

**Observations on the deranged manifestations of the mind, or insanity / by
J.G. Spurzheim, M.D.**

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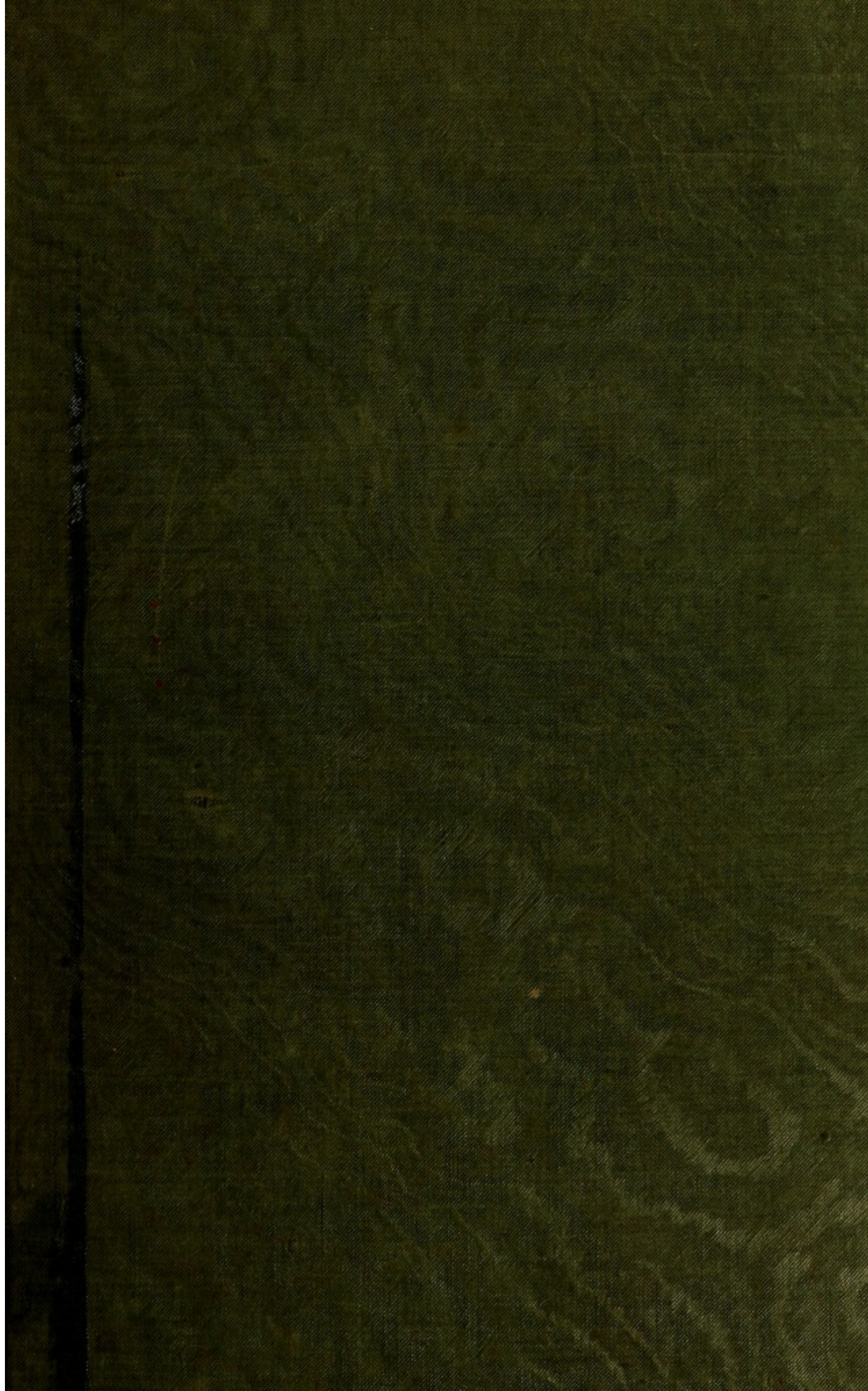
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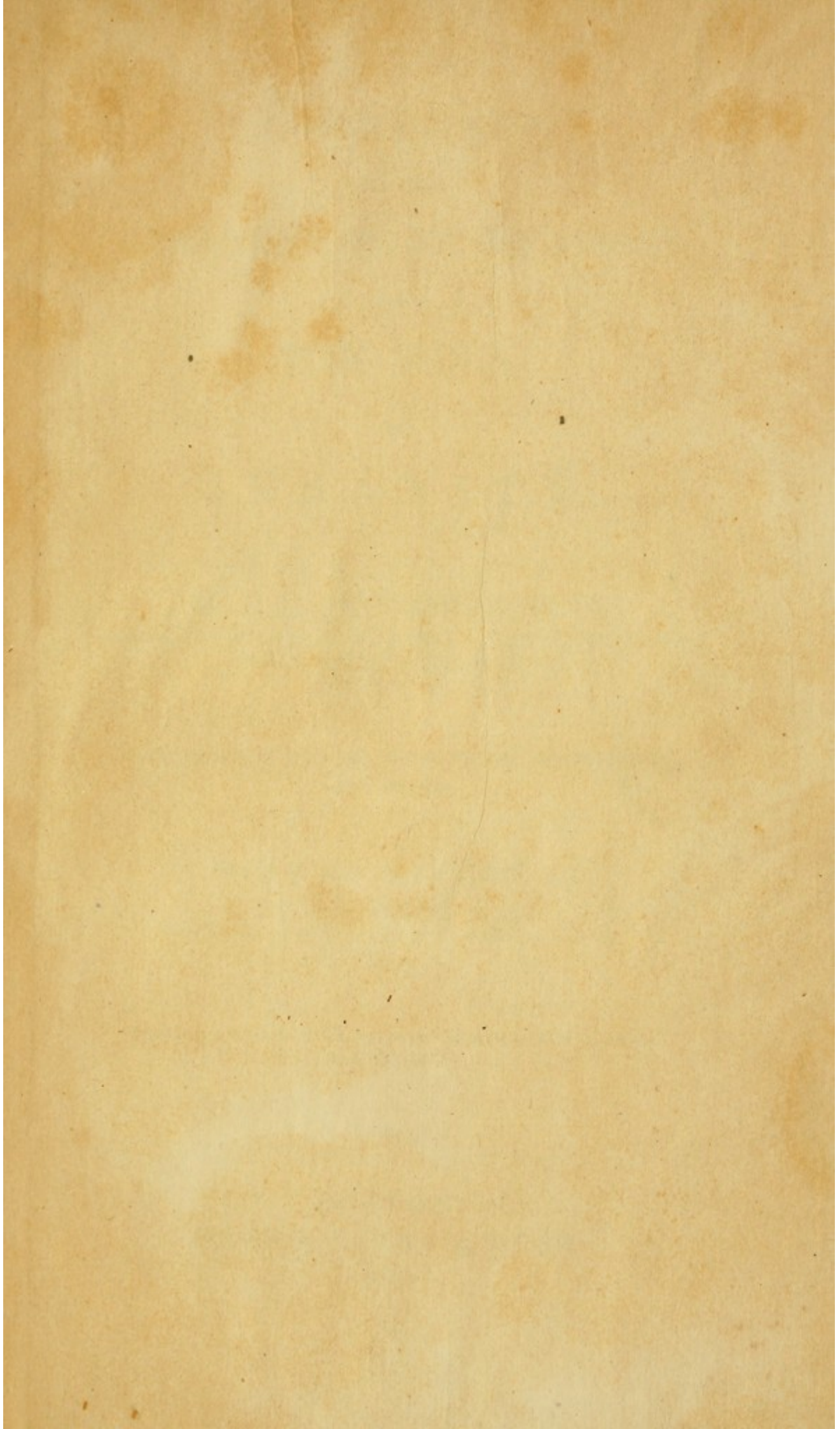
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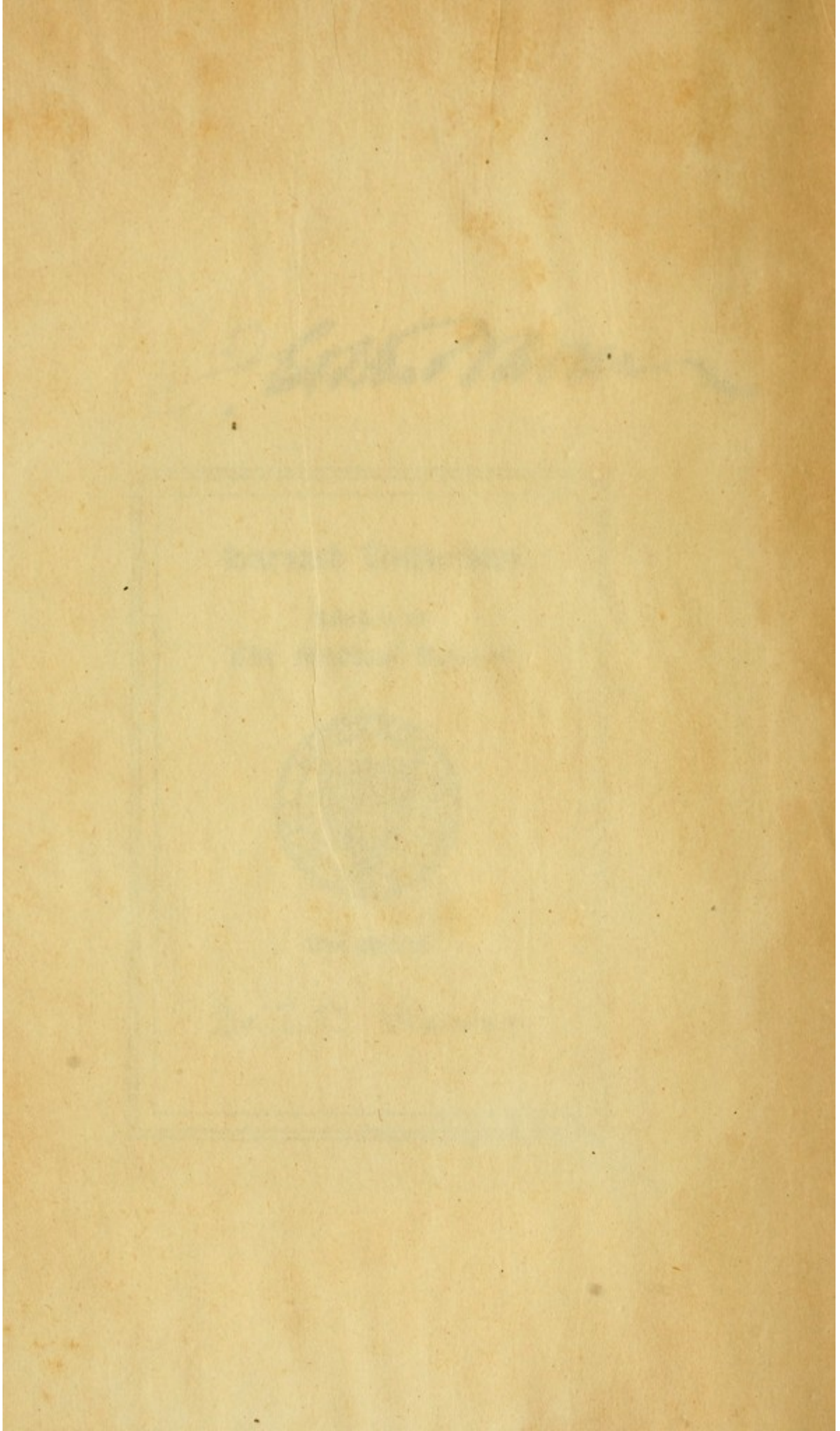
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OBSERVATIONS

DERANGED MANIFESTATIONS

THE MIND,

OR
INSANITY,

BY J. C. BURKE, M.D.

FIRST AMERICAN EDITION, WITH SEVERAL IMPROVEMENTS,
AND PLATES.

WITH AN APPENDIX

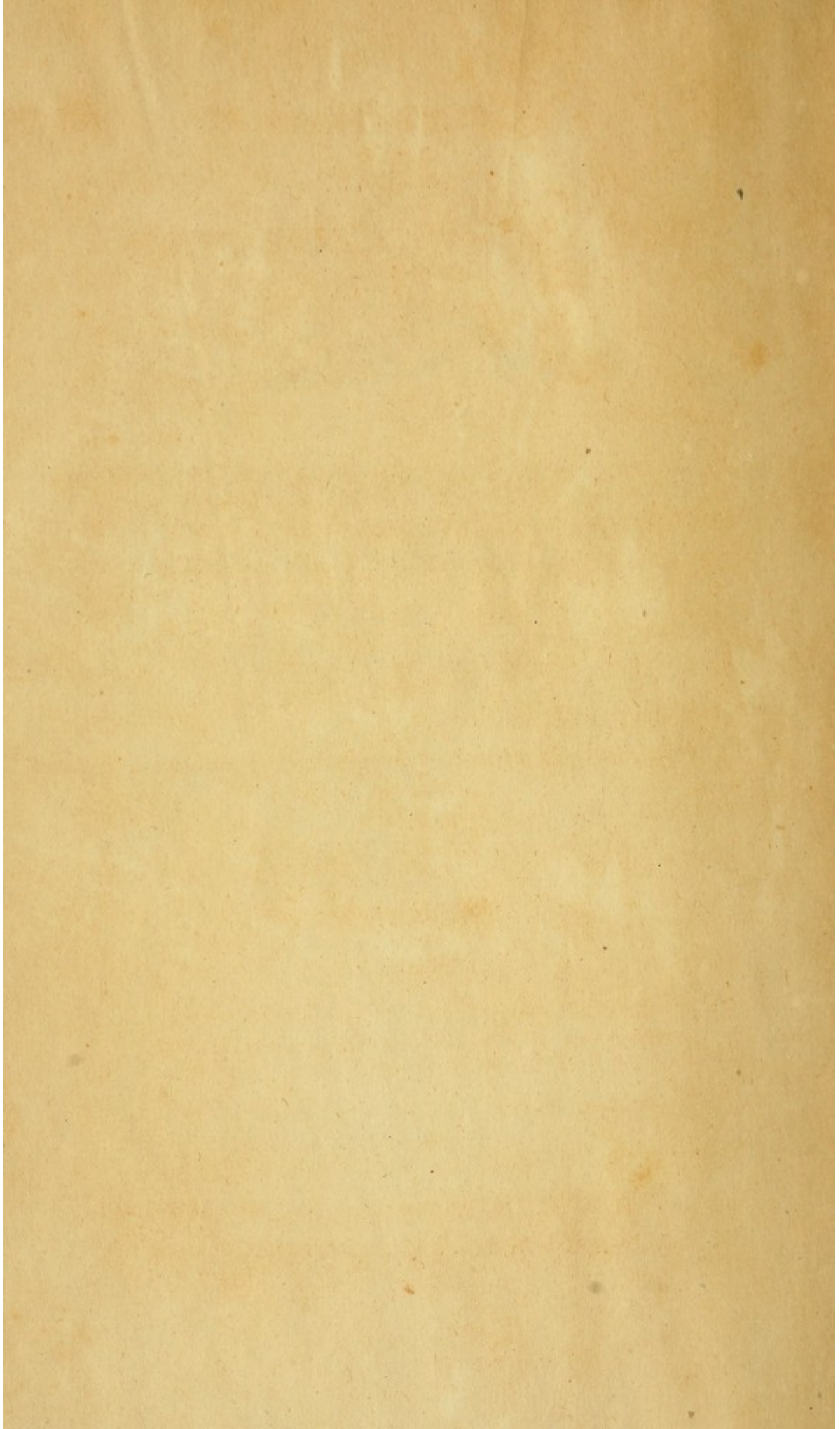
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1831



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OBSERVATIONS
ON THE
DERANGED MANIFESTATIONS
OF
THE MIND,
OR
INSANITY.

BY **J. G. SPURZHEIM, M. D.**

LICENCIATE OF THE COLLEGE OF PHYSICIANS OF LONDON, AND OF THE
UNIVERSITIES OF VIENNA AND PARIS.

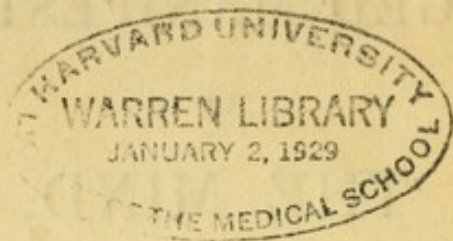
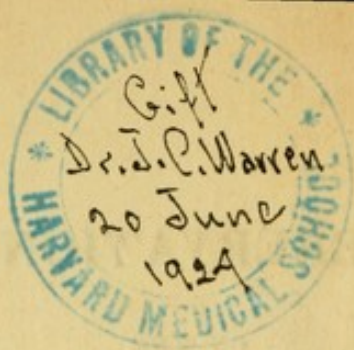
FIRST AMERICAN EDITION, WITH NOTES, IMPROVEMENTS,
AND PLATES.

WITH AN APPENDIX,
BY **A. BRIGHAM, M. D.**

Author of 'Remarks on the Influence of Mental Cultivation on Health.'

'NOTHING TENDS MORE TO THE CORRUPTION OF SCIENCE THAN TO SUFFER
IT TO STAGNATE.'

BOSTON:
MARSH, CAPEN & LYON.
1833.



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P R E F A C E.



Anatomy, Physiology, and Pathology are most intimately connected with each other; accordingly, these three branches of medical knowledge are to be cultivated together. Our investigations into the structure and functions of the nervous system in general, and the brain in particular, or into the dependence of the manifestations of the mind on the organization in the state of health, have been published some time ago. I now intend to communicate to the public my manner of considering the state of derangement of the mental operations.

In anatomy and physiology, divisions may be established according to the structure and functions of similar organs, as of bones, muscles, blood vessels, nerves; or of single and individual parts, as of the eye, teeth, liver, &c. With respect to the state of disease, it is to be lamented that we must be too

often satisfied with mere nosographical divisions, according to the deranged functions of the different parts, and that we have no true and satisfactory pathogeny, that is, a doctrine of the nature of diseases, which ought to be founded on the whole of the human frame, and not on the morbid appearances of single parts, which, being affected by the same disease, on account of their different structure and functions, must produce different symptoms.

The knowledge of man is divided into that of automatic and animal life. As automatic life is provided with nerves, it is also subjected to nervous complaints, such as dysphagia, cardialgia, dyspepsia, colica, asthma, &c. These disorders, however, do not at all enter into the considerations of this work; nor shall I speak, with Cullen, Musgrave, Fr. Hoffman, Tissot, and others, of nervous disease, whenever nerves are affected; for in that acceptance every disease should be called nervous; nor with Whytt, where sensibility is increased, because, according to that definition, palsy should not belong to the nervous disorders. Moreover, as the nerves of animal life and the brain are not only in relation to, and

dependent on, each other, but also to and on the organization of automatic life, I cannot treat of the derangements of the nervous system in general, and of the brain in particular. Thus, I shall examine only the derangements of the mental functions. These are voluntary motion, the five senses, feelings, and intellectual faculties. With respect to the mental operations in the healthy state, I refer the reader to my other works.

CONTENTS.



	Page.
Preface	iii
Introduction	1

PART I.

DERANGEMENTS OF THE EXTERNAL FUNCTIONS OF THE MIND.	15
---	----

CHAPTER I.

DISORDERS OF VOLUNTARY MOTION	12
Convulsions	12
Epilepsy	14
Catalepsy	17
Palsy	18

CHAPTER II.

DISEASES OF THE FIVE SENSES	25
---------------------------------------	----

PART II.

DERANGEMENTS OF THE INTERNAL FUNCTIONS OF THE MIND	29
--	----

CHAPTER I.

DISEASES OF THE BRAIN	
Cephalalgia, vertigo, and lethargic affections	31
Apoplexy	32
Phrenitis	38
Hydrocephalus acutus	39

CHAPTER II.

INSANITY	49
--------------------	----

SECTION I.

Definition	49
----------------------	----

SECTION II.

Symptoms	58
--------------------	----

SECTION III.

Division	66
--------------------	----

SECTION IV.

