can employ, and it is often successfully prescribed in that highly nervous state so closely resembling mania; and if, when that excessive restlessness occurs, which precedes puerperal mania, a full dose of Opium be given, such as 1 gr., 1½ gr., or 2 grs., this formidable disease may be often prevented, and as a prophylactic Opium may be considered invaluable. In some instances Dover's Powder, or Morphia, may be preferred; but generally the Opium itself is more valuable in these cases of exhaustion.

When insanity arises from over-nursing, the treatment is at once obvious; the child should be

weaned, the strength should be supported, and tonics, sedatives, and perhaps chalybeates, administered, always being careful not to over-stimulate the system. When, on the other hand, insanity has occurred from weaning, the treatment should be altogether different; here the secretions should be augmented, attention being particularly directed to the alimentary canal and kidneys; the best sedative, when necessary, is the Tr. Hyoscyami, with or without Tr. Digitalis; whereas, in the other form, from over-nursing, Tr. Opii or the Liq. Opii Sedativus will usually be found the most advantageous.

In puerperal convulsions so closely resembling the worst forms of epilepsy, venesection will generally be essential to relieve congestion of the brain, there being also not unfrequently co-existing inflammation of the brain or of its membranes; and it is a curious fact, that almost universally in puerperal epilepsy or convulsions, albumen is largely found in the urine; and although a dropsical tendency has for some years been known to precede these puerperal cases, as noticed by Dugés, Osiander, and Velpeau, also by Drs. Montgomery and James Reid, yet it was reserved for Dr. Lever, a few years since, more strongly to bring before our notice the fact that albumen is, in these cases, found so largely in the urine.

As the albuminous character of the urine diminishes, consciousness returns; and hence it is so

requisite to use the tests of nitric acid and heat, for as long as this albumen is excreted, so long will dimness of sight, vertigo, and more or less unconsciousness remain, and so long will it be necessary to purge, antimonialize, and determine to the skin, unless the prostration is excessive, when Ammonia should be administered. If, in doubt, I have found five grains of Ammoniæ Carb. given with two drachms of Liq. Ammon. Acet., with or without fifteen minims of Tr. Hyoscyami in Camphor Julep, very useful, and I believe it to be the more so, because the excess of the Ammonia neutralizes that acidity which is almost always found in these cases. I sometimes combine with this mixture fifteen or twenty drops of Sp. Æther Nit.; but even without this, diaphoresis, so desirable, is generally rapidly produced.

It is here worthy of inquiry, how does the albumen act upon the brain? does it, under such circumstances, exist more largely in the blood? and, if so, is it its tenacity, or gummy, or glutinous characteristic which causes obstruction and congestion, and subsequently inflammation? We all know the effect of injecting gum into the arteries and veins; it causes inflammation, and in this way pneumonia may be artificially induced.

It was upon such an hypothesis that I ventured to defend the theory suggested by Mr. Shephard, that the proximate cause of insanity is in the blood; as although this may at first be thought

improbable, yet, when we consider the influence the mind has over the various functions of the body, how excessive rage causes biliary derangement, nay, even jaundice, that this very bile circulating through the brain, sometimes induces mania ;—that great fright, or passion, or disastrous news, often deranges the alimentary canal, and probably vitiates the chyle and blood, thus inducing fever ; we shall hesitate before we finally reject Mr. Shephard's theory. Again, how is drunkenness produced ? in what way does spirit or the Indian hemp act upon the brain ? It is well known that soda, given in full doses, is often useful in some cases of mania, and probably this is owing to the blood becoming more fluid : as soda possesses this power of liquefying crude or thickened blood ; and so again when the blood is too fluid, we order the mineral and vegetable acids, which have the property of enriching and increasing the viscidity of this circulating fluid. Dr. Locker placed great faith in vegetable acids in the treatment of insanity.

I am convinced that the alkalies are very useful in some cases of mania ; this has been noticed by one of our most able physicians, and who, in stating the result of his experience of the value, more particularly of soda, was at a loss to account for its therapeutic agency ; but the fact is, that, in addition to its being antacid, the blood, by its use, becomes more fluid.

On referring back to my notes, made when residing in the Dublin Lying-in Hospital, I find the following :—

Case.—December 5th, 1836. M. N., a young, strumous, drunken, and dissolute woman, æt. 20, was confined with her first child; considerable hæmorrhage occurred the day before labour commenced, and also before the placenta was expelled.

6th.—Doing well.

7th.—Pains in the head; urine albuminous.

8th.—Considerable dyspnœa and drowsiness; suspicion of fluid in the ventricles of the brain.

9th.—Died suddenly.

Sectio cadaveris, 26 hours *post-mortem*. Very adipose; general anasarca; calvaria very thick, very firm adhesions between it and the dura mater; arachnoid very opaque and adherent; glandulæ pacchionæ large and numerous; sinuses and veins gorged with blood; the brain itself very firm, and remarkably free from the bloody points usually seen.

Each lateral ventricle contained about one ounce of serum. On slicing the brain immediately forming the superior boundary of the left ventricle, a small quantity of *scarlet* blood oozed through, apparently unconnected with any large vessel; the plexus choroides very much distended; the thalami nervorum opticorum slightly injected; nothing worthy of remark at the base.

Chest contained about two quarts of serum; heart flabby, flaccid, pale, and much distended with venous blood; valves and aorta healthy.

The peritoneal cavity contained also about three quarts of serum; intestines healthy; slightly tympanitic. The liver very large, extending into the left hypochondriac region; its granules very distinct; gall bladder much distended with

yellow bile. Stomach full of fluid. The left kidney had undergone fatty degeneration, its calyces could not be perceived; it had a very strong ureous smell. The right was also a Bright's kidney; on slicing it in halves, the pelvis was completely blocked up with coagulated blood, the whole parenchyma being excessively congested; the tunica propria was healthy. Bladder empty. Uterus contracted and natural for its period. Right ovary contained a corpus luteum, and was slightly cartilaginous. The mammæ each contained matter in sinuses.

For many years I have suspected that the serous membranes bore some very peculiar relation to each other, and in my former essay, published in 1845, when touching on this subject, is stated,* "It is extremely probable that some very peculiar relation or sympathy exists between the whole of the serous membranes, and this seems to be confirmed from having seen insanity depending on pleuritis and pericarditis, where it is probable that effusion took place under the arachnoid. Sir Henry Halford particularly noticed the cerebral symptoms so often dependent on ischuria, and on inspecting such cases, fluid is generally found under the arachnoid. Hysteria, with ischuria, is by no means uncommon; and, in incipient cases of mania, there is generally a diminished secretion of urine."

Whether this hysterical excitement is occasioned by slight inflammation of the membranes of the brain, or by slight pressure, is not easy to deter-

* "On Narcotics in Insanity," p. 13.

mine; but bearing in mind Majendie's experiments and the following case, I am disposed to believe it arises from slight pressure, usually but not always produced, by increased serous secretion.

Case.—In 1847 I was hastily summoned to see Miss ——, æt. 22, residing near Buckingham Palace. About eight o'clock in the evening she began to laugh and cry alternately, and behaved so strangely that her parents sought advice. A young gentleman saw her, pronounced it hysteria, and sent her a "reviving mixture," with Ammonia and Tr. Lavand. Comp. She soon became drowsy, then deeply somnolent, and her sleep appeared so unnatural, that at one o'clock her mother, being alarmed, sent for me. I arrived at two A. M., and found her apoplectic, in a profound state of coma, respiration stertorous, one pupil contracted, the other dilated, pulse slow but full.

Blood was taken from the arm to fourteen ounces; the temples were leeched, a blister placed on the nape of the neck, ice to the head, counter-irritation to the legs, and Calomel and subsequently Croton Oil, were administered.

At ten A.M. I again saw her, and ordered a mustard poultice over the heart, finding its action oppressed; and it is worthy of remark, that although apparently unconscious, stertorously respiring, pupils insensible to light, yet when this mustard poultice had been on twenty minutes, she made several efforts to remove it; within four hours from that time she died.

The next day, about eighteen hours after death, I examined the cranium with Mr. Ince, of Lower Grosvenor Place. The brain itself was soft; there was some venous congestion, with slight serous infiltration, and the left lateral ventricle was completely filled with a partially coagulated clot, mixed up with serous fluid.

My belief is, that when she was first suspected to be suffering from hysteria she really had slight pressure on the brain; and, acting upon such an opinion, I have since several times predicated cerebral mischief when it had not been before suspected; thus, in the case of a lady now under treatment, who, attacked with bronchitis, had also slight valvular disease of the heart; she began to convalesce, but one day felt a slight headache, then became hysterical, alternately laughing and crying. I immediately attributed this to the action of increased serous secretion from the membranes of the brain, and the prognosis was fully verified on the following day by the indubitable proofs of general dropsy, so that I was thus able to anticipate, by twenty-four hours, the treatment which is alone successful in these cases. It is essential to purge, to produce copious watery evacuations, and should faintness ensue, I frequently order a mixture containing Sp. Ammon. A. with Mist. Camph. When the immediate symptoms of congestion are relieved, the treatment should be diaphoretic and tranquillizing, paying even then especial regard to the alvine secretions.

For many years I have been aware of the absolute necessity of purging in those cases where there is torpidity of the brain, even when the pulse is small; a slow sluggish pulse renders the necessity even more paramount, and the pulse will often be found to rise after each evacuation.

Cases.—In 1844 I saw a lady, æt 51, with Mr. Raven, of Hunter Street, leuco-phlegmatic, lying in a partially comatose state; answering questions, yet slowly and sluggishly; the head was not hot, the eyes were not injected; the pupils were, however, dilated; her skin was cool; her pulse 50 and small. Here I strongly urged the necessity of purging, which we did with Hydrargyri Chloridum et Colocynthis; and a mixture consisting of Magnes. Sulph., Magnes. Carb., Sp. Ammon., A., Syr. Simpl., et Aq. Menth., Pip.

Empl. Cantharidis, nuchœ; and counter-irritation to legs. The pulse rose after the first dejection; she rapidly recovered, and is now in the enjoyment of good health.

I also saw, with Mr. Hugman, of Great Ormond Street, a young lady, about 16 years of age, who, for many days, lay in a torpid, semi-conscious state; pupils dilated, face pale; the pulse slow rather than weak; skin clammy and cold. Here the treatment consisted in counter-irritation to the nape of the neck and legs, leeches to the temples, alteratives and purgatives, with diaphoretics and diuretics. The bowels were most torpid, and it required energetic means to act upon them and to sustain their action. The immediate benefit was at once seen after each dejection. This patient slowly but perfectly recovered; her symptoms I referred to chronic meningitis.

Another very similar case, also a girl, about the same age, only at a more protracted stage of the disease, I visited with Mr. Hardwicke; the pulse 50, slow, not particularly weak; pupils fixed, capable of being only partially roused. The treatment as before, with Calomel every two or three hours in addition, and more extensive vesication. She, however, died within a day or two after I first saw her; unfortunately no inspection was permitted.

The prophylactic treatment should be aperient, alterative, diuretic; and I would draw especial attention to the renal function in these cases.

Inflammation of the membranes of the brain, and particularly arachnitis, especially if of an asthenic type, is a most insidious disease, often stealing on and passing into its chronic stage before it is even suspected; there is not necessarily pain, or headache, or restlessness, the patient may be only peevish and morose, unwilling to be disturbed or troubled; the first impression on seeing such a case is that of fever, but here the tongue is not usually much furred, the pulse is slow, sluggish, or perhaps irregular, and these symptoms, differing so essentially from fever, point out the diagnosis; therefore, if when the pulse be slow, the tongue moderately clean, the skin cool, the patient peevish, not wishing to be disturbed, and the more especially if the friends state headache has been noticed lately, always direct attention to the head; it may arise from a low form of meningitis, and even cerebritis, but is generally to be referred to arachnitis.

The eye is a great index of the state of the brain, not the pupil alone, nor the conjunctiva, but the eyeball itself—its very expression often indicates the mischief. In hyper-nutrition of the brain the conjunctiva is often gorged with blood, the vessels of the sclerotic forming a most beautifully reticulated structure; and by systematically purging from day to day with Magnes. Sulph. Acid. Sulph.

Dil. et Inf. Rosæ Comp., these vessels gradually unload, the sclerotic assumes its pearly lustre, the conjunctiva becomes clear, and the dull and listless eye is again intelligent. This I have often noticed; and it is every now and then renewed in the person of a very short and stout lady, the very hyperbole of apoplectic predisposition. Her brother died of apoplexy on his third attack. I have twice attended her with apoplectic seizures, and two or three times a year it is necessary for me to treat the symptoms I have just described.

Persons not previously subject to fits, sometimes become insensible, and may even fall, but on arrival at such a case no peculiar symptoms are present; the patient probably will say that he had been much occupied lately, thinking deeply, or much annoyed with business, and had been sleeping badly, that on going out, the more especially, if the temperature be low, he almost staggered, and perhaps even fell. This I believe in some cases arises from congestion of the brain, and in others, from temporary palsy of the brain, the treatment of course being totally opposite in either case, and hence how necessary to examine the pulse, the heart itself, the eye, the tongue, the predisposing diathesis, and habits.

My reason for believing that in debilitated persons especially, these symptoms may result from palsy, is that I have not unfrequently known, such symptoms occur in young men who have been

recently married, where, from overwearied excitement the system has been sapped, and every degree or shade of actual paralysis may result. The first symptom generally is a staggering gait, this may or may not be accompanied with partial numbness; occasionally vision is impaired, this causing great alarm; but an experienced eye at once detects the cause, and rest, with tranquillity and abstinence, aided by chalybeate or tonic medicine, speedily effects the restoration of the powers. So it often is in delicate females, when suffering from excessive leucorrhœa, thus showing the importance of forming a proper diagnosis.

Although bleeding in puerperal epilepsy, especially before delivery, may be generally necessary, yet I would urge the strongest caution against its employment in other forms of epilepsy. Where the attacks have been frequent, venesection can hardly ever be justifiable, although it may be less pernicious in its effects on its first occurrence. My experience proves, that after general bleeding, the return to perfect consciousness and recollection is much more protracted than when purging, counter-irritation, and cold applications to the head and nape of the neck have been employed. The proper plan of resuscitating such patients, is not to take away blood from the arm in washhand basins, as I have often seen, twenty years since, but to remove the neckcloth, gently elevate the head, cleanse the nostrils and mouth, command plenty of fresh air,

and from a jug gently and continuously pour cold water on the top and back of the head; few cases resist this treatment, and some deep inspirations soon prove that the convulsive efforts have ceased, to be succeeded in bad cases by deep somnolence; and it is very injurious to the patient to disturb him in this sleep, as by it the consequent exhaustion is very much diminished.

Cases.—May 27th, 1851.—Sent for suddenly to see a patient in a fit—the whole establishment in terror, a large crowd round the house. The gentleman, æt. 34, had been under treatment some weeks; was taking tonics and quinine—found him breathing rapidly and convulsively, pulse 100, weak, clonic spasm, very restless, constantly drawing up his legs, flexors of fingers continually acting, had been shrieking loudly, head hot, pupils barely sensible to light, perfectly unconscious. Removed his neckcloth, and immediately poured water on the top and back of the head—pulse became stronger, respiration more regular, he appeared much relieved. Still continued pouring the water from the jug, he soon became collected, so that when desired, he put out his tongue, which was white and furred. Had him undressed, carried up stairs, and put into a warmed bed, with an extra pillow to raise the head, which in these cases should never be kept low. Now heard that he had been writing a good deal, was publishing a book, had not slept for many nights, "and did not appear himself for the last few days, and especially to-day."

Conjunctiva suffused, asks where he is, says that he is not himself, that he is out of his mind, that his senses have left him; begs not to be left alone; is very impatient, excessively restless, turning about with great force, but offering no violence.

Ordered leeches to the temples, mustard poultice to nape of

neck, spirit wash to the head, and Col. cum Hydrarg. Chlor. statim. He was also to take every four hours a dose of a mixture composed of Potass. Nitr., Tr. Hyoscyami., Liq. Ammon. Acet., Syr. Simpl., and Mist. Camph.

The treatment was sedative, and I recommended that he should take a draught every night, containing a quarter of a grain of Morphia. He was to give up all thoughts of authorship for a time, and to have change of air and scene. His sister called on me two days after, stating he was very much better, and was then going into the country.

He returned to town in about a fortnight much improved, and then called on me, and said, how much benefit and comfort he had derived from the composing draught at night. I cautioned him as to his attention to business, and against his literary pursuits, and advised him to remove to the suburbs of town.

In July following I was urgently requested to visit him, and on my arrival found he had been again at his book, another fit had followed, and he had been largely bled. From this time he never rallied, but seemed prostrated in body and mind; his glandular system sympathized, and within a fortnight he died.

This case is interesting, as showing the advantage of cold affusion, of literary quiet, and the sedative treatment, and highly instructive as evidencing the deplorable effects of general depletion.

Another example of the baneful effects of general bleeding has occurred while this volume is going through the press.

The gentleman, æt. 32, from commercial disasters, had an epileptic seizure sixteen months since, and as there was considerable power, his medical attendant bled him to ℥xvj. On recovering from the fit, paroxysmal attacks of mania again and again recurred, and as he was very restless and irritable, with

vigilantia, Camphor and Henbane were administered during the day, and Morphia at night. In about four months he convalesced, and was sent into the country. He had not been there more than four months, when another maniacal attack occurred, and it was with great difficulty his medical attendant was at that time prevented bleeding him, by his former medical friend, who had been summoned from town to see him, and who then most emphatically counselled the abstaining from future general depletion. Six months subsequently, another fit occurred, when blood was taken from the arm, from this time the patient never rallied, and died exhausted.

This caution should ever be borne in mind, that if general depletion be prejudicial in most cases of acute mania, it becomes doubly so when disease is chronic, and if the loss of blood be considered absolutely essential, the application of only a few leeches to the temples or behind the ears will produce a most marked result.

Case.—In 1848 I met the late Mr. Clapham in consultation, where a married lady, æt. 32, who had gone through much domestic trouble from her husband's delinquencies, had a severe epileptic fit, and was bled, leeched, and cupped before I saw her. On entering the room, there was, as is so often seen in females, hysteria, mixed up with epileptic paroxysms. Her pulse was quick, thready, and compressible; I ordered her Sp. Ammon. A. with Camphor and Henbane; this soon quieted her symptoms; but she subsequently convalesced very slowly. She remained for several days in almost a state of fatuity; there was an utter mental and physical prostration.

It is extraordinary how difficult it is to restore the powers of previously debilitated persons in brain

affections when general depletion has been adopted; and it shows how essential it is to inquire into the previous history of the case, particularly as to whether there have been any depressing circumstances, and whether these have continued any length of time; but above all things, the pulse must be the guide; mere frequency does not justify venesection, for if the pulse be small, weak, and compressible, it will then be highly injudicious.

Anæmia of the brain, so strongly pointed out by Dr. G. Burrows, has been but too little regarded until lately. Many cases where there is great action, require stimulants and support; thus in the case of a young man, æt. 24, mentioned by Abercrombie, there was at first great depression, want of sleep, with incessant talking: reaction took place, excitement increased, pulse 160, continued talking, and obstinate vigilantia; yet stimulants were here required, as after death no traces of inflammation could be found.

There is an insidious and dangerous affection, occurring principally in females or in debilitated men, especially when previously intemperate, often commencing with depressed spirits, suddenly succeeded by unusual cheerfulness, this very rapidly terminating in maniacal excitement—there is incessant talking and obstinate vigilantia. These persons sink from exhaustion, and cannot bear general bleeding; but local bleeding, purgatives, and antimonials, were recommended by Aber-

crombie, and subsequently he gave stimulants. In many such cases examined by him, nothing could be detected but a vascular condition of the pia mater. Amongst others, he mentions the case of a young lady æt. 23, who was much depressed from grief; this continued two months; she then became highly excited, incessantly talking, pulse 80 to 90—was temporarily calmed by an opiate, and slept for two hours. The excitement returned, continued for several days, the pulse gradually rising in frequency, and reaching 150 and 160. She died, and on examination, nothing but vascularity of the pia mater was found, with minute ecchymoidal spots in the brain. Such cases as these should be treated with small doses of Hydrochlorate or Acetate of Morphia every four, six, or eight hours; this calms the reaction and excitement, while it does not actually depress the powers. If dryness of skin, diminished secretion of urine, or any other peculiar symptoms are present, they must of course be met with Ipecacuanha, Antimony, Sweet Spirits of Nitre, &c. Alteratives may be necessary, and great attention must be paid to the secretions.

It has been previously stated, if bleeding is indicated, it is almost invariably in a very early stage, and if caution be necessary at this period, it becomes doubly so as disease advances; and when inflammation has existed some time, the greatest circumspection is necessary in resorting to depletion. Even Broussais says, "Quand l'état inflammatoire

a déja duré long temps, il faut user des saignées avec beaucoup de circonspection." But in those cases where a patient convalescing, suffers from a relapse, small local bleedings, as recommended by Sir W. Ellis, are often of the greatest advantage, and will materially shorten the attack ; many weeks of suffering being frequently prevented by the judicious application of a few leeches.

It should never be forgotten, that insanity does not always depend on organic disease, and therefore the antiphlogistic treatment is not always indicated. With respect to diet, the general rule is, nutritious but not stimulating. In incipient cases it must be a little diminished, but after a short time good wholesome food must be allowed. Too spare a diet is often most injurious, and when much curtailed is most disastrous ; and the painful experience gained during the French revolution in 1796, must never be forgotten. A nutritious meal often wonderfully calms excitement, while hunger or craving materially aggravates maniacal irritation. In many cases the hunger is extreme, and seems to depend on continued physical and metaphysical excitement. While the appetite is good, it is often a favourable sign ; but when a convalescent begins to loathe his food, a relapse may often be prognosticated. It is a caution worth mentioning, that medicines should never be mixed with food ; the patient detecting it becomes suspicious, and will probably for some time refuse his accustomed nourishment.

PURGATIVES.—When hesitating as to the necessity of bleeding, and yet being anxious to diminish vascular action, purging will often be advisable. This practice was strongly recommended by the late Dr. Abercrombie. Repeated purging will often do more good than any other treatment, as must be familiar to those who have had much experience in these cases. It is not difficult to account for this, when we consider how the blood must necessarily be depurated by acting on a glandular surface, so vast and extended as is that of the intestinal canal.

Where there is a latent tendency, insanity may be induced by irregularity of the bowels, cerebral congestion being so commonly caused by constipation. Paying great attention to the bowels in all cases of disease of the brain, is most important; and purgatives are useful in both the acute and chronic diseases; care however being taken that those selected are neither irritating nor drastic; it being necessary daily to examine the tongue, and ascertain whether there is irritation or inflammation of the mucous membrane.

In bad cases, especially if comatose, Croton Oil may be given; it is certain in its effect, acts rapidly, and is now strongly and generally recommended. Where albumen exists in the urine, I prefer employing the Pulv. Jalapæ Comp., or, as in hepatic congestion and threatened jaundice, Hydrarg. cum Creta every night, with or without Pulv. Ipecac.

Comp., and Pulv. Jacobi Veri., always followed in the morning by Castor Oil. When urea, however, really exists in the blood, and is poisoning the nervous system and producing coma, more active measures must be resorted to, and after purging and perhaps bleeding, I believe it is often essential to ptyalize rapidly, and it will frequently be found that immediately the mouth becomes sore, and the breath indicates the specific action, urea will re-appear in the urine, its specific gravity will rise, and the coma will subside. When the symptoms are not so violent, Calomel should generally be eschewed, and in the ordinary cases of Bright's disease, purgatives with diaphoretics, and sometimes even with chalybeates, will be the most suitable treatment.

Where there is chronic congestion of the brain without much action, accompanied with a cold skin, the antispasmodic and stimulating purgatives with turpentine or the fœtid gums are often useful.

On minute inquiry it will generally, although not always, be found, that for several weeks preceding puerperal convulsions, or puerperal mania, the bowels have been constipated, probably occasionally relieved, but unsatisfactorily; the same is often noticed in ordinary epilepsy, and I believe that one very great reason why the Cotyledon Umbilicus is so useful in the treatment of epilepsy, is because it keeps up a constant action on the bowels, and it will not unfrequently be found that on with-

drawing this useful remedy even after five month's employment, the bowels again become irregular in action, and another attack shortly supervenes.

In hypochondriasis or melancholia, continued purging is often most useful, as the symptoms are usually dependent on sub-acute inflammation or congestion of the brain; and if so, no practice is so certain and so safe, as keeping up a continued action on the bowels. In those hypochondriacal cases, where there is epigastric tenderness, with pain in the head and vomiting, continued purging will often effect a cure. Nothing seems to relieve the delirium, vigilantia, and headache, in varioloid cases, so much as continued action on the bowels, with a saline purgative; substitute for it, or even give with it, Laudanum or even Henbane, and frequently the restless vigilantia becomes increased; whereas the exhibition of saline purgatives every four or six hours, will check fever, relieve the head, and although not immediately producing, yet admits of sleep. Sometimes in these cases, especially if inflammation of the brain threaten, Calomel with Antimony, or James's Powder, will often produce sleep; and on exhibiting an aperient draught on the following morning, the bad symptoms are entirely removed.

It is needless for me here to specify the particular purgative necessary, whether mercurial, saline, or aloetic, as this obviously depends on the particular indications present, and must immediately suggest itself to every educated practitioner. There

is, however, a caution which must not be forgotten, that where there is chronic inflammation of the mucous membrane of the bowels, strong purgatives must not be given; and in such cases, when it is imperative to produce some action on the bowels, the mildest aperients must be selected. It may be useful here to state, that I have found doses of five grains of Soda and five grains of powdered Calumba, repeated every four hours, very useful in a case where there was ulceration of the mucous membrane, and where death had been thought inevitable. Dr. Clutterbuck mentions the case of a maniacal lady who had not slept for three days or nights; she was purged with Elaterium, and fell asleep for twelve hours; next day maniacal symptoms returned, Elaterium again given; it caused vomiting and purging, with much benefit. If omitted for one day, the symptoms became aggravated.

In those cases where narcotics have been injudiciously given, and where excitement is in consequence increased, acting on the bowels with saline purgatives, will often be of the greatest service.

The lower bowels in lunatics, often become obstructed; and enemata, with or without Colocynth, are very useful. In some cases where there is colic or spasm, Turpentine or Assafœtida injections may be ordered. Where there is no difficulty in inducing a patient to swallow medicine, a few grains of Hyd. cum Creta as before mentioned, with or without

Dover's Powder in the form of pill, at bed-time, succeeded in the morning by a mild aperient draught or by Castor Oil, will often be found useful where drastic purgatives would prove positively injurious.

Diuretics.—When necessary to reduce arterial action, to relieve congestion, or to remove serous effusion or infiltration, it will often be found most useful to combine diuretics with other therapeutic agents, and where it is desirable to keep up a continuous and gradual excretory action, and especially where purgatives are contra-indicated, this increased renal flow will prove of incalculable advantage. Frequently one of the earliest noticeable symptoms in the various forms of insanity is diminished secretion of urine, and in some cases re-establishing its elimination is the point indicated: for this purpose we constantly employ Potassæ Nitras, Sp. Æther. Nit., Tr. Scillæ, Sp. Juniperi Comp., and many others; the Decoct. Scoparii Comp., will often be found useful where a demulcent diuretic is needed, and when combined with Ex. Taraxaci is very energetic. The Sulphate of Magnesia, in addition to producing watery evacuations from the bowels, often acts powerfully as a diuretic.

