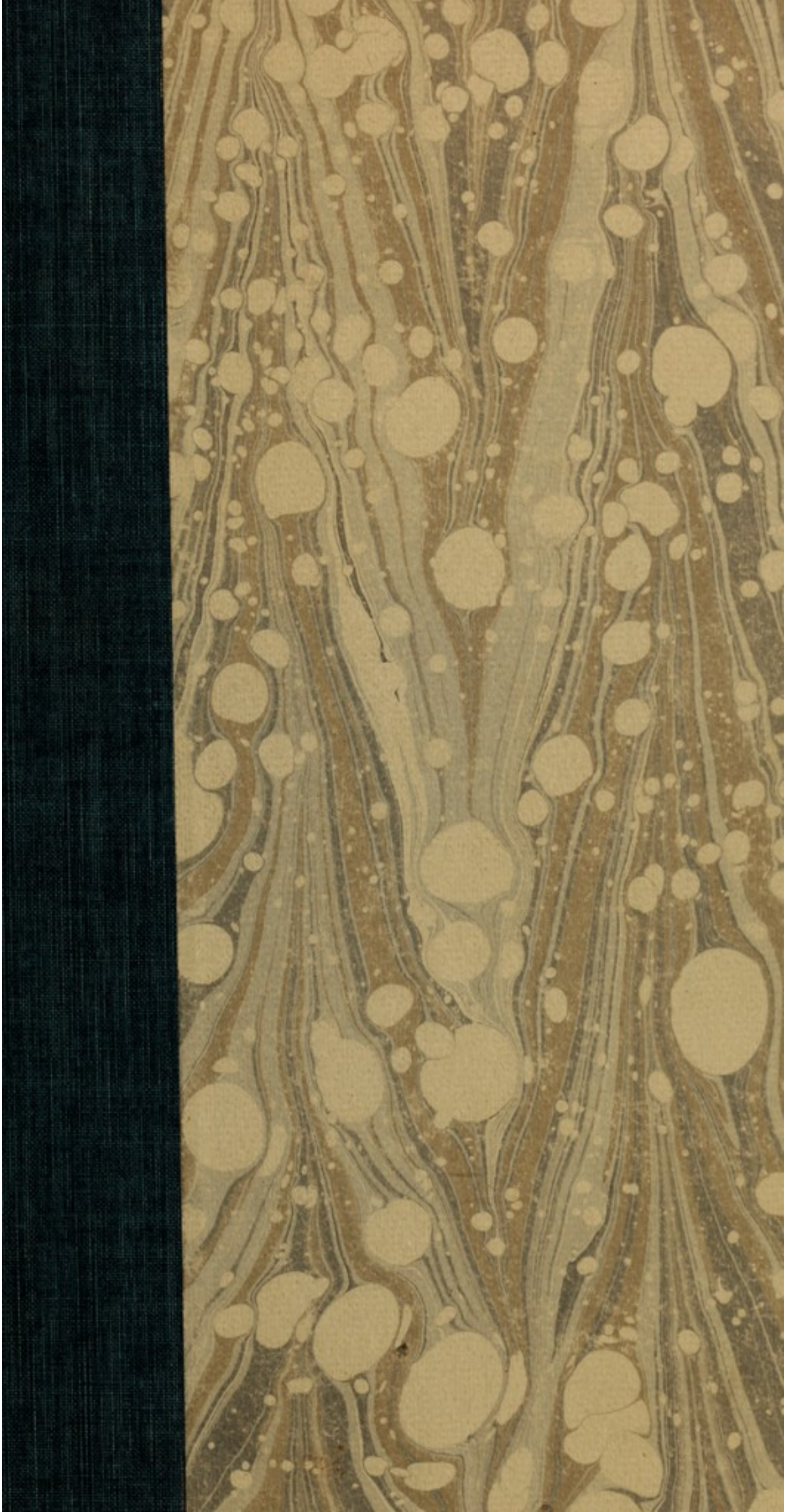

THE

PHYSIOGNOMY

OF

MENTAL DISEASES,

BY

SIR ALEXANDER MORISON, M.D.

LONDON:

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Fellow and late President of the Royal College of Physicians of Edinburgh, &c.

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PREFATORY OBSERVATIONS.

THERE is no class of diseases in which the study of Physiognomy is so necessary as that of Mental diseases. It not only enables us to distinguish the characteristic features of different varieties, but it gives us warning of the approach of the disease in those in whom there is a predisposition to it, as well as confirms our opinion of convalescence in those in whom it is subsiding.

The appearance of the face is intimately connected with and dependant upon the state of the mind; the repetition of the same ideas and emotions, and the consequent repetition of the same movements of the muscles of the eyes and of the face give a peculiar expression, which, in the insane state, is a combination of wildness, abstraction, or vacancy, and of those ideas and emotions characterising different varieties of mental disorder, as pride, anger, suspicion, mirth, love, fear, grief, &c.

Much diversity of opinion exists as to the classification of mental diseases: that mode which arranges diseases according to the different morbid states of the organs giving rise to them, that is, to a *proximate* cause, as it has been termed, certainly appears to be the most rational, and ought to be adopted wherever it is practicable.

The imperfect knowledge we as yet possess of the connection of mind and body, prevents its adoption in arranging mental diseases, in which, if it could be done, our distinctions ought to be founded upon the Cerebral affection giving rise to the morbid phenomena manifested in them. Such an arrangement is suggested by those who advocate the doctrine of the mind, promulgated by Dr. GALL, by whom the different kinds of partial insanity have been referred to different morbid states of particular convolutions of the brain, in which different propensities and affections are supposed to reside, and they direct topical treatment to the supposed organ.

If, however, in examining the brains, after death, of those who have laboured under only one variety of partial insanity, diseased appearances, such as those of inflammation or its consequences, be found, they are very seldom confined to one convolution, but are, more or less, diffused over a number, and are more particularly observed in the membranes covering them.

The divisions of Mania, Monomania, Dementia, and Idiotism or Idiocy, being founded upon the diseased or defective manifestation of the mental functions, appears to me to be better suited to our present limited knowledge of the subject, and the cases are therefore arranged under those heads.

The object originally in view, in collecting the following delineations, was to illustrate Lectures which I commenced in 1823, and of which the outlines of three editions have been published; the favourable notice taken of these* has induced me to extend the collection which I now offer to the Public, in hopes that it may be of use in facilitating the study of this important class of diseases.

26, *Cavendish Square.*
May 1*st*, 1838.

* See Medico Chirurgical Review, London, 1827—1828.
Edinburgh Journal of Medical Science, 1827.
Quarterly Review, 1830.
Klinische Kupfertafeln, Weimar, 1829.—&c. &c.

MANIA.

In the first of these divisions, that of Mania, the perception is erroneous, and the error of perception, or delusion, extends to objects of every description, although it is rarely long fixed upon any; the consciousness of personal identity is suspended; the attention cannot be fixed; the memory is confused, although events occurring during the disorder are frequently recollected on recovery; the imagination is excited, marked by exuberance of ideas expressed with rapidity and without connection; the judgment is erroneous; the affections are perverted, and violent emotions, generally those of anger, despondency, or fear, more rarely those of gaiety and satisfaction, prevail; the efforts of volition are vague and unsteady, and there is a strong disposition to act from the impulse of the moment; the muscular power is often much increased; there is an irresistible tendency to motion; an incessant restlessness, and often little or no sleep for many days and nights together; the sensibility in many cases is increased, although in a few it is diminished; the general irritation and excitement are expressed by cries, threats, and disorderly movements.

Maniacs, unlike Monomaniacs, are inattentive to their own safety and comfort, and take no precautions.

Fits of increased excitement, giving rise to increased agitation and fury, frequently occur.

The peculiar expression of the countenance and eyes is exhibited in the following plates, which faithfully represent the physiognomy of the patients.


A. S. 1838

EXPLANATION OF PLATE I.

F. W. a Male, aged 47, has had attacks of Mania since he was a boy; during these attacks he is in a state of the most violent rage and fury; irascible emotions are easily excited by opening his door, looking at him, or saying a word, and a paroxysm of increased fury is produced the moment the offensive impression is made; he requires to be under constant personal restraint, otherwise he would destroy himself or others; indeed he has already killed one person during a violent paroxysm of fury. The attack of insanity lasts for several months.


1838

EXPLANATION OF PLATE II.

Portrait of No. 1 in his sane state, in which he sometimes remains for one or more years, and conducts himself in a quiet, industrious manner.


A 9.1838

EXPLANATION OF PLATE III.

M. S. aged 21.—Portrait of a young Woman in a state of Mania.

After being in low spirits for some months, the cause of which was not ascertained, she become Maniacal: the character of her disorder assumed that of gaiety and satisfaction; she was almost continually laughing or singing; her conversation was quite incoherent.


Æt 9 1838

EXPLANATION OF PLATE IV.

Portrait of No. 3, restored to reason. This patient was in a state of Mania for nine months; she is now quite restored to reason, and is conducting herself with great propriety, as a domestic servant.

The remedies employed were those generally used, with the addition of leeches to the head, blister to the nape of the neck, small doses of Tartarized Antimony and the Douche.

Engd by W.H. Lizars.

EXPLANATION OF PLATE V.

Portrait of a married female, aged 50; she has been for a considerable length of time in a state of Mania, subject to violent exacerbations. She is in general in a state of abstraction, in which she is here represented. Occasionally she is very furious and always dangerous.

From the duration of the disease, without amendment, it is probable that it will terminate in Dementia.

PUERPERAL MANIA.

In Puerperal Mania the physiognomy is more variable, the changes are more frequent and more sudden, and the appearance of exhaustion is greater; the cure also is more frequently effected than in other varieties of Mania.

The changes that take place in the vascular system, and the increased sensibility of women during pregnancy, childbearing and suckling, render them more liable to insanity. When this takes place in the Puerperal state, Mania is the most common form of the mental disorder. Melancholy sometimes appears, but this is generally after having suckled the child too long. *

In many cases it is not advisable to remove patients lately delivered and in a state of great exhaustion from their homes, although it may be necessary to seclude them from their friends, hence this variety frequently falls under the observation of general practitioners of medicine.

In the treatment of Puerperal Insanity our attention must be directed to the condition of the Mammæ, to the state of the Lochial discharge, and to the degree of exhaustion under which the patient may suffer, keeping in view the general principles upon which the treatment of insanity are founded.

The treatment of insanity has been divided into medical and mental, or, as it has been usually termed, moral treatment.

* Of thirteen cases of Puerperal insanity, cured under my care last year, ten assumed the form of Mania.

In every case of mental derangement, it is presumed that more or less corporeal disorder exists. Hence the propriety of this division.

In the employment of medical treatment, we are directed by indications, presenting themselves, to counteract the various deviations from the healthy state which may occur in the corporeal functions. Where the mind is disordered, it is now generally admitted, that its organ, the brain, is either primarily or secondarily affected,—probably not so universally the former as some late authors contend. Still, in every case, our attention must be directed to investigate the probable condition of this organ, which varies in different cases. In some, the irritation of the brain attending the mental derangement is inflammatory; in others, a state of active congestion or fulness of blood-vessels, without inflammation, prevails. This fulness, again, may be of a passive description, depending upon a relaxed state of the coats of the cerebral vessels. With a view to obviate these morbid states of the blood-vessels in the head, the abstraction of blood generally or locally may be necessary; but caution in regard to blood-letting is always proper; it is a good rule not to employ general blood-letting for disorder of the mind, unless, symptoms of inflammation or congestion exist, such as would point out the propriety of having recourse to this remedy, without reference to the mental symptoms. In the Hospitals to which I am attached we find that excessive depletion employed previous to the admission, renders the cases more protracted, and sometimes reduces the patients to a state of dementia. Shaving the head is often useful, by lessening the heat; the application of cold in various forms; the application of blisters, and

the insertion of issues, are all indicated; more or less, in different cases, as well as other evacuations tending to diminish determination of blood to the head.

To remove the effects of these morbid states of the vascular system, such as thickening of the membranes, depositions of serum, &c. which after death, are found to have existed in many cases, certain remedies, supposed to excite absorption, among others, mercury, diuretics, and local stimulants and drains, have been employed.

The influence exerted upon the brain by disorders existing in other organs, leading to derangement of its functions, appears to be intimately connected with the state of the nerves and ganglions of the great sympathetic nerve, supplying the organs of digestion and of generation. The unusual sensations experienced in the abdomen leading to erroneous ideas respecting their nature, so common in some varieties of insanity, as well as those occurring in epilepsy and hysteria, are, it is probable, phenomena of a deranged state of this system. How great an effect slight irritation thereof may produce, is proved by delirium and convulsions, symptoms dependent on the nervous system including the brain, being produced by worms in the intestines irritating the extremities of these nerves, without any reason to suppose inflammatory action.

Where abdominal irritation, then, may be supposed to exist, the employment of remedies acting upon the stomach and bowels is rationally indicated, and they, especially purgative medicines, are of extensive utility in mental disorders.

The connection of the genital organs with mental disorder is likewise well ascertained. In females, menstrual

irregularities, the states of pregnancy, child-bearing, suckling and weaning,—in males, excessive venery and onanism are frequently followed by or attend upon insanity. Hence the good effects sometimes produced by the re-establishment of the menstrual, the occurrence of the hæmorrhoidal discharge, and the removal of debility,—and the propriety of employing medical treatment corresponding to these indications.

With regard to the nervous system itself, irregular distribution or congestion of that subtile fluid, or agent, which is presumed to be the material vehicle of sensation, may take place in the nerves, this fluid may flow too rapidly, or accumulate too much, in certain parts of the nervous system, independent of sanguineous disorder, and produce increase of general sensibility, and of muscular irritability, giving rise to painful and unusual sensations, the cause of those sudden delusions, and of those violent and irregular movements so common in the insane.

To mitigate or subdue those, recourse is had, and upon rational principles, to the soothing properties of the warm bath, and of narcotics of different kinds, including opium and its various preparations, hyosciamus, camphor, &c. and to the invigorating effects of nourishing diet, fresh air, exercise and tonic medicines.

It is in directing the mental or moral treatment, however, that the arrangement, founded on the diversity of the mental phenomena, is chiefly useful; for cases arranged under the same head, and requiring similar mental management, may require very opposite medical treatment.

In order to conduct the mental treatment with efficacy, one most important object is to obtain full information of the patient's previous history, and particularly of the

mental cause giving rise to, or at least intimately connected with, the production of the disorder. Such may be excessive application to business or to study, political anxieties, commercial difficulties, religious doubts, disappointed affections, remorse of conscience, and various passions. Possessed of such knowledge, and familiar with the physiognomy of mental disease, we are the better able to appreciate the phenomena of his delirium, the association of his ideas in general, and the tendency of those ideas on which his mind chiefly dwells, thereby foreseeing and preventing mental irritation, removing or diminishing uneasy sensations, and lessening the frequency of fits of fury or of despondency.

On remissions occurring, we are the better able to direct the patient's attention to subjects least likely to agitate him, avoiding those on which the train of erroneous ideas or delusions depend. By ascertaining and applying what is most wished for, or making him avoid what is most dreaded, we are the more enabled to exercise with judgment the opposite emotions and affections that may be suitable to the different kinds of partial insanity, and thus to promote his cure, and to prevent the recurrence of his disease.

In such cases, then, where mental treatment is applicable,—for in furious madness seclusion and medical treatment, adapted to the indications presenting themselves, and adequate restraint, applied with gentleness,* and in chronic dementia and idiotism, safe custody and kind treatment only are required—the leading indication is to diminish and re-

* Long stockings with a bandage, fixing the legs together, is a mode of restraint recommended in cases of Puerperal Mania;—when disposed to tear clothes, or to strike others, leather mitts on the hands, attached to a leather belt around the waist, is the mode of restraint generally adopted.

move delusions or erroneous ideas, by exciting the attention, and by withdrawing it from favorite, but hurtful, subjects of thought. With this view, recourse must be had to occupation exercising the body, or employing the mind, or both, by such means as labour of various kinds, active or sedentary amusements, walking, riding, travelling, and when not too exciting, music, drawing, reading, &c. In general it may be observed, that such a daily round of easy occupation, not attended with danger, ought to be established, in which the patient may be employed, as in the discretion of the physician may seem best adapted to his former habits and his present state.

Where numbers of patients are assembled, the treatment to be observed necessarily requires a judicious classification; for it would be highly prejudicial to allow those who have their particular dislikes, those who may awaken distressing ideas in others, or those who may strengthen each other's delusions, to be together.

The excitement of certain emotions or passions is sometimes of use in mental treatment; in particular, the agreeable emotions of hope* and of religious consolation, and the disagreeable ones of shame and of fear, but the latter ought not to be caused by the physician himself, as it would tend to destroy that confidence it is of so much consequence that the patient should feel in him. To excite fear in a moderate degree, certain mechanical means have been employed, as the rotatory machine, and the douche of cold water—and they have been sometimes employed with advantage. A few cases are on record, where dexterously humouring the

*The sight of the child has occasionally been of service in Puerperal cases.

patient's delusions has been successfully tried; but these are so rare, that little dependence is to be placed in that mode of treatment. To conclude, it must be kept in mind, that no general rules of mental treatment can be laid down applicable to every case. Each patient must be studied individually, in order to acquire such knowledge of his mind, as to enable us to control and regulate its operations.


AS. 1838

EXPLANATION OF PLATE VI.

E. E. L. aged 20. This Female, was seized with Puerperal Mania ten days after the birth of her second child, whom she had suckled for several days—her face was flushed, her eyes had a wild glistening appearance, and wandered rapidly from one object to another; she became very restless, tore her clothes, laid herself on the floor, knocked down her nurse, and required restraint; her conversation was incoherent, she talked of having thousands of children; she had no hereditary disposition to insanity.


AS 1838

EXPLANATION OF PLATE VII.

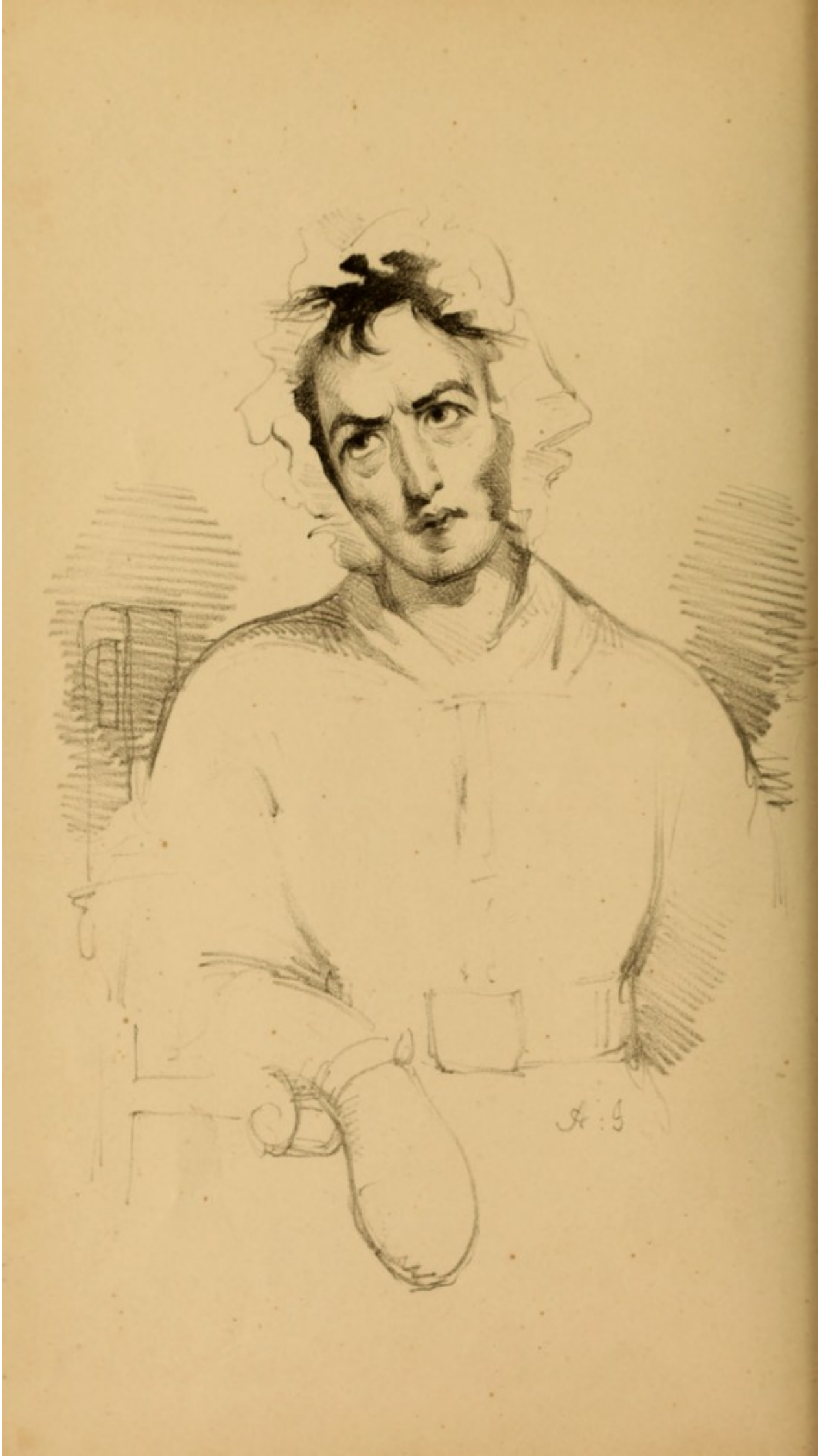
E. E. L. plate 6, restored to reason. This patient's head was shaved, and mild laxatives were given; a state of stupidity, approaching to dementia, succeeded the violent stage, from which she gradually recovered in about six months from the commencement of her disease.

The warm bath, with the douche of cold water, administered about twenty times, appeared to have a very beneficial effect in promoting her recovery.


A.S. 1838

EXPLANATION OF PLATE VIII.

E. I. aged 33. This Female, who had no hereditary disposition to insanity, was seized with Puerperal Mania three days after the birth of her first child; she is here represented eight weeks after the commencement of her disorder—her face pale, and her eyes and mouth shut; at times she is very silent, at other times she is very noisy, and screams; she attempted to jump out at a window, is disposed to tear her clothes, and frequently drops on her knees; her conversation is incoherent, sometimes she says that she is strange, that she is mad, that she shall destroy her child, or cut her own throat; restraint is found necessary.



EXPLANATION OF PLATE IX.

E. I. plate 8, taken seven months after her disorder commenced.

Gentle laxatives, nourishing diet, fresh air and exercise, effected some improvement; she, however, required occasional restraint, on account of a disposition to tear her clothes during the whole interval.

Premature communication with her friends was prejudicial, and was succeeded by greater violence, her conversation became more incoherent, and she spat at those around her.


A. G. 1838

EXPLANATION OF PLATE X.

E. I. plate 8, restored to reason. In this case a blister applied to the nape of the neck, and a discharge kept up by the application of Savine Ointment, appeared to expedite the recovery, which was completed by the use of Sulphate of Quinine, in about nine months from the commencement of the disorder.

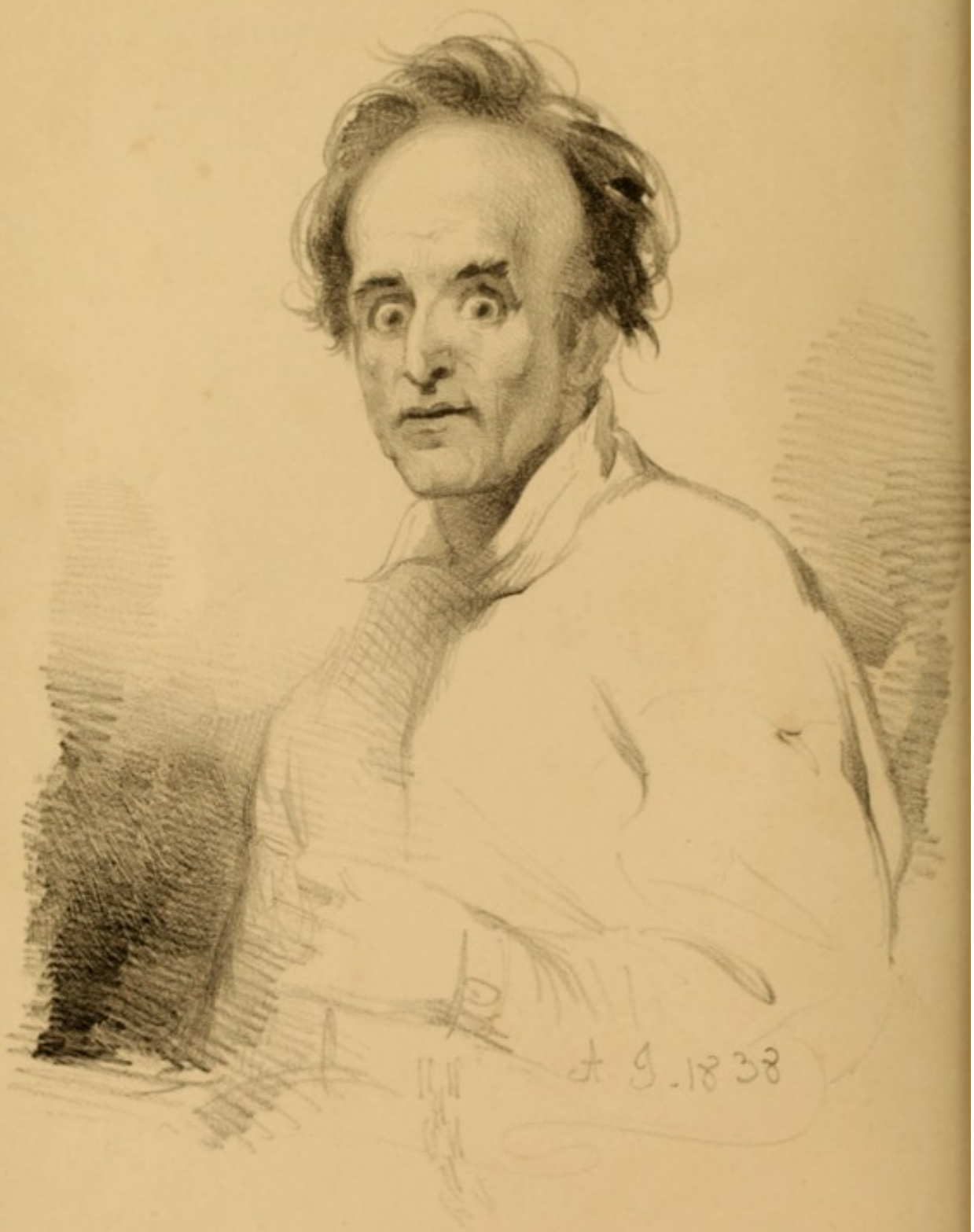
MANIA WITH EPILEPSY.