Causes	75
The proximate cause of insanity is corporeal	ib.
It resides in the brain	86

	Page.
On the nature of the causes of insanity	88
Idiopathic connate idiotism	90
Idiopathic occasional idiotism	100
Fatuity	103
Idiopathic mechanical causes of insanity	ib.
Is the shape of the head a cause of insanity ?	105
Idiopathic dynamic causes of insanity	110
Sympathic causes of insanity	119
Insanity is frequent in England	123

SECTION V.

Forms of insanity	129
Fits of insanity	142

SECTION VI.

Prognosis	147
---------------------	-----

SECTION VII.

Treatment of insanity	156
Moral treatment	157
Architectural requisites of a hospital for curable insane	161
Department for convalescents	169
Reception of patients	170
Cleanliness, air, and light	175
Temperature	176
Diet	177
Coercion	180
Treatment of the feelings	184
Treatment of the intellectual faculties	186
Occupations of the insane	191
Inspection and visitation	194
Medical treatment	202

APPENDIX.

Insanity	233
Epilepsy	238
Palsy	240
Apoplexy	ib.
Phrenitis	242
Hydrocephalus acutus	ib.
Idiots	243
Hallucinations, suicide	245
Monomania	246
Age has an influence on insanity	247
Hereditary insanity	248
Pathological appearances	ib.

INTRODUCTION.

Inquiries into the deranged manifestations of the mind, interest mankind in general, and ought particularly to engage the attention of physicians in Great Britain, where this affliction may be considered as almost endemical. Every one who has observed the deplorable condition of insane people ;—who has witnessed the disorders which take place in their feelings and intellectual manifestations ;—who, for instance, has seen that some individuals feel the most distressing anxiety, and fancy themselves objects of human persecution or victims of Divine vengeance ;—who has remarked that ‘ often all the best principles of the human mind are perverted, and a pious Christian changed into a drunkard and abandoned felon ;’ *—that others, naturally of mild and pacific dispositions, appear, during their attacks, to be inspired by the demon of mischief ;—that some of known probity feel a blind propensity to steal ;—that others feel a ferocious inclination to commit to the flames every thing of a combustible nature, or to imbrue their hands in human blood ;—that modest females are seized with the feelings of a loose libertine ;—that wretched persons think themselves bishops, popes, lords, ministers, kings, emperors ;—in short, every one who has observed that insane people often lose, not only bodily health, but also their moral and intellectual character, and, in consequence, their personal liberty ; and that sometimes the figure of the human species is all that remains, —must wish for the improvement of that branch of medicine. Moreover, if we reflect that no one is secure from it ; that rich

* Dr. Parry. Elements of Pathology, vol. i. p. 331.

and poor, the laborious and sober laborer, and his master who indulges in scenes of luxury, are all equally liable to this affliction, humanity renders it a point of duty to contribute to the elucidation of this subject.

It is generally admitted that insanity, and the method of curing it, are not sufficiently understood. This study, indeed, has been too much neglected. Physicians constantly make improvements in the treatment of other diseases, but they have done very little with respect to insanity. There exists no work of Hippocrates on this complaint. It is uncertain whether he has written one, or whether the work has been lost. In his treatise on Epilepsy, he considers the bile, mixed with the blood and carried to the brain, as the cause of mental derangement. The black bile, for instance, was cause of dark passions, such as suspicion, jealousy, hatred, and revenge; while the yellow bile produced great irritability, high spirits, and extravagance. He supposed pituita to operate as a sedative principle to diminish the operations of the mind, and to produce great depression of spirits, fear, anxiety, and despair.—Aretæus, Celsus, Aurelianus, and Trallianus, may be considered as the principal ancient writers on insanity. The Arabian physicians adopted the speculations of their Greek and Roman predecessors, modifying them according to circumstances and their own prejudices.

‘Medical writers of more recent dates,’ says Dr. Davis, the translator of the work of Pinel, ‘neglected the study of individual disorders of the mind. The unhappy lunatic was permitted to subsist on his bread and water, to lie on his bed of straw, chained to the wall of a dark and solitary cell, a being unworthy of solicitude in his fate, and a victim of our idle and interested maxim, that insanity is an incurable malady. Of all the disorders to which the human frame is unfortunately subject, it is remarkable that this interesting malady has been most neglected. The treatises which have been professedly written upon it, since the revival of literature in Europe, are all of late publication, and with a few exceptions, are mere advertisements of lunatic establishments under the

superintendence of their respective authors. These essays, without being contemptible, have not contributed, in a great measure, towards the elucidation of the theory, nor towards the successful treatment of mental indispositions. They have seldom exhibited those nice delineations of the peculiar varieties of insanity, depending on diversities of temperament, habits, intellectual abilities, the faculties principally affected, and other causes, the knowledge of which would be highly advantageous in practice;—without clear views of the nosology of the disease on which to establish their indication, the professors of this department of the healing art, have generally indulged in a blind routine of treatment, which has been more cultivated to throw discredit upon its pretensions, than to advance our knowledge upon certain and unquestionable principles.'

In the time of Locke, madness was spoken of as an ungrateful imputation. Until very lately, lunatics were not considered, in several countries, as beings worthy of the public care; they were, and still are, permitted to wander about the streets, to the terror of the timid, and to the horror of the charitable.* Even intelligent practitioners either wholly neglect the victims of insanity, or hastily consign them, as loathsome or terrific objects, to confinement; which was, and often still is, the only object of institutions for insane persons, whether of a public or private description. Every other treatment was, and mostly still is, overlooked.

The causes of our ignorance in insanity are numerous. First, the examination of this subject is extremely difficult, and often considered as beyond the medical profession. Instead of multiplying the observations, and making use of every opportunity, medical people are, in a great measure, excluded from this branch of practice; and in general, they make the treatment of insanity, not a leading part of their professional acquirements. Those who have opportunity are often engaged in another line, and from want

* This neglect of the insane is a reproach to humanity—and although America may justly claim great credit for her benevolent institutions—yet in this respect, her citizens have been too often regardless of their duty.

of time do not pay the due attention to this object. Others fear any innovation, and, from want of courage to exercise their own powers of reflection, follow the doctrines of their predecessors or of titled contemporaries. It is, indeed, to be lamented, that from public institutions and from private establishments, where opportunity of inquiring into this disease occurs, no more medical communications are made. I think with Pinel that 'he who cultivates medicine ought to pursue a frank and open system of conduct, and not seek to conceal the obstacles which he meets with in his course. He ought to feel no reluctance to show what he discovers.' The contrary, however, often happens. Indeed I have met with several medical men who prevent others from inspecting their establishments, and who, as Pinel says, 'under the veil of secrecy, intend to give a sanction to pretensions to which they have no just nor exclusive claims.'

Moreover, nothing is done to teach medical pupils that which is known. The notion of insanity, which any one acquires, depends on his own application. There are no lectures on this important branch of medical knowledge, while, at certain universities, medical students are obliged to attend lectures on the diseases of animals and on the veterinary art. I however think with Dr. Rush,* that the knowledge of the human mind is so important even in the general practice of medicine, that it should be the *Vade-Mecum* of every physician. Finally, it was quite impossible to improve the doctrine of the deranged manifestations of the mind, because their healthy state was not understood.

The history of insanity is necessarily connected with that of the human mind. Hence the different opinions of it are always conformable to the prevailing doctrines of philosophy. Those of the ancient philosophers, who believed in the soul of the world, and considered the soul of man as an emanation, the matter as inert, and every activity as the effect of some spirit;—those who ascrib-

* Sixteen Introductory Lectures, Philadelphia, 1811, p. 266. Lecture on the Utility of a Knowledge of the Faculties of the Human Mind.

ed the efficient cause of all operations of man to the mixture of the elements of his body ;—others who admitted two principles, a good and an evil one ;—or who maintained the existence of spirits of different orders, and an intercourse between the spiritual and material worlds, and who supposed invisible spirits to molest the human soul ;—or who considered the soul as essentially pure, incorruptible, and the grossness of matter as the cause of the disturbances of the soul ;—naturally, according to their theoretical opinions, contended for different causes of the deranged manifestations of the mind, and modified their curative plan accordingly.

The earliest metaphysicians of Egypt, detached the history of the mind, from the pursuits of natural philosophers, and ascribed its deranged manifestations to the agent as independent of organization. This opinion has been propagated to future centuries. During the period when the derangements of the mind were considered as the effect of malignant spirits, the priests pretended to have more influence on such diseases, and more power over the invisible cause, than the rest of mankind. They maintained that they were able to drive out the evil spirits. Accordingly, the treatment of mental alienations has been associated with the other duties of the sacerdotal office.

In later ages the influence of the organization on the manifestations of the mind has been examined with more attention, and the brain and nerves have acquired a degree of importance which they did not possess in the estimation of ancient physiologists. Indeed, it cannot be doubted that a perfect knowledge of the faculties of the mind, and of the conditions under which they are manifested, must lead to a better knowledge of their deranged functions. Thus, we flatter ourselves that our anatomical and physiological investigations will become the basis of a new doctrine on insanity. Every one must agree with Haslam,* that ‘ whenever the functions of the brain shall be fully understood, and the use of its different parts ascertained, we may then be enabled to judge how far dis-

* Observations on Madness, 2d edit. p. 237.

ease, attacking any of these parts, may increase, diminish, or otherwise alter its functions.'

There are general considerations of pathology which are overlooked in the treatment of the deranged manifestation of the mind. As, however, the diseased state of animal life, in many respects, is to be treated in the same way as that of automatic life, and as medical practitioners never ought to lose sight of these considerations, I shall mention them succinctly.*

In medicine, the first notion to be acquired, is that of the difference between symptoms and disease. If the functions of the body or its parts be disturbed, not the disturbance of any functions, but the cause of this disturbance, is the disease. Hence, by far the greater number of the pretended diseases are mere symptoms.

In every patient, a peculiar attention is to be paid to his bodily constitution. Its influence on the susceptibility of diseases, and on their curability, may be observed in whole nations, and in different individuals of the same nation. Civilized people suffer many complaints which are quite unknown to savages; and these overcome injuries and diseases, the tenth part of which would kill delicate citizens. The greatest practitioners consider it as a maxim, that weak and cachetic persons are easily and often affected, and that their functions suffer the greatest disorders by insignificant causes, which have not the least influence on strong and robust individuals. Moreover, not only general, but also local weakness is to be considered. There are few persons who have not one part of the body weaker than the rest. In many families the weakness of various parts is even hereditary. On this account, the same disease often produces different symptoms in different individuals, and affects in one patient the head, in another the thorax, in a

* Dr. Gall has examined this important subject of medical knowledge in a work entitled, *Philosophisch Medicinische Untersuchungen ueber Natur und Kunst im gesunden und kranken Zustande des Menschen*: Wien, 1791. Those who have perused with attention the first two chapters must regret that the work has not been continued, and they certainly wish for a new improved edition of the first two chapters, and for the completion of the whole.

third the abdomen, &c. so that sometimes physicians are mistaken, and declare the different symptoms to be different diseases.

Another consideration to be made in any disease is the relation of the bodily constitution to the disease. It is known that epidemic diseases sometimes attack one species of animals rather than another; and in mankind robust persons sooner than weak. Inflammatory diseases, for instance, are more dangerous to certain individuals than others. The susceptibility of diseases appears different according to the sex, temperament, and age of the patient; to climate, season, weather, the nature of the disease, and its periods. The same disease, indeed, affects one system rather than another, or in its different stages appears in different systems. Even in the same individual, during the state of health or disease, his excitability differs, and no exact inference can be drawn from either of these states with respect to the other.

In the attempt to cure, it is necessary to distinguish the healing power of nature and that of art; to be acquainted with the conditions which are indispensably necessary to nature; with her proceeding, and the means she employs, with her efficacy or impotence. It is only when provided with such a knowledge, that we can imitate, support, weaken or direct her proceeding. It is nature which preserves the healthy state, and nature is the principal agent in curing derangements of the system. There are, indeed, an infinite number of cases where nature alone cures. Her strong healing power is obvious, because health is restored under quite different, nay opposite treatments. It is for that reason that the greatest physicians do not agree with respect to the most efficacious remedies. Every one attributes to his proceeding the good success which he observes, while the patient owes his recovery to nature alone. Van Helmont, therefore, said, '*Omnes academiæ potestates connexæ tantum non possunt qeam natura absque illis sua sponte potest atque facit.*' It is certain that, in many cases, we rather should let nature be the chief physician.

The means of cure which nature employs are various. In this respect, the symptoms, particularly the periods of diseases and the

crises, are to be considered. Moreover, the affected parts, their irritability, their sympathy with other parts, the habit, and in a certain degree the instinct of the patient, are to be examined.

There are, however, cases where the power of nature is not sufficient, and where a rational proceeding will restore health, while the impotent nature would sink under dissolution. Hippocrates, who observed nature, found many diseases mortal which are cured in our days. For that very reason, Asclepiades was authorized to call the proceeding of Hippocrates a contemplation of death.—Nature, for instance, is for the most part insufficient in cachexy, scurvy, scrofula, obstructions, indurations, dropsies, inveterate diarrhœa, dysentery, &c. Yet we must admit that sometimes nature cures even some of these diseases; but if supported by art she will produce the same effect in a shorter time, for which, if let alone, she will require years.

In the medical treatment of any disease, it is of the highest importance to consider the bodily strength, or, as it is commonly termed, the vital power. Its influence is perceptible not only in the origin, but also in the progress and issue of any disease, in its convalescence and relapse. Without vital power, medical art is at a loss. Weak patients then are not only subject to a greater number of disorders, but their diseases are also more dangerous. In exhausted or worn-out patients diseases easily degenerate, and show a less regular course. For the same reason, if in less dangerous diseases the bodily power be too much diminished by art, dreadful symptoms and incurable consequences take place.—The convalescence also entirely depends on the preservation or restoration of bodily strength, and the relapses are more or less frequent according to the state of convalescence. Hippocrates, who neglected to support the vital power, observed a great number of relapses.

As bodily strength is of such importance, it is a pity that its estimation is so difficult. Every disease and every individual present particularities. The same symptoms, indifferent in one disease, indicate imminent danger in another, and in other mortal

diseases they are not at all observed. Hence it is necessary to be acquainted with the whole course of any disease, and the appearances which happen under all circumstances.

The state of weakness deserves a particular attention of practitioners. It seems to me that the division which Dr. Gall has established in the above-mentioned work is the most practical. He shows the importance of distinguishing suppression, fatigue, and exhaustion of the vital power. Sanguine and robust persons, for instance, at the beginning of an inflammatory disease feel very weak; even the pulse is sometimes suppressed. Bleeding, however, and the debilitating apparatus take away the sensation of weakness. A feeling of weakness from suppression may be produced from blood, saburra in the intestines, from contagious diseases; and it may always be suspected, if neither chronic diseases nor any debilitating cause have preceded, if the bodily strength sink suddenly, and if stimulating remedies increase the symptoms. It may also be suspected, and often exists, if symptoms of excessive weakness and great strength alternate or suddenly change.

In other cases, the feeling of weakness is the result only of fatigue, and rest is the principal indication. This happens after convulsive, hysteric, and hypochondriac fits, after a long continuation of the same function, as of walking, standing, swimming, speaking, watching, thinking. This sort of weakness is often illusory, since it presents the same symptoms as exhaustion does. The face, for instance, is sometimes pale, the eyes are staring, the pulse weak and intermittent, and the patient seems almost dead; but this weakness soon disappears. Only if the cause of fatigue continue too long, and act with excessive violence, real exhaustion succeeds, and the plan to cure must be adapted to it.

The third sort of weakness is founded on exhaustion, and admits various degrees. The causes are numerous; such as, violent diseases, chronic complaints, copious evacuations of blood, of semen, continued vomiting and purging, want of food, protracted

watching, painful affections, internal diseases which prevent nutrition, &c.

All these considerations are applicable to the diseases of animal life, and it is my intention to show that the doctrine of its deranged functions must be reduced to the general principles of pathology.

PART I.

DERANGEMENTS OF THE EXTERNAL FUNCTIONS OF THE MIND.

The derangements of these functions, as to their definition, are easily understood. Wherever voluntary motion, or the functions of the five senses, deviate from their healthy state ; if, for instance, the will has no influence on the muscles, or if the sensations of the five senses be too acute, too weak, or irregular, they are said to be diseased, just as any other part of the body. These diseases are commonly treated in pathology under the class of *nevroses*, and are arranged together with the nervous affections of the thorax and abdomen, such as *tussis convulsiva*, *asthma*, *dyspnœa*, *cardialgia*, *colica*, &c. As the functions of automatic and animal life are essentially different, the former the result of organization, the latter of the mind, I wish to separate the treatises on their derangement. It is, however, to be observed that the causes of the disorders of both sorts of functions must be reduced to the same principles, as far as they always affect the organization. Hence he who treats the derangements of animal life must be acquainted with pathology in general. I shall give only outlines of the disorders of the external functions of the mind, because they are examined in many nosological works ; though I think that our knowledge of them still admits great improvement. They are only a secondary object of this work. I shall not, however, pass them over in silence, partly for the sake of connexion, but particularly because we shall find that the derangements of the internal functions of the mind must be explained in the same manner as those of the external senses. With this view only I wish my considerations on the external senses to be read.

CHAPTER I.

DISORDERS OF VOLUNTARY MOTION.

In my opinion there are no peculiar diseases of the muscles. These are only affected by various diseases or morbid causes, such as inflammation, syphilis, contagious fevers, &c. : their functions then are deranged, and these derangements must appear differently from those of other parts on account of their peculiar structure and function. Convulsions therefore, as chorea, tetanus, trismus, epilepsy, &c. cannot be considered as diseases of the muscles, but as symptoms which are produced by different causes. This idea is the more plausible, that the same cause produces in one individual convulsions in general, in another chorea, in a third epilepsy, or tetanus, or trismus, &c.

CONVULSION AND SPASM.

Every involuntary contraction and relaxation of muscular fibres is called convulsion, while the mere contraction is termed spasm. Convulsions are not necessarily accompanied with pain, and they admit various modifications : they may affect single parts or the whole body ; they may be of short or long duration, continual or intermittent, periodical or of irregular appearance ; they are accompanied with fever, or are not.

Different names are given to the spasmodic and convulsive affections, according to the affected parts and their external appearances. Choreia means involuntary motions and gesticulations over the whole body, or on one side, or in single parts, continual or intermittent particularly during sleep, without pain, and with preservation of consciousness. Tetanus is a continual cramp of

muscles, with immobility and rigidity of any part. That name, however, is mostly applied to such a state of the whole body, that is, if the whole body be extended and rigid like a statue. It is called *emprostotanus*, if the head be drawn forward and downward; in *opistotanus* the head is drawn backward and downward; and in *pleurostotanus* it is drawn to one side. *Trismus* designates the mouth shut, and the jaw-bone immovable; in *antitrismus* the mouth is open, and the jaw-bone stiff; in *risus sardonius* the muscles of the face are drawn as in laughter.

With several other writers, I consider these affections, not only in acute but also in chronic diseases, as mere symptoms or consequences, and not as the disease or cause. They are produced by various causes, and these are the diseases. The proximate cause must remain unknown as long as we do not understand that which really happens in involuntary and voluntary motion. We can only endeavor to point out the remote causes, and modify the curative proceeding accordingly. The cause may be idiopathic, that is, affect immediately the muscular apparatus itself; or sympathetic, viz. the cause may reside elsewhere and influence the muscles by sympathy. Moreover, the cause may be local, that is, reside in one particular part; or general, viz. extended over the whole body. Local causes, for instance, are meconium, saburra, worms, poisons in the intestines, difficult dentition; wounds, particularly of the soles of the feet, in the palms of the hand, and under the nails; painful surgical operations, such as amputations, extirpation of a schirrus, extraction of a tooth, castration, cutting a nail too closely; injuring a toe by stumbling in walking; calculi, bony excrescences which injure the nervous system, repercussion of cutaneous affections, parturition, &c. General causes are, too great irritation of exanthemata, strong painful emotions of the mind, as violent terror, a too great loss of blood or semen, general weakness, a sudden refrigeration. Tetanus is easily produced by sudden application of cold to the body, which was exposed to intense heat, as by sleeping on the ground after a warm day, in the same way as exposure to a stream of

cold air produces a stiff neck. Now according to the remote cause the treatment must be modified; and the more easily the former can be discovered and removed, the better is the prognosis and the more easy the cure.

EPILEPSY.