Where stimulants have been freely used, and nervous irritability results, and when fearful to order brandy and even wine, weak gin and water warm, will often prove less nocuous than other forms of spirit, and I attribute this to its diaphoretic and

diuretic properties; with this view, when in doubt as to the propriety of administering wine and water, or stimulus of any kind even diluted, I invariably order it hot or at least warm, having found that the diaphoresis thus usually produced prevents or at least mitigates the ill effects; the same may be said of porter, when considered necessary to give it and yet in hesitation, if warmed, it causes less excitement.

Where the pulse is quick, and the skin dry, and the urine scanty, Nitre, in ten grain doses, will be often useful. In those cases where afraid to bleed, purge, or antimonialize, Nitre, with Henbane and Camphor, will often be advantageous; Nitre, when even administered alone, will frequently prove a sedative.

I believe one reason why Ammonia may be given in doubtful cases with greater safety than most other stimulants, is not only from its greater diffusibility and evanescence, but that meeting acidity in the primæ viæ, an acetate of Ammonia is formed, which is both diuretic and diaphoretic. In gout small doses of Ammoniæ Sesquicarb. will often speedily relieve the patient, acting as a charm, and the rationale of such action I attribute to the cause here mentioned. Where the constitution has been much impaired by wine, larger doses will be required, and when so employed, with occasional laxatives, cannot be too strongly recommended.

It must not be thought I am here traversing from

the subject, metastatic inflammation of the brain is by no means rare, and in rheumatic gout the membranes of the brain often are attacked; this I have noticed to arise more frequently when general depletion has been adopted; and this morning I have been consulted by letter, from a distant part of the country, as to the plan of practice I would recommend: the patient has had numerous attacks of rheumatic gout, chiefly confined to the wrists and ankles, but in the last seizure the membranes of the brain have become affected, with consequent delirium. Here I believe stimulating the joints previously attacked, paying great attention to the bowels, with diaphoretics or alkalines and sedatives will be the proper practice. Knowing the patient's diathesis and pedigree, I would strongly interdict general depletion; and in many cases where the inflammation is metastatic, this must be borne in mind, as every man of extensive experience must fully admit.

Emetics.—Much difference of opinion exists with respect to the advantages or disadvantages of emetics in the treatment of the insane; formerly they were prescribed as the regular routine at Bedlam, but happily this unscientific practice is now discontinued. They have been strongly recommended by Cox and Hallaran, and abjured by Haslam. Dr. Hallaran found them particularly useful in incipient cases, to be succeeded by pur-

gatives. Dr. A. T. Thomson gives emetics frequently in cases of melancholia where there is oppression rather than exhaustion; and it is found, while the sickness continues, the mind is always more calm. In the Philosophical Transactions, several cases of mania have been detailed by Dr. Kinneir, in which vomiting was very beneficial. Esquirol regards an emetic in puerperal mania almost as a specific, having found it so very serviceable.

The objection often made to the employment of emetics is, that congestion of the brain, caused by the violent expulsatory efforts; but Sir W. Ellis found the temporary inconvenience more than counterbalanced by the subsequent good effects.

Many cases of vigilantia, dependent on monomania, or even furious mania, will yield to Ant. Potass. Tart., and often on the vomiting ceasing, refreshing sleep will follow. It has been remarked by Dr. Cox, that one-third the usual dose of Tartar Emetic will prove efficient if a narcotic has been given the night before; generally, however, full doses are required; and the more violent the attack, so is there usually the greater resistance to the action of remedial agents, and as the symptoms remit, a smaller dose becomes necessary.

The continued action of Tartar Emetic cannot be too much lauded in some incipient cases of mania; while under the influence of Antimony, the patient

seems rational; it is withdrawn, reaction occurs; the eyes roll or remain fixed; noise succeeds tranquillity; the head again becomes hot. As evening sets in, symptoms increase, and the patient, with unclosed eyes, passes a restless and boisterous night; whereas, had the action of Antimony been kept up, placidity, if not actual sleep, would have been substituted for extreme restlessness and violence.

There are cases of excitement where, although injudicious to bleed in any form, yet administering an emetic will be found most useful; patients who have not slept for several nights will often obtain many hours' sleep after vomiting has ceased. Emetics must never be administered to paralytics, nor indeed where there is the least tendency to apoplexy; they are more useful in incipient insanity, are rarely indicated in chronic cases, and should never be given to those advanced in life.

Opium.—In prescribing Opium, it should ever be remembered, that it first acts as an excitant, and subsequently as a narcotic; and usually a small dose occasions prolonged excitement, the hypnotic effect being so slight as to escape observation. It is not my intention to inquire whether a sedative immediately depresses the vital energies, or whether a narcotic primarily augments these energies, being followed by subsequent depression. Some suppose sleep is produced by the consequent depression

succeeding preternatural excitement, but with Opium this scarcely seems to be the case, inasmuch as on administering a large dose, the period of excitation is cut short, and the narcotic effect immediately produced; while if, on the contrary, a very small dose be given, it causes excitement alone. When its sedative effect is required, a full dose must be prescribed, and less than one grain of Opium will seldom be useful; if its continued influence be desirable, it will be necessary to repeat it every eight hours, as its effects usually cease after that period.

To prescribe Opium as a narcotic in every case of mania, monomania, or even delirium tremens, is bad practice; and it is this which has brought it into such disrepute in the treatment of the insane; and it will generally be found more specially useful in removing delirium in those patients who have been strongly addicted to the abuse of spirituous liquors. Opium is contra-indicated where there is great heat of skin with extreme restlessness, and determination of blood to the head; and all authorities seem agreed that it should never be administered where the system is plethoric, unless depletion, or purgation, or both, have preceded it; otherwise excitement will become doubly aggravated.

Case.—April 6, 1851. Called up at night about one o'clock to see a gentleman, stopping at an hotel, who was stated to be

partially comatose, and was supposed to have been hocussed or drugged. In consultation Mr. Raven stated that this patient had come up to town about a fortnight since to exhibit his manufactures at the Exhibition; that he feared he had been tampered with; that he plainly smelt laudanum exhaled from the patient's breath—this was much more distinct six hours since than now—that his symptoms were increasing, and therefore he had sent for me.

Before visiting the patient I made most minute inquiries of the host and his wife, and ascertained that this gentleman arrived in town a fortnight since; that a few days after entering the Exhibition, for the purpose of arranging his manufactures, he became excited, talked of the competition, and the envy and jealousy of rival houses, and of their agents. This excitement continued; restless nights ensued. Five days before, a letter had arrived, stating that since his absence from home the workmen were neglecting their duties; that some orders were mislaid, others neglected. On reading this letter he put his hand to his forehead, and stated he should be distracted; that he would never leave home again. He then went away from the hotel, and wandered up and down the street, apparently uncertain as to his object. He was then lost sight of; returned home, however, in the evening, vomited a considerable quantity of bile, mixed with brandy, he having taken a small quantity of brandy and water to relieve his anxieties.

The next morning he appeared "unnatural," walked out of the house with his head bent down, refused to receive or read his letters, stating "he could not do it." Returned home in the evening dull, heavy, and stupid. In this way he continued for three days, the landlord having entreated him to seek medical advice.

It was on Saturday the 5th, that, not having risen long after his usual hour, the host went to his room and found him in a

partially comatose state, and immediately sent for Mr. Raven; it was then that he plainly smelt laudanum, and from the landlord having informed him that the patient had two days before been drinking with his rivals, and that he suspected they had been, from malicious motives, hocussing him, he stated to me "he feared they had been drugging him, that he considered it a very serious case," and therefore sent for me.

Taking all these circumstances into consideration, I at once said, before seeing the patient, that he has taken laudanum, I do not doubt, as you have smelt it; but most probably you will find, that feeling ill and excited, he went to some chemist's, asked for a draught, and they gave him laudanum. I do not believe he has been hocussed, because the symptoms have come on gradually by excitement at the Exhibition and at the continued whirl in this metropolis, he being accustomed to the country; and the very fact of his being so excited at that letter, and his subsequently refusing to read his letters, together with his sleepless nights, induce me to believe he is suffering from irritation or inflammation of the brain or its membranes. Visited the patient.

April 6, one, A. M.; found him, constantly gaping, lethargic; conjunctiva highly injected; head hot; pupils slightly dilated, but sensible to light; skin dry and hot; urine scanty; pulse 104; tongue furred and bilious; bowels supposed to be constipated. When roused is restless, and wants to get out of bed; complains of pain in the head, confused; has hinted to the nurse that he will make away with himself, and has requested the doctor to take great care of him and not to leave him alone.

Venæ sectio ad ℥vj. simply to relieve the congestion of the brain; the pulse fell to 90, and of a better character; his head is relieved; answers questions more freely—not quite rationally; wants to get out of bed.

℞. Hydrarg. Chloridi, gr. iij.
Ex. Colocynth. Comp. gr. viij. in pil ij. statim.

℞. Magnes. Sulph. ℥ij.
Syr. Simpl. ʒij.
Inf. Rosæ Comp. ad ℥vj.

M. et fiat Mist. Capt. Coch. iij. ampla statim cum pilulis, et rept. tertiis horis.

Applicetur Empl. Cantharidis nuchœ. Keep the head cool with the ice cap, the forehead with spirit wash, and stimulate the calves of the legs with mustard poultices. He was seen several times during the day by Mr. Raven; had passed a restless night; wanted to get up and leave the room; irrational in his questions and answers. The bowels were acted on at eight, A. M., and, as the nurse said, "he immediately became a new man." Three full evacuations followed.

Consultation, ten, P. M. Pulse 80; skin moist and cool; tongue cleaner; easily answers questions; states that he does not feel nearly so much pain in the head; has passed a great deal of water; pupils less dilated; contract better; conjunctiva much less injected; the forehead and head hotter. Apply to it immediately and continuously the following lotion:—

℞. Sp. Vin. Rect. ℥j.
Aquæ ℥vij. M. et fiat lotio.

℞. Hydrargyri Chloridi, gr. ij.
Ex. Colocynth. C. gr. vj.

M. et divide in pil ij. cras mane sumend.

℞. Potassæ Nitratis, ʒj.
Sp. Æther. Nit. ʒij.
Tr. Hyoscyami, ʒj.
Liq. Ammon. Acet. ℥iss.
Syr. Simpl. ʒij.
Mist. Camph. ad ℥vj.

M. et fiat Mist. Capt. Coch. ij. ampla 4tis vel 6tis horis.

Visit seven, P. M., next day. Considerably better; head cool; pulse 90, without much power; tongue slightly furred, white; bowels open; perfectly collected in mind, but has "a light feel." Did not sleep well last night, and does not feel inclined to sleep now.

℞. Morphiæ Hydrochlor. gr. ¼.
Acid. Hydrochlor. Dil. ♏v.
Syr. Simpl. ʒj.
Aq. Destillatæ ℥j.
M. et fiat haustus hora somni sumendus.

To morrow, if still mending, to have the following mixture:—

℞. Tr. Lupuli, ʒij.
Sp. Ammon. A. ʒj.
Inf. Calumbæ ad ℥vj.
M. et fiat Mist. Capt. Coch. ij. ampla ter in die.

He rapidly improved, and in two or three days more left for the country, as we considered the continued excitement at the Exhibition would be too great for him.

It is here worthy of remark that he told us, that having felt very ill, he went into a chemist's shop near Lombard Street, and there drank off a draught containing the laudanum perceived when he first came under medical attendance.

There are many circumstances which influence or modify the various effects of Opium; thus idiosyncrasy predisposes some to high excitation or to a lethargy almost amounting to coma, and the various gradations between these two extremes are daily to be met with—in some, Opium so disagrees as even

in small doses to produce violent mania. Again, the habit of taking Opium always diminishes its effect, while those unaccustomed to it are usually easily brought under its influence. Females require smaller doses than males, and persons of the melancholic temperament bear larger doses than the sanguine; so in cold and damp climates, the inhabitants bear Opium better than those in arid and sultry regions, and the difference is no less remarkable in our own country in summer and in winter. There is always more excitement produced by it in the morning than in the evening, and this is also observed when given on an empty stomach. Exhibiting Opium or Laudanum a short time after a teacup full of arrow-root, will render it much milder in its effects.

Where the nervous system is highly excited, and this is caused by increased arterial action, Opium is contra-indicated; and if administered, the symptoms will certainly become aggravated. M. Brachet, in his work De l'Emploi de l'Opium, strongly urges the importance of not giving Opium where there are decided inflammatory symptoms of the brain or its membranes, and particularly alludes to the increase of cerebral congestion caused by its injudicious employment. Opium will generally be found more useful in incipient than in chronic insanity; it is contra-indicated where there is congestion or inflammation of the brain, and especially if the motor nerves are affected. In paralytics, or where organic

disease of the brain exists, it should never be given.

It is impossible to limit the extent to which Opium may occasionally be required; but in stating that a full dose is necessary, from two to five grains may be considered a large dose for most constitutions; where habit has impaired its effect, one and even two drachms of solid Opium have been taken in a very limited period. Pinel knew 120 grains of Opium given in one dose to a patient suffering with cancer of the uterus; and I have seen a wine-glassful of Laudanum taken at a draught, and this has been repeated three times daily for months —such cases, however, necessarily form the exception.

Dr. Burrows never ventured beyond five grains, and generally began with three grains, repeating one grain every two or three hours, never allowing it to exceed twelve grains, when, if sleep did not result, he desisted. This must be admitted as far safer practice, than to give fifteen grains or two scruples for a dose, as advocated by some.

I have often been amazed, when in consultation, to hear that five grains of Opium have been administered, and even five grains of Morphia at a time, and I cannot but feel it to be an error to prescribe such enormous doses. By combination with Calomel, or Antimony, or Camphor, Ipecacuanha, and Henbane, such large quantities would be unnecessary; but what is almost of greater moment

even than the combination, is the systematically exhibiting the narcotic, in smaller doses, every four, six, or eight hours. The effect once produced, may with therapeutic skill be easily sustained; and small doses will then act most successfully, and it is somewhat singular that although the systematic exhibition of Opium was practised and approved by Cullen, it should in later years have been almost altogether forgotten.

There is much difference of opinion as to its utility in treating insanity. Sir Wm. Ellis says, "Opium is rarely found admissible in insanity; it more frequently creates heat and general febrile action, than procures sleep." Valsalva and Morgagni proscribed it altogether. Esquirol considers it as absolutely hurtful, but Andral allows it to be useful where there is restlessness without quickened circulation. Cox tried it to an almost incredible extent without perceiving any, even temporary, much less permanent advantage from it; but when combined with Digitalis or Antimony, sometimes found it useful. Cullen found large doses of Opium to be a sovereign remedy in those maniacal cases where delirium is produced by irritation; he repeated the dose every eight hours as long as circumstances indicated; and he subsequently states, "In several cases of mania we have employed Opium, and in some have found it useful in moderating the violence of the disease; in other cases we have found it absolutely hurtful." Dr. Clutterbuck con-

siders the giving Opium, or any analogous drugs, in order to procure sleep, is in general highly injurious, as tending to aggravate the inflammatory condition of the brain. This, it will be observed, is directly opposed to my own experience as well as to that of Dr. Seymour, and I have constantly ordered narcotics, and the Hydrochlorate of Morphia more especially, with the very best effects. Dr. Armstrong gave Opium after bleeding even when the inflammatory action was not checked. Dr. Sutherland strongly objects to the use of opiates to procure sleep, and trusts to diet, employment, and exercise, with tepid or cold baths.

A large dose of Opium has been known to cure mania. Thus Andral quotes the case of a maniac who, to commit suicide, took Opium, fell soundly asleep, and awoke rational. Dr. Hodgkin has related two instances of the value of large doses of Opium where there was a strong suicidal tendency; in each case a large dose procured sound sleep and perfect restoration of health. In a case mentioned by Van Swieten, an insane girl, by mistake, swallowed a scruple of Opium mixed with vinegar, and was cured. Dr. Hallaran saw a maniac sleepless for forty-eight hours; two hundred and forty drops of Laudanum were administered in three doses, at three short intervals; sleep approaching to apoplexy continued for twenty-four hours, which was evidently the means of effecting an entire and lasting return of the mental faculty.

Where insanity is caused by long intoxication, Opium is especially indicated; and in the treatment of delirium tremens, combined with Calomel, may be considered invaluable.

Delicate and debilitated constitutions, with spasmodic irritability, generally bear Opium well; and this perhaps accounts for its disagreeing less frequently with females than with males. Where the nervous system is the most highly developed, there Opium is often the most useful, and is especially indicated in those vigilant and restless cases resulting from nervousness. In puerperal mania, where it has been necessary to deplete or purge, large doses of Opium are doubly necessary; and should sleep follow, the attack will generally be alleviated or suspended. Opium is especially indicated where the system is depressed, when it often acts as a charm; and by its stimulating properties is far more useful than Battley's sedative or the preparations of Morphia.

In diseases generally Opium is much neglected, and should often be employed instead of carrying on the antiphlogistic treatment, and I cannot illustrate my meaning better, than by referring to the following interesting examples.

Case.—Jan. 28th. 1843. Sent for to ——— street, to meet Mr. ———; the patient, a boy, four years of age, with erysipelas of head, face, and neck, of five days' duration; is in the most ferocious state of delirium, his hands muffled; his cheeks intensely inflamed, of a bright crimson, this also extend-

ing over the head, neck, and right arm; matter in both superior palpebræ; pulse 160, soft and fluttering; tongue as dry and dirty as an old brick bat, skin hot and dry. Inquired the treatment, he was taking Ant. Potass. Tart. every two hours.

Recommended the pus to be immediately evacuated from both the palpebræ, and the cheeks to be freely punctured with a sharp lancet; waited and saw this done, and gave some warmed wine to the little sufferer. To use constantly poppy fomentations strained and warm.

Ordered Ammonia, Tr. Opii, and Decoct. Cinchonæ Comp. every two or three hours; with Hydrarg. cum Creta, and Pulv. Ipecac. Comp. at night, and a tea-spoonful of Ol. Ricini on the following morning.

Diet—Wine, beef-tea, bread and milk.

29th.—The delirium has ceased, the child is lying in a state of tranquil rest, pulse 110, regular, and with more power, tongue still furred but moist, skin still hot, but has perspired freely; bowels have been twice opened; and nourishment has been freely imbibed; the erysipelas is not extending, and is far less intense. The change in the whole appearance is indeed most remarkable.

This patient continued to mend and rapidly convalesced.

There can be no doubt that had the Tartar Emetic been still continued, this child would have inevitably perished; the tongue, the pulse, both indicated extreme exhaustion and depression; added to these there was excessive irritation and most ferocious delirium; therefore I ordered Wine, Ammonia, Opium, Bark. This case is most instructive, as showing the importance of being guided in practice by fixed principles.

Case.—May, 1847. Mrs. ———, living in ——— Street,

æt. 28, had been delivered the day before of her second child, abdominal tenderness came on, for which she was largely bled, leeched, and antimonialized. As her symptoms increased, venesection was again recommended, to this the husband would not consent, but wished a consultation, and sent for me. On arrival at 10, A. M., I found an expression of anxiety and deep exhaustion in the countenance, pulse 140, and very compressible, tongue dry and becoming brown, skin moist; there was considerable abdominal pain, increased by pressure, but still not exquisitely acute, the constant pain in fact seemed more "an aching;" the urine had been naturally passed.

Mr. ——— advised venesection, which I at once opposed, and recommended the following draught.

℞. Ol. Terebinthinæ,
Ol. Ricini, ana ℥ss.
Tr. Opii, ♏ xxx.

M. et ft. haustus statim sumendus et rept. post horas duas si dolor urgeat.

℞. Hydrargyri Chloridi, gr. vj.
Pulv. Ipecac. Comp. ʒss.
Mucilag. G. Acaciæ, q. s.

M. et divide in pil. vj. Capt. unam 2ndâ quâq horâ.

Apply constantly to the abdomen flannels dipped in boiling water and well wrung out. Diet—warm gruel and tea.

Consultation at 10, P. M. Mr.—— came down stairs, met me at the door, and on my inquiry said, she is dying, mortification has commenced. On entering the room, the patient smiled, and appearing much relieved, at once said, she had not taken that warm draught a quarter of an hour, before she felt as though she was in Heaven, and the pain left her; the tongue was more moist, the pulse 108, no pain in the abdomen, except when pressed, and then much less tender than before. Bowels have been opened, and urine has passed.

In the next room I said to the medical attendant, the patient is not dying, mortification has not commenced: he replied, that having found the pain so suddenly remit, he considered it must have arisen from mortification. But the moist tongue, the less frequent and the more firm pulse, the countenance, all showed the marked improvement. Ordered a gentle febrifuge mixture with Tr. Hyoscyami, and withdrew the Calomel and Dover's Powder, giving one dose in the night, should the symptoms recur.

This patient rapidly convalesced, suckled her infant, and has since been twice delivered.

From experience I cannot doubt but that this patient would have rapidly sunk had re-venesection been performed; and to add still more to the interest of the case, I may mention, that the medical attendant with great candour subsequently told me, that feeling highly dissatisfied with my opinion, as being so decidedly opposed to what he had been taught at University College, by the late Dr. Davis, who advocated large and repeated bleedings, he went to Dr. Reid, then residing in Bloomsbury Square, and on detailing the whole symptoms, the Doctor most judiciously counselled him to do as I had recommended. It may here not be out of place to add, that in many cases where hysteria acts so powerfully, as so often seen in mania, or where the symptoms are erotic, Turpentine, with Opium, will frequently be found invaluable.

The good effect of a narcotic in large quantity, is shown in the following case detailed by Dr. Burrows, where a nervous delicate lady, the subject

of a uterine complaint with suppressed catamænia, and convalescing from bilious fever, was from some accidental circumstance considerably agitated; and although unable to leave her bed for two months previously, suddenly jumped up with the greatest activity, and exhibited considerable muscular strength, yet haggard in appearance, with a fixed, wild, projecting, and injected eye, hot skin, pulse 114. She was cupped to nine ounces, a branch of the temporal artery being accidentally divided: a little exhausted—put to bed—pulse 104, firmer. Ordered thirty drops of Battley, repeat it, till sleep is procured. Sleep appears to have occurred at intervals. The opiate was continued, and in twenty-four hours she had taken 257 drops, when her delirium and headache had subsided.

Persons afflicted with suicidal mania, generally bear Opium well, and in such cases it is very commonly prescribed in this country. On the Continent it also has some advocates. Esquirol, on suicidal mania, says, "Je puis dire que le quinquina combiné avec l'opium, avec la jusquiame, avec le musc, ont quelquefois réussi en modifiant la sensibilité des malades, en leur procurant du sommeil." In suicidal cases it is often important to keep up the effect of Opium, and to take every precaution, as in those who are thus desponding, depression returns as certainly as the effects of the opiate cease; these patients are always thinking, and hence it is that sleep is so essential.

If prescribing Opium to a person not habituated to its influence, the second dose should be smaller than the first, by combining it with Calomel or Antimony, or James's Powder, it does not so much disturb the usual secretions: there are cases where Dover's Powder, and occasionally even the Pulv. Cretæ Comp. c. Opio may be necessary. It is well to remember that when opiates are indicated in cases of insanity, the dose must be large. Combining Opium with Camphor, or Henbane, or Digitalis, will often be very judicious. With Tartar Emetic, Calomel and Opium in large doses will often calm the system when there is great restlessness and fever, especially if the head be kept cool. Opium should never be omitted where insanity has succeeded constant intoxication; and in those cases where the countenance is exsanguined with a cold clammy skin it is especially indicated; and is no less useful in that anæmial state of the brain, where there is great exhaustion, in whatever way produced.

Where there is constant vomiting Opium may be administered in an effervescing draught. Opium is now rarely ordered from day to day as formerly, having given place to the preparations of Morphia, but should it be considered necessary, it will be advisable to combine it with some Alöetic preparation. The infusion of Opium with a bitter, as recommended by Dr. Paris, will secure the narcotic principle without interfering with the intestinal secretions.

If Opium be ordered solely as a hypnotic, it should not be in combination with aromatics, as is the case with Black Drop; for although this preparation is stronger than Laudanum and decidedly more anodyne, yet its narcotic power is considerably diminished, while its stimulating effects are augmented.

Rousseau's Laudanum is stated to be rendered much milder than Laudanum or Opium by the fermentation it undergoes, and Dubuisson has used it very frequently in cases of insanity, in large doses, and has not observed that it ever produced stupor, comatose sleep, convulsive movements, vertigo, or disconnectedness of ideas, so often observed after having employed opiates: still Dubuisson was always careful as to the cases he selected for exhibiting even this milder preparation.

The Tr. Camph. Comp. may be ordered with advantage when an anodyne sedative is required, especially if cough annoy the patient, when in combination with Vin. Ipecacuanhæ and Syr. Tolutani, it will often be found invaluable.

The Liquor Opii Sedativus is undoubtedly much milder in its effect, and less stimulant than Laudanum, and many years since I made it the subject of experiment, in order personally to determine as to its efficacy, and I found it more uniform and certain in its effect, while it did not cause the disagreeable

waking symptoms so often noticed when an opiate has been given. Many persons who slept well with it, passed a restless and uncomfortable night when Laudanum was substituted for it. Battley's solution has been of the greatest service, and I believe it to be surpassed by no preparation, except the Hydrochlorate of Morphia; the following case will illustrate the comparison.

Case.—April 11th, 1848. Consultation with Mr. ———, of ——— Street, on the case of Mr. ———. On the 8th inst. exhibited signs of raving mania,—he had been leeched, purged, took fever medicine, and draughts at night, with Liq. Opii Sedativus.

As he was excessively restless and irritable, and also slept badly at night, I suggested to Mr. ———, in consultation, the systematic exhibition of Hydrochlorate of Morphia every four, six, or eight hours; he, however, felt so much disinclined to adopt this plan, and I, on the other hand, was so confident, it, and it alone, would be successful, that I left without prescribing, not before I had been assured there was but little difference between the Liq. Opii Sedativ. and Morphia.

The brother-in-law of the patient, who called me in, from having known three previous cases which I had been the means of curing, came to me in about an hour, and asked why I had not prescribed. I said, because our opinions differed as to the effects of Morphia, and as to its particular value in his brother's case. He left my house, went to Mr. ———, and subsequently returned and requested me to take entire charge of the patient.

At the consultation previously I had found him excited, disconnected, with hallucination, fancying he saw a bat constantly fluttering on the ceiling; pulse 80—90, soft and small, tongue

very white and dry, had slept only partially the night before, and then disturbedly; palpitation, noise in the ears, whispers, alarm, imagined his fish and medicines poisoned; had a repugnancy to his lodging; urine scanty and high coloured.

Ordered Morphiæ Hydrochlor. gr. ½, Acid. Hydrochlor. Dil. ♏ v., Syr. Aurantii. ʒj., Aq. destill. ʒvij. M. et ft. haustus h. s. s. Diet—bread and milk and arrowroot; keep the head cool with spirit wash, the feet warm, and the room to be well ventilated.