The combination of insanity with epilepsy, and with palsy, and the transitions of one species of insanity into another, are subjects of great interest in the study of mental diseases. I have endeavoured in the present number to exhibit the physiognomy of some of those states.

The intimate connection of epilepsy with mental disorder is well known; insanity has sometimes preceded the appearance of epilepsy, but in the greater number of cases the latter is the original disease. When epilepsy has existed a length of time it brings on weakness of the mental faculties, of the memory in particular; there are, however, cases of long standing, particularly when the fits are not frequent, in which little effect has been produced on the mind. Fits of epilepsy sometimes occur suddenly without warning; in general they are preceded by uneasy feelings in the head, or a peculiar sensation proceeding from some part of the body towards the head, to which the term *aura epileptica* has been applied. In a patient who is unable to give an account of his feelings, an approaching fit may be foretold by his increased agitation and restlessness, by flushing of the face and increased action of the carotid and temporal arteries, and swelling of the jugular veins. When these signs are perceived, he ought to be carefully watched, to prevent accidents. On the cessation of the fit, the patient is exhausted, and stupid, and his eyes are dull and heavy.

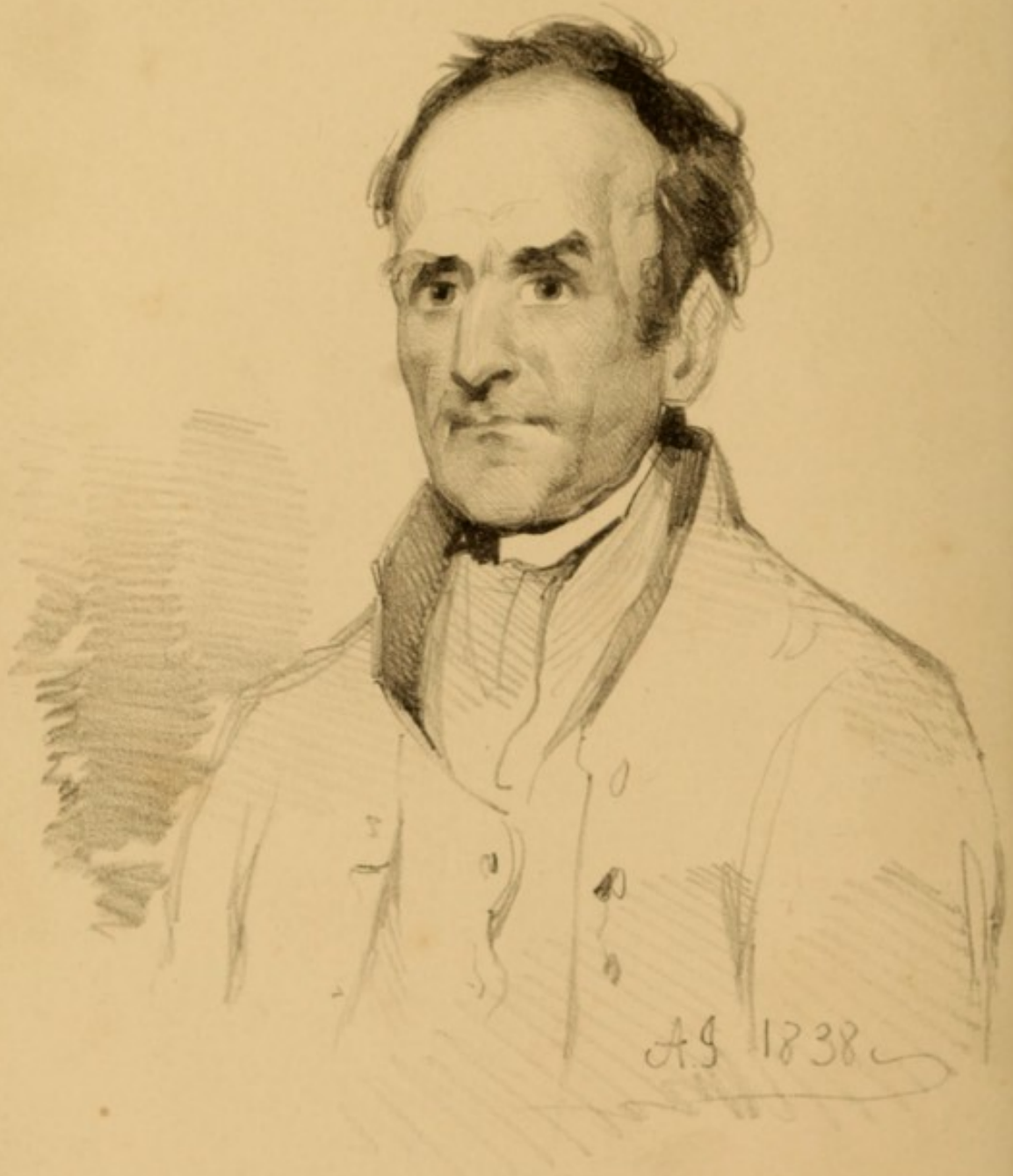
The combination of insanity with palsy shall be noticed in a subsequent number.

When mania does not terminate in recovery or in death, the termination to be apprehended is that of *chronic* dementia. In its progress the disorder of the mental faculties may assume the form of monomania, or more rarely that of *acute* dementia; on the other hand, these forms of insanity occasionally pass into that of mania, and one variety of monomania passes into another.


Æt 9. 1838

EXPLANATION OF PLATE XI.

A. H. aged 60, has been subject to periodical attacks of Mania for many years, the paroxysms occur at intervals of about six weeks, and last ten or twelve days; they commence suddenly; he kneels down, prays and sings very loudly, and soon becomes violent and dangerous. In one of his paroxysms he unfortunately got hold of a female, who was giving him food, and killed her. He has a powerful voice, and is extremely noisy and violent; after a fit of epilepsy, to which he is subject, the violence begins to abate, which is contrary to the usual course of epileptic Mania, the fit generally aggravating the maniacal symptoms.


A.S. 1838

EXPLANATION OF PLATE XII.

Portrait of A. H., No. 11, in the interval of his mental disorder. This interval lasts several weeks, during it he has fits of epilepsy every two or three days, but is calm and collected, and conducts himself with propriety—his bowels are extremely torpid, requiring strong medicines during the maniacal state; and he requires personal restraint, and seclusion in a dark chamber.


A. S. 1838

EXPLANATION OF PLATE XIII.

Portrait of an old woman, D. B., aged 72. Mania, not hereditary, of nine weeks duration; after an attack of inflammation, with jaundice, she became maniacal, talked loudly and incoherently, and became outragious in her conduct; she required personal restraint.


7.9.1838

EXPLANATION OF PLATE XIV.

Portrait of D. B., No. 13, in a state of monomania; in this case the state of general insanity ceased, and monomania, with ideas of grandeur, took its place; she conceived herself to be a queen.

After ten months she retained the same idea, but was very quiet, and made herself useful in domestic work; some time after this she became paralytic.

EXPLANATION OF PLATE XV.

Portrait of W. L., aged 40, in a state of Mania, taken immediately after an epileptic fit; on his head there is a soft circular pad, made use of in some asylums, to prevent the head being injured when the patient falls down suddenly. This portrait was taken several years ago; he still continues in the same state, and is considered a dangerous patient.

Engd. by W.H. Lizars

EXPLANATION OF PLATE XVI.

Portrait of a Female in a state of Chronic Dementia, succeeding an attack of Mania.

Nothing arrests her attention, she does not speak a word, but requires restraint to prevent her tearing her clothes.

MONOMANIA.

The term monomania is applied to cases of insanity in which we find a small number of predominant and exclusive ideas, upon these delirium or wandering is manifested, and the attention is fixed, the judgment being sufficiently sound upon other subjects: in cases of mental disease, ranged under the division of mania, we find incoherence and diversity of insane ideas and actions, as if the patient thought and acted at random, with a physiognomy ever varying, according to the ideas which influence the mind at the moment—in the division of monomania we are about to consider, as it is characterized by delirium on certain points only, the mind retaining its accustomed vigour and mode of thinking on other points, we shall find the physiognomy exhibiting a fixed expression characteristic of the peculiar ideas which preponderate in the mind of the patient.

The term melancholia, derived from the ancients, was applied by Dr. Pinel to partial insanity. This term, however, is objectionable—because it literally means, black bile, the existence of which is by no means essential to the disease; and because it is generally applied to express the passion of grief not combined with insanity. Dr. Esquirol has introduced the term monomania instead of melancholia; and this has been very generally adopted to designate insanity in which the mind is only partially affected.—Under this division, therefore, we include all those cases

in which certain ideas, affections, or propensities, preponderate in the mind, and give a peculiar expression to the features, more or less characteristic of these ideas or emotions; in some, erroneous ideas of pride, vanity, wealth and grandeur, predominate—in others, those of love, of fear, or of grief; in some, the mind is deranged on religious subjects—in others, the error is influenced by diseased visceral sensations—and in others, irresistible propensities appear to actuate the sufferer, in particular, propensity to suicide or homicide, and perhaps to drunkenness, theft, arson, or unnatural vices.

Monomania is the most frequent form of the insane state. Different varieties may be combined or may alternate with each other or with mania. Delusions sometimes occur in addition to those which constitute the leading feature of the variety. Monomania is also, sometimes, intermittent, and it frequently passes into a state of dementia; it is, occasionally, the sequel of mania: there is, sometimes, considerable difficulty in detecting it until the subject on which the mind is deluded be touched upon; in such cases, the physiognomy may assist us in forming a just conclusion. In most cases its approach is gradual, the mind, for some time, retaining energy and strength sufficient to resist the intrusive ideas which at length overpower it, and occasion false propositions to be announced and maintained, and irrational or unnatural acts to be committed—as in mania, indifference and aversion to friends and relatives are in many cases evinced, and moral restraint is lost.

The first variety of partial insanity of which the physiognomy is given is

MONOMANIA,

WITH ELATED IDEAS.

These may relate to dignities, honours, and grandeur, with which the patient thinks himself invested; in some, exceeding all probability, in others, magnifying actual situation. Some monomaniacs appear entirely occupied by agreeable sensations, and exhibit no chagrin.

In general, the patient is easily excited, tenacious of his dignity and importance, and is often loquacious—he has a proud and self-sufficient air.

Paralysis is a frequent concomitant of this variety, which very often ends in dementia, and seldom is cured.


A.J. - 1838

EXPLANATION OF PLATE XVII.

E. C., aged 50, a poor widow who went into the country to make a little money by gathering hops, on her return found that her nephew had robbed her of her little all. She became deranged and conceives that King George the Third had resigned his throne to her—that she is Queen Betty—has seven millions of money—and that St.James's Park and Bethlem Hospital belong to her.

She is very industrious—always at work ; she has no symptoms of palsy, and never requires personal restraint.

EXPLANATION OF PLATE XVIII.

E. I, aged 64, a female possessing some property, of a turbulent disposition, and giving considerable annoyance to the neighbourhood in which she lived, affirmed, that she was in a peculiar manner the daughter of the God of heaven; and that she was Venus in the first place of the sign Libra—that she was well acquainted with the formation of the world, and the counsels of the Almighty, but she conceived herself under the influence of evil machinery. She was easily excited by contradiction.

She became excessively fat, and died of apoplexy.

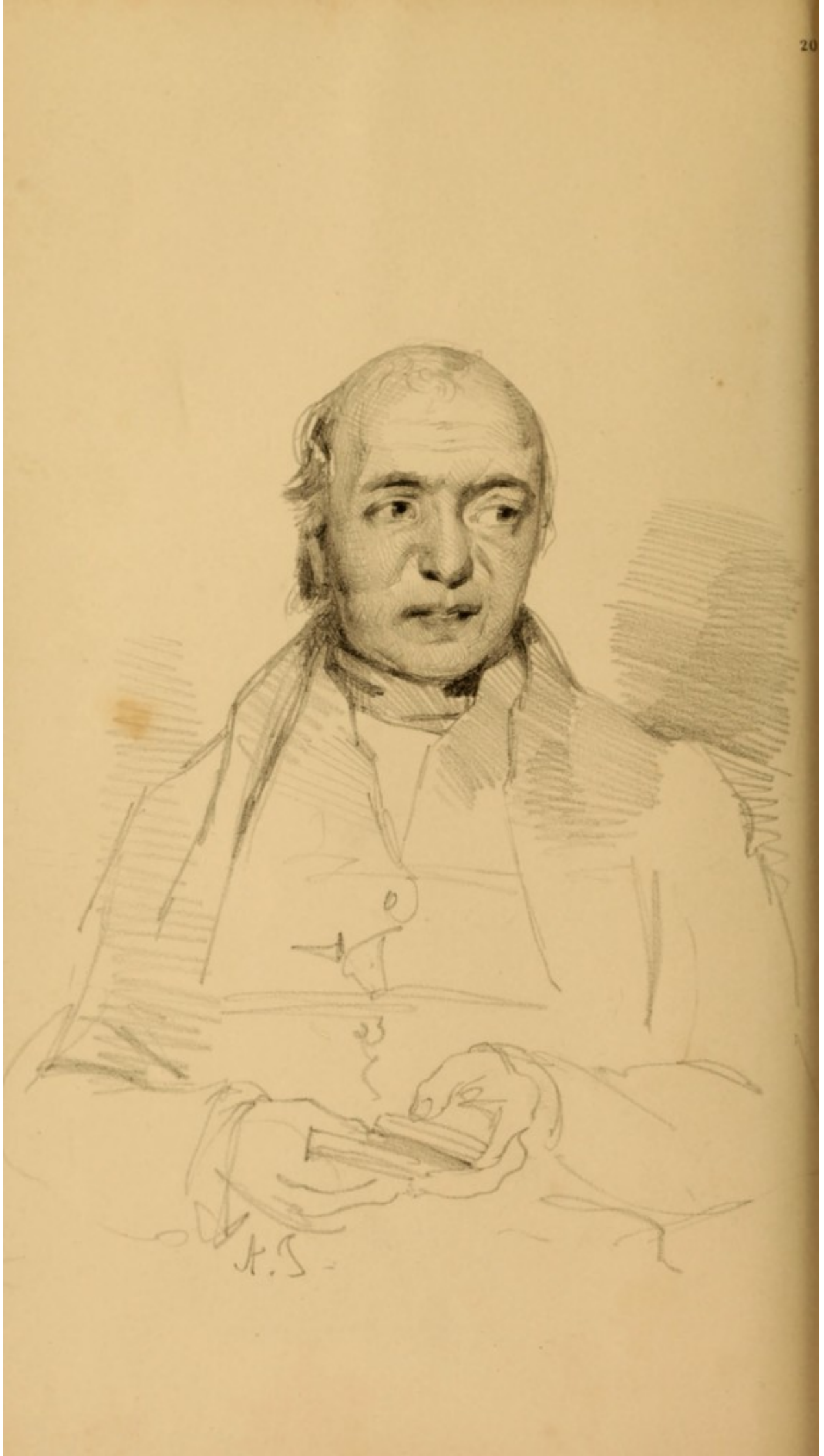
She is represented in her favourite dress.

Engd by W. H. Lizars.

EXPLANATION OF PLATE XIX.

M. W., aged 35, a female in whom, although a pauper, ideas of wealth and grandeur are predominant—she conceives herself to be an Irish princess, and possessed of great wealth.

She is liable to violent fits of fury when her delusions are called in question, but talks rationally on subjects unconnected with them. She is still alive, and has continued to cherish the same erroneous ideas, without increase or diminution, for about twenty years—no symptoms of palsy have appeared, and she now requires very little personal restraint.


A.S.

EXPLANATION OF PLATE XX.

H. T., aged 60, a poor man who supposed himself to be a very exalted personage, and assumed the title of Head General of the whole world; his constant occupation was shuffling a pack of cards and laying them out before him, saying that he was learning to play; his observations on other subjects were generally correct; he continued nearly in the same state of mind for twenty years, and died of apoplexy.


A S

EXPLANATION OF PLATE XXI.

L. T., aged 74, a widow, who has been insane for a considerable number of years; she conceives herself to be mistress of the universe, and of unbounded power; in her the state of monomania is passing into dementia, as she is occasionally incoherent in her discourse.

MONOMANIA, WITH PARALYSIS.

THIS variety of partial insanity has, of late years, attracted much of the attention of medical men connected with establishments for the reception of the insane, but it is not yet sufficiently known to the profession at large.

Monomania, with delusions of grandeur and of wealth, is the usual concomitant of a variety of palsy generally commencing with difficulty in speech—to which the term, general paralysis of the insane, has been applied by Doctors Esquirol and Calmeil, who have written upon the subject. By the regulations of Bethlem Hospital, cases of this description for upwards of fifty years have been excluded; nevertheless, patients, in the early stage of the disorder, have been frequently admitted, and have undergone treatment for a limited time, so that it is well known there.

When a patient is brought to the hospital expressing ideas of high rank or expectations, great abilities, extensive possessions, or much wealth particularly in articles of gold—with impaired memory and weak volition, or what may be termed infirmity of purpose, and at the same time has a slight difficulty or hesitation in speech, and an unsteady or tottering gait in walking, it is concluded that he labours under this formidable disorder in its early stage, and that there is little or no chance of his recovery. Practitioners, not accustomed to the disorder, can scarcely be made to believe that it is of so serious a

nature; in proof of this, I may mention the case of a healthy-looking, quiet female, who was admitted into a county asylum near London: she talked of having a good deal of money and a gold coach, and had a very slight hesitation in pronouncing some of her words—so trifling as to escape notice unless the attention was directed to it; the gentleman under whose care she was placed gave a favourable prognosis of her case—I was of a different opinion, and proved to be correct; she rapidly became worse, and died paralytic in a few months.

The physiognomy of patients labouring under this variety of monomania exhibits, as might be expected, less energy of expression than is found in those in whom similar ideas predominate, without tendency to palsy.

This disorder is of frequent occurrence; it is met with more frequently in males than in females,* and in those in easy circumstances than in those who lead a laborious life: it occurs at various ages—I have met with it under the age of 30 years, and I have known it to commence at that of 74. The causes of it are imperfectly known; intemperance in the use of strong liquors, and licentiousness, more especially if combined with mental exertion, have been frequently the precursors of it: in the greater number of cases the insanity and the palsy commence together—or the palsy is detected very soon after the disorder of the mind.

The duration of the complaint is various; it sometimes

* In the two establishments for the reception of the insane which I attend, containing about 1,100, there are at present 35 paralytic insane patients, viz, In Bethlem Hospital, 7 males and no females; in the Middlesex Asylum at Hanwell, 14 males and 13 females.

runs a rapid course, and is fatal within a year from its commencement—sometimes the patient lives several years, rarely however exceeding three or four years; in a few cases, it has appeared to remain stationary for a considerable time—but, in general, the diminution of the mental powers, and the increase of the paralytic symptoms progressively advance, until a state of complete dementia and helplessness takes place—and this is, in some cases, accompanied with gangrenous ulcers on those parts of the body which are subjected to pressure before the sufferings of the miserable patient terminate in death; in other cases, death takes place more suddenly by the occurrence of apoplexy or convulsions.

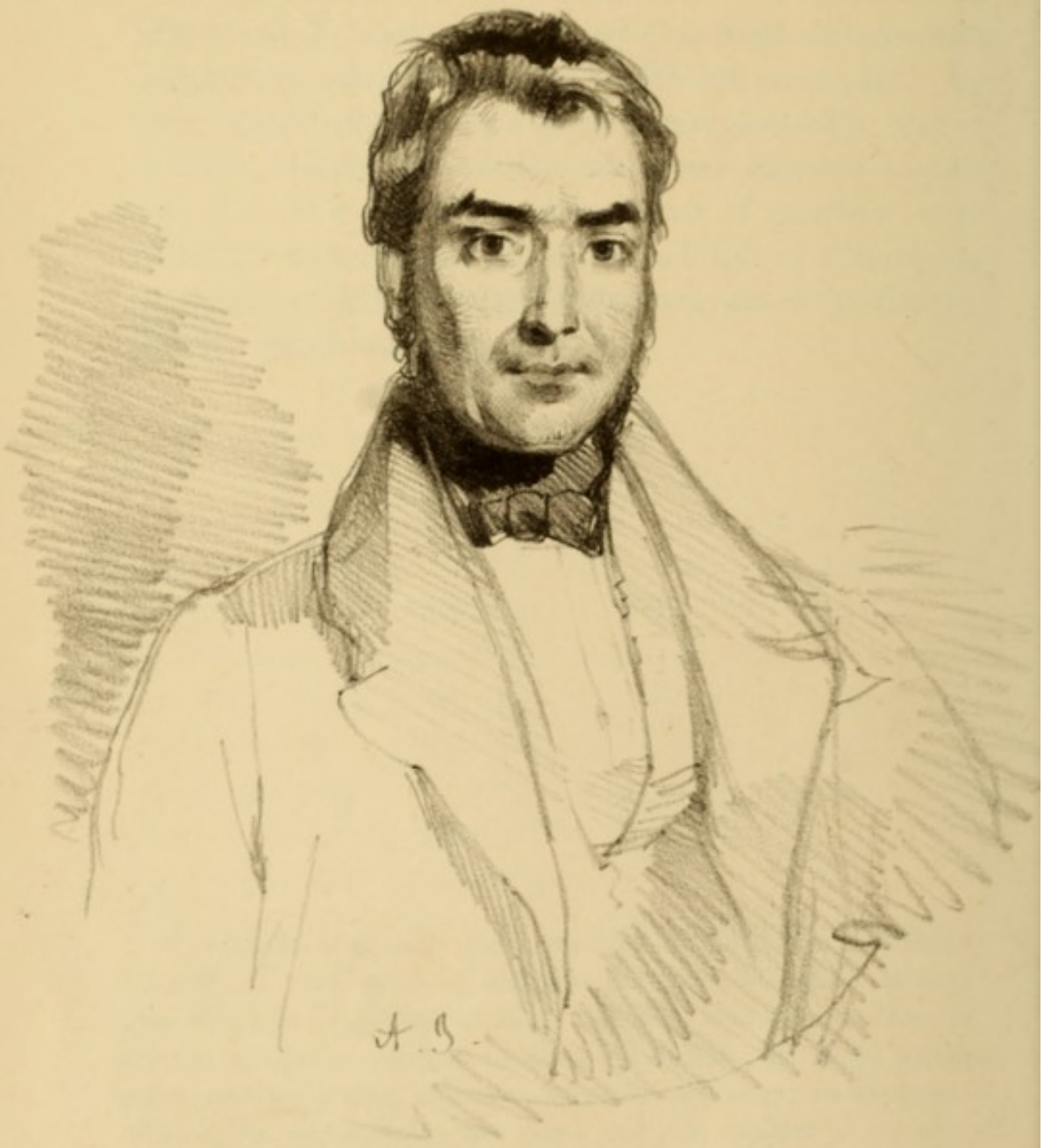
Occasionally the disorder varies in the intensity of its symptoms, alleviation being procured by the remedies employed; and very rarely a cure has appeared to be effected—as in No. XXII.; the only well-marked instance of this that has occurred in my own experience.

The prognosis, or probable event of the disease is most unfavourable, more so in this disorder than in insanity occurring in a paralytic person where the organs of speech are not affected, for instance—T. G., a carpenter, aged 47, had a paralytic attack many years ago, which left him lame on one side; but he had no symptom of insanity until February, 1835, when he had an attack of mania of five months duration. He was restored to reason at the end of that time; the paralytic lameness remaining the same as before the attack.

With regard to the treatment of general Paralysis with Insanity, as marks of subacute or chronic inflammation of

the brain and its membranes have been generally found on examining the heads of those who have died, remedies calculated to diminish or retard the progress of this state are to be employed, such as purgatives, local detraction of blood from the head—which ought to be kept shaved—cold applications—counter-irritation by blisters, setons, &c.; by these means, although a cure as above noticed is seldom effected, considerable relief is sometimes afforded—in one case, that of a female, in whom ideas of grandeur were combined with attempts at suicide and loss of speech, the application of blisters retarded the progress of the disease, and the speech was restored.*

* The appetite is generally good, sometimes voracious, but the muscles of deglutition being enfeebled, suffocation has been produced by too large portions of food being taken at once. Attention to this circumstance is therefore necessary, as well as to relieve the costive state of the bowels and the retention of urine, which may attend the early stage; as the disease advances, the sphincters lose their power, and great attention is necessary to lessen the bad effects of the involuntary discharges consequent thereon.


A. B.

EXPLANATION OF PLATE XXII.

EARLY STAGE OF GENERAL PARALYSIS.

A. B., aged 37, a Lawyer,

In this patient the disorder had been noticed four months. His memory was much impaired, and he was infirm of purpose, easily made to give up any object he seemed bent upon accomplishing. He had a slight hesitation in his speech, but walked with tolerable firmness.

He said he had been inventing machinery that would astonish the world; and that he was worth many thousands of pounds — although he had nothing. He had been purchasing a number of things of which he had no need, and could not pay for — hiring carriages, and throwing away the little money he was possessed of. In the course of four months' treatment, by local detraction of blood from the head and purgatives, the symptoms were entirely subdued, and he now, after about a year's interval, continues free from complaint, and follows his business.