The name epilepsy is given to convulsive motions of the whole body or of several parts, accompanied mostly with suppression of the external senses and the internal faculties. I say mostly, because sometimes in slight fits, epileptic persons do preserve some kind of consciousness, and the iris is contracted by the impression of light. In strong fits, however, all sensation is lost, and the iris immovable. Sometimes the fits take place suddenly; sometimes they are preceded by various symptoms, such as lassitude, anxiety, difficulty of breathing, bad digestion, cardialgia, excretion of copious pale urine, tinkling in the ears, deranged sensibility of the five senses, overflowing of tears, giddiness, red face, *aura epileptica*, &c.

The fits themselves are accompanied with various symptoms. Sometimes the epileptic person falls where he is; sometimes he walks without consciousness several steps, and sinks down, or he is drawn by a rotary motion; sometimes he continues to walk, but without consciousness, till the fit ceases; sometimes he is silent, sometimes noisy and vociferous. He commonly, but not always, contracts the fingers, particularly the thumb, suffers various contractions and contortions; there are often evacuation of saliva, urine, or semen; many gnash their teeth: the pulse is commonly irregular, small, contracted, sometimes scarcely perceptible; sometimes, however, it is large and full: sometimes there is a violent hiccough, &c.

The number of fits and their duration vary extremely. Some individuals are attacked once in a year, others once a month, a fortnight, a week, a day, or many times a day. After strong fits they feel very weak, fall asleep, and sometimes lie down for several hours, like apoplectic persons; but the frequent pulse, the soft and per-

spiring skin, and the less deep and more natural respiration, remove such an apprehension. When they awake they have not the least consciousness of anything which happened to them during the fit.

Epilepsy, as I have mentioned, is a symptom; the remote causes are local or general. The former are often in the brain, and often in the abdomen. Wounds of the head, fractures and depression of the skull, bony excrescences, induration or osifications of the blood-vessels or of the membranes, tumors, hydatid, or a collection of any fluid in the head, may produce epilepsy. The influence of the peculiar irritability of the patient is evident, because all these morbid phenomena have been detected after death without previous epilepsy. Many persons subject to epilepsy have small foreheads, and the upper posterior part of the head across the summit, or across the midst of both parietal bones, elevated. This configuration, however, is not observed in all who are subject to this complaint, and it often exists without epilepsy: hence it cannot be considered as a cause. The local affection of the brain in many cases is obvious by the observation, that idiotism, insanity, and epilepsy, often accompany or succeed each other. I think with Dr. Parry* that it is scarcely necessary to advert to the theory of the brothers Wenzel, who attribute idiopathic epilepsy to a change produced on the pituitary gland. I have seen several times that part disorganized by suppuration without preceding epilepsy. Also at Bath, I opened, in presence of Mr. Normon and Mr. Kitson, the head of a man who had been observed for a long time by Mr. Norman. He had never suffered from epilepsy; the pituitary gland, however, and the neighboring parts, were destroyed by suppuration.

Local affections of the abdomen, which sometimes produce epilepsy, are sordes, acids, worms, poisons, calculi, pregnancy, obstructions of the abdominal viscera; other local causes are those which I have quoted as producing convulsions. Epilepsy is sometimes the result of a general cause. It is, however, seldom

* Elements of Pathology, vol. i. p. 312.

a symptom of plethora ; it is more commonly the effect of general debilitating causes, such as great and continual evacuations of all sorts, onania, diarrhœa, hemorrhages ; of continual night-watching ; studying ; of disagreeable affections of the mind, as terror, anger, hatred ; drunkards are subject to this malady. Finally, this disease is notoriously hereditary, like various convulsive complaints, and many other disorders. For that reason, in families where it prevails, it is carefully concealed ; whilst others feel justly disinclined to be allied by marriage to such families.

In ancient times, epilepsy was considered as the effect of evil spirits, or as a punishment of angry divinities. It is known that, among the Romans, epilepsy produced such a consternation, that the popular assemblies were dissolved, and the afflicted relinquished to their misery by their friends, as if they were objects of guilt. They were considered as having offended divinities, and being punished by them.

From the examination of the cause of epilepsy, it results that there cannot be a general anti-epileptical remedy, or a general and always uniform method of proceeding. If I am simply asked by medical men for a remedy against any symptom termed disease, I do not know whether I shall pity more the patient or the physician. Does not daily experience prove that there is not one general remedy against any symptom ? The observation, that the same remedies used against the same symptoms are praised and blamed, can be explained only because the symptoms were either produced by different causes, or the individual irritability and strength of the patients were different. And in case of cure, are we always certain whether nature or art has cured ?

Epilepsy is curable or incurable according to the cause and the possibility of removing it. If the cause reside in a bad configuration of the brain, or in an internal tumor, or in a collection of any fluid, in a hydatid, or in any organic cause of that kind, no remedy can be thought of. From ancient times it has been observed that epilepsy often disappears at the climacteric years, and that after puberty, if it be chronic, it is rarely or difficultly

cured. In these cases the cause is evidently constitutional; and at these periods of development a greater natural change takes place in the organization, or is more easily produced by art than at other periods of life. Hereditary epilepsy, as to cure, is of the most difficult kind. Noxious things in the stomach or intestines must be evacuated. Dr. Prichard has successfully treated several epileptics with evacuants: in other cases he has not succeeded. Every practitioner will find a sound judgment in his observations how far cathartic remedies are serviceable, viz. by removing sordes, by determining the fluids from the head, by setting up a new action in the intestinal canal, by stimulating the absorbent system, and invigorating the digestive organs.* Sometimes zinc or nitrate of silver has produced the desired effect. If pregnancy is the cause of epileptic symptoms, the disease cannot disappear before the cause be removed. If plethora produce epilepsy, bleeding will cure; but what shall we think of those symptomatical physicians, who attack with bleeding every epilepsy, even those which positively succeed debilitating causes? In short, the remedies and plan of cure are indicated by the cause: before this is discovered, our proceeding is merely experimental.

CATALEPSY.

Catalepsy is that state of the muscular system, in which the patients, without fever, lose voluntary motion, and commonly the functions of the five senses, but preserve the mobility of the muscles, and keep every position wherein they are attacked or arbitrarily placed by other persons. The duration of the fits varies; sometimes they last several minutes, sometimes several hours.

The causes of catalepsy seem to be seldom local, but mostly general. There have been examples where plethora has produced this singular disorder, and where it has been cured by a spontaneous hemorrhage. This may be the case in suppressed catamenia, though the suppression of the catamenia and catalepsy

* Edin. Medical and Surgical Journal, Oct. 1815.

may result from the same cause. Dr. Parry of Bath,* in a violent case with total insensibility, by pressure on both carotids, uniformly suspended the symptoms and restored the patient's senses, while pressure on one carotid only had no perceptible effect. Mostly, however, the causes are of a debilitating nature, and painful emotions of the mind, as unfortunate love, terror, grief, anger, &c. These affections certainly will produce a greater determination of blood to the head, while the bodily strength is diminished. The plan of cure must be modified accordingly.

PALSY.

Palsy is the deprivation of the power to move. In most cases the sense of feeling is destroyed at the same time. Palsy may also be partial, such as of the lower or upper extremities, or of one limb; of the muscles necessary to respiration, to mastication, deglutition, to language; or of internal parts, as of the stomach, intestines, anus, bladder, uterus. Or it is general over the whole body, or on one side. This latter case is termed hemiplegia. Palsy may take place suddenly or by degrees.

The observation that sometimes both voluntary motion and the sense of feeling are destroyed, and sometimes only one, while the other continues, is very ancient; and from it the inference was drawn that there must be two sorts of nerves, those of motion and those of feeling. In my work on the Anatomy of the Brain I have mentioned several other reasons, which convince me of the existence of these two sorts of nerves.

In palsy, as in any other disorder, the first examination to be made concerns the parts which are affected, and the functions which are disturbed. Then the cause of the disturbance is to be discovered. In palsy, the disorder may reside in the brain, in the nervous cord of the spine, in the abdominal viscera, or in the paralytic parts themselves. Hemiplegia originates from various injuries of the brain. By our anatomical investigations we have

* Lib. cit. p. 349.

pointed out the cause, why the injuries of the brain on one side of the head produce sometimes morbid symptoms on the other side of the body, sometimes affect the same side, and sometimes excite morbid appearances on both sides. One side, for instance, may be paralytic, while the other is attacked with convulsions; one side may lose voluntary motion, and the other the sense of feeling. These different phenomena are founded on the communication of the cerebral parts with the nerves of the body. The pyramidal bundles of what is called the medulla oblongata form a decussation, the fibres of each bundle arising from the opposite side and crossing each other. Hence all cerebral parts which are in connexion with these pyramidal bundles are in communication with the nerves of the opposite side, while the other cerebral parts communicate with the nerves of the same side. As to farther anatomical details, I refer the reader to my work on the Anatomy of the Brain. Thus, if the cerebral parts connected with the pyramids be injured, their influence is propagated to the opposite side, while the injuries of the other cerebral parts have an influence on any part of the same side. Moreover, the observation that the parts of the face provided with the fifth and sixth pairs of the supposed cerebral nerves, and the facialis, are affected on the same side of the body, finds also its explanation in the anatomical structure; that is, the supposed cerebral nerves of voluntary motion communicate with the nervous apparatus of that side of the body which is affected by hemiplegia. Hence the influence of the injury of the brain on the opposite side may be propagated upward as well as downward, that is, to all similar parts which are in communication with each other. Finally, anatomy explains not only some cases in which the eye of the side opposite to the injury of the brain, but sometimes the eye of the injured side is morbidly affected; that is, only a part of the optic nerve forms a decussation, and an injury which affects the part of the optic nerve anterior to its decussation, or the upper external ridge of the optic nerve, from the decussation to the corpus geniculatum externum, will disturb the sense of vision on the same side of the injury.

The cause of almost every hemiplegia exists in the brain; and and this may be particularly supposed, if any functions of the head be diseased at the same time. The causes of hemiplegia residing in the brain are various. Besides violent injuries from without, such as blows, fractures, depression of the skull, violent concussion, there may be a collection of fluid matter, as of blood or of serum, tumors, suppuration, or other morbid affections, such as indurations, ossifications of the blood-vessels, &c. All these causes may be called local.

The general causes which may produce palsy are violent affections of the mind, as terror, grief, anger, abuse of physical love, general weakness, and exhaustion from any debilitating cause, such as too large and continued evacuations, refrigeration in bathing, suppression of habitual evacuations and repercussion of cutaneous eruptions. Sometimes palsy is a symptom of the ague or of tooth ache; it may be also the effect of mercury, lead, or arsenic, as it often attacks those who work in mines and factories. That it may be the result of lead, we learn by the history of the colica pictonum, and because it sometimes originates from the use of wine adulterated with lead.

Palsy of the whole body or of one whole side is less common than that of the upper or lower extremities, or of single parts. I doubt whether palsy of the lower extremities alone, or of one single part, has so often its cause in the brain as it is said. Formerly such an idea could have been adopted and supported by the erroneous opinion that all nerves originate in the brain. But as the contrary is anatomically proved, I think that, in many cases, the cause may also reside either in the nervous cord of the spine, or in the abdominal viscera, or in the affected limbs themselves.

The morbid affections of the nervous cord of the spine are far more frequent than it is commonly believed. It is too seldom examined after death. The dissection of the vertebral canal is too difficult, and discourages the anatomists. If there be no external morbid appearance of the vertebræ, physicians do not think of dissecting this important part. Dr. Sanders of Edinburgh, how-

ever, is to be excepted from this reproach. In him I have witnessed the greatest ardor to investigate the morbid affections of spinal cord. There is no trouble which prevents him from opening this part of the body. His labor has already been rewarded by new observations of morbid appearances, especially by pointing out the congestion of the blood-vessels after convulsions; and his continued investigations may throw still much more light on this hitherto neglected object. Dr. Parry judiciously remarks,* 'The effect of a blow on the ulnar nerve in the elbow, which produces a tingling in the little finger, shows that a disorder may be almost equally perceived in that part of a nerve which is considerably more distant from its origin than the spot on which the irritation was made. This is indeed an illustration of the symptoms of paraplegia, which, though usually situated in the spinal marrow, is chiefly perceived in the limbs.' He adds,† 'In sciatica the pain is, by the patient, often referred chiefly to the ramifications of that nerve on the outside of the knee, leg, and ancle. One may, however, often discover the origin of the complaint by pressure behind the great trochanter, in which case the patient will not only feel that part tender, but the pain of the knee and ancle will be much aggravated.' The spinal cord is composed of a nervous mass, has the same membranes as the brain; hence it may be affected by the same diseases as the brain, such as inflammation, suppuration, induration, tumors, congestion, or ossification of the blood vessels, collection of any fluid, by irritation, weakness, or exhaustion of the nervous mass. The spinal cord may also be injured or compressed by the deviation of the vertebræ.

Pott,‡ however, has proved that, in the disease termed incurvation of the spine, there is no unnatural pressure, though the use of the limbs is lost. He therefore separates entirely this distemper from palsy. 'In true palsy,' says he, 'from whatever cause, the

* Lib. cit. p. 362.

† Lib. cit. p. 364.

‡ Pott's Chirurgical Works, by Sir James Earle, vol. iii. Art. on Palsy of the Lower Limbs.

muscles of the affected limb are soft, flabby, unresisting ; the limb may be placed in almost any position or posture. If it be lifted up and then let go, it falls down ; and it is not in the power of the patient to prevent or to retard its fall. The joints are easily and perfectly moveable in any direction. In the other disease the muscles are rigid ; knees and ancles acquire a stiffness not very easy to overcome.' He shows that there is never a real dislocation of the vertebræ, but always caries ; that without erosion and destruction of the substance of vertebræ there is no curvature, and therefore the curve is from within outward ; that the curvature accompanies the caries of the substance of the cervical and dorsal vertebræ, while the same disease of the lumbar vertebræ commonly exists without curve. Moreover, he proves that the curvature is not the cause of the useless state of the limbs, since it remains, though the patient recovers health and the use of the limbs. He ascertains that many complaints of the thorax and abdomen are the consequence of the same disease which causes the curvature of the spine ; that a morbid state of health is previous to the deformity, such as pain and tightness about the stomach, indigestion, want of appetite, disturbed sleep. Pott considers this disease as the same scrofulous disorder which occasions the thick upper lip, the ophthalmia, the indurated glands on the neck and under the chin, the obstructed mesentery, the glairy swellings of the wrist and ancles, and the enlargement and caries of other bones. Sometimes the vertebræ are attacked in various degrees ; the substance, for instance, is sometimes eroded. Finally, in the same way as the general complaints exist previous to the deformity, the general complaints disappear gradually before the limbs recover the smallest degree of their power of moving.

Paralytic affections of the lower limbs are often an effect of disorder of the digestive organs. Mr. Abernethy quotes several facts which he has observed.* Finally, in palsy the muscles themselves may be idiopathically affected by compression of the nerves

* Surgical Observations on Local Diseases.

in their course, or by ossified blood-vessels in the limbs, where the ossified arteries prevent the blood from going to the parts, and the ossified veins oppose its reflux. Refrigeration seems to be not an unfrequent cause of this partial palsy. By the kindness of Baron Larrey at Paris, I have seen several soldiers who, during night, were exposed to cold and wet weather, and who in the morning felt stiffness in one or the other lower limb, which by degrees diminished, attacked the whole body, and was succeeded by death.

According to all these different causes the plan of cure must be modified. If a local disorganization of the brain, or a collection of any fluid in the brain, be the cause, the disease is incurable. If it originate from a depression of the skull by violence, the operation of trepanning must be performed, and the broken portions removed. If it be a symptom of a general disease, as of gout, fever, inanition, the plan must be adapted to the general disease. If it result from repercussion of cutaneous eruptions, or from drying up habitual drains, then issues, blisters, setons, artificial eruptions of the skin, and remedies acting on the skin, are to be administered. If it have been produced by lead, the remedies against the colica pictonum in general are also indicated against this symptom.

If the cause reside in the spine, it may be in the nervous substance, in the membranes, or in the vertebræ injuring the nervous mass. I have already mentioned that Pott has ascertained that, in the disease called curvature of the spine, the deformity alone does not produce palsy, but that the general disease affects particularly the spine. Nobody, however, will object that at the same time, the body may be brought into a suitable horizontal position, and supported by convenient machines, as is done with a broken limb. But after the considerations of Pott it is by no means reasonable to consider every palsy of the lower extremities as the result of weakness and softness of the spinal vertebræ, even where there is no external appearance. Indeed it seems unpardonable

to condemn every patient with palsy of the lower extremities for months, nay years, to a horizontal position, because there are a few cases where such a treatment is indicated. Such a proceeding must be injurious to the general state of health, and I know positively that the cases where it has succeeded are less numerous than those where it has failed. It is beyond doubt that Pott's, or the Arabian method of treating palsy of the lower limbs, even where there is no curvature, has cured a greater number of patients than the horizontal position without issues.

If weakness of the abdominal viscera produce palsy, the object of the plan of cure is to restore the digestive power by means adapted to the individual irritability of the patient, such as evac-uants in small doses, bitters, bark, iron, and tonics in general.

From the preceding considerations it results that, in the state of involuntary motions of the muscles, or in the state of impossibility to move them by the will, the cause may be idiopathic or sympa-thetic, and that the latter case is the most common; that the de-ranged manifestations are mere symptoms, and that, as to the method of cure, the remote cause must be discovered and re-moved.

CHAPTER II.

DISEASES OF THE FIVE SENSES.

The natural order leads us to the examination of the disorders of the five senses. I have mentioned why I give outlines, and merely outlines, of the disturbances of the external functions of the mind. The organs of the five senses are subject to various affections. Several of them form the object of the peculiar study of certain individuals. There are, for instance, oculists, while others investigate particularly the disorders of the skin. The disturbances of these parts, however, are not always local: hence those who examine the diseases of the eyes or skin must possess a knowledge of the functions and disturbances of the body in general, and of the mutual influence of the different parts on each other. It is known, for instance, that tooth-ache is sometimes merely a symptom of pregnancy, or of a general nervous irritation. Its treatment then must be conformable to the general state of the body, and not merely confined to the teeth. Blindness is sometimes merely a symptom of another disease, and will be cured along with the other disease, if no part of the organization have been destroyed. The operative part of oculists, like operative surgery in general, may be learned by itself; but the dynamic laws of physiology and pathology are essentially the same throughout the whole organization, and their study is necessary to every one who practises the healing art.

The sense of feeling may be increased, diminished, or perverted. Sometimes the least touch is painful to gouty patients. In plica polonica patients sometimes feel great pain from their hair being cut. On the other hand, there occur individuals who are quite

insensible to pinching or piercing the skin with a needle. Other patients feel cold or heat in opposition to the indication of the thermometer. Some feel a burning heat when nothing is to be seen on the skin. These and various other morbid affections of the nerves of feeling are mostly symptomatical, and are to be treated in connexion with the general complaint. External applications to the skin, however, such as bathing, anointing, blistering, fomenting, rubbing, setons, moxa, issues, often greatly assist the internal treatment.

The same observations may be made with respect to smell, taste, hearing, and seeing. Their sensibility is increased, diminished, or perverted. Some patients distinguish odors and savors with greater accuracy than in the state of health. Too strong impressions from without, or often general diseases, blunt their power. Sometimes patients like the taste of things which would be disgusting to them in health. Sometimes hearing is extremely acute; sometimes the irritability of the eyes is so great that they cannot bear day-light, and see at night. In others, hearing and seeing are weakened, or quite destroyed. Others smell odors, see colors, hear voices, in short, perceive impressions, which do not come from without; others see single objects double, hear music half a tone too low, &c. These and various other disorders exist with or without pain.

As to the causes of the deranged functions of the five senses, the same general considerations obtain. The individual nerves may be affected for themselves; they may, for instance, be inflamed or affected by a greater vascular action, or diminished in size, disorganized, or morbidly affected by general diseases, like every organic part; or their functions may be deranged on account of a diseased brain, or on account of disorders of the abdominal viscera. Worms in the intestines, for instance, may affect all the senses; they may produce pain in the limbs, tickling in the nose, cough, grinding of the teeth, disagreeable smell, blindness, deafness, and other symptoms. Derangements of the five senses are often precursory symptoms of apoplexy.