April 12th.—Visit half past nine, A. M. Slept well the whole night, dreamed a little, but is collected. After a quarter of an hour's conversation, became excited, and was sure he would never recover in that house. Bowels had not been relieved for forty-eight hours. Tongue moist and less white, pulse 74. Slight bronchitic cough, but not very troublesome.

Ordered Hydrargyri Chloridi gr. ij., Ex. Col. C. gr. v., Ex. Hyoscyami gr. iij., in pil. ij. statim sumend., et, ℞. Morphiæ Hydrochlor. gr. j., Acid. Hydrochlor. Dil. ♏ viij., Syr. Aurantii ʒij., Aq. destillatæ ad ℥jv. M. et ft. Mist. Capt. quartam partem 6tis horis. Castor Oil if necessary. Diet—arrowroot and bread and milk, and beef-tea for dinner.

Visit at nine, P. M.—Much improved, quite collected, now knows he was irrational, asked me if he was taking Hydrocyanic Acid, (he was a chemist,) told, no, but Morphia; declared it was a perfect "hit," that it "soothed" him, "quieted" him, "collected" him; that he "felt better almost immediately after he began it," "that the other draughts he took previously at night, and the medicines he had during the day only made" his "heart beat," made his "head full," and he could "hear beatings in his temples and his ears," but that the Morphia soothed him; he said "except being weak I feel quite myself."

To continue his mixture, but to take a larger dose at night, about one-third of a grain. His bowels had been relieved twice by the pills. Arrowroot for supper, feet in hot water for ten minutes, head to be bathed when hot, at the visit it was cool.

13th.—Had not slept so well as the night before, "but" was soothed and very comfortable," no dreams, no fright, no muscæ, and is not afraid of whispers, and no longer fancies he sees the bat; tongue moist, slightly furred. Beef-tea for dinner, arrowroot, bread and milk, and tea and toast.

Continue mixture. If the head becomes hot, which it does occasionally, to bathe it most sedulously. He is perfectly rational, and considers himself more collected than he has been for two months.

14th.—Pergat, et Rept. Pil. Aper. To walk out twice a day.

15th.—Enjoys his walks.

16th.—No whims and fancies, knows he was deluded, but is now quite collected on every subject. Tongue moist and cleaner. Rept. Mist., with the increased dose at night.

℞. Pil. Galban. C. ℈ii., Ex. Colocynth. C. ℈j. M. et divide in pil. xij. Capt. j. nocte maneq.

17th.—Omit mixture in the day, but give one dose at night. He now never imagines people talking of him when walking out, although he has had this delusion for months. Thinks he would be happier if in the country, because two or three of the inmates talk too loud for him.

18th.—Began a mixture containing Potassæ Bicarb. gr. v., Tr. Hyoscyami ♏ xv., Inf. Calumbæ ℥ss., Aq. Menth. Pip. ℥ss., in each dose. Substitute the *Acetate* for the Hydrochlorate of Morphia.

20th.—Has continued convalescent; has not slept quite so well, but still has been "in a happy dozing state."

21st.—Imagined the Acetate suited him the best. Cured, and left on the 22nd, for Brighton. This is extracted almost word for word from my note book, preferring to give it in that manner. The case is so clear that I think it hardly requires any comment.

The attendant, a man of 50, under whose care, and in whose

house this gentleman was placed, said, that in his whole experience he had never observed such decided benefit as from the medicine the patient was taking.

When Opium has disagreed with a patient, a cup of tea or a strong cup of coffee will often remove the unpleasant effects; or a small dose of Ammon. Carb. with Sp. Ammon. Arom. and Mist. Camph., unless stimulants are decidedly contra-indicated, when an aperient or simple dilution with barley water will be most proper.

Administering an opiate in the form of enema renders it much milder, and at the same time secures its sedative and narcotic influence, without producing that headache, sickness, and dryness of the fauces, so often complained of when Opium is taken by the mouth. Dr. Burrows found it induce sleep, soothe and relieve delirium, when, if administered ordinarily, mania would have become worse. The French, who use enemata more than ourselves, are very much opposed to introducing Opium in this manner; this is somewhat singular, as the effects are generally milder, than when taken by the mouth. This is a good plan of administering medicines when patients obstinately refuse to take them.

If narcotism be highly desirable, and neither of these modes seem practicable, rubbing the abdomen with Laudanum and Oil will sometimes be found effectual. This practice was adopted by Whytt;

when he found a patient could not bear Laudanum, he ordered three or four tea-spoonfuls to be rubbed over the stomach and belly; this, if necessary, he repeated every six or eight hours. He also mentions the case of a woman who suffered from vigilantia and took Opium internally; and a solution of Opium in spirit of wine was often applied to her head and neck, and always gave her ease. Mr. Hill found, where there was disturbed sleep, rubbing the head with Lin. Camph. Fort. with ʒss. of Opium to each ounce, was no contemptible auxiliary in procuring rest; and opiate frictions were extensively used and strongly recommended by Dr. Chiarugi of Florence.

These narcotic frictions over the head will be often found useful: even brushing the hair with a common hair brush for half an hour, will frequently tranquillize a nervous and irritable patient, I have repeatedly ordered this to be done, and have seen it wonderfully calm excitement, especially in females. In some cases it may be necessary to rub the scalp with liniments, or ointments, containing Morphia, Belladonna, Veratria or Aconitine. Within the last few years, however, I have rarely ordered any application to the head, except spirit wash or the ice cap. I believe it to be often positively injurious to vesicate the scalp; and whenever either a mustard poultice or a blister are necessary, I prefer placing them on the nape of the neck. It is here also I so often order the ice bladder, and I imagine the

reason why it is so doubly useful when so applied, is because it diminishes the flow of blood to the brain through the vertebral arteries. A blister to the nape of the neck often wonderfully calms excitement, and the repeated application of mustard poultices, is a practice to be highly recommended.

When it is found impossible to administer any medicine from the patient's violence, suppositories may be introduced, or enemata administered; and in this way the effect is almost as easily ensured as when taken by the mouth, but should either prove impracticable, Morphia or Opium may be applied endermically.

MORPHIA.—Where Opium disagrees, Morphia will often be useful: it has been found that the narcotine of the Opium causes many of those distressing sensations of which patients complain who have been under its influence. The Acetate was the first preparation of Morphia introduced, and was largely employed with great satisfaction; still, however, it was noticed, especially when a large dose had to be prescribed, that peculiar spasmodic effects ensued; and the Hydrochlorate having been subsequently tried, was found immediately to produce its direct calming and sedative effect, without the distressing jumps and twitchings so often noticed when the Acetate had been taken: and general experience now fully proves that Morphia may be given without producing that headache, dryness of fauces,

vomiting, and subsequent distress, not unfrequently caused by Opium, so that when this disagrees, Morphia may be tried with more than probable success. Another great advantage of Morphia is that it may be continued daily for weeks and even months undiminished in effect, without increasing the dose, and without producing any disagreeable or troublesome symptoms, when if Opium had been thus administered, dementia or idiotism would have probably ensued.

Case.—In 1848. Requested to see Mr. ———, who was said to be "quite mad," and had been "strange" for some time; to corroborate this his brother handed to me a paper, written by the patient six weeks previously, perfectly disconnected and inconsistent. Found him excited and very disconnected in his ideas; could not connect sentences, and was very inconsistent. Spoke much of "the goodness of God," coupling it with the most absurd statements, &c.

Prescribed for him at his chambers, requested me not to waste paper, but to write on a dirty wrapper, refused. As he lived a short distance out of town, induced him to walk with me to Messrs. ——— the chemists. Gave him Cal. gr. iij., Col. gr. viij., Ex. Hyoscyami gr. v., in pil. ij. statim; also Morphiæ Hydrochlor. gr. ss., Acid. Hydrochlor. Dil. ♏iij., Aq. Destillatæ ℥j. Great difficulty in getting him, when in the shop, to take the medicines; he spoke of my "great strength," whereas he himself could really have annihilated me. Remained with him; in half an hour he became gradually more and more rational, soon after sent him home with two friends, whom he had previously refused to acknowledge or accompany. By subsequently continuing the Morphia with aperients, he perfectly recovered, and in three or four days was again in

town merely for the change, and he soon after resumed his professional avocations.

Where there is high maniacal excitement, increased by intoxicating liquors, the combination of Antimony with Morphia will be of the greatest utility, and in such cases, if the patient be strong, and hale, and vigorous, doses of less than half a grain of each of them will prove inefficacious; but in combination they will often render a patient speedily quiescent.

Case.—In 1847. Sent for with great despatch to ——— Street, to see a patient whom I had often previously attended for general indisposition. Found him raving, excited, highly maniacal and dangerous, declaring he would shoot his foes and then himself; prepared with pistols, loaded and cocked. Had them instantly damped, as also some powder and shot, then lying together, it being impossible at that moment to secure them. Gave him as soon as it could be procured, Morphiæ Hydrochlor. cum Ant. Potass. Tart. āā gr. ss., Aq. Destillatæ ℥j., also Hyd. Chlor. gr. iij., Ex. Col. gr. v., Ex. Hyoscyami gr. v., in pil. ij. In an hour, the excitement gradually subsiding, pulse becoming more tranquil, still however vowing vengeance, repeated the Morphia and Antimony. In another hour felt very faint, now becoming quite tranquil. Slept well during the night, and in the morning was quite collected, although he had previously been in a highly maniacal state for upwards of forty-eight hours. All around this gentleman expected instant death, and yet unaided, and simply by moral control, I succeeded in inducing him to take the medicines, and with the happiest result. In a few days he was convalescent.

The Hydrochlorate stimulates less than the Acetate, and is the most valuable remedy we possess for

calming excessive excitement; the Acetate being more specially indicated in the low form of insanity. Dr. A. T. Thomson, and Dr. Seymour, both strongly recommend the Acetate of Morphia in cases of melancholia. Dr. Seymour orders grain-doses, constant refrigeration of the head, and mild aperients, and has prescribed it for months with excellent effect. I have myself constantly ordered it for weeks under the same circumstances, and can add the strongest testimony to its efficacy. In numerous cases I have found it calm agitation and cause sleep, when on substituting for it Laudanum, or even the Liq. Opii. Sedativ., the patient has become highly excited; and it possesses also yet this advantage, that it does not constipate the bowels.

I have found when the Hydrochlorate has disagreed, that combining a few minims of Acid. Hydrochlor. Dil. has rendered it more mild, and within the last few years, I have very often ordered this slight excess of acid, not unfrequently also adding Acetic Acid when the Acetate is employed. The nausea which occasionally follows when the Hydrochlorate is administered, especially if in incipient cases, I rarely interfere with, considering it to be often highly advantageous.

Dr. Seymour mentions the case of a gentleman suffering much from want of sleep, who had not been able to lie down for twenty-two nights; Opium was largely given, and caused great distress: three-quarters of a grain of the Acetate of Morphia were

administered, he slept well, and it subsequently, for many weeks, never failed to produce the most complete success.

A properly appointed dose of the Acetate of Morphia does not materially quicken the pulse, as is the case with other narcotics, and the Hydrochlorate acts still less as a primary excitant, yet more certainly as a subsequent hypnotic. If an over dose of either preparation be administered, it causes considerable cerebral excitement. In some persons, the Hydrochlorate causes sickness, but if persevered in, this usually ceases on the second or third exhibition; this nausea I believe to be really useful in these cases, often preventing the necessity of combining it with antimonials, and to a certain extent proves that it may be safely administered where other narcotics would prove positively injurious. The usual dose of either the Acetate or Hydrochlorate is from $\frac{1}{3}$ to $\frac{1}{2}$ a grain; this may be given every four, six, or eight hours, if necessary, but when intended as a hypnotic, $\frac{1}{2}$ a grain, or even one grain, may be ordered at bed-time, when sleep usually follows; and even if this be not the case, the nervous system becomes calmed, and the patient lies in a state of repose. In peculiarly sensitive persons the dose must be less, and when the action of Morphia has been kept up two or three days, I have often found a tea-spoonful of a mixture sufficient to calm the patient, when two table-spoonfuls and even more had been previously necessary. The

excitement caused by the Hydrochlorate is often inappreciable, therefore this must be considered as the most valuable sedative we possess in the treatment of insanity; as even the temporarily stimulating effects of other narcotics, not unfrequently forbid us prescribing them.

Case.—In June, 1848, I was called to attend a young lady, æt. 22, residing in —— Square. She was sitting in the drawing-room on the sofa, and as I entered was shrieking dreadfully. She was suffering from tetanic spasm, principally affecting the masseter and buccal muscles, the sterno-cleido-mastoideus and the left arm; these were violently and paroxysmally convulsed, as for a few moments there was comparative quietude; there were also decided head symptoms, mixed up with hysteria; the eye sparkling, rolling, and injected, the pulse alternating between 110 and 120, with moderate power, tongue white. She declared the pain was so great that she should go mad, that it drove her out of her mind. Alarmed at the tetanic symptoms more especially, I examined carefully the thumb and fingers, to ascertain if these had been injured; inquired minutely if she had lately pricked her finger, or received any blow or fall, stating to the friends that I had never seen such symptoms but where a nerve had been irritated. Examined the mouth; the teeth perfect, undecayed; but still dissatisfied, I took out my pencil-case and gently struck each tooth; on tapping the second superior molar of the affected side, great pain ensued, and on repeating this it was increased. I at once said to the mamma, "There, madam, is the mischief, there is probably an abscess at the root of that tooth;" and recommended its extraction. The symptoms were so violent as at once to overcome the scruples usually raised, especially by ladies, to parting with a sound tooth, and I immediately sent off for Mr. Harrison, of Keppel Street, a surgeon-dentist in whom I place

the greatest confidence. On his arrival I pointed out the tooth I wished removed, he immediately said, "But it is not decayed;" by my desire, he gently struck it, which immediately set up the convulsive paroxysm. I of course took upon myself the sole responsibility of its being extracted, the tooth itself being perfectly sound.

In endeavouring to remove the tooth, its crown unfortunately became detached from its fangs, these probably being divergent; and while regretting the circumstance, and examining the tooth, Mr. Harrison detected pus pressing upon the pulpy portion of the nerve; the patient positively refused to allow any other instrument to be placed in her mouth, so that the fangs remained behind; we of course not knowing the exact pathological condition at their extremities. There were a few very slight tetanic movements for three or four hours after the tooth was extracted; but the chief cause of irritation was evidently removed. Before leaving I saw that there was considerable cerebral mischief, and prescribed accordingly.

In the night I was called up and found maniacal excitement, the tetanus had ceased, and referring the symptoms to arachnitis with cerebral irritation, I ordered leeches to the temples, the ice cap, counter-irritation to nape of neck, Calomel and Colocynth, and a Morphia mixture.

Two doses of this medicine had not been taken before the patient exclaimed, "I feel chained down in the bed, as though I wished to get up and be violent, but cannot." This I have often heard before and since from others when under its influence. For a fortnight there were paroxysmal attacks, sometimes with great physical disturbance, but an increased dose of the Morphia mixture very soon quieted them. The treatment was antiphlogistic, diaphoretic, alterative, and sedative; the greatest care and attention being paid to the secretions from the bowels and kidneys. Convalescence occurred in the fifth week from the period of attack, when I sent her into the country; as I always recommend change of air and scene after such attacks.

In this case the diagnosis was correct; matter was pent up within a bony cavity and pressed upon a nerve, this caused the tetanic spasms, and also set up cerebral irritation and probably inflammation. Had the real cause not been detected, there can be but little doubt that the patient would speedily have died, for it would be impossible for me to describe her agonizing condition previously to the extraction of the tooth.

Case.—October 21, 1850. Miss ——, æt. 26, of an irritable constitution, nervous, and leucophlegmatic, residing in ——— Square, has been suffering in the chest with palpitation for more than a week; there is great pain in respiration; some dullness on percussion; pulse 100. Catamænia now present. She was purged, and took Antimony, Digitalis, and Henbane. The next day, as the respiration was not improved, I ordered her Calomel and Opium every three hours with each dose of the mixture, and a blister to the chest. On the faintest appearance of ptyalism the respiration became easier, and the Calomel was withdrawn.

23rd.—Respiration improved.

24th.—Slight return of pain; take one of the pills twice during the day. Continue mixture. Mustard poultices over the painful parts of chest.

25th.—Respiration appears almost natural to the attendants; much improved on examining with the stethescope. Continue mixture.

27th.—Much better; ordered a gentle diaphoretic mixture, containing Potassæ Nit., Sp. Æther. Nit., Tr. Hyoscyami, Liq. Ammon. Acet., Mist. Camph. A dose three times daily.

28th.—Better; gets up; feels very weak; beef-tea, and continue mixture.

29th.—Cried on my entering; has been agitating herself respecting domestic affairs; restless at night.

November 1st.—Sent for suddenly at twelve, noon. Found her perfectly maniacal and violent; in ungovernable paroxysms; biting at every one. Could not gain her attention by mildly speaking, or by a commanding manner; eyes firmly shut, hands clenched, vowing vengeance to and abusing a lady she had only recently disliked; declared she had been beaten over the head with a large stick; that they were imprisoning her; that she would stand it no longer.

On elevating the palpebra, eye highly injected. Desired a lady who was standing by to place her head over the side of the bed; held under it a washhand basin in my left hand, while, with the right hand, I gently poured the contents of a jug of cold water over the forehead and crown. My reason for being thus minute is, that in practice I so often see difficulties raised as to the possibility of effecting this affusion when the patient is in bed. However, as the water flowed the excitement gradually decreased; emptied a second jug, then placed a four-folded towel under the head, and laid it down on a pillow. The shouting and wild excitement had ceased; but the delusion still continued, with an occasional attempt at violence and biting. Ordered the head to be kept cool with spirit wash; two pills with Colocynth and Henbane, and the following mixture:—

℞. Morphiæ. gr. j.
Acid. Hydrochlorici Dil. ♏xxx.
Syr. Simpl. ʒij.
Aq. Destillatæ. ℥iv.

M. et fiat Mist. Take one table-spoonful every three or four hours; a double dose at night or when violent.

Evening visit.—More tranquil; bowels not acted on; ordered a Turpentine and Castor Oil enema.

2nd.—Better; still refers to the delusion of the lady bruising her head and body; bowels only slightly open. Ordered an aperient, and to repeat the mixture every three or four hours.

5th.—She continued to improve; but, unfortunately, in the forenoon a friend was admitted to see her. She was much excited during the visit, and this continued after the lady left. I was sent for in great haste in the afternoon, as the attendants thought she was dying; however, on my arrival I found her in an epileptic fit, foaming and frothing at the mouth; again poured the cold water from the jug, and in a few minutes she sighed deeply and became conscious. Gave a larger dose of the Morphia, one-third, and ordered a blister to the nape of the neck; spirit wash to the forehead and crown, and repeat the enema.

In the evening more composed, still talking a good deal, and irrationally.

6th.—Better.

7th.—The attendant informs me that every morning, about eight o'clock, a paroxysm comes on; she is always worse about that time, "when she begins to ramble and break out."

To give a full dose of a quarter of a grain, half-an-hour before eight o'clock, and continue the usual dose, one-eighth, during the day as before, the larger dose at night.

Rhubarb and Magnesia to be given at eleven, A. M.

8th.—The paroxysm was anticipated, and the patient better. The Morphia to be administered as yesterday.

10th.—Still progressing, occasional paroxysms, always controlled by the Morphia within half an hour of its exhibition.

12th.—There being no mixture in the house in the morning of yesterday, none was given, and the patient became more excited and violent. They sent out for it, and gave a dose, which soon quieted her. The friends were not at all aware of the nature of the medicine exhibited, but a lady living in the house, and very constantly at the bed-side of the patient, said

to me, "Well, Dr. Williams, I never could have believed it possible; I do assure you that we haven't given that medicine to Miss —— more than ten minutes—no, not ten minutes, I am sure, before she becomes quite composed; I really never could have believed it." This testimony was confirmed by two attendants who were constantly with her.

Continue in the same way, and pay great attention to the bowels. Beef-tea, arrowroot, milk, bread and butter, and never allow the patient to feel hungry. Says herself she feels so much better, but very weak. Sleeps, but dreams.

15th.—Going on well; gets up for half an hour; wants a little wine. Regrets she has talked so improperly to me on former occasions; knows of and admits the delusion.

To have half a glass of wine to-morrow; the medicine only at night.

18th.—Improving; one glass of wine daily in two portions. Perfectly rational, but a little occasional excitement.

23rd.—Sent for as she had been vomiting, and had great pain in the forehead; pulse 100, weak; skin moist; restless; low spirited. Bowels confined.

Rhubarb and Magnesia as an aperient; a full dose of the Morphia mixture, and an occasional dose if necessary.

24th.—Much better; cheerful; had slept well; "felt quieted and composed half an hour after taking the mixture."

28th.—So much better that she may omit the mixture.

℞. Sp. Ammon. Arom. ʒj.
Tr. Lupuli, ʒiij.
Syr. Aurantii, ʒij.
Inf. Calumbæ, ad. ℥vj.
M. et fiat Mist. Capt. Coch. ij. ampla bis in die.

30th.—Quite convalescent, but weak. Continue tonic.
December 2nd.—Omit all medicines.
6th.—Left town for the country.

Although I had made the most minute inquiries respecting a previous attack, I never could obtain from any one accurate information, but I have subsequently been informed that this lady had once before been under treatment for six months for mania, during which period her head was shaven six times. On this occasion she had her head kept constantly cool with weak spirit lotion, the hair was not even cut off, and she was quite convalescent within three weeks.

There is often the greatest difficulty in obtaining correct information as to hereditary predisposition or former attacks, and it is extraordinary the subterfuges resorted to by the patient and friends in endeavouring to conceal the fact. A curious example of this occurred in the case of a gentleman I attended with mania. When speaking to his wife and announcing the fact, asking if any predisposition existed, she burst out in the most idiotic laugh, "Oh, no, it's me; I am insane, and each of my family are more or less so; it is not him." This was really true; but I was grieved to see such evident imbecility, and gave my directions for the treatment of the husband. Eight years subsequently I accidentally and most singularly heard that this gentleman's family were also so predisposed, and that a near relation was actually in confinement at that time; but this was not allowed to be known to any one.

Dr. Seymour considers the Acetate peculiarly use-

ful in suicidal cases; he says, "Within the last seven years, I have had the opportunity of testing the efficiency of this remedy in eighteen cases of mania characterized by a gloomy despondency, and a strong disposition to suicide." And he considers these suicidal cases to be where the Acetate is the most indicated: it seems to exercise an irresistible influence over them in preventing them from doing mischief.

Amongst others, Dr. Seymour quotes two cases treated by Messrs. Beverley and Phillips. A woman æt. 36, had a strong suicidal tendency during pregnancy, which increased after delivery; various remedies were tried without effect. Morphia was then given, sleep followed the second dose, the next morning she was cheerful and without any suicidal inclinations: the Morphia was continued, and she subsequently recovered.

Another case, a woman æt. 36, admitted in a high state of nervous excitement: tongue dry, pulse very quick, skin moist: ordered porter, beef-tea, and arrowroot, but all efforts proved unavailing in giving her food. The Acetate of Morphia was given, excitement unabated: second night, half a grain was administered,—no noise during the night, and drowsy in the morning: excitement less: third night, dose repeated; slept well, reason returning, pulse less, bowels open. The Morphia was continued about a fortnight, when she appeared perfectly well. Sub-

sequently, in such cases, Messrs. Beverley and Phillips preferred the Hydrochlorate to the Acetate.

Case.—Jan. 29, 1847. Miss ———, æt. 27. Is restless at night, cannot sleep, often wishes to throw herself out of window, has a suspicious look, averts her eyes, headache, fulness, conjunctivæ injected, bilious diathesis, bowels irregular and constipated, with great irritation about the rectum, catamænial function undisturbed. Treatment—Aperients, with alteratives. Morphia at night, the Hydrochlorate, gr. ss.

Feb. 3.—"Sleeps well with the Morphia, but even when not sleeping is composed and comfortable." Much relieved, and but seldom has the wish to destroy herself. Told me, most confidentially, that she had often walked on the very verge of the canal, feeling irresistibly impelled to throw herself in. Pergat.

Feb. 19.—Has no destructive wish, but feels languid, and has loss of appetite.

℞. Quinæ Disulph. gr. vj.
Magnes. Sulph. ʒvj.
Acid. Sulph. Dil. ♏v.
Syr. Simpl. ʒss.
Inf. Rosæ Comp. ad ℥vj.

M. et. ft. Mist. Capt. Coch. ij. ampla ter in die.

She now left town for the country, and, March 15th, I received a letter from her, requesting a prescription for an aperient pill, and stating she was quite well, and even happy, and thanking me for the good effected.

Many cases of insanity treated with Morphia, have been completely cured, especially where there have been lucid intervals. The chief object is to prevent false impressions, by keeping up the con-

tinued effect of Morphia, it being necessary to repeat this medicine at least every eight hours. Messrs. Beverley and Phillips never administered more than half a grain of the Acetate or Hydrochlorate, and generally commenced with a quarter of a grain. The intention, in treating the insane in this way, is not new, although the means employed are more modern; both Hippocrates and Celsus adopted this plan, and the intention was probably the same with the *Helleborism* of the Arabian, Greek, and Roman physicians, who, in cases of insanity, looked upon this as a certain cure. Dufour, also, surgeon of the Ecole Militaire, as far back as 1778, undertook to cure maniacs by soporific beverages; he made many trials upon patients in the Bicêtre, and their cure was confirmed by the commissioners appointed by the Faculté de Medecine.

Dr. Opperheim has stated that idiotcy is produced artificially in the East, by constantly giving infants small doses of narcotics, by which means the mental powers never become developed, and an idiotic state is the subsequent result. The same iniquitous practice is also applied to adults, where irrationality is desirable, but where death would be inexpedient or impolitic. Although this wicked *system* does not find countenance in this country, yet the same mischievous effects are not unfrequently produced in our manufacturing districts, by ignorant mothers giving opiates to their children, previously to leaving

them for the day, while at the manufactory or mill: the object is to quiet them during their absence, and for this purpose their poor infants are habitually drugged with a dose of "quietness" often three times a day repeated, as the effect does not usually continue more than six hours. It is extraordinary with what boldness the poor use this "quietness," or rather Laudanum, ten drops at a time on sugar being no uncommon dose! What is the consequence? A stunted growth, and premature decay; so that a child after fifteen months scarcely exceeds in size an ordinary infant three months old, and the consequent disease and mortality are fearful. This subject demands a rigid inquiry, and ought to be at once checked.

DIGITALIS is a decided narcotic; it is supposed to act primarily as a stimulant on the brain, alimentary canal, and also on the vascular system, which, however, very soon becomes depressed. It is a medicine which acts with more or less power, this depending on the constitutional peculiarity of the patient; it is owing to this uncertainty in its action that it is necessary to begin with small doses, which may be gradually increased if no disagreeable symptoms follow; at the same time its cumulative effect must never be forgotten.

Dr. Withering introduced Digitalis as a remedial agent, but Dr Hallaran has the merit of having brought it more prominently into notice in the

treatment of the insane; his attention seems to have been attracted to it in the case of a young man suffering from dementia, vigilant and dangerous, who was ordered ten drops of Tr. Opii every two hours till sleep ensued. Tr. Digitalis was by mistake given: he had taken sixty drops, and enjoyed eight hours' sleep; pulse diminished from 120 to 96; no heat of skin, no confusion of intellect, which usually occurs after a full dose of Laudanum. This young man was subsequently cured by continuing the Digitalis with occasional aperients.