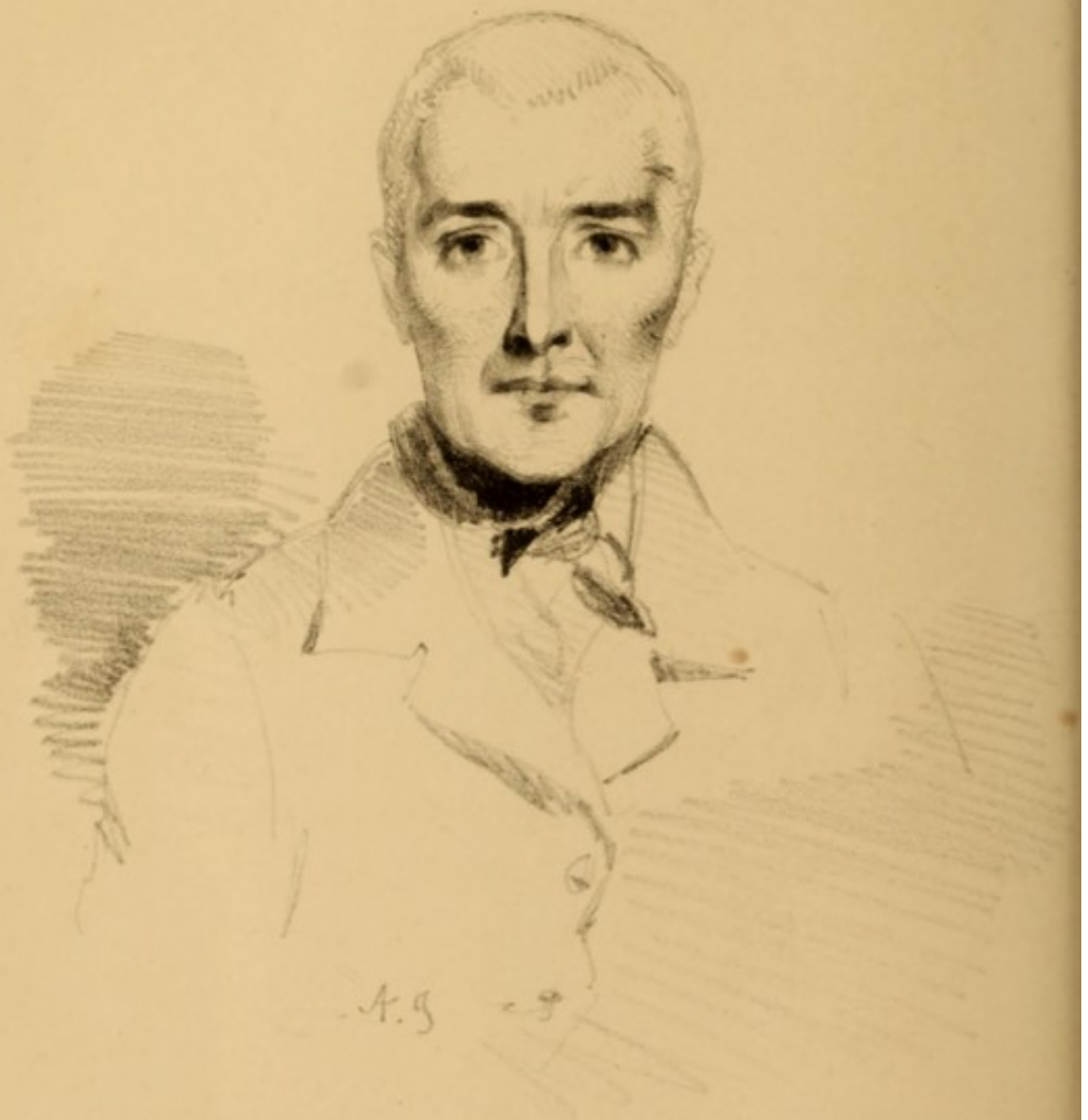
This portrait was taken during the existence of his delusions.

EXPLANATION OF PLATE XXIII.

EARLY STAGE OF GENERAL PARALYSIS.

J. H., aged 50, a Gentleman's Butler.

In this patient, who was a very sober person, the disorder came on suddenly six months before his portrait was taken; he did not exhibit any well-marked delusions of grandeur, but he used to swear, and stamp with his feet violently, saying, "I shall be ruined." He spoke with hesitation, but could walk pretty well; he had no recollection of past events; did not know his own name, where he came from, the day of the month, the month itself, or even the year; and he would cry like a child. He was under treatment about nine months; purgatives were given, he was bled and cupped, had leeches applied to his shaved head, two blisters applied to the nape of the neck, and a seton inserted in it. From none of these remedies was any benefit derived; the paralytic symptoms and the state of dementia gradually increased.



EXPLANATION OF PLATE XXIV.

EARLY STAGE OF GENERAL PARALYSIS.

J. O., aged 38, a Gardener.

The misconduct of an only daughter gave this patient much vexation, and brought on a state of melancholy, which lasted two weeks, at the end of which time—about four weeks before his portrait was taken—his notions suddenly became very high; he insisted he was the King, that he was in his palace which was made of gold, and that he had a million of money. His memory was much impaired, he did not know either the month or the year; his speech was slightly impaired, but he was talkative, and he walked with a tolerably firm step.

EXPLANATION OF PLATE XXV.

ADVANCED STAGE OF GENERAL PARALYSIS.

J. O.; a second portrait, taken a month after Plate XXIV. In this patient the disorder had made rapid progress—the embarrassment of his speech increased, his memory was nearly abolished, he tottered very much, indeed could scarcely walk at all, and, notwithstanding his appetite was very good, he rapidly became thinner: his head had been shaved, leeches had been applied three times, and moderate purging had been employed, but nothing could prevent the rapid progress of the disorder.

EXPLANATION OF PLATE XXVI.

LAST STAGE OF GENERAL PARALYSIS.

J. H., aged 36, a Painter.

This portrait exhibits a man of considerable eminence as an artist, in the last stage of the general paralysis, five weeks before his death. He is in a state of complete dementia, has scarcely any ideas, and remembers nothing —repeats a few words with little connection, such as "I am Prince of the Ionian Islands,—I was a beautiful artist."

He cannot walk without assistance, and it is necessary to secure his hands to prevent him tearing his clothes— His urine flows involuntarily, still his appetite continues good. His disorder existed thirteen months from its commencement to its termination in death, which was preceded by extensive gangrene of those parts of his body subjected to pressure.

He is represented with the leather sleeves made use of in the Hanwell Asylum.

MONOMANIA WITH LOVE.

The passion of love which includes a mental as well as a physical affection, being a compound of the sentiment of love and of the propensity common to man with the brute creation, is sometimes the prevailing feature of the insane state.

When the sentiment predominates, the term Erotomania is employed, and when the animal propensity is more conspicuous, that of Nymphomania in females, and of Satyreasis in males, is employed.

In Erotomania there is an insane passion for an object, which object may be real or imaginary, of probable attainment, or far beyond reasonable hope;* and it has even been an inanimate body, as a fine statue. This insane passion controuls the words and actions of the patient, in consequence of which, he says and does things which the sane lover has self-controul sufficient to enable him to refrain from.

When reason is thus controuled by the passion of love, the character of the insane state is modified by the predominance of the sentiment, or of the animal propensity; when the sentiment predominates, which it is said in some cases to do entirely, so as to exclude the animal propensity, the patient is disposed to silence and melancholy, to lose his appetite and sleep, to become thin and to have febrile symptoms; the sight of the beloved object is observed to excite the pulse and to give colour and animation to the

* As in the case of a poor labourer in love with the queen.

countenance, which at other times is pale and depressed. This takes place in some who are deeply in love, without delirium, and to the fulfilment of whose wishes insurmountable obstacles seem to be opposed; but in those in whom reason is overturned, and in consequence the power of self-controul weakened, the animal propensity is, I believe, more or less developed; at the same time there is in females a struggle between the modesty, natural to the sex, and the lasciviousness, which, when wholly unrestrained, constitutes Nymphomania; upon other subjects the patient may be able to talk rationally.

Erotomania is met with more frequently in females than in males, in whom, when deprived of reason, and under the influence of unbridled desire, a tendency to unnatural practices is a form this disorder of sometimes assumes.

Where the insane state is characterised by the predominance of amatory ideas, a cure is more frequently effected than in the variety of insanity already considered, in which ideas of pride and grandeur prevail. Although this be the case, the tenacity with which the mind retains lascivious ideas, under circumstances, which we should expect must wholly extinguish them, is surprising; I allude to the stage of Collapse in Asiatic Cholera: during the first attack of this formidable disease in the Lunatic Asylum at Hanwell, in September and October, 1832, when only females were the subjects of it, several patients, labouring under this variety of insanity, exhibited lasciviousness in their words and actions, in the highest degree, long after the pulse at the wrist had ceased to be perceptible, and the skin and tongue had become quite cold, indeed until a very short time before they expired.

When not cured, Erotomania is apt to terminate in Dementia, in which a total disregard of cleanliness and decency prevails.

With regard to the causes which give rise to this variety, although disappointment of the affections is sometimes the cause of Erotomania, yet this is not always the case; for Mania, Melancholy Insanity, and even Dementia, are occasionally the effects of this cause.

Excessive devotion to religious subjects, has in some, been the prelude of Erotomania; in such cases, the devotion at first directed to the Creator has at length been diverted to the creature, and the clergyman has become the object of the insane love of the patient.

Irritation, produced by various local causes, such as herpetic eruptions, acrid discharges, and determination of blood, has given rise to aggravated cases of the disorder.

With regard to the treatment, Erotomania being sometimes accompanied with hysterical symptoms and obstructed catamenia, the removal or mitigation of these complaints becomes an indication of great importance.

Where local irritation is found to exist, the removal of the cause of this irritation has entirely cured the most severe form of the disorder: thus, by the excision of a large portion of enlarged Nymphæ, *artificially* produced, giving rise to Nymphomania, the disorder was completely cured.

Seclusion, change of scene, the cold bath, the shower bath, the douche, and cold applications to the region of the uterus, have all been employed with advantage, and camphor in large doses has been found of service.


A.J.

EXPLANATION OF PLATE XXVII.

EROTOMANIA.

A. A., aged 25, a domestic servant.

In this patient the disorder at first assumed the form of Mania, but was very soon limited to amatory ideas, and these were directed towards the clergyman of her parish.

She is now (at the time this portrait was taken) very affectionate in her manner and generally disposed to kiss, but she never transgresses the bounds of decency in language; her face is flushed and her eyes are brilliant.

She has been in this state about four months.


A. G.

EXPLANATION OF PLATE XXVIII.

PORTRAIT OF NO. XXVII CURED.

This patient recovered in about eight months.

Laxatives, Tartarized Antimony, Hyosciamus, Bark and Camphor, were employed in the treatment of her disorder.


AJ. 1838

EXPLANATION OF PLATE XXIX.

EROTOMANIA.

M. S. P. aged 22, an unmarried female, educated as a governess—had an hereditary tendency to insanity.

She was naturally of a very chaste and modest disposition; her Catamenia had been obstructed for six months, about three years ago, and she became insane. Her insanity assumed a religious character, she conceived herself to be "the Virgin Mary; that she had received spiritual birth on a certain day, for she then felt joy by the Holy Ghost;" she was quite cured after the disease had existed about a year, and she remained well for two years and a half.

She now labours under a second attack, and has been two months insane; she expresses her love for the clergyman whom she has attended; her eyes are red and brilliant, her face is flushed and her ideas are amatory, for she expresses a wish to be kissed—talks of being pregnant with something holy, and of marriage; but she does not farther transgress the bounds of decency in looks or discourse.

EXPLANATION OF PLATE XXX.

PORTRAIT OF NO. XXIX CURED.

This case was cured in about five months.

Her head was shaved and leeches were several times applied to it, laxatives were employed, and small doses of tartarized antimony, morphine, and camphor, were given, and the douche and the shower bath were employed.

This patient expressed great relief from the cold douche applied to the back of her head.

Engd by W.B.Lawre

EXPLANATION OF PLATE XXXI.

NYMPHOMANIA.

This exhibits an elderly female, in whom lascivious ideas predominated, constituting the variety termed Nymphomania.

MONOMANIA WITH FEAR.

Fear forms the characteristic feature of a variety of partial insanity of frequent occurrence; those who labour under it are afraid of one or more objects, or they have a dread of every thing, in which case the term *Panaphobia* is employed to denote the disorder. In some cases there is a vague and undefined terror; frequently delusions or erroneous ideas of objects and sounds occur. These delusions probably have a relation to ideas with which they had previously been familiar; for instance, the occurrence of fires has given rise to insanity, with excessive dread of being burnt; a lady of fortune used to spend the night in being driven in her carriage through the streets of London, afraid lest her house might take fire. The fear of damnation has often been the leading feature of insanity in persons of a religious turn of mind; fear of poverty occurs in some who have, by industry, accumulated a good fortune.

Among the objects of fear in the insane, are poison, robbers, prison, and the police; persons in this complaint are inclined to interpret every thing to their own disadvantage, to exaggerate their feelings, and sometimes to ascribe imaginary crimes to themselves. In consequence of the irritation, under which they continually labour, they are generally

emaciated and feeble; from their fear of doing wrong, they are undecided and restless, and cannot make up their minds to do the most common acts of life—repeated attempts are made before they accomplish those of eating, drinking, relieving nature, going to bed or rising up—occasionally attempts are made to commit suicide, but these generally fail, on account of their fear and indecision.

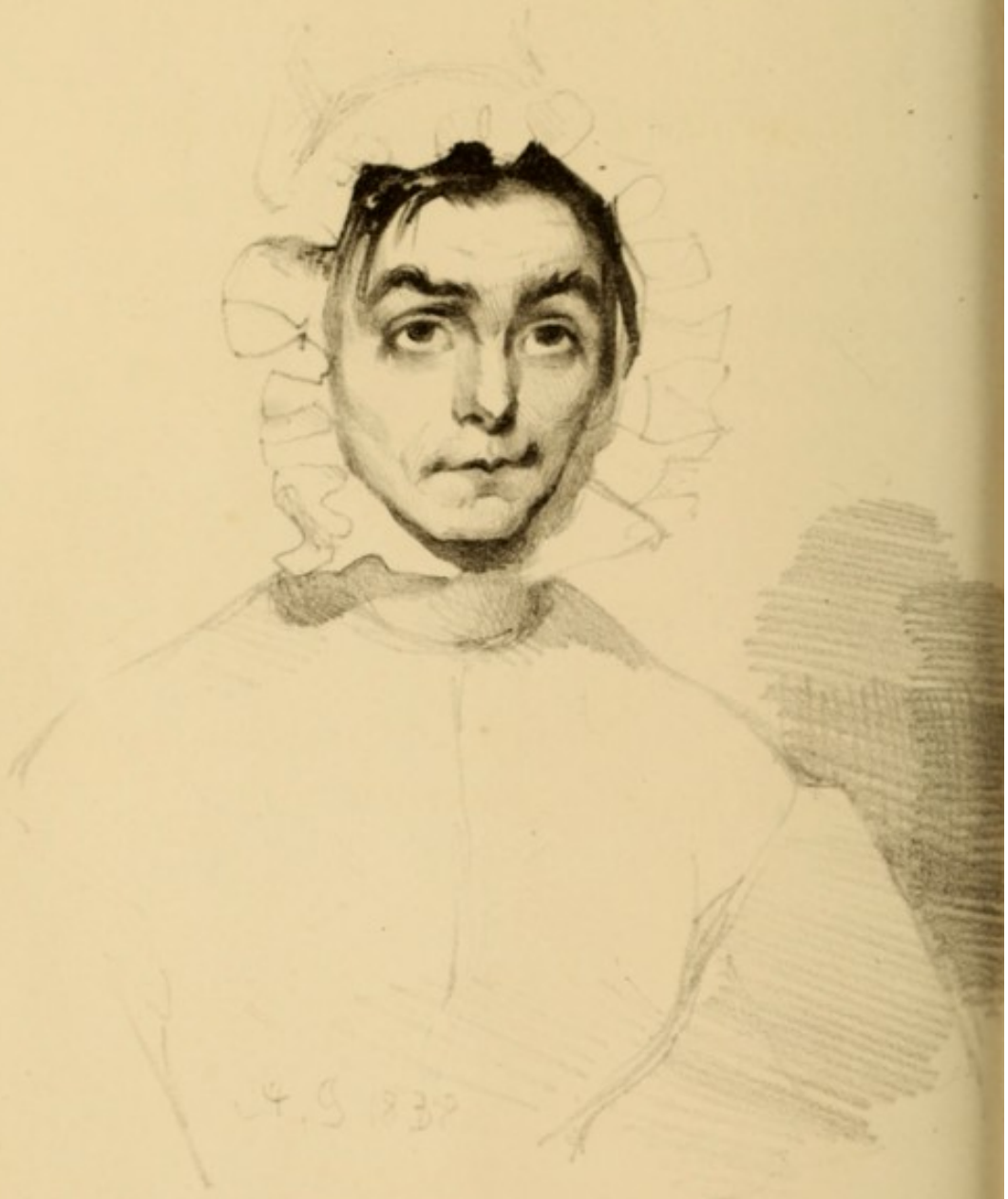
Of the causes which produce this variety, the emotion of fear itself sometimes gives rise to the disorder, it, however, occurs in insanity originating from other sources; females and young persons are most liable to it.

In the treatment particular attention to soothe and encourage the patients is necessary; the Warm Bath, Anodynes and Tonics, are frequently beneficial.

EXPLANATION OF PLATE XXXII.

Portrait of M. A. R., a married female, aged 40, labouring under an attack of Monomania with fear—the cause not known; she fancies that she sees persons who are dead, which terrifies her, is afraid of doing injury to her husband, and has made a hesitating attempt to commit suicide; the disorder lasted about 18 months, when she recovered.

Laxatives, Warm Bathing, and the Shower Bath, were employed with advantage.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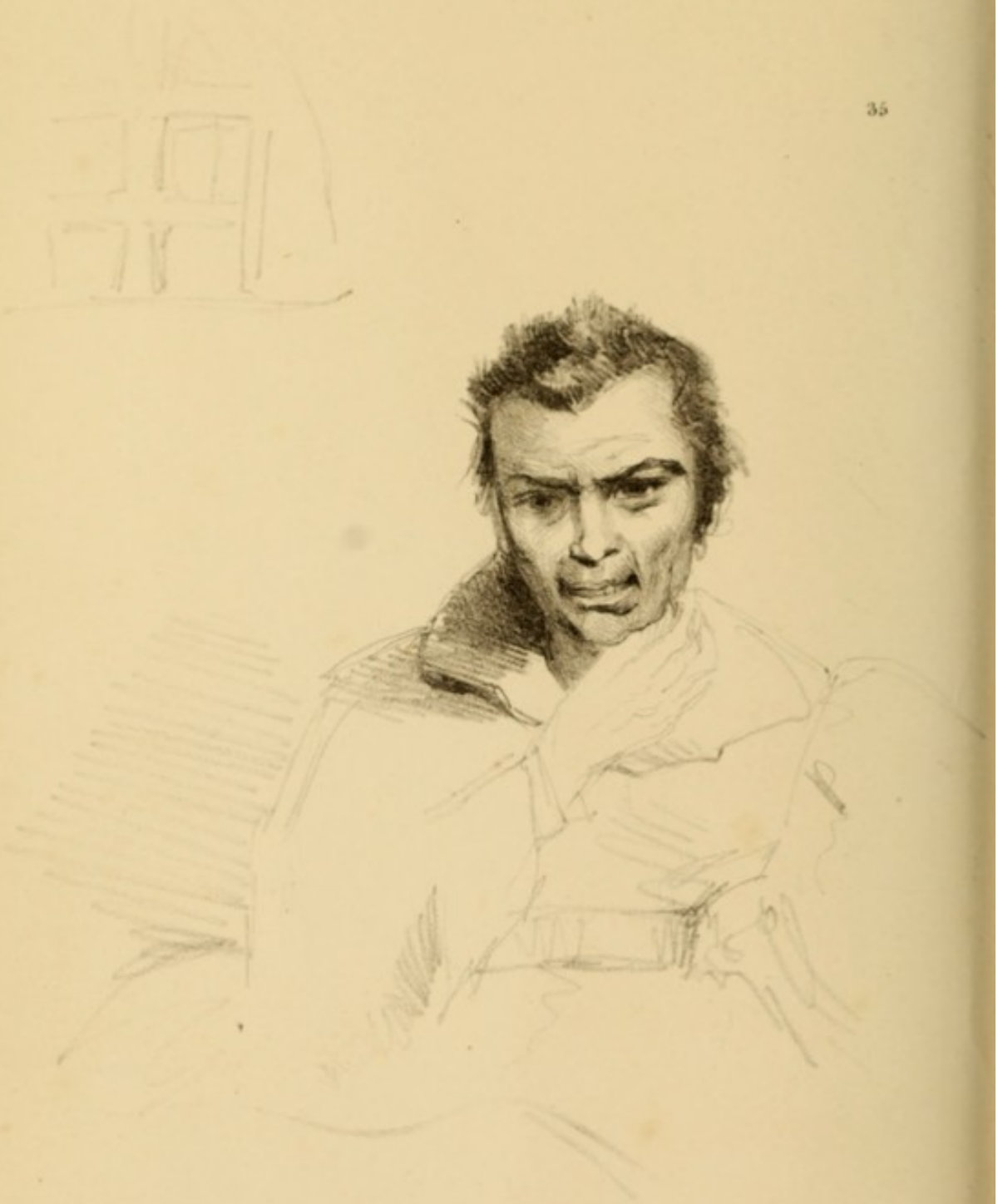
EXPLANATION OF PLATE XXXIII.

Portrait of J. J., a married female, aged 38; she is afraid that she is to be murdered, and sees white faced men in the night, who terrify her; she often cries out, and when asked what is the matter, says she is frightened, that her thoughts terrify her, and is afraid of having done wrong; she made a slight attempt at suicide, by a scratch on the neck. Some improvement took place by the use of Hyosciamus, Camphor, Ammonia, Warm Bathing, and Tonics, but this was not permanent, excessive fear returned, and she remains uncured; she is generally worse at the period of menstruation.

EXPLANATION OF PLATE XXXIV.

Portrait of S. J., a married female, aged 37. This female was seized with Mania, the consequence of over exertion; after being maniacal for three months, she became full of insane fear, was terrified at every thing, and made some attempts at suicide.

Laxatives, Anodynes, and Tonics, were employed with advantage.



EXPLANATION OF PLATE XXXV.

Portrait of A. S., aged 40, a married female; she is full of fear on many subjects—fears that she is changed into another person—that her husband is coming to harm—that she cannot get a livelihood—that she is past all hope of salvation.

She is very noisy and restless, disturbing all around her, but sometimes ceases her cries for a moment, as if to listen to what is said; at times she appears to wish to speak, but stops short and says nothing.

This state had existed 18 months when her portrait was taken—it commenced on the sudden death of a favorite sister, who died in a state of delirium three days after delivery.

Cupping, Blisters, Anodynes, Tonics, &c. were tried without effect, and the occurrence of numerous boils was not attended with any benefit.

Engd by W.H. Lizars

EXPLANATION OF PLATE XXXVI.

Portrait of a female, in whom delusive fear of every object and person *Panaphobia* keeps her in a state of perpetual distress.

It is necessary to watch her closely to prevent her committing suicide.

MONOMANIA WITH GRIEF.

Insane grief is one of the most common forms of mental disorder; in this variety melancholy or an habitual state of sadness is accompanied with delirium; the terms Melancholia, Tristimania, and Lypemania have been applied to it; where disorder of the digestive organs exists, and the mind is fixed upon the health of the individual exaggerating his sufferings and uneasy feelings, the term Hypochondriasis is applied, which is not considered insanity.

In the variety now under consideration the physiognomy assumes a more fixed appearance than in those already noticed; the muscles of the face are more contracted, the regard is expressive of sadness, and in many cases, of suspicion, and of fear, or the eyes are continually bent on the ground; affection for friends and relatives is generally estranged, solitude is preferred, and suicide is frequently attempted, by refusal of food, or other means.

Melancholy Monomaniacs are sometimes very susceptible of external impressions, but more frequently they are the reverse; the mind appears wholly concentrated on one melancholy idea, and the will appears to be inflexible.

The sleep is little and unrefreshing—the pulse, in most cases, is slow—the skin is sometimes dry, but more frequently it is cool, and feels clammy—the hands and feet are apt to be cold, and the bowels are disposed to costiveness.

This variety sometimes precedes an attack of Mania, more frequently it follows that state; it is frequently com-

bined with the preceding variety noticed, that with fear, and it often terminates in chronic dementia.

The causes preceding insane grief are those common to other varieties, such as excessive study, particularly of subjects exciting the imagination and the passions, or inducing erroneous ideas of religion—long watching—abuse of strong liquors and of opium—dissipation—indulgence in indolence and solitude—losses from hazardous speculations or gaming, and in some, imaginary crimes ; it occurs more especially in what is termed the melancholy temperament, in which there is a disposition to bilious disorders, and a preponderance of ideas of a melancholy cast, externally marked for the most part by a spare habit, sallow complexion, dark hair, and sunk eyes.

Persons of this description fall into a state of melancholy insanity sometimes without any ascertained cause, but more especially if they have experienced reverse of fortune, disappointment of the affections, or wounded self-love, suffer much from bodily disease, or are exposed to terror of present, or fear of future evils.

In the treatment of this variety, moderate loss of blood has in some cases been required, but purgatives with sedatives are more generally useful. The warm bath prolonged, and the douche are also frequently beneficial, and the counter-irritation and discharge produced by blisters, pustules and issues, are attended with advantage ; a cure is sometimes preceded by the restoration of suppressed discharges, and by the occurrence of boils and eruptions on the skin—strengthening remedies are sometimes required, more particularly when there is reason to suppose that debility and relaxation exist, which by Dr. Esquirol and other French

physicians, is stated to be the case with respect to the intestines, in particular the colon.

In the moral management which must be grounded on a knowledge of the patient's disposition, and the previous circumstances of the disorder, besides the proper attention to regimen, air, exercise and occupation, to warm clothing, and change of scene, where it can be attained; pains must be taken to encourage the hopes of the patient, and to inspire religious consolation.

Refusal of food, if not obviated by attention to the digestive organs, and by less compulsory means, is to be overcome by the use of the stomach pump; when this symptom is once overcome, the disorder is in most cases mitigated—the utmost vigilance it is obvious must be exerted, when an attempt at suicide has been made.


A. S

EXPLANATION OF PLATE XXXVII.

M. E., aged 43, a married woman, without children, was deserted by her husband, which threw her into a state of low spirits for about a year, to which delirium was gradually joined; about ten weeks before her portrait was taken she made an attempt to drown herself, but appears not to have had courage to accomplish her design, for she was found in a large pool of water, where she had been standing several hours.

In this case much benefit was derived from the employment of purgative and tonic medicines.


A. J. 1838

EXPLANATION OF PLATE XXXVIII.

M. M., an unmarried female, aged 50, labouring under Monomania with grief—she has been nearly two years insane—the death of her mother is believed to have brought on her disorder—she conceives that she has two large worms within her like snakes, and that her head has been screwed; she expresses her firm belief that she shall never die, and she is urgent in her entreaties to have her head cut off—to be opened alive, or to be buried alive, and to have quicklime thrown over her; her disorder is increased in warm weather. She has made several attempts to poison, to drown and to hang herself.

No remedies have been of any avail.

EXPLANATION OF PLATE XXXIX.

A. K., aged 20, unmarried. This portrait was taken three months after her disorder commenced, it is attributed to overstudy of religious subjects, respecting which she has imbibed erroneous ideas—she never speaks, and would, if allowed, remain always in one position; her eyes are continually fixed on the ground, her eyelids being half-closed; she refuses her food, and, with the intention of destroying herself, has taken laudanum, has thrown herself down stairs, and has attempted to hang herself. Purgatives, the douche and blisters have been employed; she is still under treatment, and her recovery is not despaired of.


J. S 1838

EXPLANATION OF PLATE XL.

T. C., aged 50, has had a determined propensity to suicide, of long continuance—his insanity is believed to have been brought on by intemperance—he was formerly in very good circumstances.

EXPLANATION OF PLATE XLI.

S. M, aged 21, unmarried. This young woman made her livelihood by sewing; she was the child of parents who separated when she was six years old—on account of this separation she was frequently exposed to distressing situations; her insanity has existed three months; she says that "this is a troublesome world, and that she would rather die than live any longer in it;" she has a fixed purpose of destroying herself; and in one week, a short time before her portrait was taken, she had made three attempts, to poison, to drown, and to hang herself.