Thus, the disorders of the five senses are to be considered according to the general principles of pathology. The nature of the disease or its cause require our principal attention. Amaurosis, or deafness from rheumatism, or from repelled cutaneous affections, must be treated differently from the same morbid appearance when it is the result of spasmodic affections. In general diseases, the functions of the five senses are mostly disturbed, but in curing the general disease all individual symptoms disappear.— After the nature of the disease, the individualities of the patient are to be considered. In scrofulous subjects, or in persons of robust constitution and sanguine temperament, the disorders of the eyes and ears require a modified, though essentially similar treatment. The farther details belong to the general pathology. I have considered the object only in a general view, since I intend to show the analogy between the disorders of automatic life, and those of the external and internal senses.

Thus, the theories of the five senses are to be considered according to the general principles of pathology. The nature of the disease, its course, require our principal attention. Anatomical or chemical changes, or from repeated enormous doses, must be treated differently from the acute morbid appearance which is the result of sporadic diseases. In general diseases, the functions of the five senses are more or less disturbed, but in many the general disease of individual symptoms disappears. After the nature of the disease, the individualities of the patient are to be considered. In hereditary subjects, or in persons of robust constitution and sanguine temperament, the disorders of the eye and ear require a modified, though essentially similar treatment. The former details belong to the general pathology. I have considered the object only in a general view, since I intend to show the analogy between the disorders of automatic life and those of the external and internal senses. The principles of the five senses are to be considered in relation to the general pathology of the human body. The nature of the disease, its course, require our principal attention. Anatomical or chemical changes, or from repeated enormous doses, must be treated differently from the acute morbid appearance which is the result of sporadic diseases. In general diseases, the functions of the five senses are more or less disturbed, but in many the general disease of individual symptoms disappears. After the nature of the disease, the individualities of the patient are to be considered. In hereditary subjects, or in persons of robust constitution and sanguine temperament, the disorders of the eye and ear require a modified, though essentially similar treatment. The former details belong to the general pathology. I have considered the object only in a general view, since I intend to show the analogy between the disorders of automatic life and those of the external and internal senses.

PART II.

DERANGEMENTS OF THE INTERNAL FUNCTIONS OF THE MIND.

From the preceding considerations it results that the *external* functions of the mind, viz. voluntary motion and the five senses, are disturbed and cured according to the general principles of pathology. They are sympathically affected in various diseases, and suffer often idiopathically. Moreover, sometimes a morbid appearance is perceptible in the organization, and sometimes no organic change can be detected. We shall find that all these observations may be made with respect to the *internal* functions of the mind.

It is known that the internal operations of the mind are often deranged in general diseases, such as in fevers, inflammations, gout, &c. ; and every one admits that delirium, stupor, vertigo, lethargic affections, even apoplexy, depend on the cerebral organization. But, by our ignorance with respect to the functions of the brain, far the greater number of the deranged manifestations of the mind have not yet been generally considered as disorders of the cerebral organization. I think, however, that, as in the disorders of any other organic part we always consider at the same time its deranged functions, and in observing the deranged functions we think of its disturbed organization, our proceeding in regard to the brain ought to be the same. Those who speak of diseases of the mind alone may speak with the same reason of diseases of the mere vital principle in liver complaints, or in disturbed digestion, or in its idiosyncrasies. Such physicians may confine their plan of

cure to a moral treatment of the archeus, in cases where a person cannot digest mutton or cauliflower.

Meanwhile I am obliged, in a certain degree, to render my considerations conformable to the general division of nosography ; but the time may come when the derangements of the mental operations, and the disorders of the brain, will be classed in the same order, and only the different disorders of the brain will be spoken of, as is actually the case with the five senses and their organs ; when it will be admitted that the deranged functions of the mind are sympathetic or idiopathic affections of the cerebral organs ; finally, when it will be believed that what happens in all other bodily parts occurs in the brain, viz. that every perceptible derangement of the organization does not visibly affect the function, and that every disturbance of function is not accompanied with a visible alteration in the organization. Accelerated circulation of blood does not always derange the function of the stomach, nor that of the brain. There are cases on record where a considerable disorganization of the lungs had not disturbed respiration, and was detected only after death. More details of this kind are mentioned in my work on Phrenology, where I answer the objection, founded on the injuries of the brain, against the proposition that the brain is the organ of the mind.

I shall, therefore, first treat of those disorders which are generally admitted as diseases of the brain, and then examine the principal object of this work, viz. Insanity.

CHAPTER I.

DISEASES OF THE BRAIN.

Cephalalgia, Vertigo, and Lethargic Affections.

In animal life there are various morbid appearances which have received individual names, and are often considered as peculiar diseases. They are, however, mere symptoms, which may originate each from the same or from various remote causes. Such as *Cephalalgia*, or head-ache: *Vertigo*, or giddiness, that is, an illusory rotation of all objects around us, and of ourselves, with a fear of falling: *Lethargy*, coma or drowsiness, with its different degrees; *Cataphora*, for instance, when the patient sleeps much and is roused with difficulty, when he looks up or answers, and again relapses into profound sleep; or *Carus*, when the patient is not to be excited by noise, shaking, nor even by pinching the skin: *Lipothymy* or fainting, that is, a less or greater degree of suppression of animal life, while respiration and circulation continue: finally, *Syncope*, when all powers of the mind are suppressed, and pulse and respiration diminished.

The proximate cause of these morbid appearances is not known; it affects particularly the senses and the brain, and for that reason I mention these disorders. The remote causes are multifarious, such as injuries of the head; pressure on the brain by a congestion of blood, by a collection of water or serous matter, by exostoses; inflammation; strong mental affections, as love, fear, grief, joy, anger; complaints of the intestinal canal, as indigestion, flatulency, worms; intemperance, or abuse of spirituous liquors; protracted studies; busy days and restless nights; diseases of

the heart; pregnancy; hysteric and hypochondriac disorders; inanition from fasting, too violent exercise, evacuations of blood, of semen, or sweat; epidemic and all debilitating diseases; erect position in weakness; repelled cutaneous eruptions; vitiated atmosphere in playhouses or in crowds; the smoke of various poisonous objects, as of sulphur, arsenic, &c.; various idiosyncrasies, if, for instance, a person cannot bear the smell of flowers, of a cat, the sight of a frog, &c.; sometimes merely old age.

The prognosis and cure vary according to the remote cause, which can be removed or not. In mechanical injuries surgical operations are often required; in saburra, an emetic; in plethora, phlebotomy; in spasmodic affections, nervina; in weakness, tonics. Every thing that stimulates the brain is to be avoided; the scalp may be washed with spirits, and so on. The nature of the disease and the whole constitution, and not the individual symptoms, are to be kept in view. Thus, the deranged functions of the brain, such as delirium, stupor, lethargic affections, &c. cannot always be treated in the same way, since they may be produced by various causes. If rheumatismus vagus, or the gout, be the cause, or a congestion from inflammation or from weakness, the treatment must be different. Bleeding in one case will do no harm, while in the other it will relieve. In short, in the brain, as in any other organic part, all general principles of pathology are to be considered and applied.

APOPLEXY.

Apoplexy is a more or less sudden suspension of the functions of animal life. The name has arisen from the particular appearance of instantaneous death. It is, however, to be remarked that the apoplectic attack is not always instantaneous or general, but often gradual and partial. The symptoms of this disease are much modified. Sometimes a person seems to be in good health, cheerful in society, and instantaneously sinks dead on the ground, without a sigh or a groan. Often there are precursory symp-

toms, such as tinnitus aurium, muscæ volitantes, temporary fits of blindness, heaviness of the eyes, head-ache, tightness across the forehead, confusion of ideas, drowsiness, vertigo, loss of clear consciousness, of speech, of voluntary motion, of the five senses; inactivity of the mind; convulsions, epilepsy, flushed or livid countenance, restless nights, anxiety, palpitations of the heart, forgetfulness; slow, difficult and interrupted respiration; slow and full pulse; inactive secretions, relaxations of the sphincters, inaptitude to swallow: partial palsy, or even hemiplegia, is a frequent symptom of apoplexy.

Apoplexia belongs to the complaints which are hereditary, and certain constitutions, such as plethoric temperaments with a short neck and large head, or pituitary temperaments with a dropsical state of the cellular membrane, are the most liable to it.

The proximate cause of apoplexy is connected with changes of the brain, which may go on for a considerable time. This opinion is founded on the previous disorders of its functions, and on the various organic changes detected on dissection. Undoubtedly the scalpel in the hand, or dissection after death, is the best way of investigating the seat of the proximate cause of diseases. In dividing the scalp there is often a great flow of blood from the frontal and occipital veins; the membranes of the brain are often thickened, the arachnoidea is sometimes opaque, the veins turgid with dark blood; in general a great congestion or determination of blood to the head is observed. The consistency of the brain is different, as is the case in other individuals who do not die apoplectic. Three appearances are particularly remarked, viz. there is an extravasation of blood in the ventricles, or at the basis of the brain and cerebellum; or there is a serous effusion, sometimes accompanied with suppuration or tumors; or there is no extravasation at all. Accordingly, long ago, apoplexy has been divided into sanguineous, serous, and nervous.

With respect to sanguineous apoplexy it may be asked, on what sort of laceration the effusion of blood depends, whether on dilatation and weakness; or on erosion and suppuration; whether on

the large or small vessels; and in what part of the brain? The blood-vessels may break at all parts of the brain and cerebellum, in the cavities and at the surface, in the same way as in other parts, on the legs, for instance, in the abdomen or thorax. An effusion, however, at the basis, towards the medulla oblongata, produces the most certain and sudden death.

It seems to me that anatomists, in dissecting the brain, are not sufficiently attentive to the different degrees of density of the blood-vessels. In the inflammatory state of the brain I have found them very firm; in chronic dropsical affections, in flaccid and pituitary temperaments, weak and fragile. Dr. Cheyne, in his *Treatise on Apoplexy*,* relates the history of a man who, by beating his wife, killed her, while she was in a state of intoxication. A ruptured vessel and effusion of blood was the cause of her death. Mr. Charles Bell, who made the dissection, declared that there was a state of the blood-vessels in which an external injury or shock is more apt to produce rupture, and that drunkenness may be supposed the artificial excitement which produced this state of the vessels. When I was at Liverpool, a sailor received from another man a blow on the head, and fell dead to the ground. A large effusion of blood at the basis of the brain was the cause of his death. The substance of his brain was soft, and the blood-vessels extremely delicate. Intoxication, indeed, predisposes to such an event for two reasons; it increases the determination of blood to the head, and also weakens the texture of the blood-vessels, so that a less violent blow may produce rupture than what in other circumstances would have proved fatal.

Among the remote or occasional causes of sanguineous apoplexy, the first to be considered is the hereditary and constitutional disposition. Other such causes are intoxication, repletion of the stomach,† intemperance, and a luxurious life, violent exercise in

* Page 218.

† Much, and perhaps justly, is said with respect to *intemperance*; but the term seems to be fixed by usage only with reference to an imprudent use of ardent spirit. It should be remembered by those who are active in the cause of

hot weather, a great muscular effort after a full inspiration, violent exertion during child-bed, stooping, tight constriction of the blood-vessels of the neck by cravats, costiveness, vomiting, and every thing which produces an accumulation of blood in the head, and weakness of the blood-vessels.

A serous apoplexy is observed in adults under circumstances which in children produce hydrocephalus acutus; that is, in individuals with an inflammatory diathesis of the brain, where the great determination of blood to the head produces a serous effusion. In strong individuals it may appear as phrenitis. In weak persons its progress is slow, and the modified appearances induce those physicians, who consider merely symptoms and not the nature of the diseases, to speak of different diseases. There are, however, acute and chronic inflammations in the brain as in any other part of the body, and every where the same morbid changes may be observed.

Serous effusion is not so unusual in adults as is believed. It is often found in those who die of chronic mania, or who had become idiotic from that disease. This view coincides with that of Dr. Rush,* and with the observations of Dr. Cheyne,† when he says, ‘I have in my possession two dissections of very young subjects, whose brains presented the appearances which belong to lethargy. Before death they were both comatous. In both children the surface of the brain was hid by a large deposition of serum between the tunica arachnoidea and pia mater. The substance of the brain was soft and moist, and in the ventricles there was scarcely any fluid.’ If such patients suddenly die they are said to die apoplectic, a mere name to express the mode of dying. It is,

temperance—that *intemperate eating* is an evil of no small magnitude in society, and often quite as fatal in its consequences as that of excessive drinking. We see it at the private table, at the public feast, and even in the nursery of children. There is no consistency in refusing a glass of wine for the cause of temperance, and at the same time load the stomach to excess with food. To be truly temperate is to be so in all things.

* Medical Inquiries, vol. ii. p. 206.

† On Apoplexy, p. 200.

however, very common that lethargic and other symptoms precede death. More details will be found in the considerations which I shall make on hydrocephalus acutus.

In nervous apoplexy no effusion at all is detected on dissection. This will be the case if persons die of strong mental affections, of extreme and sudden joy, fear, anger; *quidam sub coitu periere*. Asphyxia in carbonic gas is a kind of apoplexy. The nervous apoplexy sometimes occurs in delicate, hysteric, and hypochondriac subjects, but it is not to be confounded with asphyxia, or apparent death, where all the powers are only suppressed, while their excitability remains. In such cases, indeed, it is literally true that we cannot have confidence even in death. Then putrefaction alone is a positive sign of dissolution.

It is to be remarked that, in apoplectic persons, sometimes various parts, such as the liver, or other viscera, are found diseased. Now it may be, that the disease has begun in the liver, or in any other viscus, and has been propagated to the brain: on the other hand, the liver complaint may be the effect of the diseased brain, or the liver complaint, and all morbid appearances of apoplectic patients, may be the result of the same cause. Sometimes apoplexy is a mere symptom of epidemic diseases, sometimes of the ague.

The prognosis naturally varies according to the cause and relapses. The danger is greater, if the disposition is hereditary. The more the functions of animal and automatic life are deranged, and the greater the disorders are, the more dangerous is the event.

The treatment depends on the cause. Some practitioners recommend emetics. But wherever there is a determination of blood to the head, emetics are contra-indicated. Vomiting is admissible only where apoplexy is connected with an overloaded state of the stomach, and then we ought to have recourse only to tickling of the fauces. If the patient is insensible and cannot swallow, there is danger of suffocating him by introducing any liquid into the mouth. Vomiting always increases the vascular

action ; the face becomes turgid and suffused ; it gives headache, which can be explained only by the congestion of blood in the vessels. Indeed, there is every reason to think that vomiting will rather bring on apoplexy, and convert a slight attack into a hopeless case, than cure it.

If the individual be not subject to spasmodic fits, to rheumatismus vagus, or the gout, or if there be no reason to suspect any strong emotion of the mind, as an extreme joy, anger, fear, I think with the best practitioners, that blood-letting is more effectual than all the other remedies in use. I say with Dr. Cheyne,* 'If the display of the brain destroyed by apoplexy does not prove how indispensable V. S. is, every other argument in favor of it must be accounted weak.' It is obvious that, in the sanguineous and serous apoplexy, that is, where the extravasations are made, nothing will cure, but the patient may be kept alive for a longer period. Besides a large blood-letting on the head, every thing which determinates the blood to the brain, or prevents its free circulation, must be avoided. If a congestion of blood by an inflammatory diathesis be suspected, or in congestion from mere weakness, the patient is to be brought into an airy place, the head to be shaved, and exposed without covering to cool air ; the application of cold water or ice will be of advantage. But if rheumatismus vagus or the gout be the cause of apoplectic symptoms, blood-letting and cold applications on the head will rather do harm than be useful. Then it is not a mere determination of blood to the brain but the cerebral mass is affected by the specific diseases ; and this requires a modified plan of cure. It is easy to mention these differences, but it is sometimes extremely difficult to distinguish them in practice. The symptoms are often so tumultuous, the situation of the patient so urgent, that there is scarcely time for deliberation ; and, as it is said, *periculum in morâ*. In nervous temperaments with spasmodic fits, there is less danger, and antispasmodics are indicated. The same remedies are to be

* On Apoplexy, p. 52.

employed in strong emotions of the mind. In the gout of the head, opium, wine and diaphoretics have been found useful ; if apoplexy is a symptom of the ague, bark in a large dose is required. But in the genuine apoplexy, sanguineous and serous, if any relief can be expected, it is from blood-letting.

PHRENITIS.

I am astonished that the inflammation of the brain is so seldom spoken of ; and I am convinced that it is often overlooked on account of the erroneous idea, that it takes place only when accompanied with violent delirium. Dr. Cheyne, in his first essay on hydrocephalus acutus,* says that phrenitis is a disease scarcely seen in Scotland. Repeated observations and dissections after death, however, induce me to think with Dr. Powell,† that “ inflammation of the brain is by no means unfrequent, while we rarely find it accompanied by the symptoms which ” (according to the theoretical opinions of the schools) “ should designate phrenitis. The symptoms are referable rather to oppression of nervous power than to increased activity of the blood-vessels.” I have dissected several young individuals, who by their physicians were treated as affected with a typhus or nervous, or brain fever, who appeared comatous, and whose cerebral functions were entirely suppressed, but whose brains, on dissection, offered the most unequivocal appearances of true inflammation. Another not uncommon error is, that phrenitis takes place only in adults. Children, however, are liable to it, and perhaps still more than adults ; and it is often the cause of hydrocephalus acutus.

The causes of phrenitis are multifarious, such as violent blows ; *INSOLATION* ; hard work in hot weather ; intense application of the mind ; sudden refrigeration ; abuse of spirituous liquors ; in short, all the causes which produce inflammation of other parts. The treatment must be debilitating or lowering, and consists in

* Page 69.

† Some Cases illustrative of the Pathology of the Brain, read at the College of Physicians. London Medical Transactions, vol. v. p 198.

bleeding, cold applications to the head; in certain cases, tepid bathing of the body; low diet, and in all, anti-inflammatory remedies. All other details must be understood by the general principles of pathology.

HYDROCEPHALUS ACUTUS.

This name ought not to be considered as indicating a peculiar disease, but the effect of various diseases; for it designates only a collection of water, formed and becoming destructive in a short period. This morbid appearance had been too long neglected, and, notwithstanding the careful attention of great and very intelligent practitioners, our knowledge of it is still imperfect. According to the common notion, founded on symptoms, it is impossible to give a definition of this disorder. Sometimes all appearances which accompany a serous effusion in the cerebral cavities take place, and no effusion is found after death. Such cases are mentioned by Quin, Rush, Cheyne, Abernethy, and others. I have witnessed several examples. On account of the importance of this disorder, I shall treat of it with some details. I shall first mention the different sorts of hydrocephalus, and consider the individuals liable to them; then I shall examine the symptoms which occur, afterwards the causes, and finally the curative proceeding.

The first consideration to be made is to distinguish hydrocephalus, or dropsy of the brain, from hydrocephalus acutus. The former is of a slow character; it may originate from accidental causes, such as violent blows; but generally it takes place in scrofulous and weak children, who sometimes are born with it; and sometimes have scrofulous tumors in the brain. The quantity of water collected in the cavities of the brain is commonly very considerable, and sometimes amounts to fourteen pounds and more. The ossification of the skull is generally slow; but those are wrong, who think that the fontanel remains always open in such children. I have seen many cases which show the contrary. The too great size of the head is a more characteristic sign.

Sometimes it is distinguished by the configuration of the orbits, and the appearance of the eyeballs, which are pushed out and downward by the water collected in the anterior part of the lateral cavities. At other times the size of the forehead and the situation of the eyes are as usual; but the parietal bones protrude extremely by the water which has distended the middle and posterior lobes of the brain. The limbs of such patients are weak and meager; the functions of the alimentary canal mostly tardy; the gait is wavering and uncertain; the functions of the five senses and of the brain are more or less deranged, sometimes, however, intact; these unhappy beings often complain of headache, vertigo, drowsiness, or watchfulness, convulsions, even epilepsy. In rainy, stormy, and changeable weather they generally suffer most. The scalp is often covered with a scaly or brawny eruption. It seems that more girls than boys suffer from this complaint. Other considerations relative to this disease may be looked for in my other works, where I answer the objection founded on hydrocephalus against the assertion that the brain is the organ of the mind. With respect to the medical art it is incurable, and it is wrong to torment such children with blisters, foniculi, or issues, with mercury, digitalis, and so on.