Mr. Knight considers the primary effect of Digitalis as decidedly stimulant as brandy or geneva, and Dr. A. T. Thomson was of opinion that it should not be given where there is an inflammatory diathesis. Dr. Hallaran does not consider it admissible where there is high arterial action, and agrees with all other authorities in recommending that the system be previously reduced by proper evacuants. Dr. Armstrong recommended Digitalis where there was considerable arterial action, and many physicians still order it in such cases, when it often wonderfully calms excitement. I have often successfully prescribed it, and seen it exhibited by many eminent physicians to lower the pulse where there was increased arterial action, care having been taken that the antiphlogistic treatment had preceded it.

When there is considerable arterial action with vigilantia, after having well purged, Digitalis will very often reduce the power and frequency of the

pulse, and sleep follows. In mania, with or without Henbane or Camphor, Digitalis will be found a most useful narcotic, but if the excitement be excessive, and this arise from acute inflammation, Tartarized Antimony must precede or accompany it. Many consider Digitalis as by far the most serviceable of any remedies prescribed in these cases; and Dr. Hallaran states "even the insane themselves become conscious of its beneficial and almost immediate effect;" and subsequently he says, "I have continued to prescribe it with as much expectation of procuring sound and refreshing sleep, as I would from the use of Opium under different circumstances." Cox considered it with or without Opium a powerful sedative, and often found it of use when Opium had failed.

Dr. A. T. Thomson thought Digitalis should not be prescribed where there is high arterial action, but preferred giving it in cases of diminished excitement of a maniacal kind; and he states, "I have had several opportunities of putting this mode of employing fox-glove as a narcotic to the test of experience, and when proper measures were taken to unload the system previously to the commencement of the use of the Tincture, which I have carried to the extent of sixty minims, three times in the twenty-four hours, I have seldom failed to procure sleep, quiet, and the restoration of the patient to sound health and intellect."

The Tincture is the most eligible form for admi-

nistering Digitalis, and about ten or fifteen minims every three, four, or six hours may be considered an average dose to commence with in maniacal cases; if the pulse does not diminish in frequency five or six days after its employment, it should be discontinued. Sir W. Ellis prefers giving small doses, and often repeating them if necessary. He says, "I have heard of a drachm of the Tincture being given for a dose, and even repeated in that quantity; I can only say, I have seen very serious consequences arise from much smaller doses."

I have paid great attention to the effects of this medicine, and have administered it largely. I have by it, within twenty-four hours, brought the pulse down from 120 to 80 and 60, and this, too, often without its becoming intermittent. I have, of course, frequently found it intermitting, and have immediately withdrawn the Digitalis; the lowest number I have counted from this cause has been 48.—52. Whenexhibited with caution, Digitalis will be found most useful in reducing the number of the pulse, both in cases of irritation, and more particularly of inflammation of the brain; in cases of inflammation generally, how effective is it; how valuable to be able to reduce the pulse in number and in power; instead of the inflamed and irritated organ or surface receiving its supply of blood with impetuous and forcible frequency, 120 times, perchance, each minute, we here possess the means of diminishing it numerically and of reducing its

power. Let it not be thought I advocate its agency exclusively or alone; but even exhibited by itself it possesses this power, and when combined with Antimony and Nitre, becomes doubly efficacious.

Some have strongly recommended Digitalis in suicidal monomania. Dr. Hallaran mentions the case of a monomaniac who had been for some time intent on self-destruction, and who declared that the propensity was never present whilst under the influence of Digitalis. Dr. Cless, of Wurtemburg, was in the habit of giving a spoonful of a strong infusion of Digitalis every two hours in persons suffering from delirium tremens; when narcotism occurred, recovery followed. Out of thirteen cases thus treated eleven were perfectly cured; a relapse occurred in the remaining two cases.

The infusion of Digitalis is sometimes ordered as a diuretic in early cases of insanity when there is suppression of urine, and has been found very efficacious; it is strongly recommended by Dr. Sutherland.

In very many cases the secretion of the kidneys is much diminished, and this should never be lost sight of in treating the different forms of insanity; diaphoretics, with mild diuretics, being very frequently indicated. It is also advisable to test the character of the urine to ascertain whether it is alkaline or acid, and to prescribe accordingly.

Hyoscyamus.—Henbane is said, like other nar-

cotics, to act at first as an excitant; the period of excitation, however, is so short, and its stimulating effects so slight, as often entirely to escape observation. It is probable that it slightly increases the heart's action at first, before its narcotic effect is produced; it does not, however, excite the brain, or cause confusion of thought or headache; but, on the contrary, calms irritability when present, and it yet possesses this advantage, that it does not constipate, but actually relaxes the bowels. Hyoscyamus is especially useful in nervous habits, and is particularly indicated in monomania, and even the temporary quiet derived from it in mania is often of the greatest benefit. When there is excessive nervous irritability, it has often a remarkably calming and soothing effect; it may also be given where there is vascular excitement, when Opium is so strongly contra-indicated; it does not excite the brain in these cases, and is often found to reduce arterial action. When patients awake after sleep caused by Henbane, there is not that confusion of thought, that stupified expression, nor heat of skin, and dryness of the fauces and tongue, so often seen when other narcotics have been taken.

Hyoscyamus will frequently diminish excitement of the brain in several forms of mania; it was very strongly recommended by Dr. Fothergill in puerperal insanity; he generally gave of the Extract gr. v. three or four times daily.

When a sedative has to be continued from day

to day, or several times during the day, Hyoscyamus will be often the very best we can select; as, in addition to its tranquillizing effects, it will not check, if it does not actually cause, diaphoresis, while it promotes the flow of urine, and also relaxes the bowels. It acts almost as a specific in some cases of monomania, causing tranquil sleep, and a quiet, placid waking.

It has been strongly recommended by Storck, Home, Fothergill, and Monro. Hill likes it, especially in puerperal insanity; and Cox considers it has far superior claims to Opium; he has seen it diminish irritation and excitement, and cause sleep in some cases of insanity, when gradually introduced into the system. Dr. Whytt found Hyoscyamus to be often preferable to Opium, and took advantage of its laxative effect.

I cannot doubt but that Hyoscyamus accumulates in the system, as the following case will show.

Case.—A gentleman, for nervousness, was ordered by his physician to take five grains of the Extract three times a day; this was persisted in for six weeks or even longer. Vertigo, syncope, and extreme depression suddenly occurred, the pulsations of the heart very feeble. Brandy and Ammonia were largely administered before the slightest reaction took place. The patient himself, his medical attendant, and friends expected an almost immediate death; this depression continued several days; the heart and lungs did not at that time indicate organic disease; and the symptoms were referred to a sympa-

thetic affection of the heart caused by the cumulative effects of Henbane; the restrictions which had been put on the patient, with his fears, were removed, he was purged, had a good stimulating diet, was allowed to resume his ordinary occupation, went daily to the city, and appeared quite restored. It is but right to state, however, that he died quite suddenly about six years after, probably of some heart disease; unfortunately no inspection was permitted.

Hyoscyamus, like Digitalis, not only depresses the pulse, but, in delicate subjects and in children, will even cause it to intermit. I have lately attended a gentleman of a remarkably nervous constitution, when a few doses of fifteen drops each of the Tr. Hyoscyami reduced his pulse to 50, and this I have noticed in him on two previous occasions. In combination with Magnesia it is rendered much more mild, and I am constantly in the habit of ordering Magnes. Carb. with the Tincture as a night draught; it appears to be more tranquillizing, and also acts as a gentle aperient. I have occasionally waited to observe its action when combined with Camphor, and have myself given the dose, and without having been able to appreciate any difference in the pulse, have distinctly noticed, within a quarter of an hour, the perspiration start upon the forehead, the hand has become slightly moist, and the patient has been left in tranquillizing sleep, and such sleep as is really refreshing and re-invigorating.

Such cases as the following are constantly occur-

ring, and the most simple remedies will mitigate and relieve the watching and irritability when only incipient.

Case. — Mrs. ———, a widow, æt. 46, residing in——— Square, naturally of good contitution, sent for me on the 27th of March, when more than two hundred pages of this treatise were already printed. She has been writing a good deal lately, has slept badly at night during the last two or three weeks, is very restless, nervous, excitable, and feels wretched; weeping while detailing her symptoms. There is some pain in the head, the eye is turbid, skin dry and hot, the pulse 100, and jerking, but soft and compressible; the tongue furred. I insisted, much to her annoyance, on her altogether suspending her literary labours for a time, to avoid all reading, to seek one or two agreeable companions, and to engage moderately in ordinary conversation. To bathe the head, then keep it cool, and to place a mustard poultice on the nape of the neck, taking especial care that the feet are never allowed to remain cold. Ordered

℞. Pil. Hydrargyri, gr. iij.
Ex. Colocynth. Comp. gr. v.
Ex. Hyoscyami, gr. iij.
Misce et divide in pil. ij. h. s. s.

℞. Potassæ Nitratis, ℈ij.
Sp. Æther. Nit. ʒij.
Tr. Hyoscyami, ʒiss.
Liq. Ammon. Acet. ℥iss.
Syr. Simpl. ʒij.
Mist. Camph. ad ℥vj.
M. et fiat Mist. Capt. Coch. ij. ampla 4tis vel 6tis horis.

Diet—Mutton broth, bread and milk, no solid meat, no wine.

29th.—Feels much better, and is smiling instead of shedding tears, as at the last visit. The tongue is cleaner; the skin moist and comfortable; the secretions have been duly acted on. Before taking the medicine the skin was furfurating; this has now entirely ceased. Is composed during the day, has slept very much better at night, but still wakes up, and then begins to think and reflect.

Continue the mixture, and take a dose in the night, if awake.

Diet—A little mutton or fish, arrowroot, cocoa.

April 1st.—Feels quite a different person; more cheerful; that excessive irritability gone; and has had refreshing sleep. She told me that the evening before I first saw her, being so low and vigilant, she took a glass of ale, hoping it would occasion sleep; but she described the effects as dreadful, feeling as though it set the brain on fire.

Simple as this case may appear, it is the history of thousands, and, unfortunately, it often happens the patient neglects medical advice; and that vigilant irritability, here described, soon passes into actual maniacal excitement; hence it is so important accurately to determine the exact stage of the disease; and it is by this minute attention that daily cures are now so much more frequent, and that so many cases of insanity are thus prevented.

Opium, in combination with Hyoscyamus, is often rendered much milder and more uniform in its action. With Camphor, Henbane is very useful in producing sleep and tranquillizing the irritability of the insane, and has been recommended by numerous authorities. Some are in the habit of

giving five grains of each every four hours; but Dr. A. T. Thompson preferred one large dose of ten grains of each, to repeating smaller doses. From v. to x., xv., or even xx. grains of the Extract may be given at once; when necessary to be repeated, from gr. v. to gr. x. may be considered an average dose. If an over dose be given, it may occasion stupor, vertigo, convulsions, and even coma. It may here be necessary to give a caution as to exhibiting Henbane as an enema; several fatal cases have resulted from this indiscretion, and therefore it should *never* be given in this form.

Conium.—Hemlock is not at present much used as a hypnotic; it will undoubtedly sometimes calm nervous irritability, but does not seem to possess the tranquillizing powers of Hyoscyamus. In over doses it strongly excites the system, producing delirium, convulsions, coma, and death, and not a few cases are on record of persons having become raving mad from having accidentally partaken of Hemlock in their food. Its effects vary much in different constitutions; thus, while it sometimes acts energetically on the sanguine, scarcely any effect is produced on the melancholic. It is said to exercise a specific influence over the mammæ and testes, and from this circumstance, as well as from its sedative effect upon the cerebro-spinal system, it has been recommended in nymphomania and satyriasis.

LACTUCARIUM.—The Extract of the Lettuce is anodyne and hypnotic in some constitutions; it is, however, an uncertain remedy; and this, doubtless, depends not alone on its mode of preparation, but also of adulteration, it being a fact well known, as proved by analytical investigation, that the Ex. Lactucarii of Edinburgh, prepared under the direction of the late Dr. Duncan, owed its chief efficacy to Morphia.

The Emperor Augustus, who was attacked with insanity, was cured by the use of the Extract of Lettuce, and the joyful event was, in gratitude, commemorated by the Romans raising a statue in honour of the physician who had been the means of restoring to them their sovereign. Even the lettuce itself will induce sleep, as testified by Galen, who suffered from vigilantia; and the Extract will undoubtedly sometimes calm that vigilance and restlessness which depend on febrile disorders.

CAMPHOR acts first as an excitant, the heart's action is increased, blood is thrown to the surface, diaphoresis succeeds, the pulse then falls, and sleep follows; owing to its diffusibility it acts more rapidly than other narcotics. If given in small doses it acts only as a stimulant, and it is with such intention Dr. Sutherland combines it with Myrrh in cases of debility. From ten to fifteen or twenty grains must be given to produce its sedative effect; if half a drachm be administered, it

acts very powerfully as a narcotic, and is often found very useful in calming delirium. It may be necessary to combine it with Opium, Hyoscyamus, Digitalis, Nitre, Ipecacuanha, or Antimonials, the choice of course depending as particular symptoms may indicate.

In Camphor, as with Hyoscyamus, although acting for a short time as an excitant, yet a calmness speedily succeeds, and the pulse falls. These two combined will often lower the pulse in mania considerably, and Dr. Hallaran considered if it did no other good, it reduced the febrile diathesis. Whytt found Camphor render some maniac and melancholic patients more quiet, where Opium would have proved hurtful. Dr. Cullen related the case of a young man, maniacal, in which large doses of Camphor gave sleep, and rendered the attacks of mania less violent: and he subsequently says, "in several cases it has induced sleep, and rendered the mind for some time more quiet." It has been strongly recommended by Kinneir and Avenbrugger, but more particularly by Perfect. Kinneir placed very great confidence in Camphor, and found half-drachm doses very effectual, especially when preceded by an emetic. Hallaran considered it an uncertain remedy, but has often seen the pulse of maniacs fall when under its influence. Professor Berndt, in large doses, regards Camphor almost as a specific in puerperal mania.

Laugther in Austria, and Ferrier in England,

considered it altogether useless, and Dr. Haslam gave it in two-drachm doses without perceiving any effect, while Mr. Hill found "Camphor almost universally proved a most safe and efficient remedy;" and he subsequently states, that in every degree of mania when Camphor was given in doses of from ten grains to sixty, three times a day, it has never once been followed by disappointment in producing salutary effects upon augmented cerebral and arterial action.

It will often procure sleep and promote perspiration in fevers and maniacal and melancholic cases, where Opium would have aggravated every symptom. Dr. Cox did not find it useful when given alone, but prescribed it with success in combination with antispasmodics, when by its sedative and diaphoretic power, it often diminished hallucinations.

Camphor is very useful where there is irritation in the reproductive organs, and has been very serviceable in cases of nymphomania, especially when occurring a few days after delivery; it has been strongly recommended in such cases by Dr. Berndt, who usually gave four grains every alternate hour, with very great success.

When hysteria is complicated with mania, Camphor should be given, as particularly recommended by Esquirol. In combination with Conium and Nitre it is anaphrodisiac, and by continuing the use of Conium for some time, the mammæ and testes may be much diminished in size. The application

of cold lotions to the genitals, and, in severe cases, adding the Diacetate of Lead, is often very serviceable, not forgetting at the same time to act well on the bowels with saline purgatives.

Clitoric irritation sometimes causes maniacal symptoms, and also nymphomania, as noticed by Aetius, Plato, Haller, and many others, and it may occasionally be advisable to remove the clitoris, as more recently recommended by Dubois; and a very interesting case of idiotcy, apparently depending on unrestricted habits, was thus cured by Dr. Graefe of Berlin; the intellectual faculties began to develop themselves very shortly after the operation.

Belladonna may be considered one of the most powerful sedatives we possess. It acts by diminishing the sensibility of the nervous system, and hence it is specially indicated in those cases of mania where there is pain and increased sensibility of the brain; and in some of those cases of dementia, where there is such extreme irritability, this medicine is likely to prove very serviceable. Where mania is complicated with convulsions, epilepsy, or neuralgia, Belladonna has been recommended, being peculiarly indicated in those cases where there is severe pain. Belladonna produces effects very much resembling intoxication, and is in consequence by many considered unsafe in the treatment of mania, especially when the system is plethoric. It has been chiefly used in Germany, where it holds a high reputation.

Dr. Burrows does not think favourably of it as a narcotic, having found patients awake more violent after its employment. Dubuisson considers it more palliative than curative, and administered it to prevent a maniacal paroxysm, and found it chiefly useful in diminishing muscular irritation.

In a very severe case of paroxysmal neuralgia, chiefly attacking the left side of the neck and face, which I saw with Mr. Lucas, everything was tried which we thought might possibly relieve the agonizing pain, but without avail. Subsequently the Extract of Belladonna was given in half-grain doses and with the happiest effect. In a similar case I had previously applied the Liquor Belladonnæ, even until the pupils were enormously dilated, without in any way diminishing the pain.

It is always better to commence with small doses and gradually to increase them : in a small dose it is anodyne, but in larger quantities it is a powerful sedative. An over dose causes nausea, dryness of the throat, vomiting, diminished sight, disconnected ideas, and disturbed sleep ; and if the dose has been excessive, these symptoms will pass into coma, and death follows. It will be better, therefore, to commence with half a grain, which may be repeated every four or six hours, if the symptoms are violent ; it may be daily increased if considered necessary, at the same time taking care that the patient is seen at least twice or three times in the twenty-four hours.

A question has been mooted as to the utility of

prescribing Belladonna in those cases where the pupil is contracted, but the stupor, delirium, and vertigo, so often following its exhibition, would scarcely justify us to recommend it. We well know in such cases Opium is contra-indicated, as strongly pointed out by Dr. Holland, and this appears the general opinion in the profession. Dr. Graves has, however, recommended Belladonna in recent cases of fever, where there is contracted pupil, and a similar practice has been suggested in some cases of mania.

The following will be found a most interesting case, as showing the influence Belladonna possesses when used endermically.

Case.—A publican, æt. 36, an habitual drunkard, subject to attacks of delirium tremens, was visited by Mr. Flood, of Leeds, who found him with the usual symptoms indicating delirium tremens, pulse 100, weak and irritable, tongue clean, urine scanty, dark and offensive, blood voided in large quantities by stool; insomnolent for a week.—Head to be shaved; twelve leeches to temples, cold lotions; strong purgatives till bowels relieved. Within eight hours the bowels had been freely emptied, pulse 100, no sleep, great restlessness and agitation. The Hydrochlorate of Morphia in *two* grain doses, subsequently increased to *ten* grains, with *one grain and a half* of Tartar Emetic, also increased to *eight* grains, were administered every two hours, with two table-spoonfuls of the following mixture:—

℞. Ammoniæ Sesquicarb. ℈ij.
Tr. Opii, ʒi. (subsequently increased to ℥i.)
Mist. Camphoræ, ℥viij.
M. Ft. Mist.

The next day no improvement; no sleep; cupped to eight ounces; narcotics increased.

Has been gradually getting worse up to the 7th day of attendance. Hyoscyamus, Opium, and Morphia in every form, with Digitalis and Antimony, cold affusions, and his *usual stimulus*, all have failed—pulse 110, weak and irritable—ungovernable.

8th day.—Bowels have been well cleared by Castor Oil, and a blister has been raised between the scapulæ. The cuticle was stripped off by Mr. Flood to the extent of three inches by two inches, and covered by a layer of pure Extract of Belladonna. It excited acute pain, which subdued his previously boisterous condition; the pain ceased in three minutes; in five minutes, twitchings of arms and facial muscles; appeared intoxicated; the pupils, before contracted, in seven minutes became fully dilated; drowsy. In nine minutes the Belladonna was removed, the patient being in a profound sleep, which continued for seven hours, neither disturbed nor stertorous. The pulse was at first 110, small and irritable; in five minutes 140; in twenty minutes 160; it then gradually fell, and in six hours it was 108, full and soft. He awoke quiet, but very soon became excited.

10th day.—Has been watchful since last report; opiates have produced no effect; apparently sinking from prolonged excitement.—Another blister to be placed rather higher up than the former. Belladonna again applied; sleep followed in twenty-six minutes, which lasted four hours and a half; he awoke perfectly subdued, pulse having fallen to 70; passed a tranquil night, although without sleep; and after this gradually convalesced.*

Hydrocyanic Acid has been largely used as a sedative in many of the lunatic asylums in Great

* Abridged from *Lancet*, p. 12, vol. ii. 1842-3.

Britain; by some it has been found ineffectual, others thought it occasionally beneficial, and there were yet some who considered it even anti-maniacal.

Dr. Balmanno, of Glasgow, is one of its strongest advocates; he prescribed it with Henbane and Sugar: began with thirty drops of Prussic Acid, and has increased it to even eighty drops for a dose! and yet never saw the smallest injurious symptom produced by the largest dose he has given, and never found it fail to quiet the most highly excited cases. The Prussic Acid used by Dr. Balmanno, was that commonly procured from the shops in Glasgow. From what I have seen of the effects of Prussic Acid, when even a few minims have been prescribed, I should certainly not recommend Dr. Balmanno's doses of Hydrocyanic Acid, if procured in London, especially as I have not forgotten those deplorable deaths caused by the exhibition of Hydrocyanic Acid to some unfortunate lunatics in Paris; besides there is the direct testimony of Dr. Burrows, who tried Dr. Balmanno's treatment, although not to so full an extent, and this too without the slightest success in a single instance.

The cases of insanity in which Prussic Acid is most likely to prove useful, are those where there is pain about the præcordia with acid eructations, and it has occasionally been found useful under such circumstances by Dr. Sutherland. If wishing to produce a sedative effect, it will be better to administer this Acid in distilled water, and without those

numerous combinations which undoubtedly materially diminish its influence.

COLCHICUM may be regarded as a sedative, proving somewhat stimulant in its primary effect. It acts particularly on the duodenum, and by increasing the flow of bile, is very serviceable in the bilious and melancholic; it is probably owing to this increased flow of bile, when combined with a purgative, that it diminishes that excitement, so often caused by bile circulating through the brain. Colchicum with Digitalis often acts very kindly as a sedative; given alone it quiets arterial action and nervous excitability, and causes diaphoresis, and if the Tincture of the seeds be used instead of the root, there is no fear of congestion of the brain being produced by it, as is sometimes observed when the Vinum Colchici has been employed.

Where there is a rheumatic or gouty tendency, with pains referred to the scalp and back of the neck and head, the Vin. Colchici with Tr. Camph. Comp. is to be strongly recommended; in some Colchicum acts as a charm, others, on the contrary, find it produce most distressing feelings.

STRAMONIUM was formerly strongly recommended and much employed as a sedative in mania, but its narcotic principle is so extremely uncertain, that it has now almost fallen into disuse. Greding administered it in a great number of maniacal cases

without benefit in a single instance, but thought he had once seen it slightly advantageous where mania was complicated with epilepsy. It is said by M. Gitner to cause a redness of the skin, and to excite the genital organs; if this is commonly the case, it is not likely to prove advantageous in the treatment of mania. Dr. Burrows gave one grain of Stramonium in a case of mania where other narcotics had failed, but the patient was more violent when he awoke. Dr. Sutherland, although prescribing it in large doses, did not derive any benefit from its use. Mayo, however, did find it serviceable in a case of puerperal mania. It has met with more favour on the Continent than in Britain.

In America, Stramonium is preferred in the form of tincture. Of the Extract, one grain may be considered a medium dose, and two, or even three grains a full dose for an adult; it has been given occasionally in larger quantities. The practice formerly was, to administer one grain, and gradually increase it every two or three hours, until a sedative effect was produced; seldom allowing more than eight grains to be taken within twenty-four hours.

Aconite is another narcotic, but entitled to even less confidence than Stramonium, being extremely uncertain in its action; and in cases of insanity it is now very seldom prescribed. Its active principle, Aconitine, must (if it ever should be administered internally) be given with the greatest caution, as it

has sometimes produced congestion of the brain, and even apoplexy; some have strongly recommended it to be employed endermically. Since the first edition of this work appeared, Aconite has been brought before our notice in a scientific manner, but does not yet seem to be favourably received, or to have gained confidence, and unhappily by its injudicious use, the life of an amiable member of our profession was prematurely sacrificed.

Of the Extract of Aconite, the dose should at first be small, not exceeding half a grain; this may, if considered advisable, be gradually increased to five or six grains. Some physicians prefer the Tincture, of which five or six drops may be given three or four times in the twenty-four hours; its effects, however, being carefully watched. If this Tincture be applied externally in neuralgia, it will often be found invaluable.

The Cannabis Indica, Indian Hemp, or, according to its Oriental name, Hachisch, is considered to be anodyne, hypnotic, and antispasmodic. In the East it is used for the purposes of intoxication, and from the peculiar fancies and feelings it occasions, finds great favour at the Harem and Divan, being undoubtedly powerfully aphrodisiac, and highly exciting the system.

It has been medicinally employed in Edinburgh. The dose is from two to five grains of the Alcoholic Extract, to be given in emulsion formed of olive oil

and mucilage, as it is insoluble in water. Of the Tincture, Edinb., fifteen to forty drops with water, sweetened with sugar.

There is also a pure Resin manufactured by Messrs. Smith, the dose being only two-thirds of a grain, as it possesses very active properties.

Those who have taken Indian Hemp as an experiment, have found it, in small doses, highly excite the imagination; a larger portion violently and irresistibly impels particular actions, as running, crawling, fighting—the person knowing what he does, and yet unable to restrain his postures or gesticulations. If given in still larger quantity, insensibility results, and even coma might be induced. I can conceive cases of melancholia in which this agent might really prove useful; at all events, it might with care be tried, and for this purpose I would suggest the exhibition of an Ethereal Tincture.

The Lobelia Inflata is now scarcely at all used, nor is the Nux Vomica; but its active principle, Strychnia, is still recognised as a very useful tonic, stimulant, and narcotic, where there is want of power without organic lesion. It must be given in small doses, commencing with one-sixteenth of a grain, and it may be gradually increased. In cases of debility, and where there is a want of tone and power, this, when judiciously employed, will be found a valuable remedial agent in the treatment of the insane.

STIMULANTS, as Castor, Musk, Valerian, Assafœtida, Ammonia, Aromatic Spirit of Ammonia, Æther, Brandy, Wine, all may be useful means in some instances, for procuring sleep; and many cases of hysteria and hypochondriasis will be benefited by employing one or more of these agents. Whytt was in the habit of giving a grain or a grain and a half of Opium, with a little Assafœtida at bed-time, and found it lessen the restlessness, flushings, and sick fits, from which many hypochondriacs suffer. The combination of Opium with the Sp. Æther. Sulph. Comp. is often advantageous, and may be given when Opium alone has previously disagreed. Whytt found Castor often procure rest; he gave it in doses of from twelve to twenty grains, and did not consider it acted directly as a narcotic, but indirectly, by lessening that uneasy sensation in the stomach from wind, which is often the cause of watching. With the same intention he combined Tr. Castor. Comp. with Laudanum, which he supposed was thus rendered milder in its effects; and he also found Assafœtida, like Castor, sometimes procure sleep and give relief, where the spirits were much depressed.