RELIGIOUS MONOMANIA.

The different modifications of religious insanity may, with propriety, be included under one or other of the varieties already noticed—insane pride, love, fear, or grief.

Religion embracing concerns of infinitely greater interest than every other subject, religious insanity has in a peculiar manner attracted the notice of observers in all ages, and different names have been given to it; there is one form in which elated ideas form the subject of delirium, the patient conceiving himself to be the Almighty, our Saviour, the Holy Ghost, a prophet, or the like, or that he has immediate communication with the Deity; to this form the term Theomania has been applied.

There is another form, in which amatory feelings are combined with religious ideas, and the patient conceives herself pregnant with a deity or a prophet—and exhibits feelings of love towards those around her.

A third modification of religious insanity of frequent occurrence is that in which fear predominates, the patient conceiving that he is under the wrath of heaven, and that all hope of salvation is lost, and he has an unconquerable fear of hell and of eternal damnation; this is not confined to the ignorant so much as another modification, to which the term Demonomania has been given, in which melancholy ideas, with the belief of evil possession, predominate, the patient

conceiving himself to be possessed by the devil, or in his power; this form occurs in persons of a weak mind, ignorant and superstitious, acted upon by hearing or reading violent discourses upon religious subjects, or by consciousness of guilt.* Demonomania seldom occurs in early life, and it is seldom cured; recovery, however, does sometimes take place, as in an instance of late occurrence, a young women, aged twenty-one, in whom a fright brought on religious despondency, succeeded by Demonomania; she conceived "that five or six devils had entered into her, and caused her to renounce the Lord—that she was possessed by Satan, and was the devil;" she would stand for hours together looking at her nails, occasionally objected to take her food, and had a disposition to put an end to herself; by the employment of laxative medicines and the douche, (the affusion of cold water upon her head when in the warm bath,) she was, at the end of ten months, completely restored to reason.

Demonomaniacs are in general emaciated—have an expression of great distress—love solitude—sleep little, and occasionally attempt to commit suicide; they are sometimes very insensible to bodily suffering—they can bear to have pins thrust into them without appearing to feel them.

Females are more frequently the subjects of religious insanity than males; it is in general difficult of cure.

The remedies to be employed are similar to those made use of in other varieties of insanity, medical means suited to indications presenting themselves, and moral means appropriate to the predominating emotion, not omitting

* As in a female in whom Demonomania took place, after stealing sacramental plate from a church.

religious consolation, which it is to be regretted, is too often obstinately refused by the unhappy sufferer; refusal of food, it may be observed, has been overcome by the affusion of cold water.

EXPLANATION OF PLATE XLII.

RELIGIOUS INSANE PRIDE.

Portrait of T. H., aged 54.

This person was a tailor, and has been about twelve years insane—his insanity, which was preceded by a long course of intemperance, commenced by conceiving himself entitled to property which did not belong to him; this was followed by the idea of his being our Saviour Jesus Christ, which still continues; in other respects, he is rational and conducts himself with propriety. He is a very useful assistant in the establishment in which he is confined.


A. S. 1839

EXPLANATION OF PLATE XLIII.

RELIGIOUS INSANE LOVE.

Portrait of C. C., aged 58, a widow, the mother of a large family.

This female has been insane about a year—she says, that she is in paradise—that her child is an angel—frequently sings halleluiah—attempts to kiss those about her, male, as well as female.

Symptoms of Dementia, with slight paralysis, begin to appear.

EXPLANATION OF PLATE XLIV.

RELIGIOUS INSANE FEAR.

Portrait of R. N., aged 35, a married female who had been deserted by her husband; this female, who is naturally of a timid disposition, is persuaded that she is condemned to eternal flames, and is continually saying, "Oh, how shall I bear to be burnt for ever!" "Oh dear! oh dear! what shall I do, how shall I bear it!"

She has been in her present state more than a year. All the usual remedies, including the warm bath and the douche, have been employed, without any relief.

EXPLANATION OF PLATE XLV.

RELIGIOUS INSANE GRIEF.

Portrait of S. C. aged 48, a publican's wife, without children.

The assigned cause of her disorder is, having been frightened by a thief—she herself says, that she often took the sacrament unworthily. Her disorder commenced about a year ago by melancholy. This poor woman is in the deepest distress of mind, she conceives that she is delivered up to the devil, that the devil is within her, in the form of a serpent; that she herself is the serpent, and the cause of all the misery in the world—no arguments can undeceive her.

She never enters into conversation, screams at short intervals, day and night, and wrings her hands as if suffering great anguish; she continually rubs the side of her head, and picks the hairs out of it.

She replies rationally on all other subjects, is quiet, and easily managed.

EXPLANATION OF PLATE XLVI.

RELIGIOUS INSANE GRIEF.

Portrait of F. P., aged 55, married, and the mother of a large family; in this female the disorder commenced with low spirits, without known cause, she complained of a fixed pain in one spot of the crown of her head, and of strong pulsation in the abdominal aorta.

She is urgent to be put to death, because the devil is alive within her—and she says, that the Lord comes every night to tell her so.

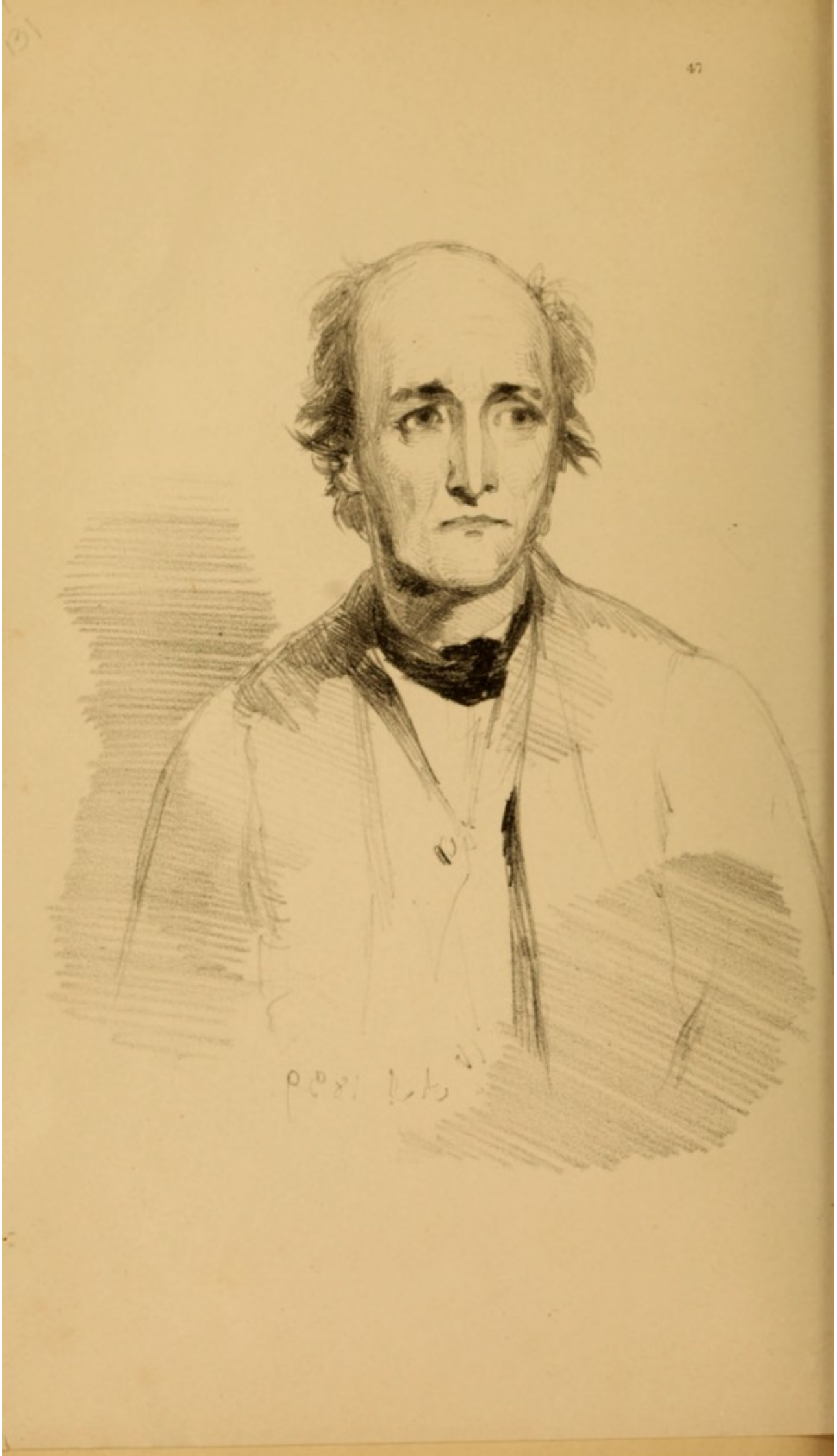
Some alleviation of her disorder was obtained by the application of leeches to the pained part of her head.

MONOMANIA WITH ANGER AND ITS MODIFICATIONS.

Before attempting to exhibit the expression of mental disease, modified by the predominance of peculiar propensities, some notice may be taken of those varieties of insanity in which the emotion of Anger, or its modifications Hatred and Jealousy, predominate.

The most complete specimen of insane anger is exhibited by the maniac in a fit of fury, which I have endeavoured to delineate in plates I and XI.

Cases, in which insane hatred is the prominent character, are rare; amongst upwards of 1100 cases at present under my observation, I have found only one. Cases of insane jealousy are of more frequent occurrence.

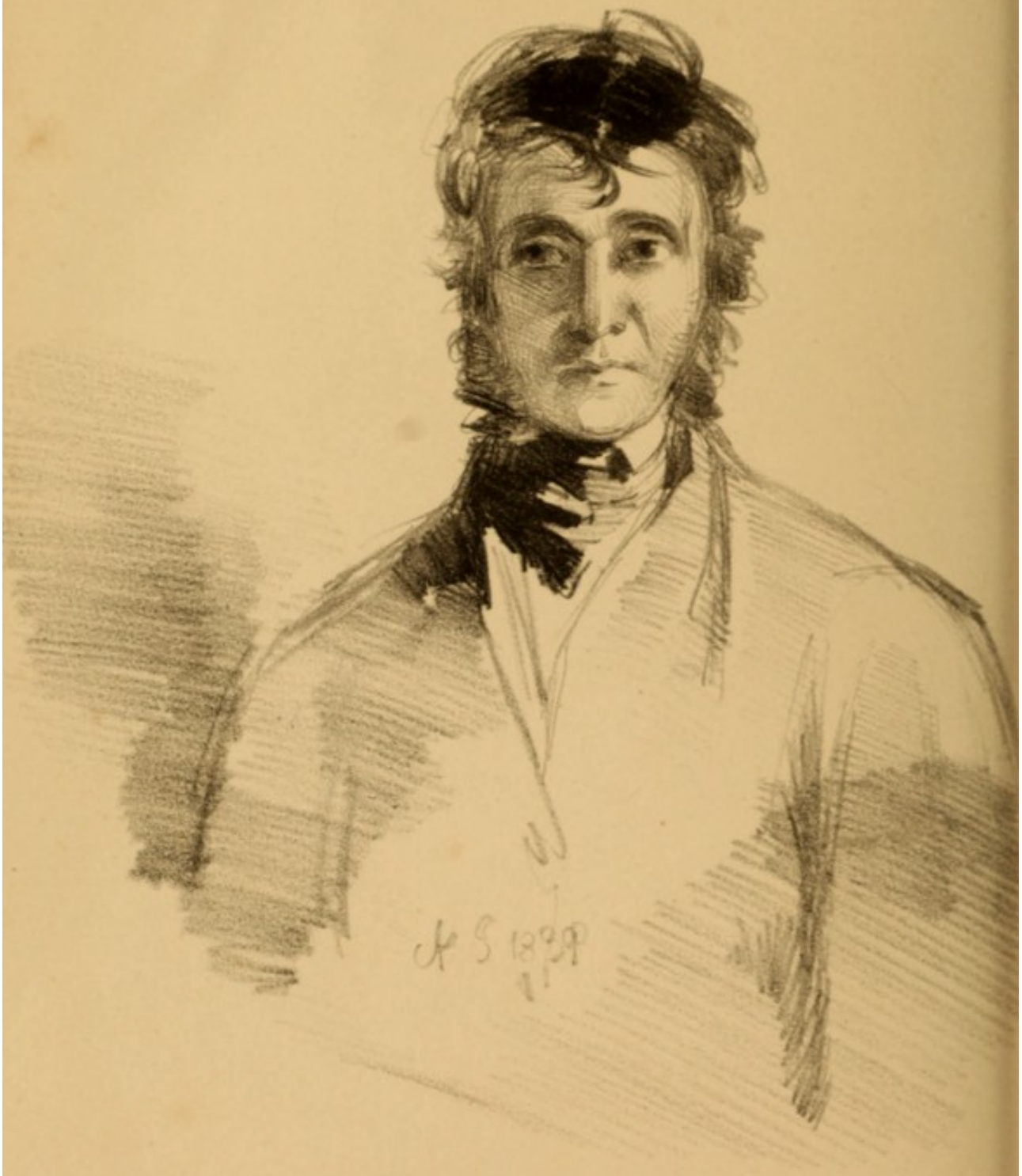


EXPLANATION OF PLATE XLVII.

INSANE HATRED.

Portrait of T. W. aged 48.

This person was a Schoolmaster; he has been insane upwards of five years, during the greater part of which time his hatred of mankind has been conspicuous, he has associated with no one, has seldom or ever spoken, and when spoken to has immediately withdrawn with a look of contempt and dislike; he has frequently dropped on his knees, and if noticed, has risen up immediately, and if he could, has run out of sight. Of late his antipathy to others has been less strongly marked.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EXPLANATION OF PLATE XLVIII.

INSANE JEALOUSY.

Portrait of J. T. aged 48.

This person was an officer in the Army—he married at the age of 21, is the father of a large family, and lived happily with his wife until six years ago, when he became insane and jealous of his wife, whom he has several times attempted to murder, and now when her name is mentioned he is violently agitated, at other times he conducts himself quietly, and is useful in the asylum of which he is an inmate.

MONOMANIA WITH VICIOUS PROPENSITIES, HOMICIDE.

Although it may be allowed that the expression of peculiar propensities in cases of insanity, is not so decidedly marked as that of the emotions and passions we have been considering, still it is conceived that a marked difference will be noticed between the insane murderer, the insane thief, and the insane drunkard.

The attention of medical men has of late years been called to this subject, by the frequent occurrence of crimes committed by persons, who upon trial, have been acquitted on the ground of insanity. Acquittal of crime upon this ground ought to be the result of very careful and deliberate inquiry: the various passions and motives, which in the sane state have led to the commission of crime—the previous character of the individual, his subsequent conduct, and the object to be obtained, are all to be taken into consideration, in order to enable us to judge of the criminality of the act: when a motive of cupidity, of revenge, or of concealing another crime does not appear, there is a presumption that the act is the consequence of insanity.

The crimes of persons acquitted on this ground, that of murder in particular, have been committed by different descriptions of the insane, by furious maniacs, by mischievous idiots, by monomaniacs labouring under delusion, as when an insane person takes his friend for a robber, and by monomaniacs whose free will appears to have been over-

powered by an irresistible impulse; on some of those cases, a species of reasoning has been employed, as when an unhappy mother has destroyed her child, to prevent its encountering the miseries she herself has endured.

The following is an analysis of the crimes of 72 persons, acquitted on the ground of insanity, at present in confinement, and under my observation:

Murder accomplished	30	51
——— attempted	21	
Theft, Forgery, &c.		14
Crimes, the consequence of unnatural desires		4
Political offences, originating in ideas of grandeur		2
Arson.		1
		72

From this enumeration it appears that the propensity to homicide is very prevalent.

It has been stated by Dr. Esquirol, that when this crime has been accomplished, the patient rarely recovers; recoveries, however, occasionally take place, especially in females who have been insane during the puerperal state, of which I have known several instances.

The remedies, in cases of Monomania with propensity to homicide, do not differ from those found to be efficacious in cases of insanity in general, local blood letting, blisters, antimonials, laxative medicines and baths of different kinds, have been employed with advantage.

EXPLANATION OF PLATE XLIX.

INSANE HOMICIDE.

Portrait of F. P. aged 27; a farmer.

A disappointment in marriage is stated to have been the cause of this man's insanity, which was principally manifested in violent ungovernable conduct; when in his father's house he attempted to murder both his father and his mother; when sent to an asylum he put to death one of the patients, and continued so dangerous, when this portrait was taken, as to require the strictest coercion.

He can give no account of the motives which actuated him to these acts of violence.

EXPLANATION OF PLATE L.

INSANE HOMICIDE.

Portrait of C. S. aged 57.

This poor woman is the mother of a large family, in a fit of sudden frenzy she cut off the head of one of her children —no motive for this unnatural act could be ascertained; in a report sent with her, it was stated, that a short time previous to the occurrence a woman in her neighbourhood had destroyed one of her children by cutting off its head; a proof of truth of the observation, that the recital of crimes of this nature has had some influence in leading others to commit them; where the mind is disordered, and there is a predisposition to do something mischievous, it only requires some striking example to give that disposition a direction, and the vague inclination takes a specific form, and follows where the example leads; in this way suicide is occasionally committed.

EXPLANATION OF PLATE LI.

INSANE HOMICIDE.

Portrait of L. D. aged 47.

This female bore an excellent character before she became insane; during her insanity she destroyed her child, and attempted to destroy herself, and still continues to have the same propensity—she swears much, and is very noisy during the night; upon being questioned as to her motives for her violent conduct, she says, "I don't know what I do, nor why I do it." Very lately she took the steel from a pair of stays and mangled her throat with it; the strictest watching is necessary, to prevent the effects of her suicidal propensity.

EXPLANATION OF PLATE LII.

INSANE HOMICIDE.

Portrait of P. M. aged 46.

This patient had been several months insane when she committed the crime for which she was tried, viz. suddenly attacking a woman, who slept with her, and strangling her.

It did not appear whether or not she was led to do so by delusion.

She has now fallen into a state of fatuity, but still exhibits occasional fits of violence.

MONOMANIA WITH PROPENSITY TO STEAL.

The crimes of stealing and of lying are not uncommon in patients whose notions of property and of morality are indistinct, and in whom the perception of the consequences of criminal acts is obscured by deficiency of intellect from idiocy or dementia; this is not to be wondered at when we consider how very common those vices are in persons who have the power of willing and of acting from the free choice of their intellect, and at the same time have a clear perception of the consequences of their acts, and therefore are free and responsible agents.*

A propensity to steal, so strong as to overpower the will of the agent, is not of very uncommon occurrence in persons who move in society in easy circumstances, and in a superior station of life; instances of this irresistible propensity are given by different authors of experience, and well-known living examples might be adduced.

This propensity has occurred during pregnancy, and in fevers, after wounds in the head, and in Mania, and it is the characteristic feature of a variety of Monomania. In some cases of this variety there appears to be no other defect of the mind, no erroneous perceptions, the prominent feature of disorder being an irresistible propensity to steal, but in

* According to the official returns made, of crimes committed in England and Wales in 1837, the convictions for offences against property in that year were 14,491.

general the intellect is more or less affected, and the patient at the same time is deprived of that liberty of will which is essential to constitute culpability; he is not a free agent.

In some cases the previous habits of the patient have been of a dishonest nature, in others they have been quite the contrary; the moral condition of the patient is entirely altered and viciously perverted by disease.

EXPLANATION OF PLATE LIII.

MONOMANIA WITH PROPENSITY TO STEAL.

Portrait of E. L., an unmarried female, aged 28.

This woman is continually stealing articles belonging to other patients, which she secretes about her person; she is inclined to be industrious—works at her needle and is good tempered; at times she becomes violent and requires personal restraint.

EXPLANATION OF PLATE LIV.

MONOMANIA WITH PROPENSITY TO STEAL.

Portrait of L. D., a married woman, aged 38.

This female became insane after child-bearing—she was previously a woman of excellent character, but was very ill used by her husband, who threw her down a stair, in consequence of which her head was injured; the principal feature of her disorder is a disposition to steal; at times she becomes so violent as to require personal restraint.

EXPLANATION OF PLATE LV.

MONOMANIA WITH PROPENSITY TO STEAL.

Portrait of E. M., an unmarried female, aged 63.

This woman appears to have been an eccentric character, she lived in a room by herself, employed in needle-work, and was in the habit of preaching to a sect called Ranters; about six years ago she became so troublesome, in the parish in which she resided, that she was sent to a lunatic asylum. She is very prone to theft, and exhibits a considerable degree of noisy violence when her stolen goods are taken from her.

The patients 53, 54, and 55, are in the same Asylum, they are all capable of rational conversation, but cannot overcome the propensity to steal; it is rather remarkable that each of them has invariably a different mode of concealing her stolen goods—one conceals them in her cap, another in her pocket, and the third, in her breast.

EXPLANATION OF PLATE LVI.

MONOMANIA WITH PROPENSITY TO STEAL.

Portrait of M. C., a married female, aged 27, with a hereditary pre-disposition to insanity.

She has been seven months insane, and previous to her insanity, is stated by her husband, to have been a hard working honest woman; now she steals every thing she can lay hold of, even before her husband's eyes, and she is quite idle, so much so indeed, as to refuse to put on her own clothes.

EXPLANATION OF PLATE LVII.

MONOMANIA WITH PROPENSITY TO STEAL.

Portrait of J. C., aged 35.

This man, about eight years ago, was convicted of fraudulent bankruptcy, and was sentenced to fourteen years' transportation—about two years afterwards he became insane, and has continued so since that time; his insanity is characterized by an irresistible propensity to steal—he is occasionally so violent in his language and conduct, as to require restraint, but his thieving propensity never leaves him.

MONOMANIA WITH UNNATURAL PROPENSITY.

Is a variety of partial insanity, the principal feature of which is an irresistible propensity to the crime against nature.

This offence is so generally abhorred, that in treatises upon law it is termed "peccatum illud horribile inter christianos non nominandum," the punishment of which is death, formerly rendered more dreadful by burning or burying alive the offender.

Being of so detestable a character, it is a consolation to know that it is sometimes the consequence of insanity; it is, however, a melancholy truth, that the offence has been committed in christian countries, by persons in full possession of their reason and capable of controuling their actions, and it is said to be still more prevalent in countries where the purifying and restraining influence of the christian religion does not prevail, but that it is not in all cases the result of moral depravity there can be no doubt; monomania with unnatural lust is a well marked variety of insanity of not unfrequent occurrence; I have met with ten cases at least, in which it was the effect of cerebral disease.

It is stated by Blackstone, in his Commentaries upon the Laws of England, when treating of this offence, "that being

from its nature easily charged, and the negative difficult to be proved, the evidence should be plain and satisfactory in the proportion as the crime is detestable;" it may be added to this caution that where the offence becomes the subject of criminal investigation, the jury ought to be fully assured whether or not the offender was in possession of his reason and power of self controul; the propriety of this evident, when we consider the circumstances of some of those who have been accused of this offence, in regard to rank, wealth and talents; for instance, a nobleman of high rank, rich in fortune, family and friends, sacrifices all these blessings and herds with the vilest of the vile; a clergyman, eminent for eloquence, and high in the confidence of his fellow citizens, sacrifices his reputation and his means of living, by betraying the trust reposed in him, and abusing youths committed to his charge,—cases of actual occurrence; in such cases we have reason to suspect that disease in the brain may have led to the perpetration of the crime; in the greater number of cases that I have seen, the existence of this disease was rendered more certain by other marks of disordered mind being combined with the unnatural propensity. In one case insane ideas of grandeur, in another melancholy with attempts of self-destruction were combined with it, and in a third case, that of a minister of the gospel, he had so little controul over himself that he frequently laughed in the midst of a serious discourse delivered from the pulpit.

The treatment of this variety differs little from that generally employed in cases of insanity—of nine cases I have known two cured. Camphor in large doses has been employed with advantage.


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EXPLANATION OF PLATE LVIII.

Portrait of T. J. D. aged 37, a widower.

This man previous to his disorder bore an excellent character; he was the father of a family, and was of studious and abstemious habits.

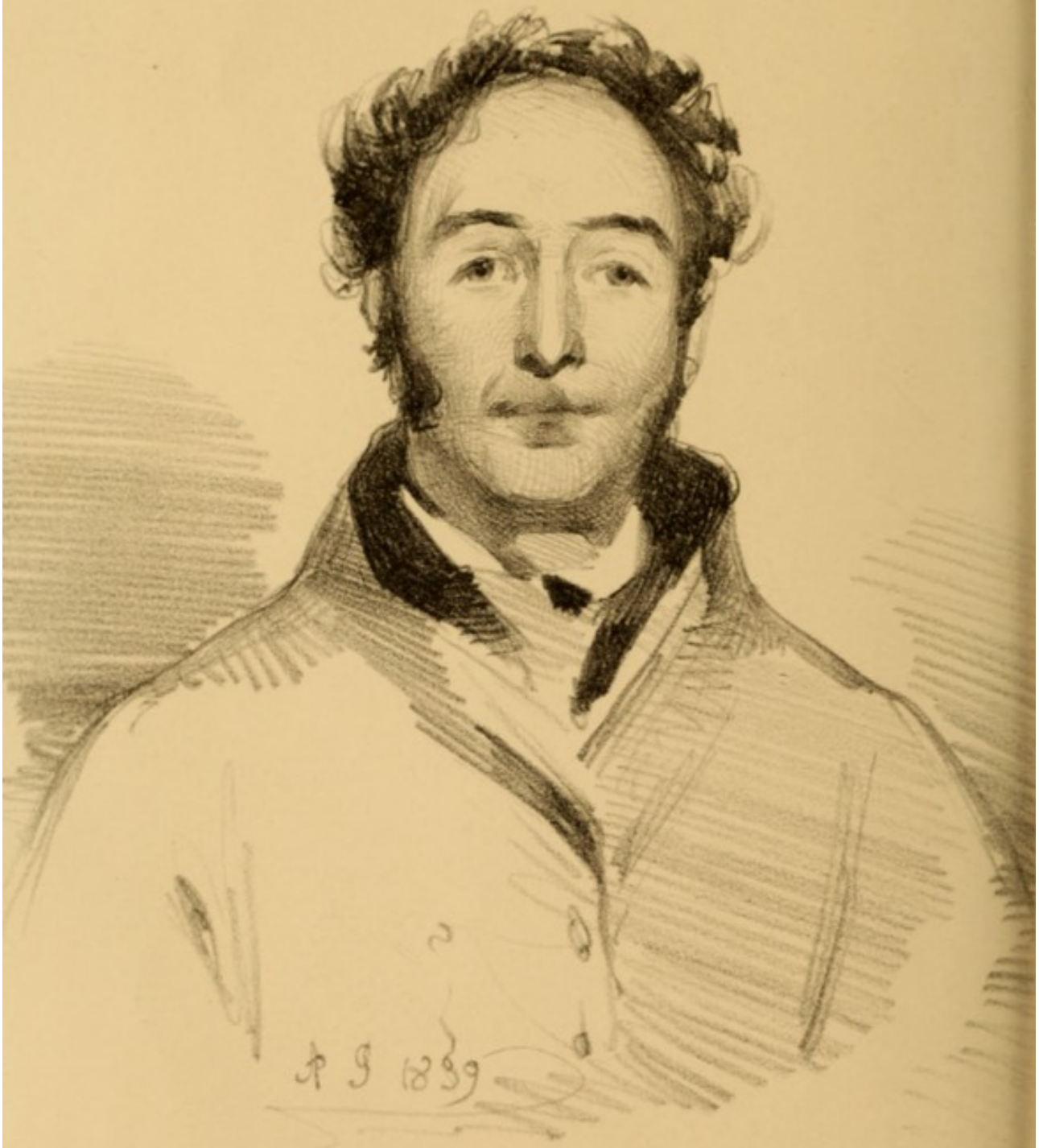
The propensity was so strong, that even before a number of persons he could not refrain from exposing his person and attempting to commit the crime; on account of his continually annoying other patients he was for some time kept secluded in his own room; previous to his being sent from home he had attempted to cut his throat, and had, in doing so, cut some of the nerves of his face, thereby producing a slight paralysis, which after some weeks disappeared.