In hydrocephalus acutus the quantity of secreted serum is never considerable. This effusion, then, ought not, with Whytt and Fothergill, to be called dropsy of the brain. It is mostly observed during the time from birth to the perfect development of the brain, and is the most frequent in children from two to ten years of age. A serous effusion, however, may also occur in adults, 'who have been accustomed to headache, especially to the sick headache of authors.*' As in any other part, so in the brain, the frequency of its diseases coincides with the greatest energy of its development.

Scrofulous, weak, delicate, and also stout and strong children of a fair complexion, are subject to this disorder. Those whose brain is developed early and rapidly, and whose mental powers

* Dr. Parry, lib. cit. p. 352.

show a great and premature energy, are most liable to be affected with it. In such children, the activity of the brain is greater, and a larger quantity of blood is determinated to it. Those who think that round heads are more subject to this complaint are mistaken. The most beautiful configurations of head are no security against this evil. The children of families, where other individuals have been carried off by the same affection, are exposed to the greatest danger.

The progress of the complaint is sometimes more or less slow, sometimes extremely rapid. It is generally slower in scrofulous and sickly children with smaller heads, and in those who have been debilitated by other diseases, such as intermittent fever, scarlet fever, copious and repeated bleeding, measles, hooping cough, cutaneous sores, or other chronic complaints. Children of general weakness are often for days or weeks feverish, without appetite, and complaining of deranged functions of the abdomen, and of headache. At the beginning the symptoms are not at all alarming; but gradually they increase; the headache, chiefly about the forehead, becomes severe; dulness, frequent sighs and deep inspirations, vomiting, white tongue, and quick pulse, are observed. In such children there are scarcely any acute symptoms; the morbid appearances commonly occur in proportion as the effusion takes place. This is sometimes the case with apparently healthy children who suffer for months from headache, which comes and disappears from time to time, and is often accompanied with vomiting. In the intervals the children run about and attend their lessons. Their morbid symptoms then are overlooked, because medical men do not know that, in children, a chronic and superficial inflammatory state of the brain often takes place which too frequently terminates in a fatal manner. Relief is scarcely looked for till organic changes are already produced, and the disease is become incurable. In stout and in weak irritable children, with large heads and premature dispositions of the mind, the progress of the disease is commonly rapid. A sudden change, increased sensibility, fever, a flushing face, brilliancy of

of the eyes, severe headache, stupor, retching, vomiting, dejection in the countenance, rapidly succeed. The diseased state sometimes begins directly with convulsions, and the first stage is scarcely distinguishable from the second.

In proportion as the disease increases, the child cannot longer sit up, is subjected to fits of starting, or crying, and sighing; the headache is less felt, the stupor increases, the pupil of one or both eyes dilated; copious alvine evacuations of fœtid greenish matter, and vomiting, often continue.

In the third stage, the child rolls the head on the pillow, or throws it back; the hands are involuntarily carried to the eyes or face, and moved before them as if some object were to be removed; the eyelids are half closed, the pupil is dilated, and the iris has sometimes lost all irritability; there are commonly long sighs, fits of convulsions, frequent grinding of the teeth, and a complete insensibility. Where the progress is rapid, the skin is often burning, or an extreme perspiration, particularly on the head, occurs.

The proximate cause of this morbid appearance affects the brain, and consists in a greater determination of blood to the head, often combined with an inflammatory state. Dr. Rush* calls it phrenicula. As to the occasional cause, the opinions of different authors vary. Dr. Cheyne† and others consider the irritation of the abdominal viscera as the principal occasional cause. There is no doubt that often the first disorders take place in the abdomen, and the greater determination of blood to the brain is the result. Yet anatomical dissections have convinced me that, in the greater number of cases, the morbid appearances of the abdomen are secondary symptoms of the affection of the head. Every cause which produces a morbid accumulation of blood in the vessels of the brain may become a cause of hydrocephalus acutus; such as the irritation of the abdominal viscera; abuse of spiritu-

* Medical Inquiries, vol. ii. p. 193.

† On Hydrocephalus Acutus. First Essay, Edin. 1808. Second Essay, Dublin, 1815.

ous drinks ; insolation, that is, when the child with his naked head is exposed to the heat of the sun ; running and playing in hot weather, and sudden refrigeration ; and particularly dentition. I have seen examples of every sort. I shall copy the description of one case related by Dr. Cheyne in his work on Apoplexy,* and communicated to him by Dr. Kellie. ‘ Thomas Clarke’s child, a boy about two or three years of age. On visiting this child, (October 5th, 1807,) I found him torpid and drowsy, his face flushed and tumid, his body hot, and the feet cold, and the pulse frequent. I was told that, on the preceding evening, he had inadvertently been given, by a careless neighbor, a quantity of whisky estimated from a glass to half a gill, and that he had been brought home in a state of torpor, and had vomited almost incessantly during the night, and even now whatever he swallows is almost instantly rejected by vomiting ; he retched also when raised from bed. The belly was not swollen, nor did he express pain when the abdomen was pressed. An emetic was prescribed ; and in the evening, after an exhibition of a glister, a blister was applied over the epigastrium. October 6th, the drowsiness, vomiting, and moaning, continued ; the bowels costive, skin hot, pulse very frequent, but softer ; the eyes looked watery and suffused. Leeches were applied to the temples, and four grains of calomel were ordered to be given every three hours, till the belly should be freely opened. October 7th, the pulse was much reduced in frequency ; several greenish slimy stools had been passed, the stomach was less irritable, and the inclination to vomit less frequent. He continued oppressed, moaned much, and the pupils seemed dilated. In the evening he had a severe convulsive fit ; a blister was applied to the head, and the calomel continued. The pulse was again very frequent, the vomiting had ceased, there had been two returns of the convulsions. Leeches were again applied to the temples, and a blister to the back. On the 9th the child died. In the brain the veins of the pia mater were

* Page 123.

turgid and black. A very small quantity of serous fluid, not exceeding six or eight drachms, was effused into the lateral ventricles. The thorax was natural, the liver of a florid vermilion color, stomach and intestines perfectly sound.'

In speaking of phrenitis, I have mentioned that the inflammatory state of the brain is not so rare as it is commonly believed, particularly in children and in young persons. In them it is even the most dangerous, because the structure of the brain is still very delicate. It is known, that in children the brain increases rapidly; hence there is naturally a great determination of blood to the head, and any febrile affection will increase that determination. This is very often the case by dentition, the irritation of which is propagated to the bowels and to the brain. The fifth pair of nerves takes its origin at the same spot with the vagus, and is in communication with the cerebral parts.

The symptoms of this disease in general are treacherous; the pulse is sometimes small and contracted; the bodily strength seems to be suddenly diminished, or even exhausted; this apparent weakness is sometimes accompanied with numbness, coldness, paleness, and convulsions. On dissection, however, the effects of inflammation abundantly appear. The tissue of minute or florid vessels indicates the increased arterial action; the veins of the brain, or particularly of the membranes, are gorged with dark colored blood; there are sometimes considerable adhesions between the membranes; the membranes are often thickened, and serous effusions exist in the cavities, and in a small quantity under the tunica arachnoidea; innumerable little yellowish spots are spread over the arachnoidea, &c. In short, it happens with the inflammation of the brain as with that of the liver, or any other part. If it be not resolved, or mortal, in a short time, serous secretions commonly take place. In the brain the serosity is sometimes clear and transparent, sometimes thick and yellowish, and sometimes flakes of coagulated lymph swim in it.

In sickly children with small heads the disease lasts longer before any effusion takes place, and the symptoms of its appearance

are less deceitful. But in stout children, particularly in children with large heads, irritable temperament, and premature capacities, the progress of the disease is often so rapid, that it produces all the symptoms of effusion, but kills the patient before an effusion takes place.

There are physicians who flatter themselves to have cured hydrocephalus acutus ; others deny its possibility. I am of the opinion of the latter. I have already mentioned that, often, all the symptoms which accompany an effusion in the brain are observed, and no serosity is detected on dissection. This is the case in children who die in a few days under perfect insensibility, strabismus, dilatation of the pupil, deep sighing, grinding the teeth, convulsions. Such cases may be treated with success : I have seen it done by Dr. Gall, and have done it myself ; but we think we have only prevented the effusion. Cures of that kind happen in the first days, while the morbid action of the blood-vessels, and not effusion, produces the alarming appearances. I do not know any case of cure, when the progress of the disease was slow, and all symptoms of the third stage had appeared.

It results that we consider hydrocephalus acutus itself as incurable ; it can only be prevented. The treatment then depends on the causes which can produce that effect. Dr Cheyne* says, " The chance of cure is nearly in proportion to the duration of the symptoms. The disease yields to different methods of treatment." He adds,† " I know no disease which is so much influenced by the age, constitution, and temperament of the patient." Undoubtedly the organic state of the brain is different according to age and temperament ; the treatment, in consequence, must be proportionate : but it seems to me that the treatment ought to be essentially different only when the nature of the cerebral affection is different. If in the same appearances different methods succeed, either nature cures, or the disease was not the same, but only the symptoms.

* First Essay, p. 29.

† Ibid. p. 93.

Many practitioners in this disease direct their first attention to the state of the abdomen, and prescribe purgatives. Mild evacuations certainly are of use ; but a great irritation of the intestinal canal will rather increase than diminish the affection of the head.* Particularly emetics produce a greater determination of blood to the brain ; and the disease, which at the first period might be cured, soon becomes incurable. As some physicians are deceived by greenish evacuations, nausea, and vomiting, and prescribe purgatives or emetics, so others are mistaken by the apparent weakness, and employ blisters and stimulating medicines. In children, however, every thing that irritates will increase their naturally great determination of blood to the head. Drastics seldom reestablish the natural secretions, and no liver complaint is cured by drastics alone ; hence, even in cases where the first irritation begins in the abdomen, they ought to be carefully administered.

The most inconsistent treatment certainly is when, as it is said, every thing is done ; that is, they draw blood, and at the same time excite the circulation by blisters, emetics, drastic purges, or stimulating medicines. A child has this disease from having taken too much spirits, and vomits ; notwithstanding they give emetics, and apply a blister. In a healthy, and little irritable child, treated by blisters and emetics, fever and headache will be produced. Notwithstanding they continue, as they have been taught, to prescribe blisters, emetics, and drastics ; and if the patient die they declare the disease incurable. I say here with Dr. Cheyne,† ‘ Every disease, whose natural tendency is to destroy a vital organ, becomes in unskilful hands an incurable disease.

We have paid particular attention to this disorder, and the different treatment in different countries, and are convinced from experience that the most successful treatment consists in tepid

* This is an important truth, and should be generally known—for the reason that some physicians make it an invariable rule to prescribe purgatives for almost every species of insanity. This may appear strange to some—but such is the fact.

† Second Essay on Hydrocephalus acutus, p. 12. Dublin, 1815.

bathing of the temperature of the child's skin, repeated every second hour for ten or fifteen minutes; in wrapping him up in tepid linen (when a large perspiration succeeds we do not interrupt it by the bath); in putting leeches at the temples and behind the ears, or in V. S.; in mild opening glisters; in mild diaphoretics; and particularly in avoiding every stimulous, as blisters, emetics, drastics. The good effect of such a treatment will be the most obvious in strong or in premature delicate children with large heads, where the disease is of the most rapid character. Such children, if nature be supported from the beginning, sometimes in a few days play again and run about. We have saved children who were considered as lost; but I repeat that we do not think we have cured the effusion, but only prevented it. In children of general weakness, or of chronic complaints, where the progress of the diseased state is slow, the treatment must be modified; every irritation of the brain must be avoided, but the body in general is to be strengthened, while in the other the whole proceeding is rather debilitating. If in such children, after long sufferings, we observe symptoms of extravasation, such as stupor, dejection in countenance, dilatation of the pupils, grinding of the teeth, complete insensibility, strabismus, rolling the head on the pillow, or drawing it back, there is scarcely any hope of recovery. I am not acquainted with any successful case.

I know cases where, in children, the inflammatory state of the brain was not mortal; the patients escape the first accidents, but lost the promising dispositions which they had manifested before the disease, and became idiotic. Sometimes in such patients the bodily strength seems to improve, but in a slow and incomplete manner; the intellectual faculties continue their manifestations, but in a weak degree, while in others they are entirely blunted or deranged. If the state of apathy or alteration be accompanied with palsy of the tongue, or of other single parts, it is a sign that the improvement is only apparent, that the danger still exists, and that in a shorter or longer interval the disease will terminate in a fatal way. Indeed, such patients are miserable; they are lan-

guishing, sorrowful, morose, and indifferent to all external impressions. After a long while commonly head-ache and a slow fever take place. This slow fever then is often confounded with a worm fever, but at last convulsions arise, and the whole position becomes insupportable; the patients commonly lie on the back, and throw the head backward even when asleep. A long series of distressing accidents, and of more or less painful symptoms, is terminated by death, sometimes after several years.

Before I finish this chapter I repeat, that, though the preceding diseases are considered in the general pathology, I have mentioned them because they belong to animal life, and have examined them only in a general view, in order to show that the other diseases of animal life, which are commonly termed mental derangements, are to be treated according to the same principles.

CHAPTER II.

INSANITY, OR MENTAL DERANGEMENTS.

SECTION I.

Definition and Name.

An exact definition of insanity is of the highest importance for the art of medicine, as well as for medical jurisprudence. Insanity deprives an individual of the rights of society, and often involves property, conjugal, and other relations; it is subject to various inconveniences of the greatest consequence, which certainly are sufficient motives to examine it with more accuracy than hitherto has been done. Insanity might be defined an aberration of the manifestations of the mind from their state of health; that definition, however, could have a determinate meaning only for those who have a previous knowledge of the operations of the mind in the healthy state. Artificial signs and ideas, definition and knowledge, are in the most intimate relation. Where information is deficient, nomenclature will be vague; where there is no exact knowledge of the nature and properties of anything to be described, an exact definition is impossible.

Various definitions of insanity have been given; all are founded on the opinions of the schools with respect to the mind, its properties, and the conditions of its manifestations. In the Introduction, I have mentioned that no branch of medicine is so intimately connected with the philosophy of the human mind as insanity. Mr. Haslam says,* 'The difficulty of proposing a satis-

* Observations on Madness, 2d edition, p. 6.

factory theory of the human mind must have been felt by every person who has touched this delicate string since the days of Aristotle It is therefore not astonishing that the knowledge of the derangement of the mind is so little understood.' Physiology naturally must always precede pathology.

As, in the prevailing philosophical opinions of the schools, the activity of the mind was looked for in the intellectual powers; as, according to an axiom, its whole activity began with sensation, so that there was nothing in the mind which did not come into it by the senses; it was very natural to think always of the intellectual powers, if derangements of the mind were spoken of. Moreover, the intellectual derangements are the most obvious. It is, for instance, easily observed, if any reject what is excellent, hate what is useful, fear where there is no reason to fear, suppose perceptions of external impressions which do not exist, &c.

Among the derangements of the mind, memory, judgment and imagination, were particularly attended to, and for a long time it was believed that deranged judgment is the basis of insanity. It is true, as long as judgment exists and corrects erroneous perceptions, the morbid affections of the five senses are not considered as insanity. The mind, for instance, may be deprived of voluntary motion, or of any other sense; the senses may be morbidly affected; we may feel burning heat on the skin; may see flames, the external objects double, reversed, or red-colored; we may hear noise, perceive various odors or savors; as long as we know the incorrectness of our perceptions, such diseases are not called insanity: but a patient is styled insane, if he believe in such perceptions from external impressions which do not exist. He, for instance, who thinks he has a frog in his stomach, or that he has feet of glass or straw, will be called insane.

In common language, the meaning of insanity is very relative; it depends on the manner of thinking and feeling of each individual. Common people consider every thing that is above their conception either as foolish or spiritual. Several authors think that insanity is always a chronic disorder, and excludes any other

bodily disease. Experience, however, shows that all those considerations are incorrect.

At the present time it is well ascertained that, in insanity, the power of judging is not always deranged. Many insane persons, if we grant their premises, reason with perfect consistency; nay, in many, that power is increased. For that reason one sort of insanity is designated by the name reasoning foolishness (*follie raisonnante*). This truth might be illustrated by many cases; but it is superfluous to mention them, since every one who takes care of insane persons must have had occasion to make observations of that kind. I shall only extract from Dr. Cox's work on Insanity* that passage where he refers to a part of the speech of Lord Erskine, when at the bar, in the defence of Hadfield. 'I remember,' said the advocate, 'the case of a man who indicted another for imprisoning him; and in the course of the trial, though I endeavored by every means in my power, by every question I could put, to draw from him some proof of the real state of his mind, yet such was his subtlety, and such his caution, that he baffled me at every point; and it was only by Dr. Sims's appearing in court that he discovered himself; for he no sooner saw the doctor, than he addressed him as the Lord and Saviour of mankind. The person indicted was therefore acquitted. But such was the subtlety and perseverance of this man, that, recollecting the doctor had one day confined him in his house in town, he indicted him for the same offence, and so well did he remember what it was that lost him his cause in Middlesex, that nothing could extort from him the same behavior; and yet there was not the smallest doubt in the mind of any one who knew him, that he was really and truly a lunatic.' I have chosen this example as a proof, that such cases do not fall within the observation of medical practitioners only.

Sometimes it happens that the manifestations of all intellectual powers, as perception, memory, judgment and imagination, are

* Third edition, p. 195.

perfect, nay, improved, while, however, the patients are decidedly insane. At Vienna, a melancholy person having seen the execution of a criminal, the spectacle produced in him so violent an emotion, that he was suddenly seized with a propensity to kill. At the same time he had clear consciousness of his situation, and preserved the strongest aversion to such a crime. Weeping bitterly he described his deplorable situation with an extreme confusion; he struck his head, wrung his hands, exhorted himself, and cried to his friends to take care, and to fly, and he thanked them if they resisted and menaced him. Pinel speaks of a madman who did not show any mark of alienation in respect to memory, imagination, and judgment, but who confessed that, in his narrow seclusion, his propensity to murder was quite involuntary, and that his wife, notwithstanding his tenderness for her, was near being immolated, he having time only to warn her to fly. In his lucid intervals he made the same melancholy reflections, he expressed the same remorse, and he was disgusted with life to such a degree, that he several times attempted to put an end to its existence. I have quoted more examples in my work on Phrenology. Hence there can be no doubt that insanity embraces more than the derangement of intellectual powers.

I have divided the functions of the mind into feelings and intellectual powers. Now from what I have said it follows that the derangements of the five senses only do not constitute insanity, and that there may be insanity without derangement of the intellectual faculties, as they are commonly spoken of. It is also certain that the diseased functions of the feelings, are not always insanity. Our appetite may be deranged, and we may be fond of unusual savors, as of coals, chalk, &c.; physical love may be subject to various aberrations, as in unnatural desires; various idiosyncrasies may occur in other feelings; the individuals, however, as long as they preserve a power over their actions, are not considered as insane, just as memory, judgment, and imagination, may be extremely weak and incorrect, and may commit continual errors without being considered as insanity. Yet there is insanity

with respect to the feelings and intellectual faculties. *In what then does insanity consist?*

With respect to the morbid affections of the senses, and to the errors of the intellectual powers, we are insane, if we cannot distinguish the diseased functions, and do consider them as regular; and in the derangement of any feeling we are insane, either if we cannot distinguish the disordered feeling, if, for instance, we really think we are an emperor, king, minister, general, &c. or if we distinguish the deranged feeling, but have lost the influence of the will on our actions, for instance, in a morbid activity of the propensity to destroy. Thus, *insanity*, in my opinion, is *an aberration of any sensation or intellectual power from the healthy state, without being able to distinguish the diseased state; and the aberration of any feeling from the state of health, without being able to distinguish it, or without the influence of the will on the actions of the feeling.* In other words, *the incapacity of distinguishing the diseased functions of the mind, and the irresistibility of our actions, constitute insanity.*

As medical jurisprudence is highly interested in a clear idea of insanity, I will make a few remarks to this purpose. Insanity, in many cases, is too little understood; but the greatest error is committed in considering the mind as one single power, or in deriving the feelings from the intellectual faculties. The mind is an aggregation of powers, which may act and be disturbed individually, as is the case with the external senses and voluntary motion. Every disturbance, however, of any faculty is not insanity, but merely the want of the faculties which constitute liberty.*

In medical jurisprudence, with respect to insanity, two considerations are of the highest importance, viz. partial and intermittent insanity. Numerous facts prove the existence of both kinds. Persons may lose their intelligence with respect to any sensation,

* With respect to my considerations on liberty, I refer the reader to my work on Phrenology.

idea, or feeling, or they may lose the influence of the will with respect to the action of any feeling, while they preserve intelligence and will with respect to all other special faculties. Hence there are as many sorts of partial insanities as individual powers of the mind. Now it is the duty of the legislator, or of those who interpret the laws, to be acquainted with those powers, in order to conform their judgment to nature. The intermittent nature of insanity presents still greater difficulties : that state is commonly designated by lucid intervals. This term, however, is of great latitude, and ought to be explained in a more accurate manner. Every one admits that insanity is liable to intervals, but not every one understands the nature of intervals.