Musk has been recommended by Hill, in irritable and enfeebled females who have passed the grand climacteric, and are disposed to resort to secret cordials; and he has also found it useful in young persons labouring under great mental disturbance

from horrid dreams, incubus, convulsive twitchings, and somnambulism, preceding it by a tepid or warm bath, or the pediluvium.

In some cases where there is irritability with diminished action, a glass of good porter, ale, or port wine negus with grated nutmeg, will insure a good night's rest, and in a few instances even a hot supper must be allowed, especially where persons have been accustomed to it for years. Tea, in some individuals, acts as a decided narcotic, and in others has a directly opposite effect. In low nervous patients, coffee is often preferable, and will cause temporary exhilaration and warmth, with subsequent placidity.

Tobacco, in its various forms, may sometimes be necessary for the comfort and quiet of a patient, especially when use has rendered it essential to him, this applying equally to snuffing, smoking, or chewing. To those unaccustomed to smoking, this will occasionally prove a useful means of combating vigilantia when other remedial agents have failed; and where habit has rendered it necessary, sleep often cannot be obtained without it.

The Hop Pillow has been much valued as a means of removing watchfulness and causing sleep, and perhaps in a very nervous and sensitive individual, it may have some slight hypnotic effect; and of the two, we should certainly recommend it in preference

to the Dill, which was formerly suspended over the head to encourage sleep. The various scents and essences are peculiarly grateful to some, and particularly noxious to others. The Tincture of Hops is a very valuable hypnotic in some low nervous cases, as it combines a tonic with a narcotic principle. When prescribed with Tr. Hyoscyami and Camphor, it acts as a very decided hypnotic, wonderfully calming the system where there is excessive irritability.

Insanity is sometimes periodical, and it should be remembered, that when it is intermittent, it is not inflammatory; and in such cases, Arsenic, Tr. Ferri Sesquichloridi, the Valerianate, Sulphate, or Oxide of Zinc, or the Sulphate of Copper, with tonics, may be often usefully prescribed. Arsenic can be strongly recommended in some of these cases, and has been administered with the greatest advantage; it appears to alter the sensibility and irritability of the brain. Quinine is sometimes given with the same intention; thus, a case of insomnolence was cured by giving gr. vj. of Quinine at bed-time, M. Barbier of the Hôtel Dieu, Amiens, having ordered it, because every evening there was nervous agitation with pain, occurring *periodically;* Quinine was given two nights, the patient slept well—omitted, no rest—when again administered, six or seven hours of sound sleep followed. Quinine may be useful in many other cases; it acts very powerfully on the nervous system, as is proved by those temporary cases of

blindness and deafness not unfrequently caused by large doses, especially when continued for a lengthened period.

Dr. Seymour gave arsenic to a woman, æt. 40, with symptoms closely allied to mania, where there was chronic pain in the head, trembling, sleeplessness, quick and weak pulse. Nothing relieved her but ten minims of Liq. Arsenicalis twice a day, and subsequently three times daily. In a week, great improvement, pains diminished, nights tranquil: in a fortnight convalescent.

Dr. Seymour gives another case of a man, æt. 30, with excruciating pain in the forehead and sides of the head, increasing at night and preventing sleep; pupils dilated, conjunctivæ injected, increased sense of smell, bowels constipated, pulse 100, very weak, skin cold.—Bowels to be kept open, sedatives and antispasmodics. Twelve days subsequently, ordered five minims of Liq. Arsenicalis twice a day: pains greatly relieved. Ten days subsequently, to take the solution three times daily. In a fortnight more, no relapse having taken place, was dismissed cured.

In a case of intermittent insanity, where every thing else had failed, Dr. Sutherland found Aconite of great use.

Warm Baths.—There are many cases of Insanity where there is want of sleep, in which it would be perfectly useless to prescribe narcotics, but very good effects constantly follow the judicious employ-

ment of warm and tepid baths. Much discrimination is necessary to determine as to the heat best adapted for the particular case, and the greatest care must be taken never to raise the temperature too high; it should never exceed 98° F. or it will act as an excitant, and may even induce apoplexy: 96° F. may be usually considered as the best temperature for a warm bath for the insane.

Persons of a nervous temperament bear a higher temperature than the bilious; and the warm bath is more decidedly useful in cases of melancholia than in other forms of Insanity; but it will be generally found a very powerful means of diminishing cerebral congestion, and allaying irritation in most maniacal cases. Sir Wm. Ellis says, "We scarcely possess any remedy so generally powerful in allaying irritation as the warm bath." And Dr. Sutherland gives his opinion in these words. "Diet, employment, exercise, are the true remedies for sleeplessness; tepid or cold baths induce sleep, and are truly efficacious, and no bad results ever follow their use." Pinel says, "Les meilleurs observateurs s'accordent à recommander les bains tempérés comme un puissant remède de la folie; il's ont l'avantage de relâcher la peau, de faciliter la transpiration, de rendre la circulation plus uniforme, de prévenir l'impulsion trop forte du sang vers la tête, et de procurer un sommeil tranquille."

It is often asked how long should a patient remain in a bath, and how frequently should it be re-

peated. It may be necessary to order a bath daily, or even twice a day, and the patient may be immersed half an hour, one hour, and even two hours, the time depending on the effect produced. Esquirol kept patients in the warm bath till the vascular action was reduced, and frequently found two hours immersion to be necessary.

M. Brierre de Boismont keeps some patients in the tepid bath from ten to twelve, and even fifteen hours, the temperature at first varying from 82° to 86″ F., and being allowed to cool down gradually to 68° or 64° F.

The warm bath will be found very effectual when the circulation is sluggish, skin and feet cold, when often half an hour's immersion will insure a good night's rest. The first effect produced is languor; as soon as this is perceived, the patient must be removed, or actual syncope may occur. The effect of a warm bath in some persons is so tranquillizing, that they actually fall asleep while in the bath, and most persons are drowsy before being thoroughly dried, and will almost certainly sleep if immediately entering a warm bed.

In those cases, where more exciting capillary action is required than is produced in the warm bath, and yet being fearful of increasing the temperature, *salt water* baths either natural or artificial, will prove much more stimulating, and are often useful when the circulation is feeble, taking care the patient is well rubbed with towels previously steeped

in salt water, then dried, and used warm. So again, where the liver is at fault with great torpidity, a few ounces of the Nitro-Hydrochloric Acid added to the bath, constituting the old but neglected Hydro-Muriatic Acid bath, will be found doubly useful, because while it appears to exercise almost a specific action on the liver, it also produces a decided effect upon the kidneys.

The Tepid Bath varies from 86° to 92° F., and is a very efficient means of removing superfluous heat and quieting excitement in cases where there is great power; a sense of chilliness is soon produced, owing to the escape of caloric from the body, it being carried off more rapidly than it is generated: the tepid is far less soothing than the warm bath, but is a very useful remedy in some cases of dementia, and indeed wherever we are anxious to reduce the temperature of the body and to avoid reaction.

Medicated Baths have sometimes been employed. Signor Bertolini, of Turin, is in the habit of treating insanity by narcotic baths, and for this purpose he employs two pounds of Henbane, Belladonna, Hemlock, and Cherry Laurel Leaves, which are infused in the quantity of water sufficient for a bath for an adult.

The Semicupium or Pediluvium are both very useful in counteracting determination of blood to the head, especially where there are flushed cheeks,

hot forehead, pulsating carotids, and rolling eyes: the effect produced much depends on the temperature, and on the length of time the foot-bath is employed. If the feet are immersed in hot water, and the heat is diligently sustained by constantly adding a little boiling water, even fainting will be produced in some individuals, after the lapse of a quarter of an hour; and by applying at the same time wet and cold cloths to the head, this will be found one of the most efficient ways of calming excitement. Sir Wm. Ellis says, I have repeatedly seen patients who had been in the most violent state of excitement, and entirely without sleep for many days and nights, notwithstanding every effort had been made to procure it, by administering various narcotics and the use of hop-pillows, sink into the most comfortable repose on using the pediluvium and applying cold to the shaven head. Whytt has also detailed the good effects of the pediluvium in several cases of delirium. It will occasionally be necessary to add a pound of mustard to the foot-bath, or even the application of sinapisms to the feet may be advisable, especially if the symptoms are dependent on retrocedent gout.

Where there is much excitement, applying cold cloths to the shaven head, while the patient sits in the warm bath, may be considered one of the best means of counteracting it, in a delicate constitution. In mild and temporary cases the hair may be cut short previously to the application of cold, but when

severe symptoms threaten it is always better to have the head at once shaved. If any particular part of the head seems hotter than another, the cold should be more assiduously applied to that part, at the same time remembering that it is seldom necessary to depress the temperature much below the natural standard.

In early cases it will often be found necessary to apply the ice-cap, that is, ice broken up and placed in a vulcanized Indian-rubber bag, or in a common bladder; this soon adapts itself to the part desired, and is the most ready and efficient way of cooling down the temperature. As was before mentioned, its application to the back of the head, and close to the base of the cranium at the nape of the neck, is most useful in diminishing the supply of blood to the brain through the vertebral arteries. In bad cases I usually order two caps to be prepared, one for the nape, the other for the head and forehead, desiring that they may be moved to various portions of the head, as increase of temperature may demand.

Where there is great power with furious and ferocious delirium, cold water may be gently poured upon the head, as recommended by Celsus and Aretæus; but if the patient be feeble and irritable, even this modified application of the douche is strongly contra-indicated. Cold water must not be continued to be poured over the head after the first

sign of prostration has occurred, or the patient may become comatose.

THE DOUCHE itself should, I believe, never be resorted to but in cases of epilepsy, or other fits with total unconsciousness; gently pouring cold water upon the head, will speedily evidence the value of such practice; where there is consciousness, however, the application of the ice-cap will generally be found far more efficacious. It is much better, much safer practice, to keep the head constantly cool, rather than making it at one time very cold, and then allowing reaction to take place; the object not being prostration of the powers, but to calm excitement and remove superfluous heat, whereas if reaction occur, this excitation becomes augmented. Where there is burning heat and ferocious delirium, the ice-cap is very useful, and may be applied after the modified douche has been employed. Many patients will not resist the application of an ice-bag, when the douche would occasion them great terror. The douche has been used by M. Leuret as a moral as well as a physical agent, to frighten or punish patients for holding erroneous impressions, or assuming fictitious ideas or characters; for this purpose it must, however, be considered a cruel remedy, and should never be advised or permitted.

In early cases cold applied to the head will often

effectually procure sleep, but as disease advances we must place more dependence upon exercise. The ordinary spirit wash contains Sp. Vin. Rect. ℥j. to half a pint of water, and even this, when constantly used, may be further diluted. The spirit to some is very disagreeable, when rose-water may be substituted for it; and whenever it is necessary to apply cold lotions to the head in bed, it will be found convenient to place an oiled skin under the shoulders.

Cold Baths.—Some prejudice seems to exist in this country respecting the use of the cold bath in the treatment of the insane, which has very possibly arisen from the barbarous practice formerly adopted of semi-drowning a lunatic, as well as from the ill effects sometimes caused by the *surprise* bath, as it has been technically called, and which was erroneously thought by some to be available from the terror and shuddering it excited. The surprise bath should never be recommended; but the cold bath may in some cases, if judiciously used, prove very serviceable, and many patients who have suffered from partial or complete vigilantia, have enjoyed profound sleep after immersion in the cold bath. It is more generally useful in young persons, and where followed by a glowing warmth over the whole surface of the body. It is also to be strongly recommended in some cases of suicidal mania; also where there is personal abuse, and in such cases

making a patient sit in a bath containing cold water, and at the same time pouring cold water over the back and genitals will often be of much service.

The cold bath should rarely if ever be ordered for those advanced in life, never where there is plethora, and is contra-indicated in paralytics. It should not be repeated where shivering and headache have succeeded its employment; nor is it advisable if the subsequent reaction has been excessive; but in such cases, effusion over the whole body either of cold or of tepid water, or sponging the body and rapidly drying, will be found very beneficial. Dubuisson prefers affusion to either the surprise or cold bath.

The Cold Shower Bath is more used on the Continent than in this country: in many cases it is very serviceable, and has been strongly recommended by M. Foville; it quiets arterial action, soothes restlessness, reduces the temperature of the skin, and refreshing sleep follows. It may be necessary to order it night and morning, but where the nights alone are troublesome, and feverish heat and irritable restlessness gradually come on as evening advances, employing it just before going to bed will generally be sufficient. In some delicate persons the shock to the system is too great, when a tepid shower bath will occasionally be more proper, the

temperature depending on the judgment of the attendant. It is better in each instance to allow the patient to stand in a little hot water.

When cold applications increase the excitement and make the patient more furious, they should be discontinued. Esquirol mentions the case of a young man suddenly attacked with mania; being very violent, cold sponging was ordered; he first became restless, then calm; next seized with a rigor, then the pulse became very small. In this state he fell asleep, and a profuse perspiration broke out. He slept for several hours, and awoke in the full exercise of reason, which he ever afterwards retained.

As a general rule, the greater the power, the better can a patient bear a lower degree of cold, and the more suitable will it be: hence it is that the ice-cap and the cold shower bath are so often serviceable in cases of dementia; whereas, on the contrary, in low desponding sluggish melancholics, or in those maniacal cases where the pulse is feeble and the skin cold, the warm bath is clearly indicated, and the application of cold would often be most improper.

If cold be applied to reduce superfluous heat, sponging the body with cold water is most effectual; but where a general determination of blood to the skin is desirable, the plunging or shower bath will then be preferable: it is by experience in each individual case that we must be guided as to the

necessity of adopting or withholding these various kinds of baths. We must not prescribe them empirically, but must consider whether we wish to elevate or depress the temperature of the body, and whether this will be best effected by the application of heat or cold, each producing similar, and also opposite effects, under different circumstances.

Exercise.—One of the most important means of procuring sleep in the insane is by exercise and employment in the open air. Daily experience proves that those whose avocations compel them to be out of doors the whole day, almost always sleep well, and the converse is not less frequently noticed. As to the choice of the particular mode of taking this exercise, whether walking, digging, riding, driving, dancing, or skipping, this must depend upon circumstances. To some walking is more agreeable, and the strength they possess enables them in a few hours to get rid of a good deal of superfluous nervous energy, and by having their attention fixed on various passing objects, fatigue succeeds, and rest follows. To others exercise on horseback is more agreeable, more useful, and by habit more natural, to them; while, yet again, others more delicate, prefer driving in a cabriolet, and the attention thus given to the horse is necessarily transferred from themselves, and by such apparently simple means much good may often arise. Digging has been objected to, on the ground of the necessary stooping

posture, this determining a flow of blood to the head, but the constant motion of the arms and legs, and the continued re-elevation of the head and shoulders convince me that the evil is more imaginary than real.

Close carriage exercise may suit some, but it is manifestly improper for others; in many individuals it causes headache, flushed face, injected eyes, and, owing to the pressure on the brain, vomiting soon follows. I know several persons who are always very much excited when riding inside a coach, and this excitability augments as the rapidity of travelling increases; and I have several times seen epistaxis occur from the same cause; therefore no one can doubt that carriage exercise is often contra-indicated in those subject to determination of blood to the head. There are some persons, again, who find a peculiarly tranquillizing effect from this very exercise which in others so much disturbs the nervous and vascular systems.

The numerous deaths from congestion of the brain and apoplexy, which have occurred in railway carriages, or at the termini, but more especially within a few hours after a long journey, may be adduced to prove that railway travelling often determines blood towards the head. Many persons never travel a few miles by rail without suffering severely from headache; and even gentlemen who like the speed, have, after twelve months' daily trial, been compelled to discontinue travelling so fast and far, and to live

nearer town. All those whose brains are exercised, and who live freely and luxuriously, especially if past middle age, should take especial care to regulate the bowels, and curtail the diet a day or two before travelling by railway.

When there is much determination of blood to the head, severe exercise must not be permitted, especially in incipient cases, as, if the circulation be much increased, mischief will occur; this does not apply to all cases of congestion, the more especially if chronic, as active exercise will then often be very desirable.

The use of the *swing* must not be invariably recommended, as it sometimes causes congestion of the brain, and on this account the employment of the *rotatory swing* is manifestly improper, and it is so extremely doubtful whether the vertigo necessarily caused by this whirling engine, ever could have produced the slightest benefit in a single case of insanity, it being so opposed to every rational idea we have of practice, that I never could sanction its employment, while its adoption as a moral means of controlling a patient cannot be for one moment justified.

Travelling may be considered as one of the most useful means of calming the system, of occupying the attention, of removing false impressions, of substituting physical exercise for metaphysical delusions; and, by judicious management in this way, persons who have for weeks, or even months, passed restless

nights, may gradually obtain quiet, rest, and sleep; and subsequently return home re-invigorated in body and mind, a comfort to their family and friends. It is in early cases that the most decided benefit accrues, and the mistake usually is, that change of scene and habits are delayed too long. It is chiefly in monomania that travelling is so useful, and especially in cases of hypochondriasis. The mode of travelling, as to whether it is preferable to make a pedestrian tour, or whether desirable to ride on horseback, or to occupy an open or close carriage, must depend on the peculiarity of the case; as must also the choice of the country through which the patient is to be guided. But to enter more minutely into this question, would greatly exceed our present limits.

Any amusements or games to which the insane have been partial, should be recommended; and cricket, hockey, and other active sports should be encouraged. The utility of such exercise is daily pointed out to us in the excessive gesticulation and vociferation so indulged in by the insane, being the means Nature unsuspectedly points out to them for relieving preternatural excitement. So in the evenings, and on wet days, carpentering, cabinet-making, spinning, knitting, backgammon, chess, each should be introduced; and cheerful occupation enjoined. Monomaniacs especially, are always thinking; they are but too frequently exercising their memory, which is often rendered preternaturally pertinacious; and

to draw off this attention by cheerful amusements, will often prevent nocturnal vigilance. Knitting is one of the most useful means of absorbing the attention, the stitches must be counted, and this in itself requires so much continued accuracy, that no time is left for the delusion.

In persons subject to excitement and suffering from vigilantia, reading of an evening should be imperatively forbidden, and some light conversation or amusement substituted. It is often desirable to allow some nourishment half-an-hour or an hour before retiring to rest, such as arrowroot, bread and milk, or tapioca, and many insomnolent individuals will not sleep without these apparently simple attentions. Extreme regularity as to the hour of going to rest is also important, every one knowing how the system becomes reconciled and accustomed to successive and continued habits. Where restlessness is excessive and cannot be accounted for, it will be advisable to inspect the mouth, as sometimes a carious tooth will occasion all the inconvenience. Neither should examination of the ears, throat, and other parts of the body be neglected; and often by directing local treatment alone, much suffering and vigilantia may be prevented.

In every possible way the system and mind should be calmed, and no needless opposition should ever be offered to the sufferer: many hours of irritation, and a restless and sleepless night, may be caused

by one moment's indiscretion. We should never forget that it is much better to pacify than to restrain.

If any particular studies have previously occasioned much pleasure, they may be permitted; and, as the late Sir Henry Halford stated, the study of the Holy Scriptures is a most efficient resource, where it can be allowed with propriety, requiring some caution, and being avoided when the disease has been originally connected with religion. The greatest judgment is necessary in discoursing with religious monomaniacs; they are seldom convinced, generally irritated, and it will usually be better to avoid the subject altogether, unless introduced by the maniac himself.

Many cases of insanity may be prevented by great judgment in leading the conversation and directing the thoughts and correcting false impressions and inferences; this is particularly observed where there is *deep despondency* from false religious views. Prostrating anxiety often continues for months—the intellect becoming more and more impaired, and at length the sufferer sinks. Now in such instances, much may be done by taking advantage of circumstances, and my meaning cannot be better illustrated than by giving the following example.

A lady in great trouble was for months afraid she did not believe Divine Revelation, and could not be convinced but that she was an Atheist. When one day walking in the garden, a thunder storm sud-

denly came on, and the rain descended in torrents. A clergyman, before referred to, said, "Come in madam, there is another *deluge* coming, we shall all be drowned." "No," said the lady, "that can never be; for God has said, I have set my bow in the clouds." The reply was, "Then you do believe in Divine Revelation?" and she was now convinced, that she *had* previously the belief, without the power of realizing it.

It is extraordinary how inconsistent are the views and reasoning of monomaniacs. Thus, a suicidal monomaniac, anxious to terminate his existence by his own agency, takes more than ordinary precaution to secure himself from any extraneous danger, whether apparent or imaginary; and in such cases, a powerful impression, which at once calls forth all the energies, will sometimes effect an immediate cure, as was strongly exemplified in the well-known case of the maniac who visited one of the bridges for the purpose of committing suicide, was attacked by thieves, defended himself, and ran home thoroughly cured of his monomanic predilection.

Persons are too apt to say, from prejudice, that religious subjects or exercises should never be brought before the insane, because religious mania is not uncommon. That many lunatics speak of religion and of the Bible is most true, because educated under the influence of the one, and by the precepts of the other; but the fact is, that *even* to

those insane and excited upon religious points, constant attendance on public worship at regular intervals keeps up the attention, often forms the basis of a new chain of ideas, and may most materially tend to advance their spiritual and temporal interests.*

Sir W. Ellis says of religion, that many patients have not only been comforted by its salutary lessons whilst they have been in the asylum, but have retained the benefit after they have been discharged. Many from going to a place of worship formally, have been awakened spiritually, and have sought pardon and remission of their sins through the blood of Christ; and they have even blessed God for having afflicted them, as it brought them within the sound of the Gospel. And he gives the instance of a woman, who while recovering from mania, although previously an abandoned and worthless character, attended morning and evening prayers—light broke in upon her mind, she saw the dreadful consequences that would inevitably result from the life she had been leading, and determined, by the help of God, to amend. She left cured, gave up her vicious courses, and reformed her husband.

Occupation and constant employment is most desirable in the treatment of insanity—divert the attention from irrational and perverted impressions. Probably one reason why the rich are less easily

* Refer back to pp. 20, 69, 70.

cured than the poor is, that they have not the same diverting resources which the artizan enjoys. By steadily undertaking from day to day some object which requires regular application, the attention becomes fixed, and a connecting link of observations, actions, inferences, and effects are established. So in directing the reading of a literary patient, although we should not pertinaciously confine his attention to one subject, yet, at the same time, we should endeavour judiciously to establish some connexion between the various authors selected for his *amusement;* and much will depend on the manner we subsequently conduct the conversation respecting what has been read. Judicious questions, and quietly and unsuspectedly *leading* correct inferences and replies, may be of the happiest service.

Upon some, music possesses peculiarly soothing charms, and may generally be advised with great advantage; with others, it causes much distress, and proves how impossible it is to prescribe uniformly in every case.

Whatever is agreeable to the sensations is very likely to encourage sleep; and M. Esquirol has seen many restless cases calmed by the introduction of agreeable odours into their apartments. Pure air is of the greatest importance to lunatics; and good ventilation, especially of the bed-chambers, is most essential.

Some persons cannot sleep when alone, others are disturbed even by the respiration of an attendant.

Some cannot rest unless there is a light in the room, others if it be not totally dark; and so again, some sleep through the loudest noise, while others start at the faintest sound.

Thus, in the case of a young lady who, during the night, trembled at the slightest noise, even that caused by the turning in bed, M. Esquirol ordered a light in her bed-room, with an attendant to sit up and watch her, and she then procured rest. And in another maniacal case, where a young lady, who was devoted to the fine arts, fancied she saw pictures wherever her eyes rested on the curtains, slept well when the light was removed.

Light is the only effect the moon has upon lunatics: they cannot sleep, the moon is at the full, —and the common opinion is that some direct lunar influence augments the paroxysm: hence the name, *lunatic*. M. Esquirol, at the large hospital at Charenton, closed the shutters at such times, and no more agitation and restlessness were then exhibited than when the moon waned.

Even during the day, light is often disadvantageous in early cases of mania, and a room partially darkened should generally be recommended during the acute stage.

A constant and uninterrupted succession of sounds, if not too loud, such as the rise and fall of the waves, the distant waterfall, the revolving mill, all encourage sleep. Gently patting the back of an infant soon lulls it to sleep, and this is sometimes

equally successful in some very nervous individuals, who may be coaxed into a slumber by gently rubbing the forehead and patting the back: in some of these low cases they complain that the head and nose are cold, when a warm flannel night-cap will frequently add to their comfort. Great attention should always be paid to the feet: if cold, few can obtain sleep, therefore a foot-warmer should be advised whenever the patient complains of cold feet; and, as a general rule, it may be considered that warmth encourages sleep: and while it may be necessary to refrigerate the head, it will often be advantageous to order an extra blanket to cover the body.

Upon a general review of the whole subject, it will at once be evident how very complicated is everything connected with the management of diseases of the brain and of the mind; indeed, no one can reasonably expect to treat cases of insanity successfully who is not well acquainted with therapeutics and pathology. Being often unaided or even misled by the lunatic himself, the physician must exercise peculiar caution and penetration: his eye, his ear, his touch, must constantly assist him. Aware of every possible, and awake to every actual symptom, he should ever be ready to anticipate and to combat; and although in many instances he will necessarily find that every attempt fails to bring back that healthy state of mind

which we would all possessed ; yet, knowing that the fiat of the Almighty cannot be altered, he will have the satisfaction of having been the means of adding many alleviations, of preventing many ills, of soothing and calming many sorrows.

THE END.

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THE LUNACY QUESTION,

OR

THE LUNATIC

BENEFITED AND PROTECTED:

WITH

AN INQUIRY

INTO

PUBLIC AND PRIVATE ASYLUMS.

BY

JOSEPH WILLIAMS, M.D.,
&c. &c. &c.

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PREFACE.

THE first twenty pages of this Pamphlet, devoted to the analysis of the opinions of those representing the interests of Lunatic Asylum Proprietors, will afford considerable information as to some of the causes of the fearful increase of insanity in this country, and a careful perusal is strongly recommended. The inexpediency and wickedness of associating together numerous cases, such as now unhappily crowd many Lunatic Asylums, have been fully dilated upon in the next thirteen pages; the matter consisting of those extracts, taken from my work on Insanity, which have excited so much hostility from the organ of interested Lunatic Asylum Proprietors. The necessity of the Commissioners in Lunacy having entry *wherever* there are lunatics, is at page 33 proved to be necessary by a reference to the atrocities which have occurred at Bethlem Hospital, the difficulty being always great in investigating and tracing out those evils which may occur in public and private Asylums. The *temptation* to receive improper cases, or to keep in confinement those not only convalescent, but absolutely

cured, has been exposed, and the remedy suggested; it being highly inexpedient to allow lunatics to be made the subject of *profit*.

In the Appendix will be found some suggestions as to a change in the whole system for the direction and management of lunatics, it being considered essential that no individual should have a direct interest in either fostering or perpetuating insanity.

The authenticated details of much cruelty and of interested dishonesty, (perhaps some might even call it of complicated villainy,) having been already received from private individuals, and from members of the medical profession, and as correct opinions can only be arrived at by the due investigation of facts, the author hopes that those philanthropic persons who are themselves cognizant of any trying cases of oppression or of unjust detention, will favour him with full particulars. Should it subsequently be considered desirable to refer to such cases, the names of individuals will be invariably suppressed.