The remedies employed in this case were purgatives, an emetic, a blister to the nape of the neck, the cold bath and camphor, of which eight grains were given three times a day for some weeks; under this treatment the disorder subsided, and he was cured within a year from its commencement.

EXPLANATION OF PLATE LIX.

Portrait of R. C. aged 52.

This man was a soldier in the Marine service, from which he was discharged insane; some years after his discharge he was tried for the crime, 23 years ago, to which he has still so strong a propensity as to require his being separated from the rest of the patients in the establishment—he is of a cunning disposition, and has insane ideas of grandeur.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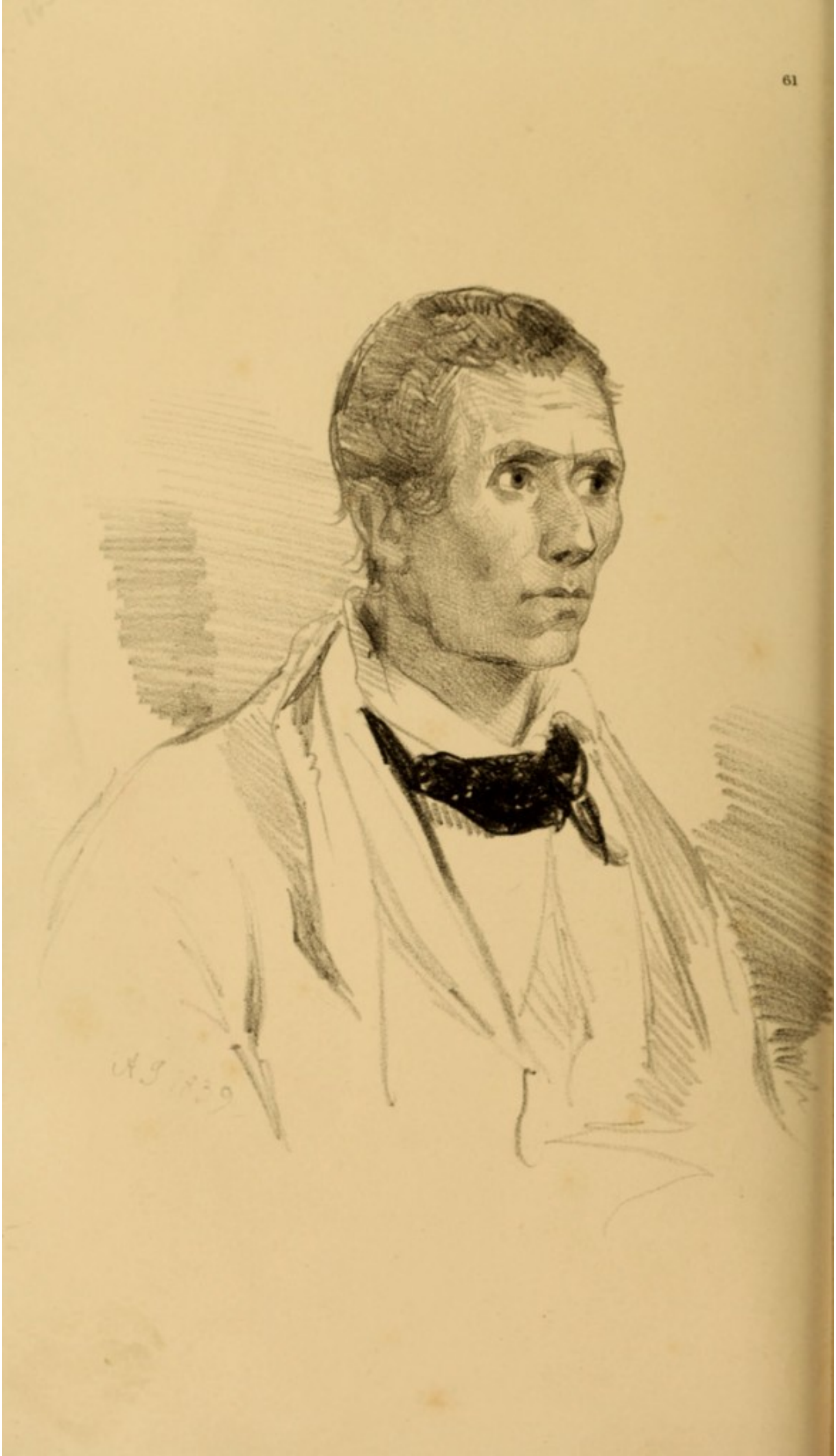
EXPLANATION OF PLATE LX.

Portrait of J. H. aged 50.

This person has been in confinement above twenty years—he was tried for this offence, and acquitted on the ground of insanity; his unnatural propensity still continues; he is sometimes noisy and tears his clothes.



EXPLANATION OF PLATE LXI.

Portrait of J. T. D. aged 40.

Little is known of the previous history of this man, except that he was a day labourer, he had been insane four years before his death, and was so much addicted to this unnatural vice that it was necessary to seclude him from other patients, whom he continually annoyed: on one occasion the mouth of an idiot boy was the recipient: he died a few months ago of phthisis pulmonalis.


A J 1839

EXPLANATION OF PLATE LXII.

Portrait of J. C. aged 40.

This man was tried and found guilty, but acquitted on the ground of insanity; his crime was stated to be "contra naturæ ordinem rem habuit veneream et carnaliter cognovit asinam." He is of a dull temperament, and of rather weak intellect.

MONOMANIA OF DRUNKENNESS.

The immoderate use of fermented liquors, or of other substances producing intoxication, besides the immediate effect, a fit of drunkenness, with its usual phenomena of hilarity, delirium, and stupor, (of short duration,) and its subsequent effects—headache and disordered digestion, when often repeated, leads to consequences of a more serious nature: one of which is, delirium with wakefulness and tremor—a state between febrile and maniacal delirium to which the term *delirium tremens* has been applied; this disorder is not always accompanied with tremor as the name would imply, and, therefore, some have termed it—*mania a potu.*

The patient appears in a feverish dream; he is full of fears and suspicion, with occasional transient fits of violent anger. It has been fatal in an early stage; when not fatal, it seldom lasts longer than a few days or a week or two, and terminates on the occurrence of sound sleep: in most cases, it comes on during the drunken fit; but, in some, the immediate cause of an attack occasionally has been the sudden deprivation of strong liquor.

Another consequence of excessive indulgence in intoxicating substances, is a diseased state of the mental organ, giving rise to a morbid craving for strong drink, generally

occurring at intervals; this moral perversion is so powerful, that it overcomes all those considerations, which, at other times, exert a restraining influence: persons, who for months, or even years, have been able to resist temptation, and have conducted themselves with prudence and discretion, are seized with an irresistible propensity to drink to excess; this appears to deprive them entirely of the power of self-controul; they abandon themselves to excessive drinking, although fully aware of the ruinous consequences to themselves and their families, and even deploring their own infatuation, they are guilty of acts of reckless extravagance, and will pawn or sell every thing they possess to gratify the morbid craving. When such persons are removed from home, and prevented from indulging in strong liquors for some time, they gradually regain the power of self-controul, and are able to return to their families, and conduct their affairs as before the attack; if sufficient time, however, be not allowed, a premature return is immediately followed by a relapse, whereas, if retained for a longer time, a cure is effected; at least, they may abstain from indulgence for months, or even years, before a relapse takes place; in most cases, the attacks become more frequent, and the intervals of sanity shorter, until, at length, general paralysis or dropsy terminates the scene.

The following is a very common specimen of this disorder, of which cases are always to be met with in large asylums for the insane:—

J. C., aged 50, a married man with a large family, in a respectable line of business, in the management of which, however, he is exposed to drinking; for many months together, he conducts himself with great propriety, manages

his business well, and abstains from indulgence in strong liquors until the propensity overcomes him; the attack is, generally, preceded by some cause of anxiety or of vexation; he betakes himself to excessive drinking, at the same time acknowledging that he is ruining his family, and deploring his folly, yet he cannot resist the craving; he drinks hard, drives about town and country, makes improvident bargains, and squanders his money in various ways, abuses his wife and family, and commits many acts of an insane description, so that it is found absolutely necessary to send him to a place of confinement; as soon as he finds himself under restraint, even the following day, he appears quite rational; is sensible of his folly and misconduct; his mind gradually regains the power of resistance which it had lost; but, if liberated at an early period, which he has been on several occasions, a relapse has followed in a day or two, so that confinement for several months is necessary to ensure his recovery and break the habit of pernicious indulgence. The interval between the first and second attack was nearly three years; that between the second and third was two years; and that between the third and fourth, little more than one year. At present he is well, and is able to manage his business.

Another case is that of M. B., aged 40, a married woman with a large family:—She is a good wife and mother until seized with this propensity; then she leaves her house, pawns her goods, and commits acts of insanity; after some months confinement, she is able to resume her duties. She has had five attacks; the interval between the first and second was eighteen months—that between the fourth and fifth was only six months.

With regard to the mode of treatment in such cases, the removal of the patient from the opportunity of indulging his propensity is absolutely necessary; medical means may be required to restore the digestive organs to a state of healthy action, and moral means must be resorted to, in order to fortify the power of the will, and to lessen the desire of self-gratification.

In delirium tremens, moderate purging, with the use of opiates, has been found efficacious; the loss of blood is, in general, injurious; and the abstraction of stimuli requires to be effected with caution, for when too sudden and entire, in some cases, injurious effects have followed.

EXPLANATION OF PLATE LXIII.

INSANE DRUNKENNESS.

Portrait of E. H., aged 50; married, with a family.

This woman has experienced frequent attacks of insane excitement, occasioned by drinking strong liquors, to obtain which she has parted with almost every article belonging to herself and to her husband.

Upon her admission to the asylum in which she now is, she was under the influence of delusions of a terrifying nature; among others, she thought that she saw her child cut into pieces. She is subject to fits of violence; and, on one occasion, was committed to prison for an assault.

She is at no time free from the morbid craving for liquor; is continually asking for it, and would be in a state of constant drunkenness if she could obtain the means.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EXPLANATION OF PLATE LXIV.

INSANE DRUNKENNESS.

Portrait of J. C., aged 40.

This man has a perpetual craving for strong drink and tobacco. Although he is naturally of a quiet disposition and harmless, yet, on one occasion, when his mother refused to indulge him, he gave her a blow, which, unfortunately, caused her death; upon trial, he was acquitted on the ground of insanity, and is now in confinement; is rather weak in mind, and is continually endeavouring to get drink.

EXPLANATION OF PLATE LXV.

INSANE DRUNKENNESS.

Portrait of L. C., aged 45.

This woman has had several attacks of maniacal excitement, produced by strong drink. The interval of sanity is short—not above two months; very little drink produces intoxication, even a pint of beer will have this effect; she has a constant craving for it. She has, also, delusions of a terrifying nature; talks of having the devil in her head, and is, at times, violent; a state of stupor has, sometimes, preceded her recovery.

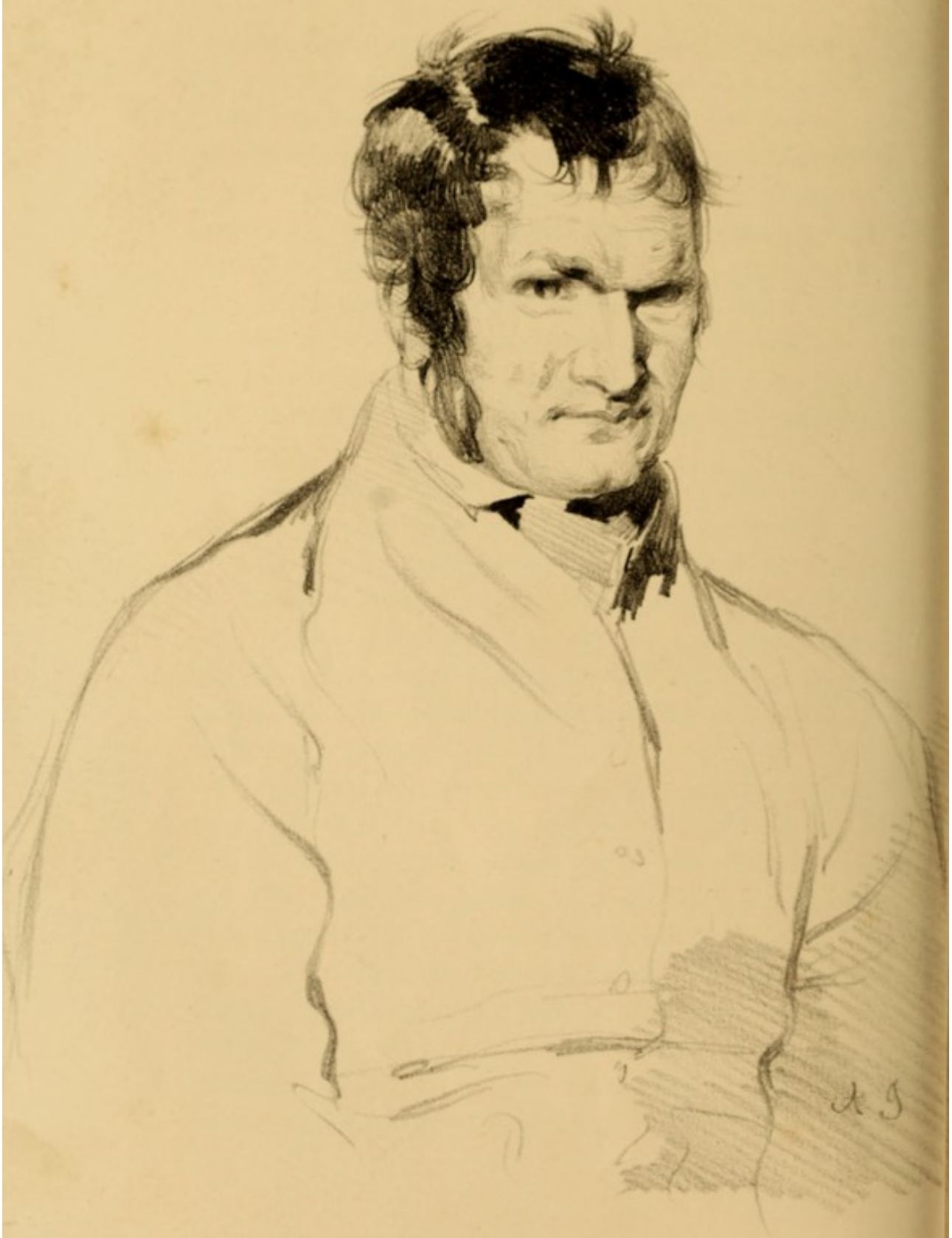
Other propensities, besides those already noticed, are met with in insane persons, in particular—a propensity to suicide; in Plates 37, 38, 39, 40, and 41, are given, portraits of insane persons in whom this propensity prevailed.

A propensity to tear, to break, and to burn, is also very common; as well as a propensity to swallow excrementitious matters; to gather stones and rubbish; and, in a very many cases, a propensity to self-pollution; but all these occur in varieties of insanity characterised by other features; of the latter propensity the physiognomy is peculiar; it is exhibited in the portraits of patients of weak intellect, to be afterwards described.

The propensity which leads an insane person to accomplish his purpose by burning, has been considered to merit particular notice, and to constitute a variety of monomania. Dr. Marc, of France, has published a memoir on the subject; he gives the name of *pyromania* to it, and considers that, like other insane propensities, it may be the result of instinct, or it may be the result of delusion—reasoning upon erroneous principles.

I have given two portraits of what, I conceive, he would class under this head: one, that of a man of weak intellect, who set fire to a stack in order to be taken to prison; and the other, that of a person who set fire to a cathedral, conceiving that he had a command from heaven to do so.

Dr. Marc adduces, as an instance of instinctive pyromania, that of a lad of 16, who, in the course of a fortnight, without any motives of interest or revenge, set fire, or attempted to set fire, eight times; this propensity, like others, has been excited into action by imitation.



EXPLANATION OF PLATE LXVI.

PROPENSITY TO BURN.

Portrait of G. B., aged 46.

This man, a blacksmith by trade, and, consequently, familiar with large fires, after the death of his father, who had taken care of him and had brought him up to his own trade, became distressed in circumstances and in mind; he wandered about the country for some time, and shewed perfect indifference to what became of him; in order, as he said, to be taken up, he set fire to a stack of corn. He is a man of weak intellect, and both his eyes are injured, but not so much as to deprive him of sight; he is harmless, and willing to make himself useful.

N S 1839

EXPLANATION OF PLATE LXVII.

PROPENSITY TO BURN WITH RELIGIOUS DELUSION.

Portrait of J. M., aged 52.

This man was tried and found guilty of arson and felony, but acquitted on the ground of insanity. He had been an excellent workman as a tanner, and had conducted himself to the satisfaction of his employers; he had also been at sea; he was considered sober, honest, and industrious; conversed with propriety on most subjects with the exception of religion; when this subject was introduced he became excited, and said that an angel, sent from the Almighty, had ordered him to set fire to the cathedral, in order to cause the clergymen to think of their ways, which he condemned, adding, that he would do it again if he had his liberty; this delusion continued till his death, which took place in May, 1838.

He died of bronchial inflammation; his brain exhibited marks of determination of blood, with slight effusion of serum.

DEMENTIA.

The terms Dementia or Fatuity, and Idiocy, are made use of to distinguish the condition of the mind in which its manifestations are enfeebled or abolished; where this is the consequence of accidents, or of disease occurring in the progress of life, the mind having previously been in a sound state, the term Dementia is employed; when it has existed from birth, or has taken place in early years before the mind has been developed, the term Idiocy is made use of; that of Imbecility, or weakness of mind, has been restricted to the lesser degrees of deficient intellect.

Those who are in a state of Dementia exhibit decay or abolition of the mental faculties in general, marked by incoherence of discourse and of actions, without excitement such as occurs in Mania; some are very loquacious, and others are silent and without motion: the power of sensation with perception is impaired, external impressions make very slight impression upon the mind; the power of attention is diminished, events, particularly those of recent occurrence, are forgotten, and the power of recollection or active memory is lost, consequently, the elements of intellectual operation; hence they are incapable of forming comparisons and of reasoning; the power of imagination too is feeble or extinct, and that of volition is diminished,

they are incapable of forming resolutions; their actions are vague and uncertain, performed without energy or decision, or they are altogether without action, and sometimes, even without motion, like a statue; the social affections are diminished or lost; they have neither desires nor aversions; and are indifferent about the present and the future.

They are, occasionally, obstinate and mischievous, but in general are easily restrained and diverted from the object they may have had in view.

Their personal appearance wants animation; their skin is sallow; their features are relaxed; their eyes are dull and without expression; their regard is unsteady; and their general character is vacant and as if astonished; for the most part they eat and sleep well, and sometimes become fat.

They are apt to be dirty in their habits, and to exhibit peculiar movements, or to repeat certain sounds or words in a mechanical manner.

They are subject to short fits of increased agitation, especially in hot weather.

Dementia sometimes assumes an acute form, coming on suddenly, and a modification of it, a temporary state of dullness and stupidity sometimes succeeds maniacal excitement previous to recovery; much more frequently Dementia is of a chronic nature, and then it may be regarded as almost incurable, although there are instances of an attack of Mania having cured it. It has also been suspended by fever and by severe accidents, and, in a few cases, before death an interval of reason and a manifestation of natural affections, long suppressed, have appeared.

Chronic Dementia, more or less complete, and frequently retaining traces of previously existing varieties of insanity, is the state of by far the greater number of the inmates of lunatic asylums; it is the melancholy result of the different varieties of mental disease, of mechanical injuries and of organic disease in the head; and it is frequently the concomitant of palsy, epilepsy, catalepsy, and old age.

ACUTE DEMENTIA.

This species of Dementia is sometimes the effect of violent emotions of mind; of exposure to great heat and fatigue; of excessive evacuations; and of intoxication. It has been frequently cured.

In the treatment, abstraction of blood, and other debilitating remedies, are in general to be avoided more benefit is to be expected from the moderate and steady employment of laxatives, with nourishing diet and strengthening remedies; free access to the open air and moderate exercise.

The restoration of suppressed discharges or eruptions is to be sought for; blisters, and other means of counter-irritation, and warm bathing, especially with the cold douche, have been found useful; a course of mercury also has been of service, given with the intention of relieving pressure upon the brain, presumed, in some cases, to be the cause of the torpor of mind.

In the management of the douche great caution is to be observed; it is to be avoided if signs of plethora, of

epilepsy, or palsy, of disease of the lungs or heart exist, or when the stomach is full.

The warm bath in which the patient is immersed ought not exceed the heat of 96° of Fareinheit's scale; he ought to remain in it a few minutes before the stream of cold water is applied to the head, this stream is quite large enough when half an inch in diameter. I have seldom exceeded from three to four minutes in the application of the douche; some women, who, generally speaking, bear it better than men, could have borne it longer; it can be borne longer on the back part of the head than on the top or forepart; it is to be suspended when respiration is much affected by it.

On the first application I seldom exceed one minute, and I make it a rule always to be present during its exhibition.

EXPLANATION OF PLATE LXVIII.

ACUTE DEMENTIA.

Portrait of S. S.; an unmarried female; aged 27.

This person had been an attendant upon an insane lady; her disorder commenced during that attendance. The first symptoms observed were incoherence of discourse and of actions; this was succeeded by a state of stupidity and of silence; she would sit all day with her hands upon her knees, her head bent forward, and her mouth open; she made no reply when spoken to, and did not appear to comprehend what was said to her. She had been about six months in this state when her portrait was taken.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(39)

EXPLANATION OF PLATE LXIX.

Portrait of No. LXVIII. restored to reason.

In the course of a few months this woman became lively and intelligent; employed herself in sewing and other domestic occupations, and was quite restored to health of body and of mind in about half a year. The means employed were a course of laxative medicines, with nourishing diet, and twelve applications of the cold douche whilst in the warm bath.


d S 1839

EXPLANATION OF PLATE LXX.

ACUTE DEMENTIA.

Portrait of J. W., aged 25; a Painter.

The cause of this man's disorder was stated to be the intemperate use of strong liquors. It commenced with incoherence in his discourse and in his actions; he was soon after reduced to a state of apparent idiocy; fell down when placed on his feet; did not appear to comprehend the simplest question; his eyes were vacant; his regard was unsteady; he looked as if astonished. He was disposed to be obstinate, and rather mischievous; he was, however, easily restrained. He had been four months in this state when his portrait was taken.


1832

EXPLANATION OF PLATE LXXI.

Portrait of No. LXX. restored to reason.

This person was about seven months under treatment. The remedial measures employed were a course of rather strong laxatives, by which the condition of the stomach and bowels, previously much out of order, was improved, and the application of the cold douche, whilst in the warm bath, about thirty times.


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EXPLANATION OF PLATE LXXII.

ACUTE DEMENTIA.

Portrait of E. W.; an unmarried female; aged 24.

This woman's disorder was caused by terror.

She did not appear to understand what was said to her; never spoke; never moved from the position she was placed in, and asked for nothing—but took food when offered to her.

Her habits were dirty; her appearance was slovenly; and her complexion sallow.

She had been for some months in this state when her portrait was taken. Strong laxative medicines were given to her; several blisters were applied to her head; an extensive eruption of pustules was produced, and continued for some time upon the back of her head and neck; and the douche was applied for a considerable number of times, but very little amendment was produced. She continued quite silent, except upon one occasion when a bible was accidentally put into her hand, and, to the surprise of those about her, she read aloud some verses, but without appearing to understand what she was reading; she also walked up and down a gallery very slowly; after which no further improvement took place.

Engd. by W.H. Lizars.

EXPLANATION OF PLATE LXXIII.

ACUTE DEMENTIA.

Portrait of a female in a state of Dementia, brought on suddenly; it is said, by having been violated.

She never spoke or moved; nothing attracted her attention; her usual posture was the one represented. She exemplified one of those continually-repeated automatic movements alluded to, called by French authors—*tic;* in her this was a slight smacking of the lips.

No remedies were of any avail, and she lately died in the Lunatic Asylum at Hanwell in a state of chronic Dementia, having remained several years from the first attack with very little change.

CHRONIC DEMENTIA.

The various forms of perversion and of want of mind were formerly arranged under the divisions of *mania* general insanity,—*melancholia* partial insanity—and *idiotism* deficiency of mind; the term *melancholia* has given place to that of *monomania*, and the term *dementia* has been applied to decay, or abolition of mind, occurring in those who have previously enjoyed the use of their mental faculties. Pinel first described this *dementia* abolition of the thinking faculty as a distinct species of insanity, the prominent feature of which in his description is incoherence of ideas; he has not, however, restricted the term as Esquirol and most other writers of the present time, do to cases not congenital and that of *idiocy* to congenital cases, for he gives, as an instance of idiocy, that of a young sculptor reduced to a state of dementia by intemperance.