Every part of our body may be affected from time to time, and free at intervals. The eyes, for instance, may be inflamed at certain periods, and healthy at others. Many other complaints, such as gout, rheumatism, catarrhal affections, may from time to time disturb our health, and cease at intervals. Why should the organization of the brain not be liable to undergo, at certain periods, morbid changes, which disappear and return again? The temporary derangements of the mind can be explained only by the temporary excitement, weakness, or disease of the brain. The brain, once affected, may be disposed to relapses as well as any other part of the body : moreover, the morbid appearances and disappearances may not only be temporary, but of an intermittent nature ; as, for instance, is generally known with respect to the ague : finally, diseases are liable to exacerbations and remissions. All these phenomena then may take place in the deranged functions of the brain.

Now as insanity is partial or intermittent, or partial and intermittent at the same time, what shall we call interval? The answer is obvious, that the interruption or intermittence is the interval. But what are lucid intervals? The expression *lucid* is not sufficiently determined. It cannot mean understanding and judgment, as Locke thought, because experience shows that, in insanity, the intellectual powers may increase. Van Swieten, for instance, re-

lates that a female, whose understanding had not been cultivated, and who before was employed only in manual labor, during her fits of insanity, displayed a rare facility of versification. Pinel speaks of a madman who, during his long intervals, was a man of very ordinary gifts, but who, during his fits, reasoned on the events of the revolution with dignity, purity of language, and all the strength of reason which could have been expected from the most learned and most intelligent man in a state of health. Correct judgment, indeed, is not a sign of lucidity with respect to insanity of the feelings. It is only applicable to insanity of the senses and internal intellectual faculties; even in their partial insanity there may be lucidity with respect to the other senses and intellectual faculties. Some persons cannot distinguish colors, and take red for green; but they see perfectly well the size, form, and distance of the external objects: hence their judgment at the same time, is defective and lucid, or, if I may say so, insane and sane. Thus, lucidity may be partial or general; it is characterized by clear intelligence with respect to sensations and ideas, and the free-will with respect to the feelings.

I shall now examine the question, whether, in partial insanity or in intervals, the patients are to be considered as incapable of transacting their own concerns, and as free from all responsibility for their actions? As to partial insanity, shall we say that the loss of one faculty makes us incapable to manifest any other power? Can a blind man not witness what he has heard? When old persons lose their memory, and preserve a weak judgment, are they unfit to make a lawful will? As the manifestations of the different faculties of the mind depend on the different parts of the brain, any instrument may be disturbed, while the others perform their functions in the healthy state; and the patient may be deceived in one respect by the impressions of the instrument, and manifest all other powers in perfect health. If a man be insane by a feeling, but calm and perfectly composed; if he can reason on other subjects with strict propriety, and think like the majority of mankind; if he can converse with philosophic coolness and

correctness on the nature and effects of his disease, have we the right to condemn such a patient to continual incapacity of transacting his own concerns? It seems to me, that it ought to be still less the case when insanity is intermittent. In certain diseases the faculties of the mind are extremely weakened, or even suppressed; but at certain moments the patient distinguishes those around him, and recollects certain facts; is he therefore entitled to legal indulgence? If a poet be insane, but during intervals his imagination be unclouded, and he compose beautiful verses, shall we reject them? Habitual intoxication frequently debilitates the faculties of the mind; shall we therefore not allow an interval in which the ordinary business of common life can be performed with certainty and propriety?

From the preceding considerations on the complicated nature of the human mind, the various conditions of its manifestations, and our imperfect knowledge as to its operations, it results that the examination of its deranged manifestations is extremely difficult. The decision upon certain cases, required in courts of justice, is sometimes almost impossible. In other cases it is as difficult to say where it is not, as where it is. Indeed it is sometimes counterfeited by criminals, in order to escape punishment. In such cases, then, the individual disease which is imitated, as mania, melancholia, or idiotism, must be well understood; and all phenomena, which occur in automatic and animal life must be compared together, in order to distinguish whether there is concordance in the whole or not. In mania furibunda, for instance, the sleep is deranged. If a criminal imitate it, let him be observed day and night, and he will soon betray himself. Impostors in the streets, who imitate epilepsy or convulsion, sometimes are detected by proposing painful operations, such as actual cautery, trepanning, &c. as curative means. It is understood, that the examination of such cases requires the greatest caution.

A practical reflection is obvious, and must have been felt by all those who are somewhat acquainted with insanity; I mean, the abolition of a regulation which invests every member of the medi-

cal profession with the power of depriving any individual of his liberty, and of exposing him to all the inconveniences and disadvantages to which insanity is subject. Few medical men pay attention to that branch of the art. Moreover, in any profession there are individuals without a sufficient degree of skill ; I will not hesitate even to say, without probity and moral principles. Now as sometimes the most experienced and most able men are at a loss, and find it impossible to decide whether there is insanity or not, it must be obvious that not every one who knows how to compose some prescriptions ought to be trusted with the privilege to dispose of the liberty of his fellow-citizens.

It remains to examine what name is preferable to designate the deranged manifestations of the mind. Various appellations are used, such as madness, lunacy, mental derangement, or insanity. Madness indicates mania, or a wild and furious state of the mind, and not its deranged manifestations in general. Lunacy is quite improper, because the moon does not at all produce such complaints. Mental derangements embrace only those of the intellectual powers. I prefer that of insanity as a quite general expression, and repeat, that either the incapacity of distinguishing the diseased functions of the mind, or the irresistibility of our actions, or both together, characterize insanity.

RECAPITULATION.

In this section I have endeavored to give a better definition of insanity. I have spoken of the difficulties which we meet in examining that disorder, and have considered its partial and intermittent nature with respect to medical jurisprudence.

SECTION II.

Symptoms of Insanity.

A description of morbid phenomena, which are observed in insanity, will guide our power of distinguishing the diseases, or the causes of the morbid appearances. It is certain that the majority of medical men have a too great tendency to consider the symptom as the disease, and it is particularly the case in insanity. Symptoms, however, are only deranged functions. Now the same function can be deranged by various causes, and the same cause may derange various functions, and hence produce various symptoms. Fever alone is not the disease, but merely a morbid phenomenon; and the circulation of blood may be accelerated by different morbid causes. In the same way, inflammation will produce various symptoms according to the functions of the parts which are affected. Refrigeration may produce headache, sore eye, sore throat, toothache, cough, vomiting, diarrhœa, &c. Dr. Parry, in speaking of the relation of the diseases, asserts well,* that 'various maladies are apt in one set of persons to extend, in different forms, and therefore often under different names, to different parts nearly at the same time; in another set, to affect one part in one form at one time, and, having ceased, to affect another part in another form at a subsequent time; and, lastly, in a third set, to leave one part or texture, and at the same time, or nearly the same time, to appear in the same or some other form in another part or texture.' As in pathology in general, so in insanity in particular, this consideration is of the highest importance. Hence the enarration of symptoms is not the essential point in considering insanity; it is only of secondary use, and conducive to the distinction of its nature.

In insane people the functions of automatic life, such as digestion, circulation, respiration, nutrition, secretions and excretions,

* Lib. cit. p. 370.

may or may not be disturbed ; their disorders may take place in various degrees ; and on account of the absence or existence of such symptoms, the elucidation of insanity will only become more simple or complex. Their detailed consideration belongs to the pathology of automatic life. I here intend to relate only the disorders of animal life.

The operations of animal life are the external senses, propensities, sentiments, knowing and reflecting faculties. Let us see what morbid appearances take place in those functions. The muscular power bears the greatest changes : sometimes it loses all activity, and sometimes it shows inconceivable strength, so that it is difficult to find means of coercion. Pinel states that he has seen some instances of muscular energy that impressed him with the idea of a strength almost supernatural. The strongest bands yielded to the efforts of the maniac. I know similar instances. Pinel adds, ' But this muscular power is far from being common to every form of insanity. In many instances there is a considerable degree of muscular debility.' The skin is sometimes, as it were, benumbed, the patients feel every thing like cotton ; or it is quite insensible, so that the patients do not feel punctures, blisters, or setons ; at other times it is extremely sensible. A sensation of general or partial formication, burning heat, or shivering cold, over the whole body, or at certain parts, are observed. Haslam says,* ' In some an appearance takes place which has not hitherto been noticed by authors. This is a relaxation of the integuments of the cranium, by which they may be wrinkled or rather gathered up by the hand to a considerable degree. It is generally most remarkable on the posterior part of the scalp.' This, however, is not characteristic in insanity ; it may occur like other symptoms.

Taste and smell suffer various disorders. Sometimes they are quite blunted, often much excited. It is a common observation that insane people are fond of snuff. Vision is often molested with transient clouds, floating insects, flashes of light, weakness ; but often it is very acute. The look varies according to the in-

* Observations on Madness, 2d edit. p. 82.

ternal feelings, is staring and wild, or calm and grieved, &c. ; the iris is contracted or dilated ; the eyes are red and sparkling, or yellowish, or of lead color and tarnished. Insane people often hear various noises, extraordinary voices, the song of angels, blasphemies, obscenities. I think with Haslam,* that of the organs of sense which become affected in those laboring under insanity, the ear more particularly suffers.' There are also more deaf than blind among insane people.

The derangements of the feelings are numerous. Hunger and thirst may be diminished to inactivity, or increased to insatiableness. Some are indeed voracious, and languish even to fainting from want or deficiency of nourishment. The most modest young females are sometimes seized with the feeling, countenance, and language of a loose libertine. I have seen several who fancied themselves to be pregnant. Pinel says, 'I have nowhere met, except in romances, with fonder husbands, more affectionate parents, more impassionate lovers, more pure and exalted patriots, than in the lunatic asylum.'

Some are prone to controversy, show excessive irascibility, blind and savage ferocity, ungovernable fury. Pinel speaks of a young man, who was attached to his father, but who committed acts of outrage, and even attempted to strike at his father, when under the influence of the disease. Pinel mentions another maniac, who was naturally of a mild and pacific disposition, but appeared to be inspired by a demon of malice and mischief during the whole period of attack. There are insane persons who feel an aversion against any one thing they see ; they are fond of kicking, biting, and throwing the head against others who come near ; who never forget or forgive an offence ; who consume the whole of the day, and the greatest part of the night, in pouring forth abuses and blasphemies, and roaring out the most horrid imprecations.

Murderous impulse, however unaccountable it may appear to others, is not always obedient to will. Pinel says, there are some who feel a blind and ferocious propensity to imbrue their

* Lib. cit. p. 67.

hands in human blood. Some are actuated by an instinct to commit to the flames every thing of a combustible nature. Dr. Longworthy, of Bath, had a patient who with her naked hands carried burning coals to straw, in order to put it in flame. Mr. Hill relates the following example :—‘ At the Norwich Assizes, in the summer of 1805, Thomas Callaby was tried for the murder of his grandchild. A witness found the prisoner sitting at the side of his bed one morning in March, about four o’clock. He had dreadfully wounded his wife in various parts of her body. The prisoner’s daughter brought down the child with its throat cut; the bloody knife lay in the room. He was charged with and confessed these acts, but said he did not care any thing about it. His wife had heard him say a short time before, that he should certainly murder some one, and he had begged to be confined. It further appeared that he knew when his fits of madness were coming on him, and that at those times he has been known to tie himself with ropes down to the floor.’* More examples of this and of other propensities may be read in my work on phrenology, where I have treated of the primitive faculties of the mind, and their respective organs. I prefer to extract examples from other writers, not because I have not seen such cases, and sometimes repeatedly, in different mad-houses, but because such facts, being ascertained by other observers, will perhaps be more easily admitted by adversaries.

‘ I could mention,’ says Pinel, ‘ several instances of insane persons, of known integrity and honesty during their intervals of calmness, who had an irresistible propensity to cheat or to steal, upon the accession of their maniacal paroxysms.’ Gall possesses, in his collection, two skulls of such individuals, who were confined in the lunatic asylum at Vienna. I have one of a man who died at Prague in Bohemia, which Professor Mican, Jun. was so kind as to give me. Many insane play the hypocrite, are cunning in the highest degree, and most dexterously conceal their disease. Sometimes violent patients, being confined, become tranquil and

* P. 93.

orderly, urge the correctness of their conduct as an argument for their liberation, and manage themselves with admirable address.

When brought home, their derangement, or mischievous disposition, appears again.

The examples are not rare that insane people think themselves emperors, kings, ministers, generals, high-priests, bishops, dukes, lords, prophets, God Almighty, or God the Son, &c. Pinel relates that, at the same time, four madmen of Bicêtre believed themselves in possession of the supreme power in the state, and assumed the title of Louis XVI. The hospital was not less richly endowed with divine personages, so that some of the maniacs were called after the provinces, as the God of Brittany, the God of the Low Countries, &c. Many are ambitious, wish to be approved of by others, and to appear as persons of fashion and distinction. They seldom forget to decorate themselves with any thing which they consider to be an ornament. They are conceited and ostentatious, singular in gait and phraseology.

Others are thoughtful, gloomy, taciturn, austere, morose, and like to be alone. Some are anxious, fearful, and terrified by the most alarming apprehensions. Some express their affliction by tears, others sink without a tear into distressing anxiety. Some fear external prosecutions, and the most ridiculous and imaginary things; others think themselves lost to all the comforts of this life, and desire to be buried. Some also are alarmed for the salvation of their souls, or even think themselves abandoned for ever by God, and condemned to hell and eternal sufferings. Others are remarkable for good humor and merriment; they are cheerful, sing from morning till evening, and sometimes express their joy by fits of loud and immoderate laughter. There are others who feel an extraordinary liberality, and unbounded generosity. Some are very pious. Dr. Hallaran* says, 'I have often known maniacs of the worst class, in whom the faculty of thinking correctly on all other subjects had been entirely suspended, still retain the power of addressing the Deity in a consistent and fervent manner, and to

* On Insanity, p. 21.

attend the call for devotion with the most regular demeanor.' Some show the most invincible obstinacy, and nothing could shake their intention, though sometimes they blame the keepers for not securing them sufficiently.

The derangements of the intellectual faculties are not less numerous or singular. Some fancy themselves dead, or to be changed into animals of particular kinds ; to be made of glass or wax ; to be infected by syphilis, the itch, or other diseases ; to be a prey of spirits or devils, or under the influence of magic spells and vows. Sometimes the intellectual faculties are much excited, sometimes diminished or almost suppressed ; sometimes only one intellectual power seems to be under the morbid influence, while the others appear with natural strength. In greater activity sleeplessness is a common symptom ; some see external objects in erroneous forms and colors. A maniac took for a legion of devils every assemblage of people whom he saw.

There are many examples of the surprising strength of intellectual power during the fits of insanity. They sometimes show the most brilliant and ingenious thoughts, the most proper and luminous comparisons. The recollection of the past often unrolls with great rapidity, and what had been unthought of or forgotten is presented to the mind with animated colors. Insane people, like those of sound minds, recollect the scenes of youth and former times better than the transactions of later dates. Many know, in the intervals, all circumstances during the fits, all their extravagances and inconsistent actions, all the absurdities they have maintained, and all the violence in which they have indulged. Many even are penetrated with remorse. Persons who, in their sound state of mind, labored under an invincible impediment of speech have, in insanity, expressed themselves without the least hesitation. Some are quick in repartee, and exceedingly acute in their remarks ; others feel an extraordinary poetic inspiration. Willis cured a madman, who expected with impatience the accession of the paroxysms, since he enjoyed during their presence a high degree of pleasure ; they lasted ten or

twelve hours. Then every thing appeared easy to him : no obstacles presented themselves, either in theory or practice. His memory acquired, all of a sudden, a singular degree of perfection : long passages of Latin authors recurred to his mind. In general he had great difficulty in finding rhythmical terminations, but, on these occasions, he could write in verse with as much facility as in prose.

Dr. Rush* says, 'Talents for elocution, poetry, music, and painting, and uncommon ingenuity in several of the mechanical arts, are often evolved in madness. A gentleman whom I attended in our hospital, in the year 1810, often delighted and astonished the patients and officers of our hospital, by his displays of oratory, in preaching from a table in the hospital yard every Sunday. A female patient of mine, who became insane after parturition, in the year 1807, sang hymns and songs of her own composition, during the latter stage of her illness, with a tone of voice so soft and pleasant, that I hung upon it with delight every time I visited her. She had never discovered a talent for poetry, nor music, in any previous part of her life. Two instances of a talent for drawing, evolved by madness, have occurred within my knowledge ; and where is the hospital for mad people, in which elegant and completely rigged ships, and curious pieces of machinery, have not been exhibited by persons who never discovered the least turn for mechanical art previously to their derangement ? Sometimes we observe in mad people an unexpected resuscitation of knowledge ; hence we hear them describe past events, and speak in ancient or modern languages, or repeat long and interesting passages from books, none of which, we are sure, they were capable of recollecting in the natural and healthy state of their minds.'

In the greater number of insane people, the reflecting faculties of the mind are much diminished, but in some they are surprisingly improved. Some patients reply with an air of calmness and

* Medical Inquiries and Observations on the Diseases of the Mind. Philadelphia, 1812. p. 153.

reflection, and often with the greatest accuracy ; some indicate with great exactness the happy time when it is no longer necessary to restrain them, while others will solicit permission to go to the airing grounds at unseasonable hours, and in improper states of mind.

In the preceding narration of the symptoms of insanity, I have, in a certain degree, followed the order in which I am accustomed to treat of the faculties of the mind. The derangements of those faculties, however, present an infinite number of modifications and combinations. These will be understood in the same way as the modifications and combinations of the functions of the mind in its state of health. These symptoms as I have already mentioned, are only the disturbed functions of the different faculties, and not at all the disease. The same disease may, in different individuals, or in the same individual at different times according to his natural condition, derange the functions of quite different faculties, in the same way as the same object or event will suggest very different reflections to different persons, or to the same person at different times. For that reason we may conceive why the life of a madman may be divided between furious paroxysms and melancholic languor ; why sometimes the external appearance is entirely changed, so that a fearful patient becomes exalted and proud ; why the same patient, at different times, may exhibit the appearance both of high and depressed passions ; why at one time he may be furious, at another placid ; talking for several days, then dumb, as if he had lost his voice ; at one time lamenting in the most plaintive accents, and at another laughing from morning till evening ; finally, why, in other patients, the same state of mind may last several years without any change in the object of derangement, just as is the case in other parts of the body. The latter case happens if the morbid cause always act on the same organic parts.

The mutual influence of the cerebral parts and of the faculties of the mind on each other explains why one deranged idea may lay the foundation of an innumerable number of erroneous com-

binations, in the same way as the disorder of one eye often disturbs the function of the other, and as an affection of the larynx is easily propagated to the lungs. By the same reason it is understood why, sometimes, a partial insanity degenerates into a general one; in the same way as a single liver complaint sometimes affects the whole automatic life.

RECAPITULATION.

In this section I intended to enumerate various symptoms which may be observed in insanity. I have quoted examples with respect to almost every primitive faculty of the mind. I have, however, mentioned that the number of disturbed functions is innumerable: that they are modified in different individuals, and often at different times in the same individual; that their combined appearances are infinite; that one symptom may produce another; and that all these phenomena are explained only by the plurality of independent faculties and respective organs, and their mutual influence.

SECTION III.

Division of Insanity.

I have enumerated a great number of symptoms, and many more might be related: the question now arises, whether they belong to the same disease, or whether insanity is a generic term and may be divided into several species.