8, *Tavistock Square*, 28*th October*, 1852.

THE LUNATIC,

BENEFITED AND PROTECTED.

For many years I have been convinced that the whole system regulating the interests of lunatics should be changed, and that the Government should assume a more direct control over the medical and general officers, both of public and private institutions.

The reasons upon which I had formed such an opinion were freely, fully, faithfully offered, more particularly to the notice of my professional brethren, and it is a source of satisfaction to me to know, that not only were my "observations and reflections" read with great interest, but to have been also assured, that they had a beneficial effect by inducing others to prosecute inquiries into a subject of such great importance; and I may also add, that many distinguished physicians and surgeons in this metropolis and throughout the country, unconnected with public or private asylums for the insane, agree with me in believing that an alteration should take place in the social, moral, and medical management of the lunatic; yet no one chooses to sound "the advance." Hence it was, in following up the object which I commenced five years since in the *Medical Times*, that I recently ventured to introduce the subject into a new edition of a work strictly professional, and I will now endeavour to show the animus exhibited by the reviewers of three of the medical periodicals—the *Journal of Mental Pathology*,* the editor the keeper of a private asylum! the *Medical Times and Gazette*, the editor the resident medical officer of a private lunatic asylum! and the *British and Foreign Quarterly*, the editor the confidant of both; in short, constituting a tripartite, tricorporate, and triquetric cabal, yet instigated by the same instinctive impulse, combined

* Called also the *Psychological Journal*.

and yet disjointed, concealed and yet exposed, proceeding 'onwards' by different routes, yet meeting in one "via mala."

Terra malos homines nunc educat, atque pusillos.

These three publications, in plain words, emanate from the same source, are published under the same roof, and two of them, if not the third, draw their nourishment from the same spring!

It is well known that about seven years ago, I published an essay "On the Use of Narcotics and other Remedial Agents calculated to produce Sleep in the treatment of Insanity;" the subject was difficult, the therapeutic treatment of the insane was even ridiculed by many who had the charge of lunatics, and some of our most distinguished physicians not only denied the utility, but attempted to prove the evil of exhibiting narcotics to the insane, even to procure sleep. It was under such circumstances I resolved to collect together all the opinions that had been formed upon this subject; I searched the whole of psychiatric literature, and this, together with former experience, enabled me to offer to the profession, the Lord Chancellor's Prize Essay.

That little volume was well received by the whole medical press,—in fact it was highly eulogized and strongly recommended to their professional readers. Having had my attention so directly drawn to the therapeutic treatment of insanity, it was not unnatural but that I should inquire into the moral management of the insane, and I was so shocked at disclosures which had been occasionally and sometimes accidentally revealed, I was so horrified at the iniquity, the vice, the oppression, the dishonesty proved to exist in lunatic asylums; I was so disgusted at the revolting and Augæan filth in which lunatics were but too often compelled to languish, that I resolved on publishing a series of papers to force upon the attention of my professional brethren, and of philanthropic and scientific men in general, the necessity of the Government undertaking the entire management and direction of all lunatic asylums. This is my *crime*, and for this *crime* it was decided by a faction, on the publication of a second edition of my former essay, that I must be put down at any cost. An attempt had been previously made to soften down my asperities, and to unite me under the banner of some of those who are now attempting to crush me, but I naturally felt unwilling to sacrifice either principle or conviction. On the publication

of the second edition several favourable reviews appeared, * and amongst others, *The Lancet* strongly and faithfully pointed out the practical value and utility of the work.

No author can be so absurd as to suppose that every person will agree with him in all his views, whether social, moral, political, or professional; opinions must ever differ, but still misrepresentation, mis-statement, misquoting, deceit, should never be even tacitly encouraged.

The Journal of Mental Pathology had the dishonour to lead the opposition van, and commences the campaign thus:—"A stern sense of critical justice compels us to withhold from Dr. Williams' volume the stamp of our approbation." The reviewer then states that he has "no right to complain" of the President and Fellows of King and Queen's College of Physicians having awarded me the premium placed at their disposal by the present highly distinguished Lord Chancellor, when presiding over the Irish Court of Chancery! but he does complain that I have re-written the prize essay, and published it under a totally different title; he says, "Sir Edward Sugden's prize was far [*sic*] the best essay on a specific form of treating insanity by means of narcotics; but he either carelessly or wilfully forgets to add, *and other remedial agents!* Dr. Williams' present volume is entitled, 'Insanity; its Causes, Prevention, and Cure, including Apoplexy, Epilepsy, and Congestion of the Brain!'" This he considers quite a misnomer, and that "much mischief to the cause of legitimate literature will inevitably ensue." He objects to it "on principle," and directs attention to that "fact."

My reviewer, had he been writing upon the point, would most probably have confined himself to the limits in which he would wish to restrict me; he appears to think that my subject was circumscribed; but hear what *The Medical Gazette*, one of the most scientific journals of the day, said: "The author has brought under consideration *the whole of the leading plans of treatment* which are at present adopted in the management of the insane: and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of narcotics, and his estimate of their comparative value, are remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its

* See end of this Pamphlet.

publication will add to the author's reputation as a diligent and acute observer."

And what says another reviewer,—"It may be considered as a contribution *to the treatment of insanity in general*, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience."

These extracts show that the "Prize Essay" was not confined to the use of narcotics or of hypnotics. The fact is, that I brought general professional experience to bear upon a subject usually treated as a specialty, and when I undertook to write that Essay, I believe there was only one previous author who had advocated the systematic treatment of insanity by narcotics and sedatives. Dr. Seymour was in advance of his day, and his opinions, now proved to be matters of fact, were *not* generally received; and when my little volume appeared, I had the satisfaction of hearing "that the sedative treatment of insanity was all hum," and "it was a regular take in." However, I was not prevented by such criticism from investigating for myself, and found the views entertained by Dr. Seymour were correct; and having collected together many isolated facts, and collated the opinions of numerous individuals, although widely spread, upon the value of particular narcotics and sedatives, I was enabled, not only to *prove* the value of the use of narcotics and other remedial agents in producing sleep in the treatment of insanity, but also to *defend* the theory of preventing and curing insanity by the sedative treatment. I felt that "a system built upon the discoveries of a great many minds, is always of more strength than what is produced by the mere workings of any one mind."

Now, I ask any candid man in the profession, what value was attached to the general use of narcotics in the treatment of insanity even eight years since? Nay, I do more, I ask what is the present opinion of numbers of "the heads" of our profession? I have no hesitation in saying, that, as a rule, the value of the sedative treatment of insanity was not only rejected, but actually denied; and it is now a source of the greatest satisfaction to me, from time to time, to notice the reports of the value of the sedative treatment, from India, from France, from Belgium, and that even one of my personal detractors has at length publicly given in his adhesion to the system. Had I been the physician to a large Lunatic Hospital, or the proprietor of a "first-rate

private Asylum," there would have been nothing inconsistent in allowing me to produce "a second edition," but "for a man in private practice, *and without even an asylum*, to attempt to teach us, is intolerable." Is an author not to be permitted to add to remarks previously given with "brevity and terseness?". Is he not to be allowed to strengthen his previous views, and to offer to his profession the details of valuable cases? Was *Hooper's Medical Dictionary* always its present size? Is not almost every book increased in its second, and third, and even fourth editions? *Is it right to keep back practical information from the profession?* This is *the* point! it has unfortunately happened, that one anxious to "advance the *status* of his profession," and to enlighten medical practitioners upon psychological subjects, has always kept back *the treatment;* there has been much of mysticism and folly, but nothing really *practical.* It would appear almost as though the desire was, not to bring prominently forward the benefits to be derived from particular remedies, not to enable medical men successfully to treat cases of insanity, but merely to draw attention to a name diurnally twice triply advertised! A precious "little self," so precious, and so valuable, *that the very names of those poor fellows who have talent only, but who really do the work, must not appear, they must remain unknown!*

The reviewer, in his deep regard for "legitimate literature," affects to believe that the reader will necessarily confound the present enlarged and illustrated edition with that smaller volume published now nearly eight years since; he forgets there is *a double preface* minutely explaining every particular, and having been at some pains to examine why he has been so afraid to draw attention to that preface to the second edition, I think I am not far wrong in ascribing it to the following paragraph:—

"An apology may be apparently demanded for the very frequent recurrence with which I have enforced *the inexpediency of sending incipient cases of insanity* to asylums, but it is a point which I hold to be of such importance, that I feel it to be unnecessary to offer any excuse for such repeated reiterations; again and again have I been the means of preventing the incarceration of fathers, of mothers, of sisters, and where these very individuals are now holding prominent places in their respective circles; and, were it not manifestly inexpedient so to do, I could point out in many spheres the incalculable advantages I have secured to these individuals, and the obvious social evils I have thus prevented."

To my versutiloquent reviewer this is no doubt highly unpalatable! *it will not do to have empty houses!* and well indeed can I imagine his crying out "Our craft is in danger," and calling together those of like occupation, saying, "Sirs, ye know that by this *craft* we have our wealth."

Nunc cursu lampadem tibi trado!

Having at considerable length made several preliminary remarks, the reviewer says, he is compelled to withhold from the Essay his approbation, considering it to be composed of "vapid nonentities" and "common-place truisms." He then informs us that he "will not pretend to divine the motives which may have led Dr. Williams thus to rush into print," and states—

"'I too can write; and once upon a time,
I poured along the town a flood of rhyme,
A schoolboy trick, unworthy praise or blame;
I printed — older children do the same.'"

He then, with ridicule, commends my "moral courage" in an attempt made to draw a distinction between mind and soul, and in giving my words, misquotes!

The reviewer next states that he never before heard that reflection, "or as Dr. Williams classically designates it, 'self-inspection,' was the highest faculty of the mind;" he then, having attempted humour and witticism respecting "imagination," passes on to doubt whether a man is really insane "who has no control over his thoughts and actions;" and because I remarked that persons predisposed to insanity were often fond of showing off, and reciting, and spouting, he bids his "amateur theatrical friends to bear this in mind."

The reviewer, in an extraordinary "manner" of "delusion," attempts to throw ridicule on my opinion, and in so doing couples me with Dr. Haslam, and with Henry, now Lord Brougham; self "delusion," as in many other places, is here most manifest.

Page after page is thus wasted in similar frivolities, grave facts and important deductions being supplied with ridicule;* indeed the folly is often such, that although appearing in a professedly scientific journal, it would not be tolerated in the lowest periodical of the day. Misquotations

* A friend writing to me upon this subject, states, "In point of fact the whole of this article is so extremely puerile, as would render it contemptible in one of the lowest periodicals of the day."

and mis-statements frequently occur, and the reviewer becomes so indiscreet, call it by no harsher term, as almost to sneer at, and throw ridicule upon those who terminate existence by their own hands. The same levity is exhibited even upon those subjects which a well regulated mind would always treat with the greatest delicacy.

The reviewer then alters his tone, and becomes indignant at what he terms "a gross and inexcusable libel upon the profession." My words are as follows:—

"It forms the exception for medical men to pay any attention to mental disease; and hence, when a case of insanity occurs in private practice, the individual so affected is either sent away at once to a lunatic asylum, or the medical attendant, being himself alarmed, restrains his patient by violent measures.

"The general ignorance of diseases of the mind, so prevalent throughout the profession, has frequently led to very unjust detentions; and if any medical man, so uninformed upon this subject, is requested to visit an alleged lunatic, he goes prepared to *prove* insanity; whereas his object should be to ascertain the exact state of the patient's mind, and to see whether there would be danger to life or property in allowing him personal freedom; but the very fact of seeing a person already manacled, has, alas! been to many sufficient proof of his insanity; and indeed, as Sir Henry Halford has said, 'if already confined, his condemnation is almost certain.'"

This is directly opposed to the reviewer's opinion, he denies the fact, and considers the profession err on the *other side*, and speaks of the "*ultra* views on the subject of non-restraint!" and of the "few *over-zealous members* of the profession!!" He then talks of my "scandalous imputation," and because I have attempted to give faithful advice respecting the signing a patient's certificate of unsoundness of mind, he characterises as "twaddle" my offering "*such advice* to the profession," although it is well known that, even to this day, a very great number of certificates are irregular, not to call them illegal.

The reviewer appears to doubt whether irregularities can at the present time occur, because the erring individual "would expose himself to an action for misdemeanour." Why, I now hold in my hand the astounding statement of 105 patients being illegally confined in one single asylum!! Cases are not unfrequently now occurring where the liberty of the subject is unjustifiably invaded; close to my own

door, and even within the last month, has a patient been carried away, then manacled, and kept so night and day, because, when inebriated, he had quarrelled with his wife; this was represented to a doctor, who immediately on seeing the intoxicated individual, *and without the certificate of any other medical man*, ordered his immediate removal to a lunatic ward! My reply to the reviewer is, glad indeed should I be to find my opinion incorrect. The reviewer, however, says, "It is, alas! mortifying to be compelled to repel an arrow aimed at the members of an honourable profession from the hand of one of our brethren!" but in common with every upright man in our profession, I do not recognize as brethren those who *consciously* err so atrociously; I disown them.

The following "calumnious statement" excites in the mind or the pen of the reviewer great indignation:—

"The generality of medical men, when asked to see a case, go with the full intention of establishing insanity, not to disprove it.* The object should not be to look for the evidance of insanity, or for that evidence which may furnish mere *suspicion;* but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations."

Probably the reviewer regards this also as "twaddle."

Passing by my being a "learned Theban," and my "generosity in laying down rules for guidance," with "the gratitude" of the reviewer, we arrive at the following:—

"How often (says Dr. Williams) is a man sent to an asylum by his friends because he is eccentric and irritable." The reviewer states, "We doubt the fact; nothing is easier than to make general statements and assertions of this kind; but as two medical men must certify not only as to

* The reviewer says, "Need we add a refutation of this calumnious statement? Perhaps Dr. Williams may yet have the satisfaction of hearing some distinguished member of the bar or judge on the bench *quote this very passage* to establish that the opinions of medical men relative to the subject of insanity are totally worthless. It is our duty to discountenance these attempts to depreciate the value of medical testimony, let them proceed from whatever quarter they may."

the presence of insanity, but to such a *kind* and *degree* of insanity as to justify confinement, we are disposed to consider the occurrence of which the author speaks, *extremely rare;* in fact, we do not think it possible, considering the character of the members of our profession, the vigilance of the commissioners, and the amount of surveillance to which private asylums are, in the present day, subjected." The facts to which I have adverted most unhappily altogether set aside the assertion of the reviewer.

The following sentence gives great offence: "How dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house." This critic, however, considers that "instead of being appalled at finding himself in "a mad-house" after his restoration to consciousness and reason, one would imagine that he would be grateful to those who, in the hands of a wise Providence, had been instrumental in restoring him to the healthy exercise of mental faculties." But curiously this reviewer never finishes one of my sentences, he quotes only a portion; for instance, the sentence thus proceeds—"to find himself in a mad-house! to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady? There is no rational person to whom he can unburden his mind; reason and sympathy are not within those walls; his half recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, 'the chances against his perfect restoration are fearful; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him.'"

And again, in private asylums, where £100, £500, £1,000 per annum are received for boarding and superintending an inmate, how great is the temptation to detain a patient, even when the mental faculties have been restored?

In speaking of the effects of associating with the insane, I have observed "that very few nurses or keepers live under such exposure many years without themselves becoming insane." The reviewer, however, states, "we never knew an instance corroborative of this assertion. The statement has no foundation in fact." Within two or three days after perusing this paragraph, a most respectable and well-educated nurse waited upon me; and, on my asking why it was she had not called before, she stated that she had herself been attacked with insanity since I last saw her, which had lasted more than three months, and

it was entirely attributable to her having nursed Miss ——. This patient, whom she had so carefully watched over for more than eight weeks, often had very violent paroxysms; and the continued vigilance, care, anxiety, and excitement, had quite over-balanced the mind of the poor nurse. If the reviewer will only take the trouble to prosecute his inquiries, he will find that many nurses, male and female, are obliged to give up their vocation, feeling, if they still continue to be associated with the insane, "that they will themselves go mad."

It would be idle for me to attempt to wade through all the folly supplied in this review of sixteen octavo pages; and passing by the fear the reviewer expresses, that he trusts "Dr. Williams does not feel unnecessarily alarmed for his own safety," we arrive at the following:—"In an incipient case of mania it is far better to treat it at the patient's own house." The reviewer adds, "particularly if the family should have the advantage of the author's skill and experience;" but he should have continued with my sentence, which runs thus—"better to treat it at the patient's own house; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. *It is always in early cases so much may be done; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.*" Why does the reviewer almost invariably commence or terminate in the middle of a paragraph? The real object in reviewing should be to show the author's views, to exhibit *honestly* and impartially the merits and demerits of a book, not to misquote and misrepresent.

Again, having stated, "that whenever a person's means will at all admit of his being treated at home, this is always preferable," the reviewer adds, "we might proceed *ad infinitum, usque ad nauseam,* in quoting analogous passages, embodying a wholesale and indiscriminate abuse of institutions for the treatment of the insane. But the selections we have made are sufficient to establish the *animus* as well as ignorance of the author."

The reviewer then proceeds—"We maintain, *that it is impossible to carry into effect any* CURATIVE SYSTEM, *of either medical or moral treatment, in cases of actual insanity, outside the walls of a lunatic asylum.*" * In answer

* It is thus printed in the Review.

to this I may state, my positive conviction is, that if incipient cases of insanity are properly attended to, at the patient's own house, more than 50 per cent. will be cured within the first six weeks; and in private practice I should never feel justified in sending any case into an asylum within one month from the period of attack, unless the patient was in unsuitable apartments, or could not command proper comforts and attendance; and, I also believe, if this rule was acted upon, and if the sedative treatment was efficiently carried out, that numerous private lunatic asylums in England would have to be closed within two years.

Our reviewer still proceeds: "As there must be lunatic asylums," says the author, "and AS (mark the acute logician!) *the majority of them are densely thronged* (why so?) *the importance of classification cannot be over-estimated.*" "Can our readers," says the reviewer, "trace any connexion —necessary connexion between the fact referred to in the *first* and the assertion contained in the *latter* part of this sentence?"

My simple reply is, read the whole paragraph which runs thus, p. 119:—"As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over-estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents;* but the convalescents themselves require classification; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind? as Dr. Conolly says—'Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind; they can hardly assist, and they may retard the recovery of one another.' How powerful is the effect produced on those who habitually associate with the insane! how many keepers, both male and female, become insane!" The reviewer then draws attention to my opinion that, "A man who has once been the occupant of a mad-house seldom regains his social position;" he says, "It would,

* Has not the diffusion of these opinions already effected a movement in the private asylums? has not a decided change taken place? are all the patients now so indiscriminately mixed up together as they were even six months since?

indeed, be a sad and discouraging reflection, considering the amount of insanity, and the number of the patients under treatment, and discharged as 'cured' from both public and private asylums, if there were the slightest pretence for Dr. Williams' bold assertion.' WE UNHESITATINGLY DENY THE FACT. We have before us the report of the 'Massachusetts State Lunatic Asylum,' and in it we find Dr. Chandler, the physician, making the following remarks: 'I have known a few individuals, who were brought here insane, and who recovered to become better citizens than they were before. Their minds and feelings acquired strength and soundness by the disease, and by undergoing the process of cure, as some musical instruments are said to be improved by being broken and repaired again.' Such is the experience of all engaged in the treatment of the insane. It is a fact that in some instances the judgment appears more vigorous, the affections more easily balanced, the volition stronger *after* recovery than before the development of insanity. We readily admit that the mind cannot be subjected to frequent attacks of disorder without having its faculties impaired; but the assertion of the author that a man once having been confined in an asylum, 'seldom regains his social position,' is a perfectly *gratuitous*, [*sic*] and is in direct opposition to the experience of those whose practical opportunities for observation entitle them to form a sound and safe opinion upon the subject."

Perhaps the reviewer considers that a man's social *status* is raised by having been locked up in an asylum? I stated, that a man who has once been the occupant of an asylum seldom regains his *social position;* and the reviewer attempts to refute this by maintaining, *ex cathedrâ*, that the judgment in *some* instances appears more vigorous after the recovery, than before the development of insanity. Does this prove that a man who has been an inmate of an asylum generally regains *his social position?*

The reviewer having thus attempted to refute my allegation, resumes his levity, till again, warming with his subject, he gets excited, using unsparingly the epithets "consummate ignorance," "impertinence," &c. &c., until he arrives at one paragraph which completely overpowers him. After ridiculing it, he says, "It is certainly a fine specimen of pure and classic English composition. The only doubt we entertain is, whether it is not *borrowed* from the *Spectator*."

But enough. He winds up thus: "The author requires to be taught the necessary lesson that it is the duty of men

to *learn* before they attempt to *teach*, and that without long experience and great sagacity no man can by a hop, skip, and a jump, place himself in the professor's chair. In a medical point of view, the essay is of no value; as a piece of literary composition it is, we regret to say, contemptible."

Now can it be believed that an honest physician, sitting down to review a book, not written as an idle tale merely to amuse the passing hour—can it be believed that any doctor who had the slightest regard for the welfare of his fellow-creatures, would studiously keep back the WHOLE of the practical part of the work specially written to show the value of the sedative treatment of insanity; that the whole of that portion of the book which formerly obtained the prize should have been sedulously avoided, altogether neglected—that, in fact, the therapeutic treatment of insanity is not even touched upon; so that a reader of this long review, wishing to know what was in the treatise, would imagine there was nothing practical in the whole work, whereas upon every page, "*the direct value of therapeutic agents is clearly shown;*" and many most interesting cases have been given to illustrate the value of the sedative treatment.

A heavy responsibility rests upon every reviewer, but this responsibility becomes immensely increased, when the review is of a *medical* work; upon it may depend not only the mental and physical comfort, but even the life of thousands of his fellow-creatures.

I here take leave of the reviewer of the *Journal of Mental Pathology*, freely forgiving him for any *personal injury* he may have designed me, and with the full intention of endeavouring to repair the *public injury* which might have resulted from his error and indiscretion, by giving circulation to this reply.

——— Quippe minuti
Semper et infirmi est animi exiguique voluptas
Ultio.

*The Medical Times and Gazette** next follows, and the reviewer commences by informing us, that "Adversity makes us acquainted with strange bed-fellows." I do not wish to press too hardly upon any one, especially when in "adversity;" but it has been a problem to me, what the

* The editor, a resident medical attendant at a private lunatic asylum.

reviewer's feelings really were at the moment he penned that sentence! Cap it, with "Honesty is the best policy."

> Cedere namque foro jam non est deterius, quam
> Esquilias a ferventi migrare Subura.

It would be absurd for me to waste these pages by following this reviewer through all his gibes and sneers. Having announced that the "Captain is a bold man, but the Doctor is still more courageous," he asks, Who is this modern luminary thus dawning upon the ignorant and benighted psychological world? What are his "antecedents?" (to use a phrase much in vogue). Let us be informed of the place of his nativity. Under what star was he born? Come forward, "most able judge," thou "second Daniel, come to judgment," and tell us "who's who in 1852!" Who is the man who, after thus pooh-poohing us jumps like a farm-bird upon its dunghill, flaps his wings, and shouts 'cock-a-doodle-doo?'"

The reviewer then desires the psychological physicians to "hide their diminished heads," to "prostrate themselves before this great luminary, and worship the psychological genius of the 19th century—the English Pinel, the British Esquirol, just glittering upon the horizon!" He then attempts to make it appear that I believe Dr. Conolly to be a humbug, that "Dr. Conolly is under a fearful delusion as to the proper moral management of the insane; his ideas respecting non-restraint are a fiction!"

My reply is to be found in p. 117 of the book reviewed:—"Nothing can be wiser than the example shown by the talented and benevolent physician at Hanwell, Dr. Conolly; he, in following out the humane system of Pinel, has proved that iron bars incite to mischief; that physical restraints augment and multiply the very evils they were intended to subdue; while the kindness shown by him personally to the patients, and diffused by him through the attendants, both male and female, prove that honesty, humanity, philanthropy, and talent, have, in a very few years, effected more for the comfort, safety, and even the cure of the insane, than has ever been accomplished by the advocates of intimidation, coercion, and secret and obscure treatment."

Perhaps this opinion regarding Dr. Conolly is not sufficiently explicit for the reviewer, who, immediately after, again attempts to entangle me with other illustrious men in our profession; but the *example* already given may suffice.

This gentleman then employs the words "ignorance," "conceit," "presumption," "false knowledge," attempting by ridicule to pervert what I have said, and *passes by all the therapeutical and practical part of the work*, until he arrives at p. 294, where tobacco is recommended as an occasional remedy for vigilantia, but especially to those accustomed to its use. This he regards as a "noble discovery!" and proceeds thus, "Great benefactor of the human race! Let us erect to his memory a huge monument,—not of stone,—not of brass, not of marble; let it be tobacco, and assume the shape of a hookah, a meerschaum, or a cigar!"

What can be thought of the medical literature of the day, that a subject of such gravity and importance, and involving consequences so serious, should be treated in this frivolous and unbecoming manner? What weight can be attached to any opinions so expressed?

Is it of no importance to combat vigilantia? does it not signify whether irritability be calmed and rest procured? Is it nothing to ward off insanity? Is a healthy mind no blessing?

This reviewer, so anxious that knowledge should be diffused, and that his brother practitioners, of whose honour he is so jealous, should be well informed upon every point, takes no notice whatever of the therapeutic treatment of insanity, and the difficulties of the subject; he neglects those cases which have been carefully and minutely described, and omits to mention what is said of bleeding, cupping, leeching, purgatives, diuretics, diaphoretics, and emetics; takes no notice of opium and its preparations, morphia, digitalis, hyoscyamus, conium, lactucarium, camphor, belladonna, hydrocyanic acid, colchicum, stramonium, aconite, the cannabis Indica, the lobelia inflata, stimulants, anti-periodics, warm baths, the semicupium and pediluvium, the ice-cap, cold-affusion, the cold bath, the cold shower-bath, the warm shower-bath, with exercise, travelling, music, light, darkness, and warmth. Passing by these *unimportant agents*, he arrives at what he in ridicule terms the "great remedy," alluding to the following sentence:—"Gently patting the back of an infant soon lulls it to sleep, and this is sometimes equally successful in some very nervous individuals." Such is the fact, however, even although the reviewer may be incredulous. He may never have seen a delicate irritable patient, whose nervous system has been shattered by unexpected calamity. He is possibly not aware of the comfort, of the assurance felt, in knowing that a protecting hand is near. But I forbear, and sincerely do I pity this

reviewer. In this nineteenth century what can be thought of the *Medical Times and Gazette?*

The last Journal for our notice is the *British and Foreign Quarterly*, like each of the preceding, published under the same roof, and under the same influence! can we, therefore, be surprised at the same tone and style?

Its editor, nourished from the same source, considers the calling "this book a second edition of the prize essay, is simply an absurdity." For further information upon this point, however, I must refer him to the publisher.