In tracing the progress of those who are received as patients deemed curable into an hospital for the treatment of insanity, consisting of cases of mania, monomania, and acute dementia, we find that, besides those who are cured and those who die, there are two classes of patients, one in which the original delusions continue with little change for years, and another in which decay of the intellectual and moral faculties soon appears; in the former, the early stage being past, in which there is, generally, more or less excitement, the uncured patient, in most cases, becomes tranquil, and he may remain in a stationary state, perhaps with occasional fits of excitement, for an indefinite

length of time; this state has been called in general terms chronic insanity; in the latter, under which the greater number is to be found, signs of decay of the mental faculties, mingling with or obscuring the original delusions, appear—such as loss of memory, incapacity of attention to any particular idea or train of ideas as in sound mind, incoherence in discourse, disposition to smile or laugh without cause, to collect objects of no value, such as bits of paper, small stones, and the like—indifference about persons and objects formerly cared for, even since their disorder commenced, indolent and uncleanly habits, and, sometimes, vicious propensities; peculiar movements or certain words frequently repeated also occur in a few.

In a large proportion of those in whom these signs of dementia appear, we find in their discourse and habits, a connection with their past life and the delusions constituting their previous disorder, as in No. xxvi., an artist of some eminence, in the last stage of general paralysis, and an extreme degree of dementia, who, although he could not comprehend the meaning of any question whatever, and was incapable of giving a reply, yet talked of his having been a beautiful artist, and prince of the Ionian Islands, his original delusion.

The deficiency or abolition of mind is in some so complete, that the patient, like the complete idiot, would never stir from the situation in which he was placed or make any effort to obtain food; this, however, is the extreme case, and there are many lesser degrees.

With regard to the treatment, we have seen that recovery

frequently takes place in the acute species, but this is very rarely the case in the chronic species of dementia.

In disorders of such extensive occurrence and of so afflicting a nature, calling forth for a length of time, often many years, the most anxious and often repeated wishes of the friends and medical attendants of the patients, as may be anticipated, almost every remedy that could be thought of has been resorted to, whether acting upon the brain and nerves, the digestive organs, the circulating system, or the skin, such as blood-letting, general and local, counter-irritation and drains by blisters and pustules, issues, incisions, and caustics actual and potential, on different parts of the head and neck, emetics, purgatives, tonics, narcotics, mercury, arsenic, strychnia, baths of every description, electricity, galvanism, &c.

All these means have been tried but, in general, without avail.

The indications presenting themselves appear to be the removal of diseased action in the brain and its membranes, and the absorption of effused fluid in those parts, appearances of which are generally found on examination after death; for this purpose the above-mentioned remedies have been resorted to.

Constant attention is to be given to preserve the general health, now more liable to suffer, from diminution of nervous energy, the effect of the long continuance of the insane state; a practice of a very debilitating nature is sometimes the cause of confirmed dementia, and some of the insane in that state are much addicted to it; this ought to be care-

fully prevented by strict watching; habits of regularity and cleanliness, and, where there is a capacity, useful and agreeable occupations and amusements are to be promoted; these means, with kind treatment, appear to include all that we can do to cheer the dreary journey of life in hopeless insanity.


A S 1830

EXPLANATION OF PLATE LXXIV.

CHRONIC DEMENTIA.

Portrait of J. H. aged 22.

This young man about the age of fifteen addicted himself to the baneful practice of self-pollution, the consequence of which was weakness of body and of mind, so great as to render him quite unfit for his situation as a clerk; he has been in confinement for upwards of five years, and when not strictly watched, indulges in his pernicious propensity, and has even attempted to gratify one of a more revolting nature. He does not appear to labour under any delusions, but his mind is so enfeebled that he is totally unfit for any occupation; he appears to have some remains of shame, for he endeavours to go out of the way when spoken to; he sometimes answers questions put to him, but never asks any.


A S '39

EXPLANATION OF PLATE LXXV.

CHRONIC DEMENTIA.

Portrait of C. L. aged 62; a married woman, with a family of children, who has been ten years insane, originally monomania with ideas of grandeur, now combined with incoherence of ideas. She still calls herself a queen, sometimes queen Jesus; she frequently knocks violently against her bed, and speaks in a loud voice against devils who disturb her: a singular feature in this poor woman's case is that when a book is placed in her hand, after a short time, apparently spent in preparing, she commences in a loud voice a long discourse, the subject of which is generally religious, sometimes obscene; this, as might be expected, is very incoherent. She is quite blind.

EXPLANATION OF PLATE LXXVI.

CHRONIC DEMENTIA.

Portrait of H. E. aged 56; a married woman and mother of a family; she has been fourteen years insane; her disorder was in the beginning violent mania, she is now in a state of dementia. No. xvi. may be referred to as another case of dementia, preceded by mania.

For some months this patient has been nearly quite silent, and when spoken to, walks off and tries to hide herself; for several years and until very lately, she used to talk a great deal incoherently; a singular feature in her is, that in every word she pronounces each letter individually.

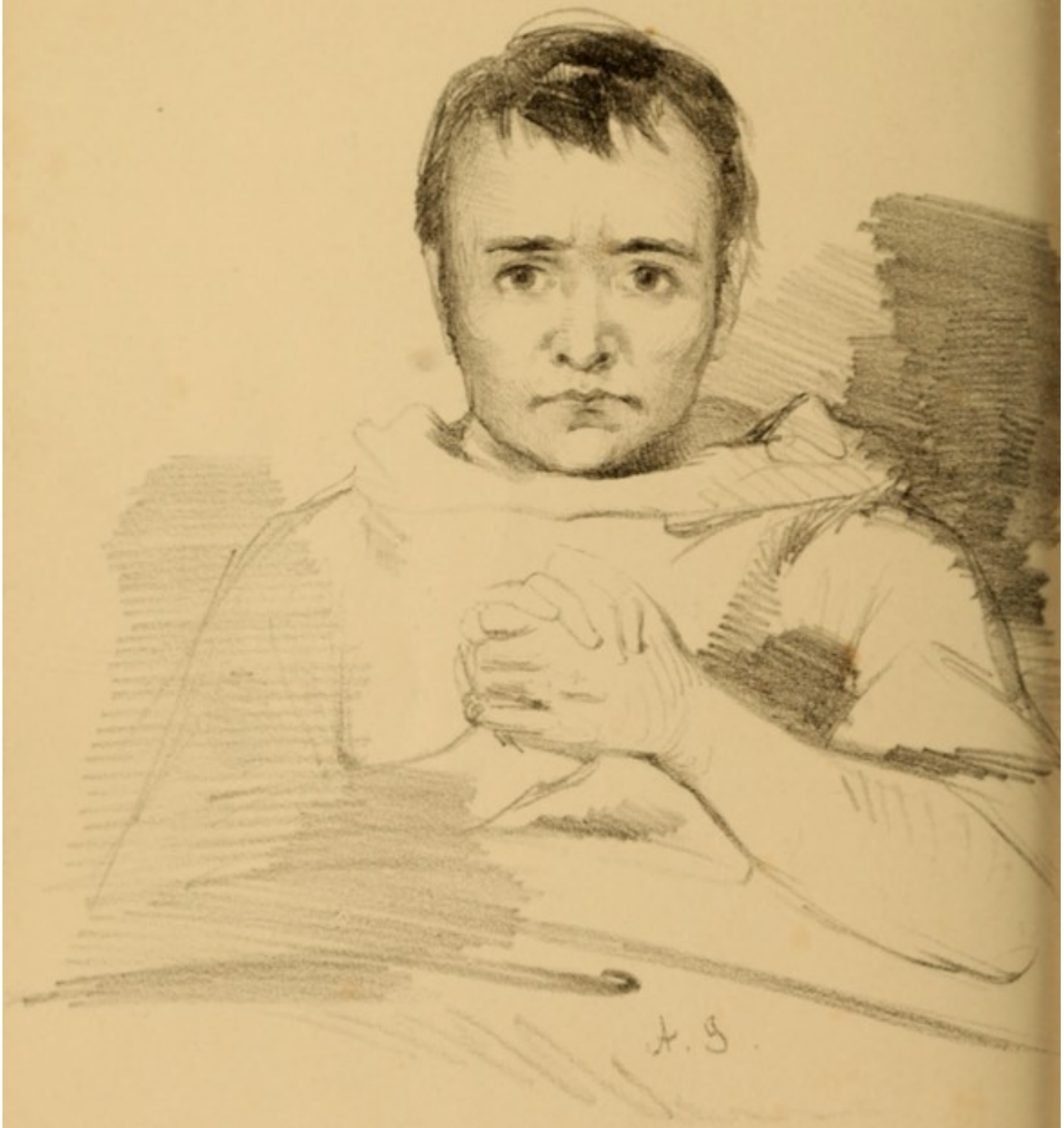

A D 1829

EXPLANATION OF PLATE LXXVII.

CHRONIC DEMENTIA.

Portrait of W. L. aged 53.

This patient has been many years insane and in confinement; he unfortunately shot a man during his insanity, previous to which he was a well conducted person; for some years he has been in a state of complete dementia; he appears to have no ideas and no desires, generally sits in one position, frequently rubbing his hands upon his knees for a long time together, he is almost quite silent, very seldom replies when spoken to, and never asks for anything; he takes his food when given to him.


A. S.

EXPLANATION OF PLATE LXXVIII.

CHRONIC DEMENTIA, WITH EPILEPSY.

Portrait of E. W. aged 40; long subject to violent fits of epilepsy.

This patient has been unable to take care of herself for fifteen years. Her fits take place in general a few days previous to the recurrence of the catamenia, which continue regular; she sometimes will give a short answer to a question or two, but if asked more, she is apt to laugh in a foolish manner; she occasionally sews a little, and appears to retain some affection for her friends; she is very quiet and harmless.

EXPLANATION OF PLATE LXXIX.

CHRONIC DEMENTIA, WITH CATALEPSY.

Portrait of E. S. aged 40, a tailor.

This patient has been ten years insane. Previous to his insanity he complained of head-ache, quarrelled with his friends, fell into habits of drunkenness, and frequenting the theatre, after which he was observed to stand for a long time together in theatrical attitudes; he then became melancholy, had great apparent debility, a feeble pulse, and torpid bowels, and he exhibited a tendency to Catalepsy. He would, for half an hour or longer, remain in any position he might be placed, such as that in which he is represented; during which time he could hold weights to the amount of 14 lbs. in his hand, the arm being placed forward from the body; he would take food when put to his mouth, but was generally an hour over each meal.

Soon after his admission into the asylum, he fell down on the floor and remained in a comatose state for some days, after which he never spoke for a month, and required to be fed for nearly three months, taking his food very slowly. In about six months after the fit of coma he began to walk, dragging very slowly one leg after the other, so that it was twenty minutes before he walked about eighty yards; he also answered a few questions,

and occasionally read aloud; a relapse soon took place, and the same train of symptoms appeared, followed by a second improvement, during which he was able to walk and ride a little on an ass; and on one occasion, his clothes being taken off, but against his will, he jumped into a pond, in which other patients were bathing, and swam about for several minutes; soon after this occurrence a third attack of coma took place, succeeded by the same train of cataleptic symptoms; this lasted for nearly seven months, at the end of which time he began to take his food, to get out of bed and dress himself, and to work a little in the garden, he also would sing a song, and read the newspapers aloud to other patients; he has continued in this improved state for some time: his mind is much enfeebled, and he is unable to take care of himself; he seldom speaks at all, and never asks questions.

He works as a tailor, diligently if well supplied with tobacco, of which he is very fond, but as soon as his tobacco is expended he gives over work until he is supplied; now and then he will hold up one of his legs, and keep it in that position for a considerable time, this seems to be the only vestige of a cataleptic tendency left.

Purgatives—tonics—electricity—the douche—friction of the spine—the production of pustules—carbonate of iron in very large doses—blisters—sinapisms, &c. were tried extensively in this case, but without apparent benefit.

IDIOCY.

Under the name of Idiots are included those unfortunate beings in whom the indications of mind are deficient, and have never been manifested, or manifested only to a degree below the ordinary standard; this deficiency is coeval with birth or shews itself very early in life; as already stated, it is to be distinguished from dementia, by some writers termed *acquired* idiocy, in which the individual has been in possession of his mental faculties, and has been deprived of them subsequent to puberty; the difference between the two states being not so much in mind as in manners, the idiot retaining the manners of infancy, and the individual in dementia exhibiting those of more advanced life.

Congenital idiocy exists in various degrees from that of complete destitution of intellect and moral manifestation, in which the being merely breathes, digests and sleeps, but has not the instinct of self-preservation; to those minor degrees of weakness to which the term imbecility has been applied, in which the intellect is but little beneath the ordinary standard, and the individual is nearly, although not quite, competent to manage the common affairs of life.

The number of idiots appears to be greater in mountainous than in plain districts, particularly in those of Spain, France and Switzerland; they are termed Cretins and Cagots in those districts, and frequently have an enlargement of the thyroid gland. Cox, in his description of Switzerland, says, that in the district of the *Vallais* many parents prefer their idiot children to those whose understandings are perfect, because, as they are incapable of intentional criminality, they

consider them as certain of happiness in a future life. The number of idiots in Scotland is stated, by the Clergymen who made the statistical returns of each parish, to be very considerable in proportion to the whole number of the insane, viz. 3,495 of 4,647, of these however a proportion is stated to consist of persons in a state of dementia.

The more complete idiots, to which the present observations are intended chiefly to apply, are in general short-lived, seldom exceeding 30 or 40 years of age; for the most part they are inoffensive, some are cunning and mischievous, and a few are dangerous; besides the arrangement dependent on the degree of deficiency, they may be arranged into those in whom there is evident malformation of the head, and those in whom this is little or not at all evident; the head in some is too large, in others too small, the most striking and frequent variety, being that of a very small head, in which the deficiency is most evident in the anterior superior portion, as represented in plate lxxx. When idiocy supervenes in early life the head is sometimes larger than natural, as in plate lxxxvi; this appears in some cases to depend upon dropsical effusion; in both kinds there is more or less vacancy in the expression of the countenance, evincing want of intelligence; the degree of deficiency of intellect is not however always in proportion to the malformation of the head; there is frequently something faulty in the position of the eyes of idiots, which are seldom fixed upon any object, but are wandering and unsteady, sometimes protuberant and squinting; their mouth is gaping and the saliva is allowed to escape apparently more from carelessness, in not swallowing it, than from an increased secretion of that fluid; their lips are often thick, their gums spongy,

and their teeth decayed; some are lame and otherwise deformed; they have an unsteady and awkward stooping gait, easily fall to the ground, or drop anything they may have in their hands; they frequently toss about their heads, or exhibit a swaying motion of their bodies.

The external senses are often wanting or very imperfect, some are blind, some are incapable of perceiving odours or tastes, and shew little or no discrimination in what they eat; their physical sensibility is obtuse, so much so in some cases that they do not even appear to feel pain; some are dumb, or able to articulate only a few syllables or words to which they seem to attach no meaning, or they utter a short cry or a wild laugh; in some cases the dumbness appears to proceed from want of the power of attention, and capacity sufficient to enable them to imitate the sounds of the voice, others are both deaf and dumb; some are prone to laugh, and others to whine or cry without evident cause, some are affected by music, and can be taught to repeat tunes, and some have vicious inclinations, in particular those of lying, stealing, and onanism.

With regard to the manifestations of intellect, idiots are deficient in sensation and perception of impressions, and in attention; they have little or no memory, or if they appear to remember they have not the power of perceiving the relations of ideas; they may be taught to imitate and to repeat by rote, but are entirely deprived of the power of judgment. A complete idiot, in regard to this faculty, is below most brutes, for he cannot compare two ideas, and of course cannot talk rationally upon any subject; indeed an idiot of this description has no language, and some have been described who could not even make known their most

urgent wants, by signs intelligible to those who have had the charge of them: the moral manifestations of mind are in like manner deficient in a complete idiot; he has no religious sentiment, no desires or aversions, no affections, and consequently is unconscious of the social relations; in short, he has no reason to controul his will, no desires or inclinations to excite it, and no will to be controuled or excited.

Idiocy sometimes prevails in families; it is often conjoined with palsy or epilepsy, and with scrofula, or ricketts; the mind, as already observed, may be deficient from birth, or it may be enfeebled at an early age by disease, as by convulsions from teething or other cause, by hydrocephalus, by external injury, or by terror. Children probably of a scrofulous constitution have been born in perfect health, and have continued to improve in mind as well as in body until some years after birth, when, although their bodily health and growth have continued, farther development of the mental faculties has been arrested, and during life they have exhibited the mind and manners of a child; in some instances, the production of idiotic children appears to have been connected with a fright, or other violent emotion affecting the mother during pregnancy.

Idiocy being an irremediable state of the mental faculties, idiots can be but little changed by external circumstances; the treatment is to be directed to preserve the general health, to encourage good inclinations, occupation, and cleanliness, and to check evil inclinations and bad habits.

EXPLANATION OF PLATE LXXX.

IDIOCY.

Portrait of E. H.; aged 18.

The head of this idiot is very small and depressed in the frontal portion; she is of short stature, but not deformed. Her countenance expresses vacancy, generally inclined to a silly laugh; she can feed herself, but does not attend to the calls of nature, and cannot dress and undress herself.

She frequently repeats in an eager manner—*um um*, and has been taught to repeat, like a parrot, the words—*good day, good night;* when a watch was presented to her she put it into her mouth. She is fond of sweetmeats and of cakes, a piece of which she has in her hand; she appears pleased with a piece of finery, such as a new gown or cap.


A J 1839

EXPLANATION OF PLATE LXXXI.

IDIOCY.

Portrait of G. D.; aged 28.

This idiot is four feet, six inches in height; his head does not differ much in size from the head of a sane person,* it is rather depressed in the frontal portion.

His lips are thick, and his mouth is gaping, allowing the saliva to drop out of it; his teeth are good, but very irregular; his gait is awkward and unsteady; in walking he stoops forward, his knees a little bent, and his arms hanging before him, as if he were about to fall; his usual position is that of leaning against a door, and gently beating his head upon it.

He appears to possess the external senses—that of feeling is very obtuse; he cannot say any more than—*tee tee*, which he frequently repeats, particularly in bed; he sleeps little; his temper is good; he is inclined to laugh, but in a very discordant manner; he can feed himself, but cannot dress or undress; he is inattentive to the calls of nature; he does not exhibit affection for any one, appears to have no sense of shame, and music does not excite any emotion in him; he is said to be inclined to onanism.

* The measurement of his head is—

The circumference....	21⅝ inches.
Occipito frontal curve ..	12½
Longitudinal diameter..	7⅝
Transverse diameter ..	5⅜


A S 1839

EXPLANATION OF PLATE LXXXII.

IDIOCY.

Portrait of J. A.; aged 9 years.

The height of this boy is three feet, nine inches; there does not appear to be any malformation of his head;* his limbs are well formed and he walks steadily, but, in general, prefers sitting; his teeth are decayed; he appears to possess the five senses, but cannot speak; he sometimes utters the syllables—*de de de;* he is good-tempered, though, at times, a little mischievous; is fond of hearing music, and exhibits affection for a patient in the Asylum, who is kind to him; he is inattentive to the calls of nature, cannot feed himself or put on his clothes. His mother perceived his want of mind first, soon after he had cut two teeth; he is stated to have improved a little of late; he is fond of sweetmeats, which he now puts into his mouth; some months ago, although he liked them, he allowed them to drop out of his hand.

* The measure is—

Circumference	20 inches.
Occipito frontal curve ..	11
Longitudinal diameter ..	7½
Transverse diameter	5½

EXPLANATION OF PLATE LXXXIII.

IDIOCY.

Portrait of W. N.; aged 6 years.

This boy has been idiotic since his birth; his mother says that he became more so at three years of age, after measles and hooping-cough. His head appears to be well formed; he sees, hears, smells, tastes, and feels, and he can repeat a few words such as—*mother* and *poor boy;* he is attentive to the calls of nature, sleeps well and seldom wets his bed; he feeds himself, but will eat flesh and fish quite raw; he is very restless, and continually whines; when carried to the street, he takes hold of anything that is within his reach, but will avoid danger; he sometimes makes attempts to imitate others singing; he appears to have affection for his father and mother, and is fond of looking at his father at work as a tailor, claps his hands when he sees the needle move, and tries to imitate the operation of sewing.


Æt 9 1839

EXPLANATION OF PLATE LXXXIV.

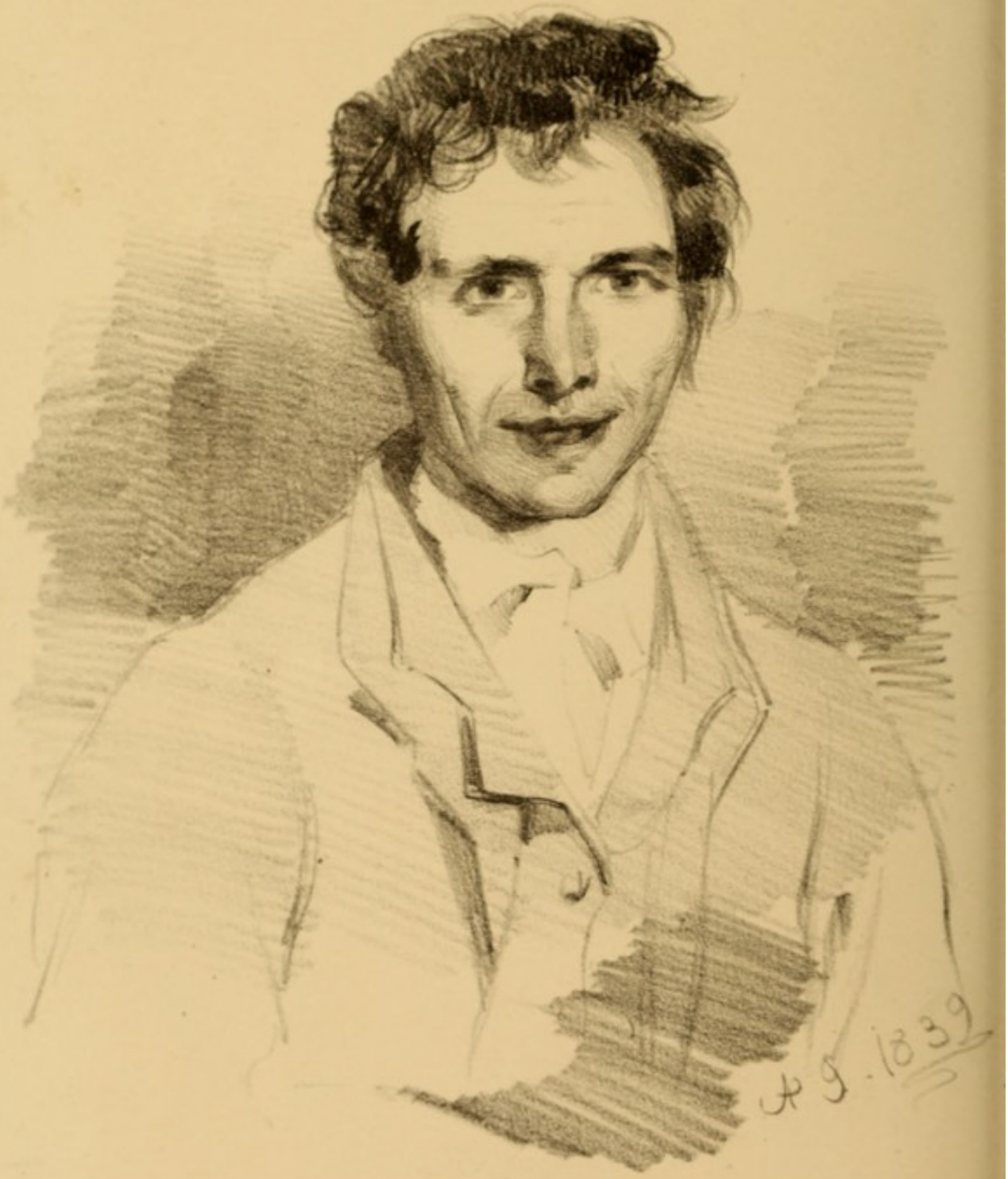
IDIOCY.

Portrait of W. N.; aged 18.

This is the same idiot represented in Plate lxxxiii; being twelve years older, his height is now four feet, ten or eleven inches; his head does not exhibit any unusual appearance;* his physiognomy is expressive of vacancy and uneasiness; his eyes wander; his five senses continue natural, but he says nothing, except—*mee mee mee* in a whining tone, this he repeats almost the whole night, for he sleeps little; he takes his food, but cannot put on his clothes, and does not attend to the calls of nature; he walks pretty well, but holds his hands in an awkward position; he bites and tears his clothes, appears to have affection for no one, is suspected of onanism, and has no sense of shame.

* It measures—

Circumference.....	21⅜ inches.
Occipito frontal curve..	13⅛
Longitudinal diameter .	7
Transverse diameter ..	5½


A. G. 1839

EXPLANATION OF PLATE LXXXV.

IDIOCY.

Portrait of J. H.; aged 48.

The height of this idiot is about five feet, seven inches. His head is rather small;* his countenance expresses cunning and his eyes move quickly; his teeth are much decayed; his gait is nearly natural; he feeds himself, and is particularly fond of chewing tobacco; he is disposed to be mischievous, on one occasion his brother refused to give him tobacco, on which he threw a stone at his brother, which, unfortunately, killed him. When irritated, he becomes violent and dangerous; he can repeat a few words, but for the most part limits himself to saying—*um um;* he appears to be pleased with new articles of dress, but is apt to tear his clothes.

He is what is usually considered a dangerous idiot; he has had several epileptic fits.

* It measures—

Circumference.....	20½ inches.
Occipito frontal curve..	11⅛
Longitudinal diameter..	7
Transverse diameter ..	5¼

EXPLANATION OF PLATE LXXXVI.

IDIOCY.

Portrait of T. F.; aged 30.

The height of this idiot is four feet nine inches; he is not deformed in person, but has a feeble stooping gait, and when he walks his hands are bent inwards. His head is larger than usual in a person of his height,* and the frontal portion is very prominent; his countenance is heavy, yet he moves his eyes very quickly; his ears discharge a good deal of muco-purulent matter, but he appears to hear, although he never speaks; he puts on his clothes, and for the most part attends to the calls of nature; he also feeds himself, but swallows his food as fast as he can put it into his mouth.

He is not affected by music, does not exhibit the slightest feeling of affection for any one; he appears to be timid, the moment he is touched he runs off as fast as he can, as if afraid; he is, generally, in a sitting posture.

* It measures—

Circumference	$22\frac{3}{8}$ inches.
Occipito frontal curve...	13
Longitudinal diameter ..	$7\frac{1}{2}$
Transverse diameter ..	6

IMBECILITY.