The oldest division, which is known and mentioned by Hippocrates, is that into melancholia and mania. The characteristics of the former were fear and permanent distress, while the latter was insanity with violence. Galen followed his predecessors, particularly Hippocrates. He was attentive to the difference of insanity with or without fever, and called insanity with fever, frenzy; and insanity without fever, when accompanied with vio-

lence, mania; and when with fear and distress, melancholia. That distinction of Galen into derangement of the mind, with or without fever, and of the latter into mania and melancholia, has been adopted by many ancient and modern authors.

The distinction, however, of insanity into mania and melancholia is very imperfect, and it has been observed by Aretæus, Alexander Trallianus, Boerhaave, and many modern writers, that one is frequently changed into the other. Sometimes mania begins and melancholia succeeds, or melancholia begins and mania is its offspring; and often, in the same patient, both forms alternate with each other, or are several times interchanged.

Aretæus maintained, that in melancholia the distress is confined to one subject. Pinel, in our days also called every partial insanity melancholia. The latter author divides insanity according to the intellectual powers, such as perception, memory, judgment, and imagination, and speaks of melancholia or partial hallucinations and idiotism. Notwithstanding he says, 'My experience authorizes me to affirm, that there is no necessary connexion between the specific character of insanity, and the nature of the exciting cause.' He is right, if the derangement of attention, memory, judgment, or imagination, or melancholy or fury, are considered as specific characters. All these derangements may be produced by the same cause; but these symptoms do not constitute different species of insanity, and cannot be considered as the basis of a practical division, as I shall elucidate in the section on the Causes of Insanity.

Cullen, with many ancient writers, considers melancholia and mania as degrees of the same disease. Also Haslam says,* 'As the terms mania and melancholia are in general use, and serve to distinguish the forms under which insanity is exhibited, there can be no objection to retain them: but I would strongly oppose their being considered as opposite diseases. In both, the associations of ideas is equally incorrect, and they appear to differ only from

* Lib. cit. p. 35.

the different passions which accompany them. On dissection, the state of the brain does not show any appearances peculiar to melancholy, nor is the treatment, which I have observed most successful, different from that which is employed in mania. We every day see the most furious maniacs suddenly sink into a profound melancholy, and the most depressed and miserable objects become violent and raving.* ‘Distinctions have been created rather from the peculiar turn of the patient’s propensities and discourse, than from any marked difference in the varieties and species of the disorder.’

Undoubtedly in the same disease, or in the same patient diseased by the same cause at different periods, the symptoms may be very different, and in different degrees. The same hysterical person, for instance, may tremble at one moment, and become blind, or deaf, or lose the use of a limb at another, and then blindness and palsy may cease, and a sneezing and retching of the most excessive violence may supervene; now she may be molested with painful acuteness of hearing, then with deafness; afterwards a fit of laughing or crying may follow, or other infinitely diversified symptoms.

Arnold,† according to the philosophy of Locke, who admitted two sources of consciousness, *sensation* and *reflection*, divides insanity into the derangements of the functions of the five senses, and terms them *ideal insanities*, and into derangements of the internal conceptions, which he calls *notional insanities*. He then divides these genera of insanities into species, and each species into varieties. The division of notional insanities, for instance, contains nine species, and one single species, that of pathetic insanity, is subdivided into sixteen varieties, such as amorous, jealous, avaricious, misanthropic, arrogant, irascible, abhorrent, suspicious, bashful, timid, sorrowful, distressful, nostalgic, superstitious, enthusiastic, and desponding.

* Lib. cit. p. 39.

† Observations on the Nature, Kinds, Causes, and Prevention of Insanity. Two vols.

Beddoes* considers such divisions, as if a physiologist might divide the human appetite into the appetite for animal and vegetable food, and the former into the appetite for mutton, veal, pork, venison, &c ; and the latter into appetite for potatoes, peas, beans, carrots, turnips, cauliflower, &c. Every practical physician must think with Pinel, that such divisions are more calculated to retard than to accelerate the progress of science. They are of no practical use, and I shall no longer intrude on the time of my readers with their considerations.

It is known that, in the system of Brown, health was considered as the result of equable, and disease as that of excessive or defective stimulation. Mr. Hill, in his publication on Insanity, also derives this complaint from stheny or astheny. He admits one species of Insanity under the two mentioned forms. There cannot be any doubt, and it is too much overlooked by common practitioners, that the congenital bodily strength, the natural powers, and individual conditions of the patients have the greatest influence on re-establishing health. Great physicians of all times paid the greatest attention to such considerations. Experience, however, shows also, that asthenia and hyperasthenia are not sufficient to explain all morbid phenomena, and are still less satisfactory in curing every disease according to such conceptions.

Mr. Hill, for instance, admits sthenia, in observing torpor of the skin and insensibility ; if the patient is capable of bearing great extremes of heat and cold, of hunger and thirst ; if he is less selfish ; speaks in a quick and snappish manner ; has a train of thoughts extremely vivid, versatile, and accompanied with rapid utterance, forming new and endless associations ; if his attention is arrested sooner, and more forcibly by pleasurable objects ; if he now is angry, now pleased ; at one time generous, at another parsimonious. According to Mr. Hill, in asthenia, on the contrary, the patient is more selfish and cowardly, may shrink like a sensitive plant on the approach of a blister, cannot bear hunger and

* Essay on Insanity.

thirst, has a deep, grave voice, a measured solemn order of oral delivery ; his cogitations are more pertinaciously employed in one train, or wholly confined to one subject ; has painful thoughts ; the feelings are more connected with, and dependent on, associations of past than of present ideas ; and he likes silence and solitude.

Practitioners may know that such symptoms do not enable them to establish a curative plan. I have often seen rigid adherence to the same errors, painful thoughts, fondness of solitude, a measured order of oral delivery ; and Brownians ought to reckon them in the class of *sthenia*. On the other hand, I have many times found torpor and insensibility of the skin, great versatility of thoughts, and endless associations, continual change of feelings, and the patients evidently belonged to the class of *asthenia*. Mr. Hill himself felt the insufficiency of those symptoms, and observes,* ' Some apparently low asthenic cases will, upon close examination, be discovered to belong to the mild sthenic class. Just discrimination usually follows the due consideration of the age, sex, previous health, and former diseases, natural temperament, together with the situation of life of the sufferer. Males are commonly found suffering under the high and impetuous degree ; and under the mild sthenic insanity, females from the age of twenty to forty or fifty, of muscular form, having dark hair and eyes, brunette skin, unmarried, irregular as to menstrual and alvine discharges, of sedentary lives, appertaining to the middle and lower classes of society.'

I have often observed that females of such a description suffered under the high degree of *sthenia*, according to the language of Mr. Hill. What shall we then do, if the detailed symptoms of *sthenia* and *asthenia* are mutually interchanged ? Shall we adopt today an asthenic plan of cure, tomorrow that of *sthenia*, and the following day stimulate again ? With that view we should sometimes be obliged to change our curative proceeding in the

* Lib. cit. p. 274.

same day. In general, any division founded on the deranged manifestations of the mind is of no medical use. It disguises truth and perplexes all just distinction.

Dr. Hallaran, of Cork, who, in his treatise on Insanity, shows practical attention and talent for observation, admits two distinct species of that disorder. He founds his division on causes, which is undoubtedly the only reasonable way of proceeding. He expressly states that 'the due observance of the causes connected with the origin of this malady is the first step towards establishing a basis upon which a hope of recovery may be founded.' He refers one species to mental causes, and denominates it mental insanity; the other species owes its origin to organic injury, either idiopathically affecting the brain itself, or arising from a specific action of the liver, lungs, or mesentery. In consequence he adopts a different treatment in each species.

That is certainly the proceeding of a philosophical mind. I cannot, however, adopt this division, since I reject a mere mental insanity, and consider the cause of every derangement of the manifestations of the mind as belonging to organic parts. My reasons will be stated in the section on the causes of insanity.

In order to become acquainted with the different symptoms, or various derangements of the manifestations of the mind, it is useful to study the different divisions which have been made; but the only practical division of insanity, I repeat, is that which is founded on the causes. The most useless, though the most common, is that according to the symptoms, such as into mania and melancholia.

Another division might be established according to the extent and degree of insanity, viz. the faculties of the mind may be entirely prohibited from manifesting themselves; or their activity may be too great; or their natural manifestations may be altered or alienated. The state of inactivity, where the faculties cannot manifest themselves, is imbecility or idiotism. It is to be remarked, that this expression is commonly applied to the intellectual faculties, because understanding was considered as the basis of the

mind. According to our investigations, however, it may happen with the feelings as well as the intellectual faculties. Such complete inactivity may exist in every primitive faculty of the mind, or in several, or in all together. It may be from birth, or from a later event. Experience shows that it is so; and only our anatomical and physiological discoveries of the brain, and philosophical inductions, can explain such facts. Different names, therefore, ought to be pointed out. *Idiotism*, for instance, might be called the diseased inactivity of any faculty of the mind from birth; and *fatuity*, if the patients have manifested the powers of the mind, but have lost their activity by any eventual cause. There is then a partial and a general idiotism, and a partial and general fatuity.

A second sort of derangements of the manifestations of the mind, is when its faculties are too active, and beyond the influence of the will. This is, perhaps, never the case with all faculties; but it happens often, partially, with the propensities, sentiments, and intellectual powers, as may be understood by the symptoms which I have related in the preceding section. Such hallucinations may be continual or intermittent, and the latter regular or irregular. Moreover, in succeeding fits, the too powerful activity may take place in the same faculty, or in different mental powers; so that, for instance, in one fit the patient despairs, and in another commands the world. Volumes of facts illustrate this truth.

Such partial and intermittent hallucinations are often pointed out with difficulty. The patients carry on any conversation so much in the usual manner, that it may be suspected whether they be actually insane. But let the hallucination be touched upon, then the truth will appear. A man whose lunacy was tried to be proved at Chester before Lord Mansfield, had absolutely eluded by his coolness and subtilty every question which tended to effect this purpose, and appeared as perfectly rational and collected as possible till Dr. Battie came into court, who asked him what had become of the Princess he had corresponded with in cherry-juice? He immediately forgot himself; replied, it was very

true; he had been confined in a castle with a very high tower, and denied the use of ink, on which he wrote to the Princess in cherry-juice, threw the letter into the river, and it went down the stream.

The manifestations of the faculties of the mind may also be altered or alienated in their specific appearance; that is, they may be morbid in quality. The eyes, for instance, sometimes see every object red; the taste is pleased with chalk; a patient fancies himself affected with the itch, or that his body is made of butter, and avoids carefully coming near the fire. Dr. Cox* speaks of a professor in music, whose talents for music seemed even improved; his ideas executed on the violin were wonderfully striking, singular, and original, but on other subjects he reasoned absurdly. I doubt whether this sort of insanity be ever quite general in the mind; it is mostly partial, and then permanent or intermittent. It may happen with every primitive faculty of the mind, and the phenomena can be understood only by the plurality and independence of the organs by which the single powers of the mind are manifested. These modes of derangements might be properly called alienation.

With respect to partial and intermittent insanity, I once more take the liberty of saying, as it is certain that, in many instances, persons with a large portion of intellect, and a highly cultivated mind, would pass whole months without betraying any symptom of insanity, the disease being confined to one particular subject, and as the derangement will only be detected if that object be touched upon; as on all other occasions they are capable of thinking, reflecting, reasoning, comparing, judging, and acting like men in general; ought they to have no moral and legal freedom in other points to which the insanity has no relation? In the same way, as there are insane persons who enjoy distinct intervals, their reason, sobriety, and steadiness; where the mind manifests all its faculties; where the intellect is perfectly clear;

* Lib. cit. p. 94.

the actions subject to the will ; where the mind is capable of estimating the morality of actions ; should such persons, at their lucid intervals, be incapable of giving evidence in a court of justice, of making contracts, disposing of property, and performing all the functions of a sound mind ? Dr. Rush says, ‘ I have known a clergyman whose sermons and prayers discovered every mark of a sound mind, but who was constantly deranged when out of the pulpit.’ He speaks also of a judge in a neighboring state who was deranged in a high degree in his family and in company, but who astonished the court of which he was a member, by the correctness of his opinions and conduct when he took his seat upon the bench.

With respect to duration, the derangements of the mind may be divided into acute and chronic, and both again into continual or intermittent. Several writers on insanity consider it as always chronic. This, however, is not the case. I have seen it cured in a short time ; and I hope the time will come when we shall better understand the nature of insanity, and cure it as well as other disturbances. The brain is an organic part, and must be curable. Its organization is only more delicate, and requires more attention from the beginning of its deranged functions, in order to prevent its organic changes. Proper means, at the commencement of the disease, are certainly more efficacious than at a later period.

Another division of insanity, as to the event, is into curable and incurable ; that is, the cause can or cannot be removed. Finally, the most important division is that according to its causes. This consideration is the object of the following section.

SECTION IV.

Causes of Insanity.

This investigation is the most important, and the basis of all curative proceedings. In any disease a reasonable mode of treatment must be adapted to the cause and its nature, and modified according to the individual constitution, age, and peculiar circumstances of the patient; if this be impossible, the whole curative plan must be vague, and merely experimental. I shall bring these individual considerations under three heads. First, I shall examine whether there are diseases of the mind, or whether the proximate cause of insanity is only corporeal: then I shall consider the seat of this proximate cause: finally, I shall endeavor to elucidate the nature of the causes of insanity.

I. The proximate cause of Insanity is corporeal.

Many physicians speak of diseases of the mind; others admit both mental and corporeal causes of insanity; a few acknowledge only corporeal diseases, and with the latter I decidedly agree. The idea of mental derangements must not, however, be confounded with mental causes. Certainly the manifestations of the mind may be deranged; but I have no idea of any disease, or of any derangement of an immaterial being itself, such as the mind or soul is. The soul cannot fall sick, any more than it can die. As this point is so important in practice, when it is necessary to act and to cure, or when institutions for such unfortunate creatures as are insane persons, are to be established, I shall enter into more details. I consider the mind in this life confined to the body, of which it makes use; that is, the powers of the mind want instruments for their manifestations; or, these manifestations are dependent on the instruments; cannot appear without them; and are modified, diminished, increased, or deranged, according to

the condition of the instruments or organs. That the proximate cause of insanity is corporeal, I infer from the following observations.

I. *Insanity is connate and hereditary.*

This investigation is of the utmost importance, both in a legal and moral point of view. Considerable diversity of opinion has prevailed, whether insanity be hereditary or not; and much is said on both sides. With Darwin, Chrichton, Cox, Haslam, Hallaran, and many others, I consider insanity as hereditary. It is indubitable, that children inherit from their parents the constitution of body, and the dispositions of mind. There are family faces, and family likenesses. Children often possess the make and fashion of the body peculiar to one or the other of their parents. Haslam quotes an example where the son had the gait, voice, and hand-writing of his father, though the father died before the son had been taught the use of the pen, and who probably never saw the hand-writing of his father. I know similar facts.

Personal deformities, and many bodily diseases, are transmitted from generation to generation; such as gout, stone, dropsy, scrofula, pthysis, deafness, blindness, struma, apoplexy. The internal viscera, such as lungs, stomach, intestines, kidney, bladder, uterus, &c. with their various dispositions, participate of inheritance, why should it not be the case with the brain? Numerous facts, indeed, are unfortunately too well ascertained, that the offspring of insane parents are more liable to insanity than those whose parents have never shown any deranged manifestations of the mind. I have observed several examples. Haslam mentions ten;* I shall copy only one. 'R. G. his grandfather was mad, but there was no insanity in his grandmother's family. His father was occasionally melancholic, and once had a raving paroxysm; his mother's family was sane. R. G. has a brother and five sis-

* Lib. cit. p. 231.

ters : his brother has been confined in St. Luke's; all his sisters have been insane; with the three youngest the disease came on after delivery.'

Those who deny hereditary diseases must at least admit hereditary predisposition to diseases. As weakness of certain parts runs through whole families, so at least a predisposition to insanity is propagated from parents to children. Now, as the exciting causes occur so easily, and the susceptibility of being affected is so great, such individuals escape with the greatest difficulty. In many cases we must admit even hereditary diseases, as in deafness, blindness, idiotism, from birth.

This object is involved in deep obscurity, and I do not intend to hazard an explanation; but the fact is indubitable. On the other hand, it must be admitted that children born from insane parents may escape, as is the case in other hereditary complaints; and that insanity may be produced in every person, born from the strongest and most healthy parents. Many scrofulous children are confined to their chamber half the time anterior to their puberty, and their progenitors are strong and healthy. The probability of hereditary insanity is the same as of other transmissions; it may begin in any one. The longer it has existed in a family, and the greater the number of generations which have been affected, the greater is the danger. Fodéré* has observed that, among Cretins, children of the first generation are less disposed to that disease; that, if such children intermarry with other Cretins, the propagation of the disease is more certain; and that, if during three generations consecutively they intermix, the disease is a certain event. In the same proportion, the probability of hereditary transmission lessens in intermarrying successively with healthy persons. In general, the hereditary disposition to diseases is proportionate to the change which has taken place in the organization. It is, however, to be remarked, that any defect produced by nature is more easily propagated than if it be the result of art.

* On Goitre and Crétinism.

It is, for instance, more probable that an animal born without a tail will propagate young ones with the same defect, than another which has been mutilated by art. Several natural philosophers even doubt that art has such an influence on the change of beings. At least a long series of experiments, repeated from generation to generation, is necessary before the artificial change is transmitted. With respect to this object I refer to Fodéré on Cretinism, and to Dr. Prichard's work on the Natural History of Man.

The hereditary dispositions cannot be explained by the mind itself, which we consider as a free agent. If it could it certainly would escape such miserable situations. Nobody, I suppose, will maintain that there are peculiar minds of Cretins, any more than that there are specific minds of musical genius, or of any other talent, which is propagated from parents to children. I think it more natural to explain hereditary insanity, like all other hereditary dispositions, by the corporeal conditions by which the powers of the mind are manifested. Sight and hearing are endowments of the mind; but there is hereditary blindness and deafness, on account of the material conditions on which the power of seeing and hearing depend. In the same way I consider hereditary idiotism, and every hereditary predisposition to insanity, as the result of the bodily apparatus by which the faculties of the mind are manifested. The natural inference is, that parents and guardians, in the disposal or direction of the choice of their children in marriage, ought to be aware of the danger of forming an alliance with a family in which insanity is prevailing. Indeed, the subject must rouse dreadful apprehensions in the minds of those whose views are directed to the future health of their progeny.*

* 'It is of little real importance,' says Burrows, 'whether it be a predisposition, or the malady itself, which descends and becomes hereditary; but no fact is more incontrovertibly established than that insanity is susceptible of being propagated; or, in other words, that a specific morbid condition sometimes exists in the human constitution, which by intermarriage, or according to the vulgar but expressive language of cattle breeders, by *breeding in and in*, may be perpetuated *ad infinitum*.'

2. *Age has an influence on Insanity.*

It is not probable that the immortal mind changes with age, and is different in the same person, when a child, adult, or decrepid. Insanity, however, is connected with certain periods of life. It has been generally observed, that insanity, idiotism from birth excepted, is the most frequent between 30 and 40 years of

Hereditary predisposition, therefore, is a prominent cause of mental derangement.

Mania and melancholia do not propagate their respective types: a maniac may beget a melancholic, and *vice versa*.'

Esquirol assigns one hundred and fifty out of two hundred and sixty-four cases in his own practice, to *hérédité*.

Dr. Burrows says he 'has clearly ascertained that an hereditary predisposition existed in six-sevenths of the whole of his patients.

Hereditary insanity is more prevalent among the higher ranks of society than among the lower, and for the reason that the 'former most frequently contract marriages with their own rank, or even with their own family.'

There are numerous instances in ancient Scottish families, proving this position. It is a truth well worthy the consideration of those who isolate themselves from the *middling classes of society*, on account of the great *respectability* of their own family connexions. *Respectability* is a word that is daily losing its meaning; e. g. a rogue is called respectable, if he has but wealth?

The Jews, probably less than any other people, have intermarried with strangers, and it is supposed that they are most liable to insanity.

'Insanity among the society of friends,' says Dr. Burrows, 'who usually intermarry in their own fraternity, is very prevalent.'