The reviewer says, "Dr. Williams wrote in 1848," (it should have been 1845,) "a prize essay on 'The Use of Narcotics, and other Remedial Agents calculated to procure Sleep in the treatment of Insanity.' He has recently enlarged this essay into a goodly volume, containing upwards of three hundred pages; the original grain of wheat contained therein (if it did contain a grain) being increased by nearly a bushel of chaff." Before my opinions *upon the inexpediency of allowing lunatics to be made* THE SUBJECT OF PROFIT were published, how did this same *Quarterly* review my work?

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession." The doubt now is, "If it did contain a grain of wheat;" and this reviewer affects to believe that I am in "utter ignorance of the psychiatric literature of the nineteenth century," when, by perusing the volume itself, he well knows that it refers to the opinions of almost every notable person who has ever written upon the subject. A "doubt" is attempted to be cast upon every page of the book, the reasoning and proof being as follows:—"Thus the modern treatment with morphia is likened to the ancient treatment with hellebore—the latter a drastic purgative, and used as such by the Greeks and Arabs." Now, with all due deference to this reviewer, who is evidently superficial and one-sided, I must here remind him, that, although I do not pretend to settle the disputed question as to what the *hellebore* of the ancients really was, yet the highest authorities in Britain consider it to have been decidedly *narcotic*. Our reviewer, however, wishing to be still more severe proceeds: "Again, Dr. Williams has caught at the modern doctrine which traces a close connexion between cerebral disease and imperfect renal action, especially as manifested in albumi-

nuria. He evidently has not the most remote comprehension of the theory; but he must needs take some notice of it, and he does it thus:—

"'It is here worthy of inquiry, how does the albumen act upon the brain? does it, under such circumstances, exist more largely in the blood? and, if so, is it its tenacity, or gummy, or glutinous characteristic which causes obstruction and congestion, and subsequently inflammation? We all know the effect of injecting gum into the arteries and veins; it causes inflammation, and in this way pneumonia may be artificially induced.'" The reviewer here leaves off, but in the work itself the subject is still continued thus:—"It was upon such an hypothesis that I ventured to defend the theory suggested by Mr. Shephard, that the proximate cause of insanity is in the blood; as although this may at first be thought improbable, yet, when we consider the influence the mind has over the various functions of the body, how excessive rage causes biliary derangement, nay, even jaundice, that this very bile circulating through the brain, sometimes induces mania; that great fright, or passion, or disastrous news, often deranges the alimentary canal, and probably vitiates the chyle and blood, thus inducing fever; we shall hesitate before we finally reject Mr. Shephard's theory. Again, how is drunkenness produced? in what way does spirit or the Indian hemp act upon the brain? It is well known that soda, given in full doses, is often useful in some cases of mania, and probably this is owing to the blood becoming more fluid: as soda possesses this power of liquefying crude or thickened blood; and so again when the blood is too fluid, we order the mineral and vegetable acids, which have the property of enriching and increasing the viscidity of this circulating fluid." The reviewer adds, "after this scientific criticism is unnecessary."

I can scarcely conceive the reviewer to have been honest when he states, that he believes I have "not the most remote comprehension of the theory" of cerebral disease produced by imperfect renal action. He cannot believe that any man who had regularly and systematically, for many years, followed Dr. Bright in Guy's Hospital, taking his cases, writing his prescriptions, listening publicly and privately to his opinions, and verifying their accuracy in the dead-house, this reviewer, I say, cannot believe that such a man could be ignorant of the theory of renal affections producing cerebral disease. No; it served the purpose of the reviewer so to write, but if he will take the pains to read the whole book through, he will have abundant proof that

the ignorance he designs to show exists only in his own imagination. My object throughout the work was to render it essentially practical; I could not however refrain from penning the eight lines in question, to express a theory I was nursing and hoped to rear, respecting the causes of puerperal convulsions and puerperal epilepsy.

I did not, however, like my single-minded reviewer, rest satisfied with finding one symptom, but I searched for other signs of disease, and having found them, considered the symptom on which he has stumbled, as one of the concomitants, rather than the sole cause, of puerperal convulsions.*

But as it is often desirable to arrive as much as possible at the intention and object of a writer, I will now give a few extracts to be found in another part of the same Journal:—

"It is too much the fashion to depreciate the management and efforts of private individuals in the treatment of the insane; in some particular instances, we believe, they have been much calumniated, and both their feelings and property most unjustly injured. While it is true that abuses may and do exist in private asylums, we cannot forget that by far the greater number of improvements in the condition of the insane were proposed and partly carried out long before the Commissioners in Lunacy existed as a body; and that it is probable that the same spirit will continue to actuate the generally estimable class of psychiatric practitioners. There may be exceptions to the rule of good and kind management, *but we must not forget that there are exceptions to the rule of able and conscientious Commissioners;* and that if the public confidence be misplaced in this direction, an arbitrary, dogmatic, and tyrannical board may take the place of the private practitioners in lunacy, with great detriment to the public service, and with greater detriment to the unfortunate lunatic.

"The intrusion of almost irresponsible public boards into the management of matters wholly within the legitimate sphere of the profession, is a growing evil, and may eventually inflict serious mischief on society. The great danger that such boards will be charlatanic in their principles and practice is obvious; with such principles, and an immense power over private interests and conduct, they require to be

* The theory is, that in one class of cases there is great excess of fibrin and albumen in the blood, during the latter weeks of gestation, capillary obstruction coincidentally occurs in every organ and tissue; the minute capillaries being incapable of transmitting such a tenacious, glutinous fluid, the consequence is capillary obstruction, general congestion.

narrowly watched, and rigidly subjected to the salutary control of public opinion."

Here and here alone I agree with this reviewer. Everything relating to the lunatic requires to be narrowly watched and rigidly subjected to the salutary control of public opinion.

Short Extracts from a few of the reviews *before* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums; and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1845-6.

"Dr. Williams is already well known to the profession by his able 'Treatise on the Ear,' which obtained the Thesis prize of the University of Edinburgh. The work before us is decidedly an addition to his reputation. It is written in a spirit of modesty, and abounds in good sense. We can commend his work to the favour of the profession."—*The Medical Times.*

"In following out his argument, the author has brought under consideration *the whole of the leading plans of treatment which are at present adopted in the management of the insane;* and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of Narcotics, and his estimate of their comparative value, are remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its publication will add to the author's reputation as a diligent and acute observer." —*The Medical Gazette.*

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession." —*The British and Foreign Medical Review.*

Extracts from the three Reviews* *after* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums, and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1852.

"What would be said if a prize or a distinction of any kind could be awarded for such a piece of egotistical presumption and for so scandalous an imputation upon the intelligence and honour of the profession."—*The Medical Times and Gazette.*

"Let us offer Dr. Williams a little advice. We strongly urge him to devote the next ten or fifteen years of his life to the patient, continuous, and unwearied study of healthy and disordered mental phenomena; to read carefully the productions of the recognised authorities upon this class of affections; to be more deferential to the opinions of others; to entertain more humble views of his own knowledge and judgment; to watch carefully by the bedside the operation of remedial agents, and then he may be somewhat fitter to write a book calculated to elevate him in the estimation of the profession."—*The Medical Times and Gazette.*

"This comprehensive slander must surely have been penned in utter ignorance of the pyschiatric literature of the nineteenth century."

"He has recently enlarged this Essay into a goodly volume, containing upwards of 300 pages, the original grain of wheat (*if it did contain a grain*) being increased by nearly a bushel of chaff."

"Scientific criticism is unnecessary." *The British and Foreign Medical Review.*

* Refer back as to *the influence* over these reviewers to page 2.

BEFORE THE AVOWAL.

"The matter is handled so judiciously that no one accustomed to attendance upon the insane or nervous can fail to profit by its perusal."—*The Athenæum.*

"It may be considered as a contribution to *the treatment of insanity in general*, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience."—*The Spectator.*

"This work recommends itself with powerful claims to the attention of that profession for which it is more particularly intended. The importance of the subject cannot, indeed, be over-estimated: to induce sleep in every stage of insanity is most desirable; to procure it in incipient cases is often to effect a cure, many cases of insanity being entirely prevented by procuring sound and refreshing sleep. For the physician, Dr. Williams has furnished a suggestive guide-book, and a valuable practical manual."—*The Literary Gazette.*

"Within the compass of a small number of small pages we have here, well set forth, some most valuable practical considerations. The author shows the high importance of inducing sleep in the insane, as well as in those who have previously had any symptoms of mental disorder.—Practically and soundly handled. We commend this book to our readers."—*Edinburgh Journal of Medical Science.*

"This Essay presents a succinct and very neat exposition of the various remedies that have been recommended for the purpose of soothing the excessive irritability and sleeplessness in the different forms of insanity. Bleeding, purgatives, emetics, narcotics, the warm bath, &c., are severally discussed, and the value of each is very fairly and judiciously stated."—*Medico-Chirurgical Review.*

"The volume before us contains a good deal of useful information . . . *and the language is correct and appropriate throughout.*"—*Dublin Medical Press.*

"There has, a short time ago, appeared a most interesting work by Dr. Joseph Williams, 'On Procuring Sleep in Insanity,' this gained the Lord Chancellor's (of Ireland) prize on the subject of insanity. Such a prize is indeed a monument to the honour of the Lord Chancellor!"—*Seymour on Severe Diseases.*

AFTER THE AVOWAL.

"We opened the volume with the assurance that we should find in its pages a record of both novel and valuable views relative to the pathology of the brain, and the therapeutics of insanity.

"We regret to say that we have been grievously disappointed; . . . but a stern sense of critical justice compels us to withhold from Dr. Williams's volume the stamp of our approbation! It is composed of vapid nonentities, and common place truisms.

"It has given us much pain to be obliged, in duty to *our numerous readers!* to speak in such disparaging terms of Dr. Williams's work. The author requires to be taught the necessary lesson, that it is the duty of men to *learn* before they attempt to *teach.* In a medical point of view, the Essay is of no value; as a piece of literary composition, it is, we regret to say, contemptible."—*The Journal of Mental Pathology.*

For other opinions respecting this Second Edition, the reader is referred to the end of this pamphlet.

COMMENT IS UNNECESSARY.

Having now shown the animus which has directed the opinions of those who enlist under the banner of the *Journal of Mental Pathology*,* I will shortly endeavour to offer a few opinions respecting the general treatment and management of the insane.

When a medical man is requested to visit a patient, who is alleged to be insane, his object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion;* but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations.

When examining the patient, take care he is not agitated; gain his confidence, and endeavour to ascertain that he has not been previously excited; always remembering that kindness will do more than subtlety or deceit.

It is very important to ascertain the exact state of the pulse and the various functions, to observe whether the patient is excited, and whether any ill treatment has been practised or threatened. The most monstrous means have been adopted to intimidate weak-minded individuals; and fraud, conspiracy, and intimidation must be met by perspicacious sagacity, and by the most unflinching and uncompromising honesty and honour.

There can be no doubt as to the necessity of placing under control a furious maniac, who would be constantly injuring himself or others; the greatest care and precaution being directed to those who are suicidal, or who, suffering from instinctive madness, are homicidal; and, indeed, equal vigilance is necessary where hallucinations prompt the possessed to injure life or property. Now, in any of these cases, no one, however humane, would wish to see such dangerous lunatics allowed perfect freedom of action; but at the same time, although they require control, they need not be treated

* The reviewer in one part having thanked me for "extremely satisfactory advice," does so "in the name of those associated with the treatment of the insane." Is he authorised to represent the names of others? Does any society exist to protect the interests, *not of lunatics*, but the interests of lunatic asylum *Proprietors?*

as felons; but extra attendance and increased caution must supply the place of iron bars or iron hobbles.

There cannot be a doubt that numbers now the occupants of lunatic asylums ought never to have been subjected to such imprisonment. Dr. Conolly says, "The crowd of most of our asylums is made up of odd but harmless individuals, not much more absurd than numbers who are at large."

How often is a man sent to an asylum by his friends because he is eccentric or irritable, whereas by removing him from home to some suitable and cheerful residence, and by having an experienced servant to wait upon him, he might, by temporary change and care, again in happiness return home to resume his usual duties; but he is sent to an asylum, and Dr. Conolly says, "This is the worst place for an eccentric or irritable man, as here this eccentricity, this irritability increases; whereas in general society these failings would be checked. Confinement renders it permanent, and ripens eccentricity or temporary excitement or depression into actual insanity; and this is not the worst part of the evil, for even when a patient has suffered no aggravation of his disorder during its greatest severity, the danger is not passed; nay, it is increased as his convalescence advances; for, when that otherwise happy change commences, the sights and sounds of a lunatic asylum become, if they were not before, both afflicting and unsalutary."

As previously stated, how dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house!—to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady? There is no rational person to whom he can unburden his mind; reason and sympathy are not within those walls; his half-recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, "The chances against his perfect restoration are fearful; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him."

Although classification may effect a good deal, yet where the patients are numerous, as they always are in county asylums, no system can be made so perfect as to place such convalescents together as that they may not impede each other's recovery. The opinion is not of ancient date, when it was declared, that a lunatic saw his own errors more clearly when associating with those who held opinions equally ridiculous with his own!—and yet we know how

vivid and active is the power of imitation, and we also are aware of the restraint general society imposes upon most of the insane, and it is well worthy of inquiry how such opposite views can be reconciled. The fact is, so powerful is the effect produced upon healthy and sound minds by being constantly in the presence of lunatics, that very few nurses or keepers live under such exposure many years without themselves becoming insane! grossly false

It is of the greatest advantage for persons at all singular or eccentric to associate with others free from these peculiarities, and hence it is that cheerful society is so advantageous in many cases of insanity. Man is fond of imitation; it pervades all classes; and, therefore, to mix up a number of weak-minded persons together is to confirm silly habits and false ideas. It is imitation which causes hysteria to run through a female ward; it is imitation leads a number of men in succession, as at the Hôtel des Invalides, to hang themselves on the same spot, within a few days of each other; it is imitation which tempts nervous persons, especially women, to murder those helpless babes whose innocent smiles even form no protection; and it is imitation which often induces romantic and foolish lovers to terminate existence in one common act. I feel it were impossible to describe the various proofs of imitation; I see it in every thought, word, and action. How few can be original; how much must a man imitate before he is in a position to form a sound judgment, even upon the daily occurrences of life.

If, then, imitation plays so important a part in the economy of man, can it be said that a mad-house is the place where one who is becoming conscious, who begins to reason, who recommences to reflect, that this is the place for him? That here, amongst the irrational, he is to obtain reasonable answers to the queries he makes? that the perverted conceptions, the distorted ideas, and their oft repeated reiterations, will be more likely to aid him in the recovery of mental vigour, than a calm, dispassionate, and judicious manner, which can only emanate from one of sound mind? How much more reasonable to suppose that in a happy family, where harmony united all, and where judgment, reason, and affection guided every sentiment and wish, that here irritability would be soothed, eccentricity would be restrained, and insanity prevented?

Many persons, not predisposed through hereditary transmission, may be eccentric to such a degree as to be on the very verge of insanity, and yet never become insane if al-

allowed to mix in general society; although it is not unusual to find where there is predisposition, that the mind ultimately gives way and the patient becomes irrational. A mad-house is not the place for persons of merely weak mind, nor for the milder cases of insanity, nor of incipient mania; in all such instances the symptoms are almost invariably aggravated by such indiscretion—they become chronic, and disease is confirmed. To send a puerperal patient to such an asylum is most reprehensible. Dr. Conolly says,—"I well know that patients labouring under puerperal insanity have sometimes been sent to lunatic asylums; such a step in such circumstances is so inconsistent with every feeling prevailing in social life, that whenever it is taken, the whole responsibility and the whole odium of it must rest with the medical adviser."

Even to remove such a patient from home is indiscreet in the first instance; but if the presence of her infant, or her husband, or her friends irritate and annoy her, they should be excluded; if, a month subsequently to her confinement, no improvement has taken place, change of air and scene should be recommended, and more especially if she appear dissatisfied with home; where this is not the case, she will be more likely to get well at home than elsewhere; but where there is much irritability, and this continues daily increasing, change of air, especially at the sea-side, is highly desirable.

Delirium is frequently attendant on fever, and it does occasionally continue for some weeks *after* the febrile symptoms have subsided; and it has happened that such cases have been removed to lunatic asylums, both during and subsequently to the attack. Nothing can be more reprehensible; it is the very way to render chronic those symptoms which are only temporary, and the patient may by such treatment be driven mad. During the convalescence of fever it is delightful to watch the mental vigour increasing day by day, and to see the individual, who so shortly since was perfectly imbecile, now able rationally to converse. How different might the result have been if placed within a lunatic asylum!

It is of great importance to distinguish accurately between delirium and insanity; for to send a person to a mad-house who is delirious from fever is an indiscretion so terrible, and may prove of such disastrous consequences, that the greatest circumspection and precaution should be exercised.

So long as a man manages his property with discretion,

and neither injures nor threatens to injure himself or others, however eccentric in other respects he may be, yet he is not a fit object for control or for confinement; for many men, who are in other respects very ridiculous, can take good care of their money, and even by their own industry and talent realize large fortunes; and to confine such a person, or take out of his own power the management of his affairs, is unjustifiable, and not unfrequently, in such cases where the friends send such a person to a lunatic asylum, it is for the sole purpose that they should themselves assume the regulation of his affairs.

In an incipient case of mania it is far better to treat it at the patient's own house; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. It is always in early cases so much may be done; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.

In treating such cases at home much must depend upon the attendants, who should be selected by, and placed under the strict orders of, the medical man. The room should be kept quiet, often dark, or at any rate avoiding a strong light or sunny exposure, no noise whatever being permitted; the attendants must be firm but respectful, always showing deference where this is possible—no patient should ever be insulted. When however conversing, he must not be permitted to wander, but must be again brought back to the point whence he strayed; great care being taken that nothing is said which is likely to excite him. It is the same in treating monomania, or partial insanity, the patient must not be allowed to talk of his delusion, it being rarely advisable either to advert to, or allow the individual to speak of, his point of error.

A person may be highly eccentric in dress, manners, and ideas, but still is not a subject for restraint; but if his conduct interferes with the comfort of others, if he walks and annoys passengers, or threatens them, this must be prevented, or he must be put under control. So a woman may wear a bright red dress, yellow bonnet, and green boots, all made in the most grotesque style, she may appear in many other respects ridiculous, she may give a hop at every fifth step, yet she ought not consequently to be restrained; but if, in addition to this, when walking in the public streets, she screams, shouts, and holloas, and in that way frightens

others, this, being prejudicial to the interests of society, demands interference, as it may indirectly cause the death of an individual, as by fright to a pregnant woman, in this way possibly even sacrificing a double life.

It is certainly more prudent to remove idiotic or highly eccentric persons, especially if noisy, from public gaze in large towns, as the less such cases are exposed, the fewer examples may be reasonably expected; we are much the creatures of imitation, and there are at all times many hysterical persons who would soon outrival any absurdities they may have witnessed.

When it is found that a person cannot control his feelings and actions upon any particular point, it is very necessary that this deficiency should be supplied by the control of others; the degree of restraint must depend on the degree of defect or of danger. In some instances where intemperance is habitual, and where the patient gets maddened with drink, it may be only necessary to prevent a repetition of inebriety; but whether rich or poor, to cause mere drunkards, however degraded in society, to associate with lunatics is most wicked, and ought not to be tolerated; consequently, if confinement is essential, it should not be in a mad-house.

So, in the case of a man of fortune, where there is extravagance, where this gentleman is ruining himself and his family, daily wasting his wealth, the question is, is it not proper to restrain such a person from inevitable ruin, and to remove him into the country, and place him in such circumstances that he cannot lavish his wealth? perhaps, a few weeks after such seclusion, this very person may feel deeply grieved at his follies, and be grateful that he was prevented from getting rid of more of his fortune. But when a patient thinks himself inspired, that he holds a commission from heaven to take away life, or where, as a general, he imagines he must despatch a victim for the sake of example to his soldiers—where, in fact, there is danger to life, active surveillance, and even active restraint, are sometimes indispensable.

Removal from home and separation from friends, may often be necessary when it would be very inexpedient to confine such a person in an asylum; the *degree* of necessary restraint is the important point to determine. Separation from friends, and change of residence, and of servants, will often be justifiable, when to remove such an individual to a lunatic asylum would be most criminal. A patient rarely

enters a mad-house without knowing where he is; and, in an incipient case, for an irritable man to wake up and find himself in a lunatic asylum, may render him more irritable, more suspicious—it may aggravate every symptom.

Directly a person, whether rich or poor, entertains erroneous impressions, and often when only eccentric, away he is hurried to an asylum, where the chances of his cure are as remote as is the love which has not unfrequently dictated his removal. "Many individuals," says Dr. Conolly, "who conduct themselves rationally in the society in which they are restrained by the habits of social life, and by the necessity of paying some regard to the feelings and wishes of those about them, would, if freed from these restraints, become guilty of many extravagances and eccentricities."

A man may be poor and insane, and yet may not require to be confined or restrained; he works for his daily bread, and in doing so, is placed in the very best circumstances for preventing a more decided development or aggravation of his delusion. Shut him up in a mad-house, his case becomes worse; so long as his mental error does not involve his personal safety, or the safety of others, he should not be interfered with; but if he be unable, or unwilling to work, and, more especially, if he in any way disturb or annoy his neighbours, or if they constantly annoy and oppress him, then removal to some place of protection is indicated, and, inasmuch as his friends cannot support him, it is necessary that he should be kept at the expense of the county in which he resides; and in many instances it would be far better that some other place should be selected for him than a county lunatic asylum, because, however perfect the system of classification, yet the very associating daily with others holding deluded opinions, is very injurious to any case where there is a chance of cure.

The mistake seems to be, that a person is considered a fit subject for a lunatic asylum merely because he holds fictitious or erroneous ideas, and this appears to apply both to the rich and the poor; but a man may think he can sail *through* the earth from pole to pole, and yet is not consequently incapacitated from circumnavigating the world; or another may not know whence his intellect springs, and may attribute it to the effects of "*caloric*," and yet in other respects may be highly gifted; indeed, so far as my observation extends, I find very clever men often exhibiting very glaring inconsistencies. A man may imagine he is tortured by *mysterious agents* with *pneumatic aid*, but

surely to send him to detail his ills and misfortunes to a number of monomaniacs, is not so likely to remove such hallucination, as to engage him in healthy occupation, and to point out to him the beauties of creation ;—to gain the confidence of such a person, to lead him on by successive gradations, to draw off his attention from himself, to keep him constantly occupied—these constitute the rational manner and plan of treating such a patient. So in many cases where there are false views upon religion,—religious hallucination; travelling and kindness, and withdrawing the mind from the source of error, these are the proper means to be resorted to.

Nothing is worse for the poor patient than to allow him to talk upon his point of error, and the constant endeavour of the medical and general attendant should be to tranquillize and not to irritate. To introduce the subject to him is really wicked, and the more incipient the case, the more injurious will such indiscretion be; the attention must be drawn off from the hallucination. Of course, the milder the delusion, the less necessary is removal or restraint. Some monomaniacs are so violent in their actions, and altogether so extravagant, that confinement is absolutely necessary, while others again exercise considerable self-control.

Moral insanity does not always require either separation or seclusion, especially where a patient does not feel injured by, or an aversion to, his friends, this should be the great test; if the motives of friends are mistaken, separation is always necessary, although seclusion may not always be indicated. When it has been considered necessary to order seclusion for a patient, care should be taken not to protract it any longer than is essential; the time must of course vary, and in some instances even half an hour or an hour may be sufficient.

The presence of strangers is often agreeable to the insane, when that of their own family occasions them the greatest irritation; and it often happens that a man who has been most violent at home, becomes quite tranquil when removed to some other residence; the *change* produces the effect, and in many cases it may be necessary to select new and faithful and experienced servants.

Throughout Europe physicians are agreed that separation and seclusion are of the greatest benefit in the treatment of insanity, and although early seclusion is often of the greatest service, yet, after a time, when benefit has not resulted, it should not be persisted in, and this is a point which requires

the nicest discrimination and the soundest judgment. To admit friends too soon is very injurious, but this has certainly not often been *a fault* at private lunatic asylums. There may be particular reasons why a patient should not be disturbed on some special occasions, when these should be duly explained by the persons in charge, but when friends consider it necessary and essential to see an afflicted relative, contrary to the wishes and experience of the medical attendant, it is considered better to have the wish expressed in writing, simply to exonerate the medical man from responsibility. There are occasionally particular periods when the introduction of a friend may prove of the happiest effect.

Agreeable, pleasant, and useful occupation, with plenty of exercise in the open air, should be constantly employed in the treatment of insanity; the farmer in the north of Scotland, who derived so high a reputation for his success in curing mental disease, trusted entirely to physical labour in the field, which was often of a most laborious character. Mere irrationality does not require restraint; control or guidance may be necessary, but how wicked to confine a person merely because he is irrational!

It may often be necessary to remove a patient from home —he is irritable, perverse, inconsistent—it may also be advisable that this removal shall absolutely separate him from his friends, but then, how much better that all this arrangement should take place as the suggestion of his ordinary medical attendant.

It is a great point to induce patients to keep up self-respect; a harsh and tyrannical nurse may soon do irreparable injury to sensitive and irritable persons; their mental power and vigour fails; they become prostrated by such treatment.

The physician should always be placid and dignified; his conduct regulates that of the attendants; and the conversation and actions of the patient himself much depend upon his observation of what transpires around him. It is rarely advisable to allow a patient to speak of his delusion; it is far better to converse with him, when not in a state of excitement, upon general subjects, but always with composure. Contradiction can do no good, and a kind and conciliatory manner should always be exhibited towards the insane. The delusive opinions they hold, however absurd, are to them realities; and a greater degree of irritation is produced by laughing at them than we should ourselves feel if our word were doubted, or we were jeered at by others. A concilia-

tory disposition, with a manner sufficiently authoritative, is the great desideratum.

It is considered advisable that whenever a person's means will at all admit of his being treated at home, that this is always preferable, and especially in the first instance; for to send an incipient or slight case to mingle with lunatics, or persons holding deluded opinions, is very likely to aggravate and confirm those symptoms already present, or even by imitation to cause him to assume those fictitious ideas or characters which are so powerfully and so perpetually impressed upon him.

As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents, but the convalescents themselves require classification; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind? as Dr. Conolly says,— "Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind; they can hardly assist, and they may retard the recovery of one another." How powerful is the effect produced on those who habitually associate with the insane! how many keepers, both male and female become insane! Classification is, of course, of the utmost importance, the greatest care being taken that dangerous lunatics are not mixed up with the placid and contented. The noisy and restless should be put together, and those who are dirty and offensive should be kept apart from those who are clean. It is not only necessary that the dangerous be separated from the quiet, but in some instances they should be kept quite alone; the greatest precaution and surveillance being exercised towards epileptics, who should always be placed by themselves; so those who are desponding only augment each other's depression and melancholy, and may even in this way encourage suicide. It is also very advisable that the young should be kept separate from the old, and never allowed even to see those who are becoming decrepid or imbecile. So, again, those who are educated almost invariably become worse from mixing with the illiterate; and great care should be

taken to put those of the same rank and acquirements together.