In the weak state of mind to which the term imbecility has been applied, perception, memory, judgment, and volition, are manifested, to a greater or less extent; memory, indeed, is sometimes comparatively retentive, and, in this respect, there is a marked difference between congenital and acquired imbecility or *dementia*, in which memory is generally much impaired, or totally lost; some of the imbecile are capable of reasoning to a limited extent, being able to draw conclusions of easy inference from given premises, and to express a few simple ideas; and although they have not capacity to receive education like the rest of mankind, in proportion to the opportunities afforded to them, yet they are capable of a certain degree of mental cultivation; if pains are bestowed, they can be taught reading and writing, and to comprehend a little arithmetic; some exhibit an inclination, and even a talent, for music or drawing; their affections are seldom strong—sometimes they exhibit an attachment to particular persons, of which an interesting example is exhibited in Plate xciv.; they may not be destitute of religious and moral sentiments, but they too often are slaves of immediate impulse being deficient in the power of self-controul, and they are subject to violent emotions such as those of anger and jealousy, grief, and shame: mischievous and vicious propensities, too, are not uncommon; they are inclined to lie and to steal, and are sometimes made instruments of atrocious crimes by designing villains; they are not exempted from attacks of mania or of monomania.

The boundary between idiocy and those minor degrees of deficient intellect, to which this term imbecility has been applied, is not defined; the progression from complete idiocy to the slightest appearance of inferiority of intellect below the ordinary standard is gradual—the one description as it were sliding into the other, as the state of imbecility does into the state of *compos mentis*, or sound mind.

Various degrees of imbecility, as well as of idiocy, have been described by different writers, in particular by Hoffbauer, who has arranged them under two heads—the one, that of *dullness*, the other, that of *silliness*; in the former, dullness, he includes those cases in which there is a defect of perception or of apprehension; and in the latter, silliness, those in which the power of attention is particularly deficient; from both causes the ideas are rendered imperfect, and, consequently, there is a deficiency in the materials and in the power of thinking and of reasoning. Hoffbauer has sub-divided these two classes of imbecility into several degrees.

The term *compos mentis*, or sound mind, implies capacity sufficient to enable the individual to conduct the ordinary affairs of life.

When the question of incapacity from weak mind, or *unsoundness*, as it has been termed by legal authority, is referred to a jury, the proofs are to be sought for in an investigation of the character and conduct of the individual, by examination of himself and of his writings, and by interrogation of witnesses; the want of something like a criterion is much felt, as must be evident from the want of unanimity in the verdicts of juries in suits *de lunatico inquirendo*, and in the contradictory conclusions of medical

witnesses, strikingly exemplified in several cases lately before the public; the conflicting testimony of witnesses who have an interest or a bias in the investigation—the patient himself perhaps having been carefully tutored on his weak points, or, as it has appeared in some cases, having been very much neglected, adds considerably to the difficulty. One of the most important features of imbecility, in a legal point of view, is weakness of volition giving rise to extreme facility of temper, the will of the individual being easily controuled or swayed by others, an instructive example of which the late Lord Erskine related, viz. that of a gentleman who answered satisfactorily most of the questions put to him with a view to ascertain the capacity of his mind, but who exhibited, in a convincing manner, his inability to manage his own affairs, at least to take care of his money, by agreeing at once, although he had never seen Lord Erskine before, to let him have a thousand pounds.

Some men, like this gentleman, have a sufficient degree of reason to enable them to act for themselves in the less important affairs of life, but they have not sufficient strength of mind to secure them against imposition, or to fit them for concerns in which a competition of interests arises, such as making bargains, or similar transactions in life which may endanger their property; they may be usefully occupied where no great exertion of intellect is required; they may even be possessed of sufficient mind to enable them to make a settlement of their affairs by will, if there do not exist delusions or unjust prejudices to which weak minds are obnoxious, involving the interests of those persons who have natural claims upon them.

As persons of weak mind are in general unwilling to

admit ignorance, the consciousness of their deficiency, expressed with evident desire and efforts to remedy this deficiency, gives a reasonable ground of hope that competency may be established by proper cultivation, more especially if some improvement has already been made; and it is worthy of remark, that in the course of investigating cases of this description, it is not uncommon to find a marked improvement in the views and replies of the person under inquiry; where madness has existed, as consciousness of having laboured under erroneous ideas, is held as a proof of recovery having taken place; consciousness of deficiency, with a disposition to remedy it, although it may not be held as a criterion of equal value, yet may be considered as a favourable indication of the capability of the person, especially if young, being rendered competent by proper culture; regard, it is evident, is to be paid to the opportunities the individual may have enjoyed; we know, upon good authority, that some of the South American tribes are unacquainted with everything beyond the indulgence of natural appetite, and instinct—this is ascribed not to incapacity, but to their mental powers being unexercised and dormant.

In cases of mental deficiency noticed in early life, much may be done by a well-directed education, in conducting which, as in the education of the young generally, the principal object seems to be to improve the power of the mind over its attention to the perceptions presented to it,

and to encourage any particular bent, if such may appear in the capacity of the individual. As the power of attention, which is very deficient in the imbecile, is capable of being increased and invigorated, it is of great importance to cultivate it in our endeavours to strengthen a weak mind; and, as it is more readily arrested by certain objects than by others, it is important to ascertain those objects, and to select them for cultivation; if we can in this way call forth an increased degree of attention to them, it may afterwards be transferred to other pursuits; the improvement of attention tends directly to invigorate other mental operations, and more especially tends to strengthen the power of volition.

It is scarcely necessary to add, that strengthening the general health by proper attention to diet and exercise, is to be kept in view, as well as the prevention of vicious propensities.


A S 1839

EXPLANATION OF PLATE LXXXVII.

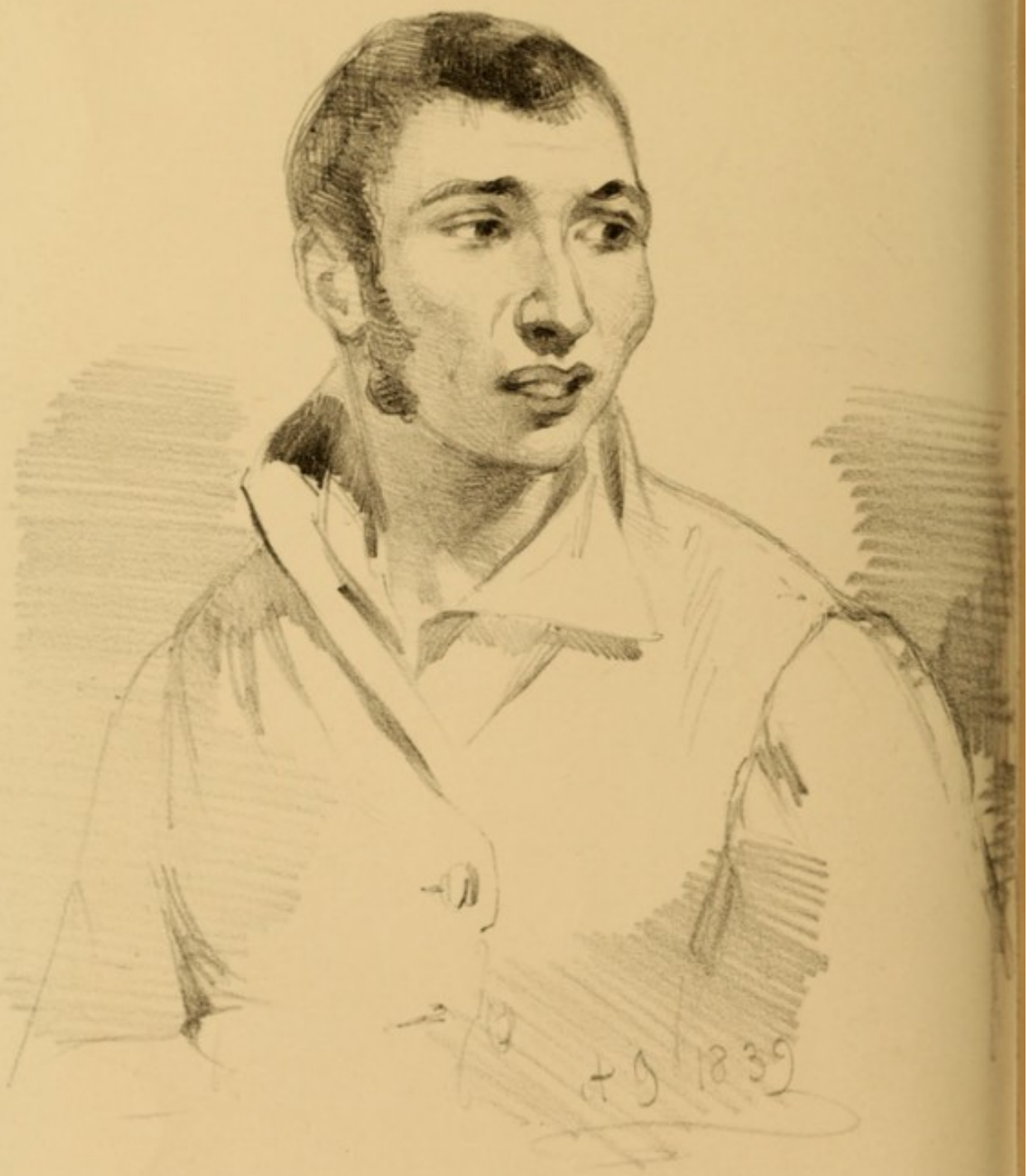
IMBECILITY.

Portrait of M. F.; aged 20.

This young woman is of very weak intellect; her external appearance is comely, her features being good and her limbs well formed; her expression is rather vacant, and she is inclined to laugh without sufficient cause; she has an agreeable voice, and will sing a few verses of a song if the words are repeated to her; she will give a rational reply to a few questions, particularly if they relate to her wants, but she never speaks unless she be spoken to. She attends to the calls of nature, except during the night time; her catamenia are regular; she appears to have a a little sense of shame, and to have an attachment to her attendant, but is not inclined to associate with others; she feeds herself, but does not put on and off her clothes, although she is fond of any new article of dress.

She, occasionally, is employed at needle-work, and other easy occupation; she is about five feet in height, and her head measures—

The circumference	21½ inches.
Occipito frontal curve ..	13
Longitudinal diameter..	7⅜
Transverse diameter ..	5⅝



EXPLANATION OF PLATE LXXXVIII.

IMBECILITY.

Portrait of S. C.; aged 34.

The expression of this young man's countenance denotes silliness; he was very docile, and willing to do what he was desired, but he had an unfortunate propensity to a solitary vice.

His head appeared to be considerably less than the usual standard. He lately died of consumption, having previously fallen out of a window and broken his thigh-bone.


A. S. 1839

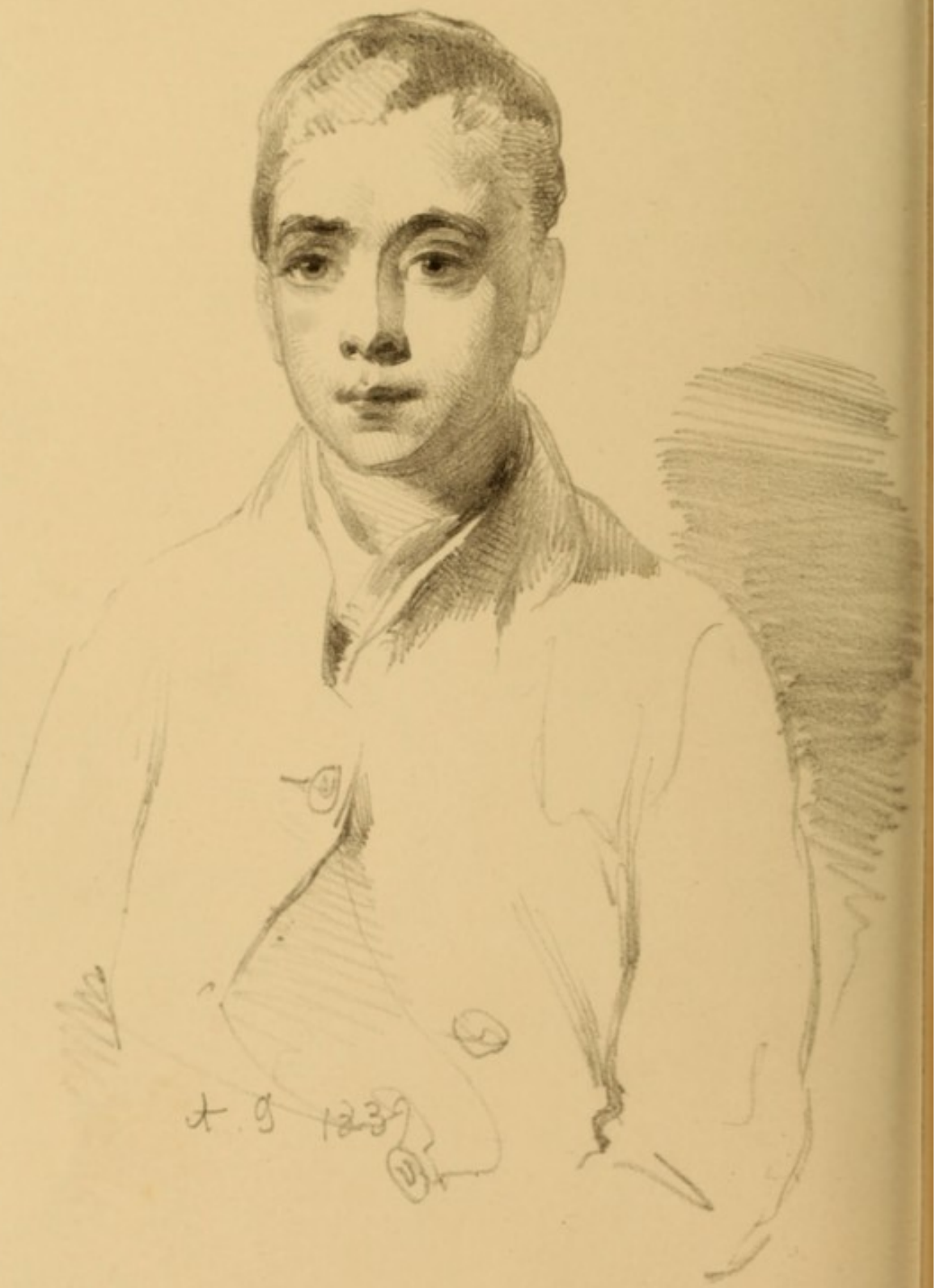
EXPLANATION OF PLATE LXXXIX.

IMBECILITY.

Portrait of G. R.; aged 19.

This young man has rather an agreeable though vacant expression; his features are good, and his limbs are well formed; he expresses himself readily; says he is a very good boy—that he says his prayers—that he is fond of his mother, and of the angels, which name he gives to young women—that he likes his present abode, and would stay for ever; he is good-tempered and is willing to make himself useful, and does assist a little in carpentry. His height is five feet, two inches and a half, and his head measures—

Circumference.....	20⅜ inches.
Occipito frontal curve..	12½
Longitudinal diameter..	7¼
Transverse diameter ..	5⅛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EXPLANATION OF PLATE XC.

IMBECILITY.

Portrait of G. B.; aged 18.

This young man is subject to epileptic fits. He has been employed as a baker, and has waited at an inn.

His features are good—he has an agreeable physiognomy, with a little vacancy of expression, and his limbs are well formed; he speaks plainly, and answers questions in a rational manner, has been taught to read and to write, and he has an inclination and some talent for music—a good voice and a correct ear, and he sings very well; he is disposed to quarrel, to tell lies, and to indulge in a solitary vice.

He says that he will always be a good boy—will be polite and bow to gentlemen on whom he may wait—will work like anything if work be given to him; he feeds himself, dresses and undresses himself, and is attentive to the calls of nature. His height is four feet, nine inches; his head measures—

Circumference.....	21¼ inches.
Occipito frontal curve..	12⅞
Longitudinal diameter..	7⅝
Transverse diameter ..	5¼


A 9 1839

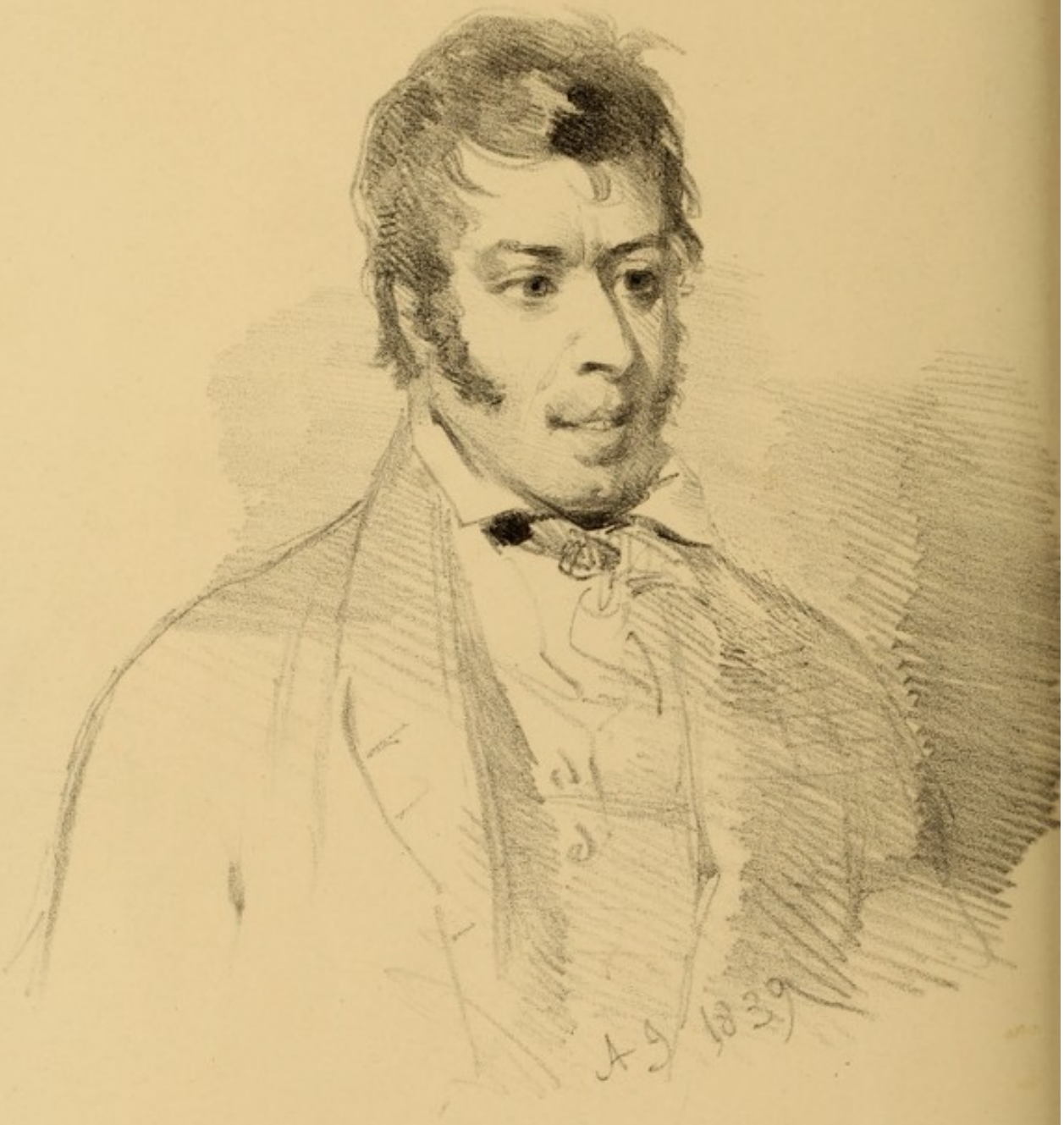
EXPLANATION OF PLATE XCI.

IMBECILITY.

Portrait of W. S.; aged 30.

This man has a very small head and an expression of silliness in his countenance; his eye, however, is rather lively, and he possesses more intelligence than we should expect from his appearance; he can talk rationally upon common subjects, and makes himself useful; he has worked in servile offices. His height is about four feet, nine inches; his head measures—

Circumference.....	18¼ inches.
Occipito frontal curve..	9⅞
Longitudinal diameter..	6
Transverse diameter ..	4⅞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EXPLANATION OF PLATE XCII.

IMBECILITY.

Portrait of J. K.; aged 32.

There is nothing peculiar in the external formation of this man; his height is five feet, nine inches, and the measurement of his head is of an ordinary description; the expression of his countenance is dull. As a boy he was of a dull, wayward, and mischievous disposition; was employed as apprentice to a shoemaker, but was never diligent; he is stated to have formed an acquaintance with three persons of bad character, in consequence of which he was led into vicious practices, and, when about twenty years of age, committed an abominable assault upon a boy, whom, upon threatening to discover it, he put to death by stabbing, in consequence, as he says, of one of those persons having told him to kill the boy, otherwise they should all be hanged.

He makes himself useful in cleaning the wards and mending clothes, but still evinces vicious propensities; his head measures—

Circumference.....	21 inches.
Occipito frontal curve ..	12¼
Longitudinal diameter..	7¾
Transverse diameter ..	5½

EXPLANATION OF PLATE XCIII.

IMBECILITY.

Portrait of B. H., aged 40.

This person, of weak intellect from birth, was capable of a certain degree of education, so as to enable him to fill the situation of copying clerk; he fell into bad company, and was induced to commit theft, for which he was tried, and acquitted on the ground of insanity. In general he is quiet and inoffensive, seldom speaking unless when spoken to, and answering a few questions regarding the ordinary incidents of life in a rational manner. He is subject to frequent attacks of excitement of several days continuance; during which he talks incoherently, is restless and apt to strike and kick those about him—these attacks are preceded by shuffling his feet. About ten years ago, on the attendant being called out of his room, he shut the door, placed a long sitting form close to the fire, laid his body on the form and the back of his head upon the fire; he was found in this position, and in a state of insensibility; he was immediately removed to an open window, a copious discharge of blood from the nose took place, and in the space of about half an hour the state of insensibility ceased. His head, upon which the hair had been very thick, had much the appearance of, what in Scotland is termed, a *singed* sheep's head; the bone was visible in

several points, in one of which it was quite black; large portions of scalp, bone, and brain with its membranes were successively removed, leaving a nearly circular surface of about six inches in diameter, now protected by a thick membraneous substance, yielding upon moderate pressure, which gives no uneasiness; some parts of this membranous integument are of a denser texture than others, it throws off thick scales, more or less firm approaching to a horny consistence; it is for the most part dry, but at times a purulent moisture exudes from portions of it.

Previous to this occurrence he had made an attempt to cut his throat with a razor, and was in the habit of knocking his head against the wall, but he has not attempted to do so since that time.

It appears that this extensive injury, by which the greater part of both parietal bones, ~~part of the frontal bone~~, part of the occipital bone, and a large portion of the upper surface of the brain were destroyed, has not proproduced any perceptible change in the mental condition of the patient.

His head now measures—

Circumference.....	21½ inches
Occipito frontal curve..	10½
Longitudinal diameter..	7⅜
Transverse diameter ..	5¾

His height is about 5 feet 5 inches.

EXPLANATION OF PLATE XCIV.

IMBECILITY.

Portrait of W. C.; aged 34.

This poor fellow is of weak intellect, and subject to fits of epilepsy; he has a kind disposition, and takes a fatherly charge of two idiots, one nine and the other fifteen years old, both of whom seem fond of him. This view exhibits the mutual attachment that appears to exist between these unfortunate and helpless beings.

SENILE IMBECILITY OR DEMENTIA.

The first indication of decay of the mind in old people, is impairment of the power of recollection, which is particularly observable in respect of impressions recently made; the power of perception being less vigorous, and that of attention diminished, these impressions are made with less force than they used to be, consequently they are sooner forgotten, whilst the events of early life continue to be remembered, more or less distinctly; these events are apt, in some, to be confounded with circumstances of recent occurrence; hence arise confusion and incoherence in their conversation or correspondence; sometimes in talking to an aged imbecile, he appears to be roused from a state of absence or vacuity of mind by a particular word, frequently the last spoken, this word he will repeat, and led by former associations of ideas, will wander into a discourse irrelevant to the subject. In some the memory of persons or things is retained, whilst the name or arbitrary sign is forgotten—for instance, a lady when asked where she had been, replied to the public-house, meaning the church; a gentleman upon being asked where his banker lives, persists in saying Holborn, instead of Lombard-street.

The power of volition is also weakened in the progress of age, and the affections and passions are blunted: the imbecile from age are infirm, or feeble of purpose, easily led, passively obeying the will of others; hence they are apt to fall under the control of those about them.

Delusions are not unfrequent, and these sometimes in-

volve the interests of persons who have natural claims upon the old man, and therefore may lead to doubts of his capability to dispose of his property, especially when he does not shew a clear understanding of his affairs, and of his relative duties, or has committed acts of improvidence, unsuited to his circumstances, or has exhibited subserviency to the will of persons who avail themselves of his infirmity.

Senile Imbecility comes on gradually in most cases; the external marks of old age in the face and figure, and the impaired vigour of the external senses, those of sight and hearing in particular, are accompanied with diminution of the power of the memory, and other mental manifestations.

In some cases it is of sudden occurrence, and premature dotage is induced by unusual excitement, or by a change in the mode of life; thus, the change from a life of activity to one of retirement, indulgence in strong liquors, or marriage in very advanced life, have been immediately followed by childishness, and prostration of the bodily and mental powers

Although the mental disorder of old age is in general that of imbecility, this period of life is not exempted from attacks of other forms of insanity, in particular of mania; attacks of violent maniacal excitement have occurred, of which a remarkable instance is given in plate xcv.

EXPLANATION OF PLATE XCV.

SENILE IMBECILITY WITH MANIA.

Portrait of E. S. aged 98; a widow.

This old woman appears to have been very handsome in her youth, had been three times married, and retained her eyesight and hearing unimpaired. She was subject to two or more paroxysms of mania in each year; on these occasions she was very mischievous, generally destroyed her bedding for successive days, and manifested great physical strength in the blows she inflicted on her attendants; the duration of these attacks varied from ten days to three weeks; in the intervals she was in a state of quiet imbecility of mind; although she could give rational answers to a few questions of easy comprehension, and frequently talked with animation on the scenes of her early days she could not carry on a conversation, and was frequently incoherent in her discourse.

She died in the 102nd year of her age, after a short illness of a few days, during which she expressed herself aware that her death was at hand; she was able to read the prayer-book to the last, without the aid of glasses.

MANIA WITHOUT DELIRIUM.

Under this term Dr. Pinel has described "perversion of the active faculties independent of lesion of the understanding," or of wilful depravity.

A prominent feature of this disordered state of mind is loss of the power of self-control, with a total disregard of consequences; reason has lost its control over the passions, and of course over the actions, by which these passions are manifested. The instances Pinel has given, are in many respects similar to those cases described as instances of monomania with vicious propensities.

Dr. Prichard, who has lately published on the subject, expresses his persuasion that Pinel is correct in his opinion of the existence of "*manie sans delire,*" or "*folie raisonnante,*" and says that he has been led to generalize his statement under the term of moral insanity, which term he applies to that change of affections, disposition, temper and habits, which in many cases precedes an attack of mania.