These few remarks will serve to show the difficulties which have to be overcome in classifying the patients of a large establishment, and as many patients must ordinarily be congregated under one roof, the greatest judgment will be required to prevent the least possible amount of mischief; and this can only be effected by the most patient investigation and selection, and by the constant supervision of an active, intelligent, responsible, and humane superintendent. Lunatic asylums should be exclusively such; for to admit merely nervous, imbecile, or dejected persons, to associate with lunatics, is to aggravate and confirm their symptoms, and will, indeed, often render them themselves lunatic. To receive persons as *boarders* into an asylum is so objectionable, and may tend to so many abuses, and to so much iniquity, that it should be treated as a criminal offence, and should be most severely punished.

The insane should never be mixed up with criminal lunatics, who should always be confined in separate buildings by themselves; and, as at present, they scarcely exceed four hundred and fifty in number, throughout the whole of England, it would perhaps be advisable to have all criminal lunatics confined in one building; and, as it might be thought somewhat dangerous to place so great a number together, it would be quite practicable so to arrange, without any additional expense to the State, that the barracks necessary for quartering troops should be so near the asylum as that an efficient guard should be always on duty; their assistance would never be required unless the keepers were likely to be overpowered, while the moral effect produced by their contiguity would alone be sufficient to effect the object intended.

Early treatment is of the greatest importance; a few days neglected, and the case may be irremediable; whereas, had attention been at once directed, and proper remedial and general means adopted, such a person might in a short time be again fitted for his usual avocation, and possibly be never again so afflicted throughout life. To send such cases to a lunatic asylum is not to be recommended; where persons can afford it, they should be visited by their ordinary medical man, who can, should he think it necessary, avail himself, not only of judicious and experienced nurses or attendants, but also of the opinion and advice of physicians who have devoted considerable attention to this particular sub-

ject; but in the case of poor persons or parish paupers, they should either be attended at their own houses by the parish doctor, or a special room should be set apart as an infirmary in the workhouse, a great object, however, being never to designate it by a term which might prejudice the recovery or the feelings of those who occupied it; consequently it should never be called the mad-ward, or the lunatic-house, and it would be much more discreet in medical men, when speaking to non-professional persons, to call such cases those of preternatural excitement or morbid irritability, or cases of inflammation of the brain; the fact being that many persons never regain their social position when once said to have been insane; whereas, where excitement has depended upon inflammation, the evil or injurious tendency is scarcely remembered after the patient has convalesced.

To show how important early treatment is, turn to the late deplorable condition of the insane in North and South Wales, where the unfortunate pauper lunatics were shamefully neglected; in North Wales there was not a single public or private asylum,* the lunatics being *imperfectly* and *badly* boarded out, their worst cases being sent to the Liverpool Asylum, the governor of which formerly stated that he never remembered an instance of recovery in an insane pauper from Wales.

From a general survey of what has been already stated, it will be evident that, although it is very necessary and highly desirable in every possible way to cure insanity when present, yet it is even of still more importance to prevent its occurrence at all, thus making true the old adage, "Prevention is better than cure," and therefore how essential is it to remove all predisposing causes. And as a man who has once been the occupant of a mad-house seldom regains his social position, therefore it is of the greatest possible consequence to place him under proper treatment at home.

If madmen must be mixed up together, and for the greater number of them, I do not see how it can be avoided, the most complete system of classification should be established, but where the circumstances of a patient will admit of it, he will be placed in a far better position when mixing with those who are rational, rather than with those who are insane. If classification be important in all stages, it is doubly so when convalescing, for, as was previously stated, how dreadful for a convalescent to see madness in every form around him.

* There are now one or two Asylums open, and others are being built.

Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present usually met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary, and I would never send a person to an asylum, where he could afford to live out of it, unless he was dangerous to himself or to others, and not even then, except when the symptoms had become chronic—the disease confirmed.

The disclosures which have recently taken place as to the medical and general treatment of the insane, in the first Lunatic Hospital in this country, have sufficiently opened the eyes of the public, and it is now impossible but that important changes must be made. The medical attendance must be more systematic, more regular, more scrutinizing; therapeutic remedies must be more constantly employed, and when actually prescribed must be more regularly administered; the nurses, both male and female, must be under more perfect inspection.

The horrible treatment of those poor lunatics placed in a public establishment with the hope of their receiving the *best* advice and the kindest care, is now so thoroughly known throughout the kingdom, that I shall not harrow up my own feelings, nor those of my readers, by detailing any of those atrocities which appear to have been so commonly practised in the Royal Hospital of Bethlehem.

Placed in this metropolis, and with such funds at their disposal, the governors had the power of making this Hospital a model establishment. They could not only have commanded the best medical and surgical aid, but they might have ascertained that it was duly given; and as a working committee, and holding such a responsible trust, it was their duty to see that every office, however menial, was properly discharged. Such has not been the case, the governors of Bethlehem Hospital have not done their duty; the patients confided to their care, have been shamefully neglected, tyrannically, "brutally" treated, and, alas, but in too many instances, have been persecuted to, shall I add,

mocked in, the hour of death. I will not here attempt to describe the terrible effects of the garotte, nor that fearful state of a gorged brain, necessarily so highly congested by the diurnal strangulating twist, as that the blood would burst from every pore; I will not allude to *mopping*, in a state of perfect nudity, with frigid water, and on the cold flag-stones, those delicate and daily emaciating females, who from their disease could even less resist the ordinary inclemency of winter than other women, and who, when dragged from beds of littered straw were subjected to such indecent, degrading, and barbarous ablution, and then left on these cold stones to dry!—and then were dressed!—It needs not the pen of a physician to say that this is not the way to treat the lunatic, to cure insanity, nor to describe what must result from such atrocities! A child replies, "'tis certain death!"

The mortality at Bethlem has indeed been great; greater far than meets the public eye! Dying patients are discharged to die at home! and thus the registry of "deaths" is smaller than it should be; and it must never be forgotten, that all the patients received in Bethlehem are picked cases. Even before these painful disclosures, it struck me that disease ran a very rapid course in this Royal Hospital for curing the insane.

It is not long since a lady called and informed me that her brother-in-law, whom I had previously visited three times professionally, had by his friends been sent to Bethlem, feeling that he would there have the benefit not only of good advice, but excellent attendance. Scarcely had a fortnight passed, when she again called, and told me her poor brother was dead. Amazed, I could not help exclaiming, "disease has indeed been rapid!"

Aware of many of the enormities practised towards the patients in public and even in private asylums, in 1846, when pleading for an alteration in the whole system regulating the lunatic, and recommending that the Government should assume direct control over all asylums, I was induced to offer, amongst numerous other suggestions, the following remarks:

"The abuses existing, both in public and in private institutions for the insane, have been but partially known; *the difficulty is very great in arriving at a correct detail of all the horrors attending lunatic asylums.*

"The system of admitting patients, and of mixing them together, even in those asylums where there is the best classification, is very defective; but some establishments

can only be considered as 'magazines and reservoirs to perpetuate insanity,' or 'nurseries and manufactories for madness.'

"There can be no doubt that, owing to the public attention having been strongly directed towards the treatment of lunatics, several of the abuses which were so common are being gradually removed: and those unfortunate creatures whose very helplessness demands increased care, comfort, and sympathy, are not so commonly treated as brute beasts. Indeed, in some of the County Asylums, those patients who formerly slept on straw, now have comfortable flock beds, and their happiness and comfort have been studied in various ways; and the benefits resulting from this change are at once manifest. There is less noise and more personal cleanliness, the patients are more cheerful and much less violent, insubordinate, and dangerous, while the attempts at self-destruction, or at escape, have been wonderfully diminished. There is now more confidence placed by the patients in the medical and general attendants; they are no longer regarded as tyrannical enemies, and their instructions and wishes are often at once obeyed with cheerfulness; the consequence of all this is, that while there are fewer deaths, there are more recoveries, and the health of all the patients is materially improved.

"Lunatic asylums should no longer resemble gaols; the iron barriers must be removed, and these, together with the handcuffs, manacles, and hobbles, must be melted into lamp-posts, that the light which they will transmit may not only add to the comfort of the patients by night, but will give an additional means of security, by enabling the attendants to see everything that is going on around them. The very fact of nervous and timid persons knowing that outside their rooms, in the corridor, the dreaded darkness and gloom are dispelled by cheerful light, has a very beneficial effect in calming and preventing their fears and apprehensions.

"No lunatic asylum should be built except upon the most approved principles, and in which air and light can freely enter; for although, in incipient cases, it may often be necessary to modify the light, or even to partially darken a room, yet, upon the general mass of patients, light is now well known to be of essential benefit.

"Buildings for the insane should be specially constructed; the mere adaptation of a house, however large, can never be rendered sufficiently commodious, and the attention of

Government should be directed particularly to this subject; indeed the commissioners have already suggested that houses should be suitable, convenient, and well adapted, to *comfortably* receive the numbers for which they are licensed, especial care being taken that they are well aired, ventilated, and warmed; also, that the patients should be suitably clothed, and sleep on comfortable beds, in properly furnished rooms; and that the rooms in which they pass the day should be different from those in which they sleep at night; a place being also set apart for exercise during wet weather."

"There can be but little doubt that errors will prevail, however strict the surveillance, *while lunatics can be made the subject of* PROFIT; *remove this temptation, and you take away the chief source of the evil.* While *private* asylums are open for the reception of patients, and while the large sums gained by confining their unfortunate and helpless inmates can be realized, dishonesty will exist. It is for the interest of the proprietor to have as *many* inmates as can pay the required board, and also to detain them in his establishment as long as possible; and there is reason to believe that numbers of persons who have convalesced, lapse into confirmed error, and subsequently become imbecile, because they have been unnecessarily mixed up with others holding more erroneous errors than themselves, and because, when actually recovering, instead of associating with those who are sane, they find themselves surrounded with everything irrational.

"When convalescent and requesting to return home, they are refused, and friends even then are often denied them. It would be impossible for me to detail the anguish without, and the despair within!—the friends pining to see their nearest relative; that relative quite conscious, and feeling the ties which bind her to her friends, is wasting her strength, until hope departs, and despair at length weighs her down to the most desponding and depressing melancholy. Friends may now come, but 'tis too late—the thread is broken, the balance is outweighed, she walks in madness. Had hope been kept alive, she might have journeyed on some few months more in distant expectancy; but to her soft appeal, too oft repeated for the rude ears it met, whether she might soon see her mother? the cruel answer of a heartless keeper, disclosed in terms too plain its utter hopelessness, and with one loud shriek her cry goes up to heaven.

"All lunatics should be placed under the control of the Lord Chancellor; and if everything connected with the

insane, even as to its minutest detail, were subjected to the authority, regulation, or approbation of the high functionary appointed by the Crown, a great improvement would soon take place.

"To have lunatic asylums supported by Government, under its immediate control, and with medical officers and attendants receiving their emoluments from the same source, no one connected with the establishment deriving any interest whatever from the patients—here all *temptation* to detain a convalescent, or to receive an improper case, is at once removed; and, in the event of any irregularity occurring, the officer whose duty it was to prevent it should be liable to be at once dismissed: this power of dismissal, to a certain extent, explains how all the formalities and punctilios connected with various offices under Government are so rigidly exacted and sustained."

And early in the following year I again resumed the subject as follows:—

"I cannot conclude without again drawing attention to the importance of at once putting a stop to the TRADING IN LUNATICS. I wish strongly to urge on all who are philanthropically inclined the vital importance of this subject. Malice does sometimes cause an individual to be improperly detained in an asylum, but this is not of frequent occurrence; whereas selfish motives—interest—have caused the incarceration of thousands. Remove the *temptation*, take away the PROFIT, and the evils will be at once diminished a hundred-fold.

"Let all lunatic asylums be under the direction of Government, paupers being paid for by their respective counties, and those in humble or more affluent circumstances paying in proportion to the accommodation, the comfort, or the luxuries required; let no fee or emolument whatever be given to any of the establishment, as they should derive their income or salaries from the Government, to whom they should be responsible

"A certain number of attendants or nurses, both male and female, should be educated at these establishments, who would be ready, on proper application, to go out and attend those cases for which their assistance was required. Even here it would be unwise to allow these attendants to derive their means of support directly from the patient, but they should receive a reasonable allowance for their services from the State; it being only just, and at the same time judicious, to increase their salaries for good conduct or prolonged service.

"Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present to be met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary; and I would never send a person to an asylum, when he could afford to live out of it, unless he was dangerous to himself or to others, and not even then except when the symptoms had become chronic—the disease confirmed.

"It may be said that there would be great difficulties to overcome before the public would be sufficiently enlightened as to enable or urge the Government to undertake the responsible charge of superintending lunatics; but, if the evils connected with the system as it exists were more minutely detailed and more diffusively circulated, the public mind would soon be alive to the necessity of a speedy alteration. We, as Englishmen, are humane; we, as Englishmen, are rational; we can hear reason, we are anxious for the investigation of truth; we are most desirous to see justice, happiness, and contentment pervade all classes; and it is a characteristic—a grand characteristic of this country—to shake off anything like oppression. Freedom is our watchword; if, then, so anxious that we should ourselves have liberty, why should we allow a lunatic to bear a heavier yoke of oppression than is to be met with throughout the land? Why should we permit those from whom Providence has in wisdom removed a portion of their reason to be treated worse than brutes, degraded more than felons? Those who demand our greatest sympathy, who are unable properly to take care of themselves, are but too frequently left to the tender mercies of hirelings, who, having been accustomed to such scenes of woe and of ill treatment, are doubly hardened.

"To this day it is but too common, that, when a patient becomes maniacal, an application is made to an asylum, two or three keepers are sent, who would themselves be more than sufficient to restrain the excited man, if they possessed prudence or judgment; but they prefer the easier mode of coercion, intimidation, and force, and place a strait-waistcoat with sundry straps to guard against the occurrence of any danger, which might have been equally well prevented by increased vigilance.

"I feel convinced that it is only necessary for the people of England to know of the evils connected with the treatment of lunatics, to know of the abuses connected with the system, to know of an effectual way not only of checking but of almost altogether preventing the many enormities which have been detailed, and with such knowledge, possessing such information, and with philanthropic zeal, they would as with one voice demand not only the inquiry, but the remedy for so much abuse.

"This is no party question; it is for the benefit of the community at the expense, or probable loss, of the proprietors of lunatic asylums. It is a question from which no senator should shrink, for he himself, ere a few months more have passed away, may be numbered amongst those who require protection. But, should the members themselves feel any apathy respecting this momentous question, the information which may be spread by faithful and well-digested articles, and by lecturing at the various scientific institutions throughout the country, will so stimulate the people that they will cry out aloud for justice; and be it remembered that such an appeal is never made in vain. And here there is no prejudice to remove, no weakness to combat; all that is wanted is to afford *information*, for there is a general ignorance throughout the country upon everything connected with lunacy. And this arises from the fact, that persons who have lunatic friends never speak of them; they—shall I say it?—banish them; and so it happens that even those the most interested in such inquiries utterly neglect them. But because friends leave their suffering relatives to the tender mercies of keepers, or those having no special interest in them, that is a double reason why the Government should take care that efficient aid and kind treatment are ensured to those helpless beings who are so much neglected.

"I very much prefer that these institutions should be under the control of Government, rather than be directed by a committee of Proprietors; and, without at present going farther into the matter, I content myself with stating that, if for no other reason, yet it is desirable on account of the uniformity of system and regulation which would then result, for I very much question whether it would be possible within twenty years to establish proprietary institutions universally throughout the land; but the moment a bill had passed, enabling the Government to assume the control and direction of all lunatic asylums, then the amelioration would

very soon commence, and, within a short time, the poorest lunatic pauper would begin to benefit."

Now, in recommending that the Government should have the control and direction, I do not mean that all the medical and general officers should be by them selected, or that the buildings, and financial matters in general, should be arranged and carried out by them, but I do think it highly desirable that reports of proceedings should be made to the Lord Chancellor, or to the Home Secretary. This, however, is not the point upon which I am at present most urgent; what I require to know is, are lunatics to be made the subject of PROFIT? Is the temptation of detaining a convalescent in a lunatic asylum *longer than is necessary* to be tolerated? Are we ever, even to be able to hold one moment's suspicion that a person can be improperly received into an asylum, when not insane? Is it right to allow such a temptation to dishonesty? The details can be easily carried out and arranged, when it has once been settled, once decreed, THAT NO LUNATIC SHALL BE MADE THE SUBJECT OF PROFIT. I know very well there are proprietors of private asylums in this country who would be an ornament to any society, who are really honest, upright, conscientious, and humane men, but I also know there are exceptions—I know what human nature is—I know also what it is to touch the pocket of a man.—Let those who doubt, interfere with the *interest* of any man, or of any class of men, and they will soon be convinced that money is but too often man's dearest possession, more coveted even, than fame or honour.

Again, I can imagine a proprietor stating, "It is impossible now to receive into an asylum an improper case;" to him I would reply, HAVE NOT THE COMMISSIONERS WITHIN THE LAST TWELVE MONTHS RELEASED MANY SUFFERERS FROM CONFINEMENT? And, *are* THERE NOT AT THIS MOMENT NUMBERS OF LADIES AND OF GENTLEMEN, PERHAPS NOT EVEN ECCENTRIC, SHUT UP AND KEPT IN PRIVATE HOUSES, AND COMPELLED DAILY TO ASSOCIATE WITH THOSE ACTUALLY INSANE?

Again, how are private patients treated in these asylums? Think you that ample grounds, a noble hall, that drawing-rooms adorned with every elegance, that bed-rooms furnished with every comfort, that these necessarily ensure kind, humane, and scientific treatment to a patient? I believe there is often as much cruelty in such an establishment as that so recently exposed at Bethlem Hospital.

A short time since, a distinguished surgeon in this metropolis, holding some of the highest official positions, re-

quested me to accompany him into the country to see a friend, who, I believe, was also a distant connexion, then in confinement; the patient not having progressed, but rather retrograded, the relations were becoming uneasy. We found him in a very spacious and well furnished room, highly excited, and in a state of frenzy. Immediately I saw him, I was convinced that he was not properly managed; there not being efficient moral control—and on pressing my inquiries, I was dissatisfied also with the medical and hygienic treatment. I then inquired, what is that mark upon his nose? And how is it, he has that black eye? The keeper replied, he had knocked them against the bed-post! I re-requested to see his arm, it was bruised all over! I then examined both his legs, and found general ecchymosis. This was accounted for by his violence when in bed! Having prescribed for the poor sufferer, we left, and while returning home, and talking over the case, I said to my friend, *If you do not remove that patient he will never recover;* and I advised him to recommend the relations to send him to the care of a most humane physician, whom I have never seen, but whose name I well know. What was the result? The patient was sent to the place suggested, *and within two months returned home to his friends,* CURED. I can have no interest in saying it, but my firm, positive, honest, conviction is, that had that poor, afflicted, injured patient remained where I saw him, that he would have been to this day a maniac! or by this time might have lapsed into a paralytic imbecile, and been then regarded by the proprietor of the asylum, AS AN ANNUITY!!

No one can estimate the joy, and pride, and pleasure I felt when informed that the patient we had left, was now again restored to his family in health and reason. I had received no fee, and would accept of none. I had no pecuniary interest in the matter, but I experienced that delight which no money can purchase.

Why are these facts mentioned? Not for the sake of occupying a few moments' passing interest, but that every one may be induced to inquire into the subject. All lunatic asylums must be subjected to CONSTANT SURVEILLANCE; those containing the poor as well as the rich, *the lunatic must be specially protected;* but, in addition, it will be essential TO DO AWAY WITH PRIVATE ASYLUMS; no man must be permitted to have a direct interest in either fostering or perpetuating insanity.

I do not agree with those who consider it to be sufficient

to remove the civil responsibility of a proprietor in receiving an improper case, or in retaining a patient when convalescent too long, by simply transferring the onus of *reception* and *dismissal* upon the commissioners, because a door is here left open for fraud. The commissioner has no pecuniary object in the matter, and therefore cannot be supposed to err willingly;—but how different is the position of the proprietor?

Hear what a recent writer upon this subject, Mr. Dickson, states, himself the resident medical superintendent of a large lunatic hospital:—

"On visiting the patients in an asylum, there is often great difficulty in discriminating between the appeals of the insane and the sane, and even of judging if the absence of complaint is the result of insanity or imbecility, or of fear, or of the apathy induced by lengthened confinement in the same place, and the necessary dependence upon the unattested and uncontradicted entries and verbal statements of proprietors—clearly showing, that orders and certificates once signed, the only chance of release for the confined, whether then or subsequently sane, rests upon the examination of commisssioners or visitors, and it is quite possible, notwithstanding their visits, for the sane to remain hopelessly confined."

What a statement, and yet how true!! *Rests upon the examination of commissioners or visitors, and it is quite possible,* NOTWITHSTANDING THEIR VISITS, FOR THE SANE TO REMAIN HOPELESSLY CONFINED!

I feel so unwilling to add anything to these remarks which may for one moment draw off the attention from the main point in question, that I have resolved to place in an appendix a few ideas and hints respecting lunatic asylums, and the laws regulating their management and control, and I do so because I know how gladly interested persons would avail themselves of the opportunity of blinking the real question; and the two points I wish to force upon their attention, and upon the attention of every other individual, are these,—

1st. That the Commissioners in Lunacy should have the power of entry wherever there are lunatics, and that their visits should be *frequent*, vigilant, searching.

2nd. That no lunatic should be superintended and boarded *for* PROFIT; and that no proprietor of any house or of an asylum should have a direct interest in either fostering or in perpetuating insanity.

APPENDIX.

It is essential that the Commissioners in Lunacy should at all times have the right of entry and of surveillance, *wherever* there are lunatics.

Each county should have, for the reception of incipient and of curable cases of insanity, one or more Pauper Lunatic Hospitals; the number depending on the size of the county, and on the proportion of lunatics. The buildings should be specially constructed with every modern improvement; if built to accommodate more than 100 patients, the edifice should consist of so many different wings, perfectly detached from each other; there being two wings for 200 patients, three wings for 300, five wings for 500.

That each wing should, in addition to nurses and attendants, have a resident physician or surgeon; it being impossible that any medical man can efficiently attend to more than 100 patients daily.

That a minute registry be kept of the medical, general, and hygienic treatment of each patient, who should be visited by the medical officer twice at least in the twenty-four hours.

That a resident clinical clerk be allowed to each medical attendant; this would afford a future supply of well educated and experienced medical superintendents.

A chapel should form a central building, connected by a corridor with each wing; and the patients, who were able so to do, should daily attend morning and evening service; this having been found, by experience, to be of great benefit in curing the insane.

That a portion of the building should be specially appointed for the reception of old, chronic, incurable, and paralytic cases.

In addition to these Pauper Lunatic Hospitals, each county should possess Private Establishments for the insane, also constructed upon the most scientific plans, and with every accommodation; and as the classes of patients would vary very much as to rank, it is desirable that these Asylums should not be so large as the Hospitals for the poorer order of patients. Twenty, thirty, or forty inmates would be sufficient; there would consequently be several establishments throughout the county; the accommodation of some of these might be so adapted as to permit of patients being received at £50 a year, perhaps even less, others at £100, and so progressively advancing to £1,000 per annum, which would of course command proportionately greater comforts, luxuries, and extra attendants and servants.

Let it not be thought the counties would be saddled with extra expenses and increased rates; the establishments would amply pay, and yield even a handsome profit, so that after a few years the charges might be considerably diminished.

I have heard it said that the friends of insane patients would not then "feel it to be so private, that their family afflictions would be more exposed, more known." This is chimerical; in fact, greater order, regularity, and privacy would exist under the new system.

It might also be urged, that the friends of patients might not like to confide their relations to the care of those medical attendants resident in their own county; or at any rate, that they might place more confidence in some other physician or surgeon in another county; such opinions and wishes would not ordinarily occur, because each resident officer would be specially selected by the Lunacy Board; but I do not conceive there would be the least difficulty in permitting friends to select any asylum they might prefer throughout the whole country; and it can scarcely be doubted but that many of the best physicians and surgeons, now the proprietors of asylums, would very gladly accept the new official appointments, the more especially as such positions should be made not only honourable but valuable. The profession must no longer be treated with a niggardly hand; medical officers must be adequately remunerated.

In order accurately to distinguish the two classes of Establishments, those where patients are received and boarded at the expense of the county, should be termed "The County Lunatic Hospitals," while the buildings adapted for those who pay should be called, "The County Asylums," or, if considered preferable, they might receive the ordinary names of "Park Villa," "Grove House," &c.

It would be manifestly inexpedient to place all classes under one roof; but by having several private Establishments throughout the County, the "Board" would at once be able to advise as to

which house would be preferable for each particular case; taking age, rank, peculiar form of disease, and other minute circumstances into due consideration, and consequently they would be able to advise the patient's friends as to the most eligible residence for each individual.

I also hold it to be highly desirable that asylums should be specially adapted for each sex; considering it to be manifestly inexpedient that ladies and gentlemen (*who are really insane*) should be daily meeting each other at the table, in the gardens, and in the grounds; and I believe considerable mischief has resulted where this practice has been permitted.

Criminal lunatics should be placed in one State Lunatic Hospital, and should never be allowed to be under the same roof with ordinary patients; they should be entirely under the control of the Secretary of State for the Home Department, who would, of course, gladly avail himself of the experience and advice of the Commissioners in Lunacy.

It is perhaps unadvisable that any one should be permitted, *for the sake of profit*, to receive a lunatic into his house, but it must be imperative that no individual should *for profit*, under any pretence whatever, have more than one lunatic, at the same time, under his roof; should it, however, after deep reflection, be considered justifiable to allow any one, previously authorised by the Commissioners in Lunacy, to receive, board, and superintend a lunatic, that a minute report of the name, age, qualification, place of residence, &c., &c,, be sent to the Commissioners within twenty-four hours of the date of reception, the neglect of such order to be treated as a misdemeanour.

Once admit the necessity of *abolishing the present* asylums, and there will be no difficulty in carrying out even the minute details for arranging Public Institutions; it will indeed be as easy to form local Boards, as it now is for the various Insurance Offices to appoint their provincial directors and agents.

It is quite clear that the local Boards must report to some one, and it matters little whether it be to the Lord Chancellor or to the Home Secretary; in either case there will necessarily be a proper check to any irregularities. The Commissioners in Lunacy will, of course, henceforth exercise *even more scrutiny;* their visits will be more frequent, more searching, and they will continue to enforce those salutary restrictions and enactments which have been framed with so much wisdom.*

* The editor or the reviewer of the *Psychological Journal*, however, is of a different opinion, he seems to fear, that very soon "the medical superintendent will be a mere *nonentity*, a puppet in the hands of the Commissioners, an *automaton*, a *dummy*, in fact, a SHAM, (so printed in the original); for, although *nominally* the proprietor and director of his *own* establishment, he is to be virtually powerless and paralyzed, divested of the liberty of thinking and acting in accordance with his own judgment!"

But, however, as I have before stated, my more immediate object has been, not so much to recommend the particular plan of regulating public Establishments, as it has been to draw public attention to the necessity, the absolute necessity, of *altogether abolishing private Lunatic Asylums.*

FINIS.

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"It has in its present shape assumed a practical form, more particularly as regards the *therapeutic treatment of insanity*, which leads us now strongly to recommend it to the use of our readers.

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"A very copious index, analytical and synthetical, enables the student with readiness to put his finger on any portion he may require."—*The Lancet.*

Right and Wrong 7,
Lunatics coming and foaming, in the mundane 7 7.