The operations of intellect are so much influenced by derangement of the active or moral powers, and the idea generally entertained of insanity, is so much connected with that of delusion, that the effects of the above-mentioned change are considered by some to form, in all cases, the first stage or *incubation* of other varieties of insanity; however this may be, there can be no doubt that delusion in most cases succeeds to or is combined with moral perversity, suddenly occurring in persons of previous good conduct; and my own experience in some thousand cases of insanity,

has afforded me very few instances in which perversion of the active faculties, as Pinel terms it, has not been combined with more or less intellectual disorder. The two following are cases in which no peculiar propensity predominates, and in which no delusion has been detected; they may therefore be considered as instances of the *mania without delirium,* of Pinel.

EXPLANATION OF PLATE XCIV.

MANIA WITHOUT DELIRIUM.

Portrait of S. C. aged 40.

This is an unmarried female, whose mother and grandmother were insane; she is a woman of quick perception, and warm affection for her relatives. She enjoys good health, with the exception of occasional headache. She has had several attacks of mental disorder, each of which has continued more than a year; during these attacks she becomes very loquacious, and makes use of oaths and abusive language, contrary to her usual habits; she wanders from home, purchases articles of which she has no need, is very fond of attracting attention, and is preverse and turbulent in her conduct; when removed to a place of confinement she is very troublesome to other patients; if she has an opportunity, breaks windows, and indulges in dirty and slovenly habits; in the midst of all this disorderly conduct she never expresses an insane idea, and will converse about her actions with great clearness and intelligence. Although in a great measure destitute of self-control, she allows that some of her mischievous actions are done with a view of provoking certain persons she dislikes.


A J 1839

EXPLANATION OF PLATE XCVII.

MANIA WITHOUT DELIRIUM.

Portrait of D. H. aged 31.

This is an unmarried female who resided with her parents until the age of sixteen years, when she began to wander from place to place, and to absent herself whole nights from their roof; she was continually in mischief—striking people, tearing her clothes, and breaking windows, until she became quite unmanageable at home, and was removed to the workhouse; here she manifested the same mischievous disposition, and was so violent in her conduct that at the age of twenty-one she was sent to the County Lunatic Asylum, where she remained six months, and was discharged at the desire of the parish authorities. She had no sooner returned to the workhouse, then she set fire to her bed; upon which she was sent to the asylum, where she continued about six years, manifesting the same michievous propensities, and exhibiting a great desire to attract observation; at her earnest desire another trial was given her at the workhouse; she remained three weeks, and has been again sent to the asylum, where she now is. This female has never exhibited insane ideas, although her conduct has been so unruly and mischievous.

EXPLANATION OF PLATE XCVIII.

Portrait of No. 34, cured.

This case of Monomania with fear, has been cured. The remedies employed were laxatives, anodynes and tonics; the duration of the disease was about twelve months.

APPENDIX.

The delineations given in the preceding part of this work, intended to exhibit the effect of delusions and of strong propensities upon the physiognomy, as well as that of deficiency of intellect, and of emotion in depriving it of expression, have been selected with care, and the likenesses have been taken under my direction by several excellent artists, in particular by Mr. A. Johnston, and Mr. F. Rochard.

In addition to these original sketches, I have given some specimens of what has been previously done in this country; from an early period it had not escaped observation, that the expression of the countenance in the insane varied, according to the ruling ideas and emotions in the mind, as is manifest in the celebrated productions of Cibber and of Hogarth.

The attitudes of the insane likewise deserve notice; they are sometimes characteristic of the state of the mind, as exemplified in the two portraits at the end of the work—the one that of a maniacal patient, and the other that of an imbecile or idiot, brought into notice by the circumstances attending his death.

With the view of conveying some idea of the relative proportions of the different varieties of mental disease, I have taken some pains in arranging a Table of 562 recent cases, which have been under my care during a period of five years, viz.—

	349 Females	and	213 Males; of these were—
Cured..	244		149 ——393
Uncured	86		52 ——138
Died ..	19		12 —— 31


A 9 1839

EXPLANATION OF PLATE A.

PORTRAIT OF MANIA, FROM CIBBER.

This is supposed to represent the porter of Oliver Cromwell, who, it is said, was a patient in the Bethlem Hospital of his time ; it is evidently intended to give an idea of a person in a state of mania ; the attitude is finely conceived, expressing, what is intended, a raving madman, and displaying great anatomical skill without individuality; the drawn in appearance of the abdomen, and the thrown back head, sinking, as it were in the trunk, are indicative of the reckless roars to which he seems giving vent.

This and the next plate B are taken from the statues by Cibber, formerly at the gate of Bethlem Hospital, in Moorfields, and for which it is stated that Louis the XIV. of France, offered twelve thousand Louis d'or; they were repaired, by Bacon, in 1820, and are now in the entrance hall of the Hospital.


A. S 1839

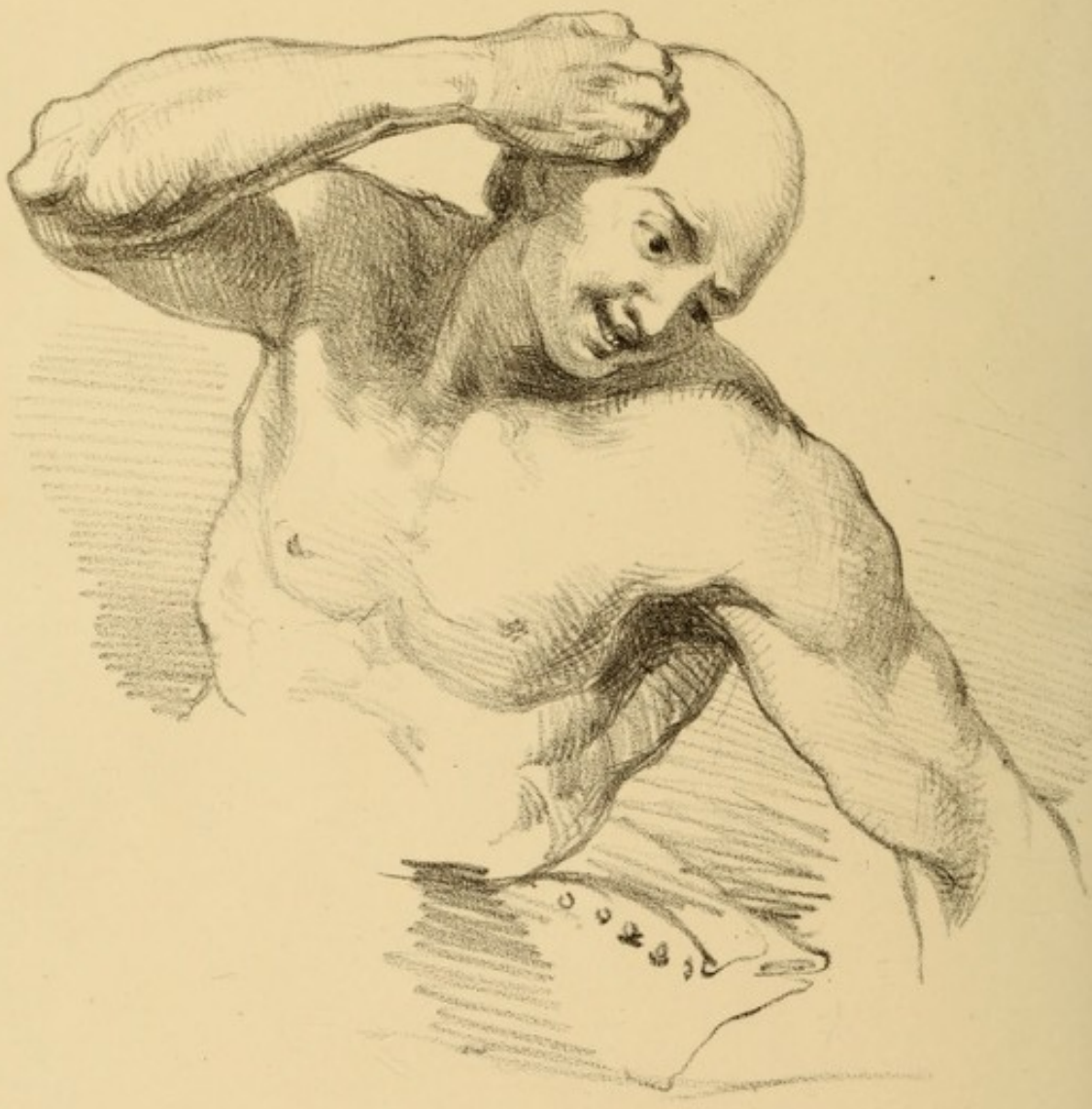
EXPLANATION OF PLATE B.

PORTRAIT OF DEMENTIA, FROM CIBBER.

This has been generally considered to be a representation of Melancholy Insanity; if, however, it be attentively examined, I think it must be referred to the variety termed Dementia; that state in which the symptoms of melancholy, previously existing, have now disappeared, and deprivation of intellect and of mental energy has gradually succeeded.

The extreme child-like attitude is natural, and with the tongue protruding from the mouth is characteristic of total absence of mind.

The spectator is supposed to be rather under the statue, consequently looking up to it, which by giving apparent length to the face has the effect of shortening the head; this, and the open mouth, and flabby or relaxed look, convey an idea of the face being larger than it really is, and the cranium smaller, and greatly assist in carrying out the character of want of emotion.



EXPLANATION OF PLATE C.

PORTRAIT OR MANIA, FROM HOGARTH.

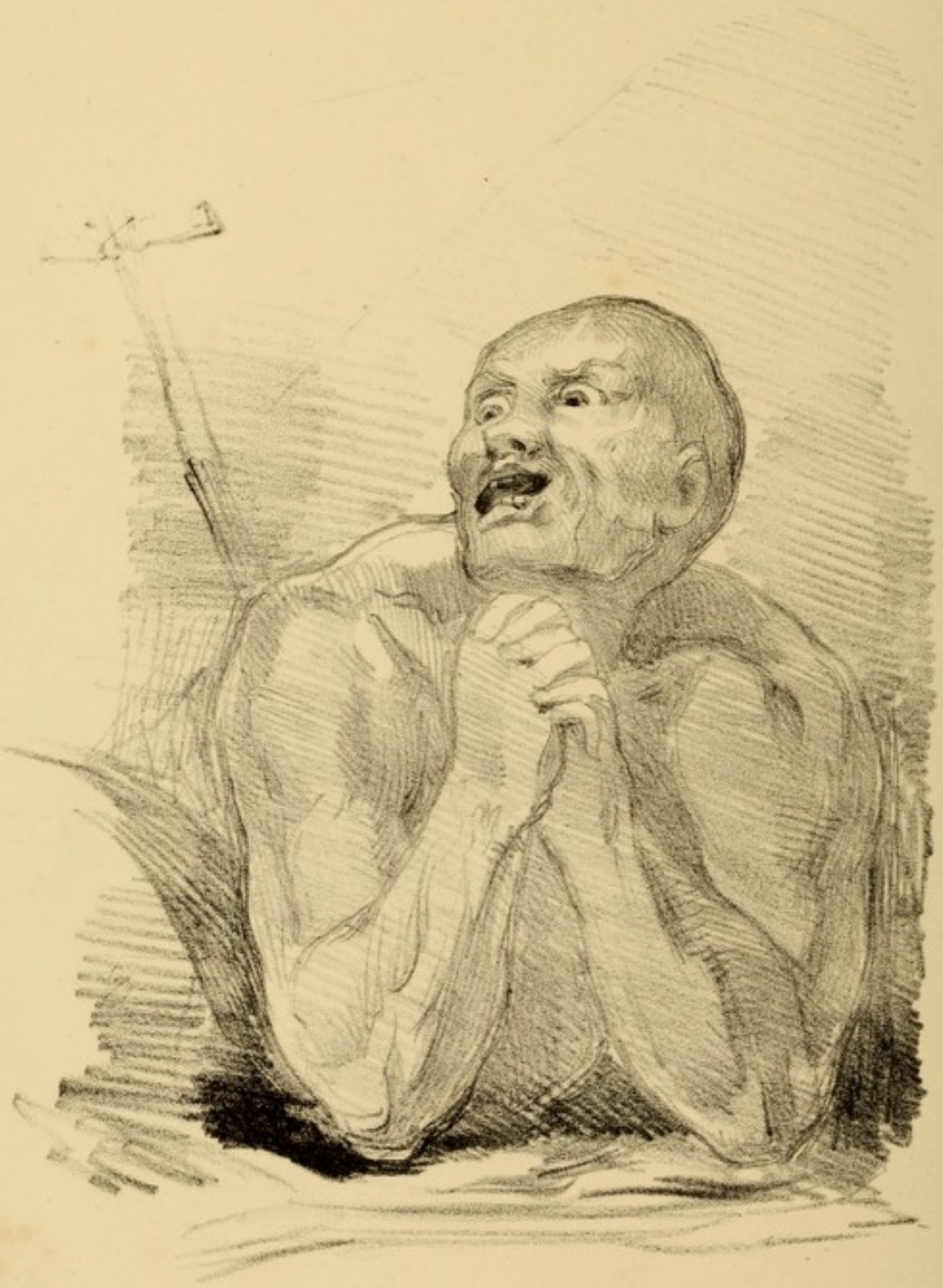
Respecting this portrait, Gilpin, in his "Essay on Prints," remarks, that "the drawing is a more accurate piece of anatomy than we commonly find in the works of this master, the expression of the figure is rather unmeaning, and very inferior to the strong character of all the other lunatics."

Upon this remark I would say, that the expression of mental energy is very properly avoided, for as Sir C. Bell observes, in his Anatomy of Expression in Painting in which he gives a figure of Mania, "there is not that knitting of the brows, that indignant brooding and thoughtfulness in the face of maniacs, which is generally imagined to characterize their expression, there is a vacancy in their laugh, and a want of meaning in their ferociousness."

EXPLANATION OF PLATE D.

PORTRAIT OF MELANCHOLY, FROM HOGARTH.

The cause of this disorder appears to have been disappointed affection, as may be supposed from the miniature of her on whom his frustrated hope had been placed—this cause, we may infer from the vacant fixed eye, has long passed away, and left a deep-rooted and hopeless melancholy.



EXPLANATION OF PLATE E.

PORTRAIT OF INSANE FEAR, FROM HOGARTH.

This portrait is intended to represent fear on religious subjects—"the superstitious horror of the Popish devotee." In it, together with the expression of fear or horror, there is apparently united, some trembling hope, the cause of the repose in the attitude, which is that of imploring mercy.


Longitude

EXPLANATION OF PLATE F.

PORTRAIT OF ELATED INSANITY, FROM HOGARTH.

Upon these portraits, Gilpin observes, that, the "self-satisfaction and conviction of him who has discovered the longitude, and the mock majesty of the monarch, are admirable"—the latter deems himself worthy of a crown, and sits in an attitude of great pomp, viewing his wooden sceptre, and wearing his paper crown, with as much conviction of his dignity as any monarch in Europe.

The mind of the other seems lost in thought; and Hogarth's peculiar genius appears in his having the geographer, whose element is ranging the wide world, here closely mewed up in a corner.

EXPLANATION OF PLATE G.

PORTRAIT OF J. T.

This is the portrait of a maniacal patient, whose attitude used to attract attention, and of whom an engraving was published by J. J. Smith. He evidently feels himself to be great, and exhibits a confidence of superiority in his attitude.

EXPLANATION OF PLATE H.

PORTRAIT OF AN IDIOT.

This poor imbecile, or idiot, was an inhabitant of Edinburgh; he went by the name of "Daft Jamie," and was brought into notice by the atrocities of Burke and Hare, whose victim he was. Prints of him were published after his death; this portrait has been taken from one of these, and is very characteristic of his mental deficiency.

TABLE, exhibiting the varieties of Mental Disorder in 562 cases treated during a term of five years.

	Duration of Disease on Commencement of Treatment.	FEMALES. Cured.	Uncured.	Total.	MALES. Cured.	Uncured.	Total.	
Mania	1 mo.	73	12	85	37	5	42	
	3 mo.	36	11	47	29	9	38	
	6 mo.	11	6	17	9	9	18	
	12 mo.	5	2	7	3	4	7	
		Died		8	Died		5	
				164			110	274
Elated Insanity.	1 mo.	10	2	12	13	2	15	
	3 mo.	6	3	9	12	1	13	
	6 mo.	2	2	4	1	2	3	
	12 mo.	1	4	5	0	1	1	
		Died		2	Died		3	
				32			35	67
Melancholy Insanity.	1 mo.	20	8	28	11	2	13	
	3 mo.	26	6	32	7	0	7	
	6 mo.	14	3	17	4	3	7	
	12 mo.	7	7	14	2	3	5	
		Died		8	Died		2	
				99			34	133
Insanity with Love.	1 mo.	4	2	6				
	3 mo.	0	2	2				
	6 mo.	1	0	1				
	12 mo.	0	3	3				
				12				12
Insane Jealousy.	12 mo.	0	1		1	0		2
Insanity with Fear.	1 mo.	5	0	5	6	4	10	
	3 mo.	5	2	7	1	0	1	
	6 mo.	1	3	4	2	3	5	
	12 mo	1	2	3	0	0	0	
		Died		1				
				20			16	36
Demonomania.	3 mo.	0	1	1				
	6 mo.	1	0	1				
	12 mo.	0	1	1				
				3				3

Duration of Disease on Commencement of Treatment.		FEMALES. Cured.	Uncured.	Total.	MALES. Cured.	Uncured.	Total.	
Acute Dementia.	1 mo.	1	1	2	5	0	5	
	3 mo.	8	1	9	5	2	7	
	6 mo.	1	1	2	0	1	1	
	12 mo.	3	0	3	1	1	2	
					Died		2	
				16			17	33
Mania without Delirium.	1 mo.	1	0					
	3 mo.	1	0					2

Propensity to Suicide occurred in 73 of the above cases: viz.,

	in	35 F. & 17 M. who recovered	52 } 73
	,,	11 F. & 4 M. uncured	15 }
	,,	4 F. & 2 M. died	6 }
——— Murder	,,	1 F. & 1 M. cured	} 4
	,,	1 F. & 1 M. uncured	}
——— Steal	,,	1 F. cured.	
——— Burn	,,	1 M. uncured.	
Drunken Propensity	,,	1 F. & 1 M. cured	
Unnatural Propensity	,,	1 M. cured.	

Ages.

	F.	M.
Under 15 years	2	2
From 15 to 20	16	15
20 ,, 30	101	64
30 ,, 40	100	55
40 ,, 50	72	41
50 ,, 60	43	29
60 ,, 70	15	7
	349	213—562

Condition.

	F.		M.		
Single.	93		75 cured.		
	48		31 uncured.		
	4		3 died.		
		145		109	254.
Married.	133		66 cured.		
	29		19 uncured.		
	14		9 died.		
		176		94	270.
Wid.	18		8 cured.		
	9		2 uncured.		
	1		0 died.		
		28		10	38.

Seasons.

Commencement of the Disease.	F.	M.	Termination in Recovery. F.	M.	Commencement of the Disease.	F.	M.	Termination in Recovery. F.	M.
January	15	11	11	5	July	24	22	21	16
February	24	12	18	4	August	30	14	23	11
March	42	22	18	9	September	30	22	22	10
April	34	17	26	11	October	22	21	17	17
May	30	16	13	17	November	23	19	15	15
June	40	20	22	16	December	35	17	38	18

Duration of Treatment in 393 Cases Cured.

	F.	M.
1 month	1	3
2 months	23	22
3 months	50	26
4 months	23	20
5 months	30	16
6 months	32	17
7 months	17	10
8 months	11	5
9 months	12	8
10 months	15	1
11 months	6	9
12 months	11	5
13 months	3	2
14 months	4	2
15 months		
16 months	3	2
17 months	1	1
18 months	2	

Recurrences in the above in Five Years.

1 three times 4 twice 23 once	all of whom recovered.
20 once	of whom 16 remain insane 3 became Paralytic 1 died.*

* I subjoin this case, as it exhibits several of the morbid appearances met with, in particular, marks of determination of blood to the head, and of inflammatory action in its contents.

E. C., aged 42, a widow without children, naturally of a strong constitution and cheerful disposition, employed as a cook and domestic servant, became maniacal from intoxication, to which it did not appear that she was addicted. She did not exhibit much violence, but talked incoherently, often repeating, that the world was at an end, and that the elements and sea were on fire: her bowels were very much confined; general remedies and a course of laxative medicine were employed, and she was quite well in six weeks. She returned to her domestic duties, and remained well for upwards of twelve months, when she suddenly refused to work, although apparently quite able to do so. She then refused her food, and became quite silent; every effort and entreaty failed in inducing her to resume her duties.

Purgatives and Saline medicines were given; blood (which exhibited a buffy coat) was taken from the arm, and a blister was applied between the shoulders but without benefit, she died in a comatose state three weeks after the commencement of this second attack.

Upon a post-mortem examination, the convolutions of the cerebral hemispheres were found partially flattened, and the blood vessels of the brain and membranes were loaded; when the dura mater was divided and detached, the subjacent membranes exhibited several patches of a bright yellow discoloration, out of which, however, no fluid could be squeezed; the cut surfaces of the cerebral substance every where exhibited numerous bloody points; each of the lateral ventricles contained about two ounces of turbid fluid, and in the bottom of the reflected horns of each there was about a tea-spoonful of thick yellow pus; the lining membrane of the ventricles exhibited vascular ramifications and minute ecchymoses; the arachnoid coat covering the pons varolii and neighbouring parts of the brain was thickened, opake, and of a light yellow colour, from infiltration; the substance of the brain particularly around the ventricles and at the basis, was softer than natural.

Assigned Causes.

		F.	M.
Irregularity in the Uterine Functions			
Suppressed Menses	10		
Uterine Hemorrhage	1	17	
Abortion	3		
Critical period	2		
Uterine Disease	1		
Pregnancy		3	
Childbearing		33	
Protracted Suckling		4	
Weaning		2	
Hereditary Predisposition*		26	12
Fever		12	4
Inflammation of the Eyes		1	
Bronchitis		1	
Pleurisy			1
Pulmonary Disease		1	
Enteritis			1
Constipation			1
Falls, and blows on the Head		3	7
Acute Rheumatism		7	3
Tic Douleureux		1	
Chorea			1
Exposure to the heat of the Sun		1	3
Bathing in very cold water			1
Excessive Fatigue		1	2
Sea Sickness		1	
Drunkenness		12	31
Fumes of Wine			1
——— Blacking			1
——— Charcoal and Lead			1
Lues		1	1
Excessive use of Mercury			1
Grief		35	1
Vexation		15	13
Remorse of Conscience		1	
Disappointed Affection		20	5
——— Hope		1	4
Anxiety		14	7
——— Distressed Circumstances		8	8
Fear—Terror		21	7
Surprise			1
Joy		1	3
Quarrelling		4	2
Celibacy			1
Marriage			2
Jealousy		1	1
Adultery			1
Excessive mental exertion, including much reading on religious and abstruse subjects—Religious doubts and fears, and change of Religious opinions		13	10
Previous attack of Insanity		12	7
No cause Assigned		76	68

* This hereditary predisposition existed in 45 cases besides the above, in which other exciting causes were assigned, viz. in 34 Females and 11 Males.

In the Table, as originally constructed, I had included the treatment in each case, but on account of the great similarity in this respect, in order to avoid repetition, and to render it less complicated, I shall, in a summary way, mention the remedies employed.

In all the cases, moral means tending to modify the intellectual organ, by the exercise of its functions have been employed ; among these, are included the removal of exciting causes; the regulation of the visits of friends, of employment and amusements, and of religious communication; the patients have been protected from injuring themselves, or others, suitable classification has been adopted, and attention has been paid to regularity in taking meals, exercise, and sleep.

In addition to these termed *general* remedies, medical means, suited to the nature of each case, and, calculated to remove, or relieve the constitutional disturbance, with which the mental disorder may have been complicated, have been employed.

In some cases abstraction of blood has been made, very rarely by general blood-letting, more frequently, local abstraction has been employed by cupping and by leeches, applied on the head or neck, occasionally in the nostrils, and about the pudenda.

Emetics have very seldom been given with the view of producing vomiting, but nauseating doses of emetic tartar, have in many instances been successful in shortening the duration of violent excitement.

Purgatives administered at intervals have been much employed ; these have been calomel, rhubarb, jalap, senna, and castor oil, occasionally oil of turpentine, and croton oil; milder aperients have also been employed continuously, in particular, sulphate of magnesia and aloes, the former in peppermint or other distilled water, infusion of roses, or of gentian, the latter in the compound decoction of aloes, which has been efficacious, as an emmenagogue, in a considerable number of cases.

Diaphoretics and diuretics have been prescribed in some cases, preparations of antimony, guaiacum, nitrate, acetate, and supertartrate of potass, spirit of nitrous aether, and acetate of ammonia.

Antispasmodics have also been given, in particular camphor, ammonia, valerian, galbanum, &c., and sedatives, including preparations of opium, of morphia, of hyosciamus, and digitalis.

In a few instances a course of mercury has led to recovery; it has appeared to render the constitution susceptible of the action of curative means previously ineffectual.

Cold lotions, consisting of alcohol or vinegar, with water, have been applied to the shaved head, and ice has been applied in the same way in a cap, made of India-rubber cloth, with the view of diminishing increased heat of the head, warmth at the same time being applied to the lower extremities.

Extensive use has been made of the warm bath, general and local, of the douche bath, and of the shower bath; the cold bath has also been employed.

Counter irritation, and a discharge of serum, or of pus, have been produced by blisters, applied for the most part on the nape of the neck, by tartarized antimony combined with ointment, by setons, and, in a few cases, by issues, made in the course of the sagittal suture by incision, and on the mastoid process by caustic potass.

Strengthening remedies, including generous diet, ale, and wine, and tonic medicines, consisting of decoction of bark, sulphate of quinine, diluted sulphuric acid, and preparations of steel, have, in many cases, appeared to accelerate recovery.

When food has been obstinately refused by patients having a strong propensity to suicide, recourse has been had to the stomach-pump, and food and medicines have been introduced generally by the mouth, occasionally by the nostril, and, in various instances life has been preserved, and a cure accomplished by this means :—

The morbid appearances found in the heads of such of the above cases as have died, differ little, if at all, from those found in other diseases in which the mind has not been deranged. Morbid anatomy hitherto has thrown but little light upon the changes peculiar to insanity in general, and still less upon those connected with different varieties of mental disease. The appearances found, have been those of a determination of blood to the head, and of inflammatory action of a chronic nature, marked by turgescence of the blood-vessels, increased vascularity, redness, opacity, and thickening of the membranes of the brain, effusion and infiltration of serum, occasionally blood or purulent matter, and the substance of the brain, when cut, has exhibited numerous bloody points or orifices; in some instances, it has been firmer, and in others, softer than natural; and different convolutions have been shrunk or flattened

Of the uncured cases in the Table a few remain dangerous to themselves or others, but the greater number have fallen into a state of chronic dementia, more or less complete.

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