As it may be interesting and useful to some to know more definitely the nature of insanity,—so far as marriage is concerned, we add the opinions of Dr. Burrows, which follow:

'My opinion upon two points relating to this interesting question, has been sometimes professionally required by those contemplating marriage, and who were conscious that insanity had existed in one or the other of their progenitors; First, whether a person born of parents in whom insanity has never been developed, but who, one or the other, were descended from a family so afflicted, was capable of propagating it in his own children? Secondly, whether a child born before insanity had been developed in either parent was as liable to become insane as one born after it had been developed?

To the *first* question I have answered in the affirmative; because I have met with many insane persons neither of whose parents had themselves been in-

age, less between 20 and 30 ; still less between 40 and 50 ; less again between 50 and 60 ; in a smaller number between 10 and 20 ; and very rare after 60. Very young and very old people are hardly known to become insane, properly speaking. Thus the manifestations of the mind are the most liable to derangements when they are the most energetic, and this is the case when the cerebral organization is the most active.

In children idiotism from birth is often observed. There are also numerous cases where children, by accidental causes, lose the manifestations of the mind. But it may be asked, whether children suffer mania and insanity. Mr. Haslam* describes several cases of insane children. These cases, however, belong to one of the two already noticed sorts of idiotism. I have seen several examples of that kind in different countries. They are mostly partial idiots from birth, and I shall detail their history when I treat of the nature of the causes of insanity. The reason that children do not appear as insane, strictly speaking, in my opinion is, because their cerebral organization is too delicate, and does not bear a strong morbid affection without entirely losing its fitness for the mind and endangering life. The disturbances of the organization appear merely as organic diseases, because the functions are entirely suppressed. Later, in proportion as the brain becomes firmer, it bears morbid changes longer without becoming entirely unfit for its functions or causing death. Its functions then are only disturbed, and appear under the symptoms called insanity.

sane, but the progenitor's brother, or sister, of one or the other of those parents, were so.

'To the *second* I have replied, that a child born either before, or after the accession of insanity in a parent, provided that parents, progenitors or relations in blood had been insane, was liable to hereditary insanity.

'But if the insanity of the parent were adventitious, and not hereditary, the child born before the mental disorder had occurred, of course could not have it by inheritance ; but how far a child born after the occurrence of the adventitious insanity was liable, I could not decide.'

* Lib. cit. p. 185.

In old age, the manifestations of the internal operations of the mind diminish like those of the external senses, and the complaints consist more in weakness and inaptitude, than in too great or disordered activity. In the middle age the powers of the mind show the greatest activity, and the cerebral organization is the strongest; hence, disorders in the functions are more distinct, and less apt to destroy life. If love does not yet exist, or if it becomes inactive by age, the other faculties will not be disturbed by it, as is so often the case during the period of life, when it is one of the prevailing passions. Thus, the deranged functions of the mind bear a close relation to their degrees of activity, and to the perfection of the organization of the brain, just as happens with the bodily functions; and as the mind cannot suffer by age, I infer that insanity, which depends on age, is the result of corporeal causes.

3. *Causes, which evidently injure the body alone, produce Insanity.*

All that disturbs, excites, or weakens the organization, chiefly the nervous system, has an influence on the manifestations of the mind. It is a common observation, that the powers of the mind are less energetic, when the body increases too rapidly, and that a too great activity is often too soon exhausted; so that early genius frequently sinks under the level of mediocrity. Moreover, who can deny the influence of digestion, excretions, of continued fasting, or of all that exhausts the bodily powers, on the manifestations of the mind? Early dissipation, habitual luxury, sickly sensibility, are frequent causes of insanity. Pregnancy, and the bodily changes at the time of delivery, often derange the functions of the mind. Aliments, particularly drinks, in quantity and quality have an influence on the morals. The frequent fasts of the Jews were instituted to keep down the passions. Fermented liquors in excess rouse, if I may be allowed the expression, every latent spark of vice and virtue. Dr. Parry of Bath,* in the ex-

* Elements of Pathology and Therapeutics.

position of his practical observations, has sufficiently detailed the influence of circulation, and of the excessive determination of blood to the brain, on the diseases commonly called nervous, and on insanity. Now all these circumstances act on the organization alone; hence the deranged functions of the mind, which result from them, depend on organization.

4. *Insanity depends on season and weather.*

It is an old opinion, which still continues to prevail, that the influence of the celestial bodies, such as stars, comets, and planets is connected with the mind, and especially that the periodical returns of insanity are regulated by the moon. For that reason this complaint was designated by the name lunacy. I am not inclined to deny all influence of the celestial bodies on the animal economy, if it be true that the moon produces the stupendous phenomenon of the tide. It is, however, certain, that the periodical fits of insanity are not regulated by the moon, and that the name lunacy ought to be abolished. I here copy, from Mr. Haslam's work, a passage which confirms how prevalent this erroneous opinion still is. He says,* 'Such has been the prevalence of this opinion that, when patients have been brought to Bethlem Hospital, especially those from the country, their friends have generally stated them to be worse at some particular change of the moon, and of the necessity they were under, at those times, to have recourse to a severe coercion. Indeed I have understood from such of these lunatics who have recovered, that the overseer or master of the workhouse himself has frequently been so much under the dominion of this planet, and keeping steadily in mind the old maxim, *Venienti occurrere morbo*, that without waiting for any display of increased turbulence on the part of the patient, he has bound, chained, flogged, and deprived these miserable people of food, according as he discovered the moon's age

* Lib. cit. p. 215.

by the almanack. To ascertain how far this opinion was founded in fact, I kept during more than two years an exact register; but without finding, in any instance, that the aberrations of the human intellect corresponded with, or were influenced by, the vicissitudes of this luminary.'

On the other hand it is certain, that season and weather have an influence on the manifestations of the mind, as well as on the functions of the body. In certain years more boys, in others, more girls are born; and there are years when abortions are more frequent, as it has been long ago observed by Plutarch. In one season the alimentary canal, in another the organs of respiration, now the eyes, then the larynx, are more affected. The diseases are not only more common according to the season, but also more intense, and of longer duration; it is the same with the manifestations of the mind and insanity. The vernal sun gives more activity to plants and animals, and exhilarates the human mind. The different instincts of animals appear and disappear at certain seasons: also in man the mental faculties do not always act with the same energy. Constant fogs and rains render the mind gloomy. Melancholy, with the propensity to suicide, is at certain periods more powerful than at others. Every one of a sensitive temperament, and endowed with a serious, gloomy train of thoughts, will recollect that at certain periods his gloomy feelings are increased; that he is displeased with almost every impression from without, and unfit for society. Suicide is more common, in one climate, in one year, and in one season, than in others. In Vienna suicide is rare; but in one year there were in one week seven suicides, so that the government became attentive, and ordered that the causes should be investigated. No moral event, which might explain it, could be pointed out. Pinel observed maniacal paroxysms which were dependent on the season and weather, and remarked that they were more easily excited by high temperature of the atmosphere. He mentions cases where the remission and exacerbation of paroxysms corresponded with the changes of the temperature of the atmosphere from mildness to severe cold.

Thus, as climate, season, and weather, influence insanity, it must depend on corporeal causes.

5. *Insanity is periodical, and has exacerbations.*

It is superfluous to mention the periodical appearances and exacerbations of bodily diseases; they are generally known. Daily experience also shows that insanity is periodical, and has exacerbations and remissions. Women frequently become suicides at the period of menstruation. We find insane people on certain days worse, as is the case with other diseases. Now there is no reason to think that the mind suffers such repeated changes; but it seems natural to infer, that the changes of insanity, like those of other diseases, depend on similar causes.

6. *Insanity is often accompanied, or alternates, with corporeal diseases.*

In many well-ascertained cases, insanity has been known to originate from bodily causes; such as worms in the intestines, other complaints of the viscera, suppression of hæmorrhoides, lochia, old sores or drains dried up, concussion and injuries done to the head, great determination of blood to the brain. Moreover, in insanity there are often other morbid appearances, such as noise in the ears, dilatation or contraction of the pupil, habitual headache, pain over the eyes, dizziness, a sense of weight, stricture and numbness across the forehead, palsy; many nervous complaints, such as dyspepsia, hysteria, hypochondria. It even happens that the same cause produces in one individual hysteria or hypochondria, in another epilepsy, in a third melancholy, in a fourth mania. Sometimes all these symptoms exist in the same patient, and are occasionally converted into each other. Hypochondria and irregular conduct sometimes advance in proportion as some organic lesion increases. Insanity sometimes alternates with intermittent fever, with epilepsy, and other bodily complaints;

now as so many bodily diseases in their progress and effects. bear the closest resemblance to insanity, it seems to me that to consider insanity as independent of organic disease or vital lesion, is a doctrine as unfounded in nature as it is highly prejudicial to the interests of mankind.

7. *Sleep is often disturbed in Insanity.*

It is well known that the functions of the mind cannot continue with equal energy, but want rest. Only corporeal organs, however, can be fatigued and exhausted, and this inactive state is sleep: hence sleep is dependent on corporeal causes. Now, uneasy and disturbed sleep, or entire sleeplessness, is, as well as of some other diseases, a precursory symptom of insanity; and many insane persons are destitute of this means of recovering strength. Moreover, there is the greatest analogy between dreams and various symptoms of insanity. Dreams are conformable to the age and organic constitution of the body. Individuals endowed with a very irritable nervous system find in their dreams impediments without end, and suffer pain and anxiety; bad digestion gives uneasy dreams; finally, in dreams we think that we receive external impressions by the senses; we fancy we see or hear, and keep up different trains of singular thoughts. All these appearances take place in insanity. Now as disturbed sleep, sleeplessness, and dreams, in common life and in other diseases, are considered as the effect of corporeal causes, why should we, in insanity, admit another cause for the same symptoms?

Thus, from observation and reasoning, it results that the proximate causes of the deranged manifestations of the mind must be considered as corporeal. The soul, in its deranged manifestations of feelings and intellectual powers, is no more diseased than in the disturbances of the five senses, and voluntary motion. In palsy, the cause is not looked for in the mind, but in the instruments by which will is propagated, or voluntary motion performed. In the derangements of hunger and thirst, of hearing and seeing, smelling, tasting and feeling, the seat of the proximate

cause is admitted in the respective organs by which these powers are manifested. It ought to be the same with the internal operations of the mind. Indeed, a too assiduous attention has hitherto been paid to the development of moral or metaphysical causes, while the corporeal, indisputably more within the sphere of human understanding, have been greatly neglected. If the mind were diseased, it ought to be cured by reasoning. I think however with Haslam,* 'the good effects which have resulted from exhibiting logic as a remedy for madness must be sufficiently known to every one who has conversed with insane persons, and must be considered as time lost.' I say also with Drs. Hallaran and Cox, 'that to talk *at* rather than talk *to* insane persons with a view to convince, is the surest mode of exciting the train of natural ideas, to which the most labored and methodical contrivance, when directly applied, will be found altogether incompetent.' I cannot conceive for what reason the mind, a being endowed with *reflection* and *will*, should be pleased to appear sometimes below the nature of a brute. And if it be not its will, what has overpowered the will? Is it a supernatural being? a good or bad spirit? Then let us expect every salutary event from prayers alone, and let us again have recourse to exorcism!!

II. *The proximate cause of Insanity is in the brain.*

I have endeavored to show that the cause of insanity must be considered as corporeal. I shall now examine where its seat is, and I wish to prove that it resides in the brain. For that purpose it is necessary to consider the functions of the brain, and its morbid appearances in insanity.

1. *The brain is the organ of the mind, and the cerebral parts the organs of its primitive faculties.*

With respect to these points, I refer the reader to the details

* Lib. cit. p. 241.

mentioned in my work on Phrenology for and against them. If it be proved that the brain is the organ of the mind, and that the manifestations of every primitive faculty of the mind depend on a peculiar part of the brain ; and if all primitive powers of the mind and their respective organs be once ascertained, it is evident that the cause of insanity will be looked for in the brain, and the cause of the deranged manifestations of every special faculty in a peculiar part of the brain. I do not say that I am advanced in this knowledge as far as I wish ; much more than what is already known must be found out ; but from daily observations, and the most positive facts, I am convinced that the basis of the above-mentioned doctrine is founded on nature. Thus, instead of ascribing insanity, or the disturbed reflecting powers and feelings, to what is called moral causes, the deranged manifestations of these faculties will always be considered as morbid affections of the cerebral organization.

2. *Morbid phenomena of the brain in Insanity.*

Also with respect to this point I have given many details in my other works. I have spoken of idiots from birth, and have answered the objection, that there is not always a perceptible change of organization. I add, the brain is an organic part, and we must not expect to find more in it than in any other part of the body. Nay, as its organization is the most delicate of the whole frame, organic changes may occur which are imperceptible on dissection ; since this is also the case in other parts, which may be affected by various diseases, without offering the least morbid appearance after death. The stomach, for instance, and intestines, have often suffered for a long time, and the most skilful anatomists cannot detect any thing different in their structure after death. On the other hand, neither vomiting nor want of appetite have taken place in persons in whose stomach mortification was found after death. Abscesses have been observed in the livers of per-

sons who have died without any one of the common symptoms of hepatitis.

I know that anatomists and surgeons of celebrity relate that they could not find any morbid appearance in the examination of insane persons after death. I reply, that various obvious differences, as to size and form, of the brains of different sexes or individuals, have also been overlooked, while they may be easily observed. I really think that all morbid effects which are observed in other parts may also be distinguished in the brain, such as a too defective or too large development of its substance, distension of blood-vessels, inflammation, suppuration, serous effusion, dropsy, rupture, or ossification of blood-vessels. I even maintain that morbid changes of the physical appearances of color and texture might be pointed out in the brains of many who have died insane, if those who examine them were better acquainted with the appearances of the brains of individuals who had no particular determination of blood to the head, and preserved their manifestations of the mind to the last moment of life. In fever with delirium, in phrenitis, in insanity with too powerful manifestations of the faculties, in children who from birth were able to manifest their powers of the mind, but lost them by accidental disease, and in those who after violent mania became fatuous, or who died apoplectic, I was always able to detect some morbid appearances or organic alterations, either in the substance of the brain, or in the blood-vessels, or membranes, or even in the skull, which sometimes is uncommonly thick, or dense like ivory.

III. *Nature of the Causes of Insanity.*

From the preceding considerations it results, that I always look for the proximate cause of insanity in the organization of the brain. In this organ then, as in any other part of the body, the deranged functions and the morbid changes of the organization may be spoken of; but they ought never to be separated with respect to pathology, no more than disturbed respiration and diseased lungs.

I have sometimes repeated, that the appearances of insanity are merely symptoms of the deranged functions of the organs of the mind. The organ of the feeling of self-esteem being deranged must naturally produce symptoms different from the disorders of the organ of the propensity to destroy or to conceal, or of cautiousness or benevolence, &c. ; hence there are as many sorts of symptoms as primitive faculties of the mind, and their combinations. In this manner alone we can understand why melancholia and mania are often the same disease, may interchange with each other, and why the same treatment may be successful in both, and why in other cases they are different. In our physiological language I would say, in melancholia the organ of cautiousness suffers more, and in mania that of combativeness or destructiveness, or both ; now in these cases the morbid cause may be the same or different. Moreover, as the same disease, gout for instance, or rheumatism, may affect different parts of the body, so the same morbid cause may attack successively different parts of the brain, and in this way alone we can explain why the same insane person in one fit may be pious and say prayers, in another may curse and endeavor to kick, bite, and destroy every thing which falls within his reach ; may in one fit weep, in another laugh. Do we not see that the cause of hysteria now affects the lungs, then the stomach, the head, the teeth, the ears, eyes, and the different cerebral parts ? The cause of the ague may produce the common symptoms of cold, heat, and perspiration, or an intermission of headache, of toothache, coma, or intermittent symptoms of inflamed lungs, &c.

I have also spoken of the modified symptoms of the same disturbed function in different persons, because the organs are modified in every one, and form different combinations with other organs. For more details I refer the reader to my work on Phrenology. The same remarks may be made in the healthy and diseased state.

There are writers, Johnston* for instance, who consider the

* Medical Jurisprudence, art. Madness : Birmingham, 1800.

proximate cause of insanity as corporeal, but the nature of the disease always the same, whatever the hallucination may be. They consider the disease only different as to its degrees. It is true the hallucinations do not indicate the different nature of the disease, but the same symptom may be the result of different causes ; diarrhœa, for instance, may be produced by fright, by cold and wet feet, by crudities in the stomach, by dentition in a child ; hence diarrhœa is merely a symptom, but its cause constitutes the disease. On the other hand, as I have also repeated, the same disease or cause, such as suppressed perspiration and refrigeration, produces in one person symptoms or effects of ophthalmia, in another of toothache, or sore throat, and cough, or diarrhœa, &c. All these considerations must be applied to insanity.

The causes of insanity may be idiopathic, that is, confined to the head ; or sympathetic, viz. residing in other parts and influencing the brain.

Idiopathic causes of insanity.

The idiopathic causes of insanity, in its most extensive signification, either exist from birth, or originate from later events. These latter are mechanical, that is, the effect of a violent cause ; or dynamical, the result of the deranged functions of vitality, viz. of the vital powers.

Idiopathic connate idiotism.

Insanity from birth is always idiotism, complete or partial. There can be no doubt that, from birth, the cerebral organization may be too defective, and unfit to perform its functions. A brain too small is always accompanied with imbecility. Willis describes the brain of an idiot from birth, which was not larger than half the ordinary size. Professor Bonn, of Amsterdam, possesses two such skulls, and the brain of one ; Pinel has one ; Gall two such skulls. See Pl. I., where there are six figures of different modifications, all taken from nature, and three of them (fig. 4, 5, and

6,) from living persons, in the Lunatic Asylum at Cork in Ireland. I have seen thousands of such unfortunate beings, idiotic in different degrees ; and it is a certain fact that, in the greatest number of idiots from birth, the heads, particularly the foreheads, are too small ; in a small number the heads are too large, that is, distended by an accumulation of water in the cavity of the brain. (Pl. II., fig. 3, 4, 5, and 6.) In others the size and form of the heads do not offer any thing particular.

The Cretins, whom we meet among the high mountains of Tyrol and Switzerland, are of the same nature. It is, however, an error to think that such stunted beings, and Albinos, are only found in the valleys of the Alps, or in other mountainous parts of Europe. We have seen them in low and flat countries. In Dublin there is a family of Albinos. I have found one of them in the institution for blind boys in the same city. His irides were reddish, and his hair, eyebrows, and eyelashes, were white. We have made the same observation which Henry Reeve speaks of,* viz. that the enlargement of the thyroid gland is a striking feature, but not a constant attendant of Cretinism. Cretinism is often observed without any affection of the thyroid gland, and that gland is often much enlarged without any affection of the intellectual faculties. The head of Cretins is deformed, the stature diminutive, the complexion sickly, the countenance vacant and destitute of meaning, the lips and eyelids coarse, the skin and muscles flabby. The qualities of the mind correspond to the deranged state of the body, and there are various degrees of stupidity.

Cretinism, then, does not form a peculiar kind of disease. If this were otherwise, we could believe, with as much reason, that idiots in towns form a peculiar species different from those in the country. Their cerebral organization is defective, and therefore the manifestations of the mind are more or less impeded, suppressed, or partially active, just as is the case with other idiots.

* Some Account of Cretinism. Edinb. Medical and Surgical Journal, 1809, vol. v. p. 31.

This opinion is supported by the observation, that Cretinism originates from the same causes as idiotism, such as neglect of body and mind, bad quality of air and food, various nuisances from without, and from hereditary predisposition. The skulls of different Cretins is different, as well as of different idiots : hence the descriptions of such skulls given by various writers, as Prochaska, Mal-lacarne, Ackermann, are and must be different ; for every author described the skull he observed. All are right, and if others will describe other skulls which they may observe, we shall read still different descriptions. There is no peculiar form of Cretinism, any more than of idiotism in general.

Sometimes in children the brain is sufficiently larger, sometimes even larger than the usual size, and without water in the cavities, but there is no internal organic activity ; the mind is quite indolent, and parents often despair of their rationality. Such children learn to speak but late, are weak of body, and show evident marks of a rickety constitution.

In Cretins, and in idiots in general, the manifestations of the mind are more distinct, the inclinations more subordinate to the will, the ideas clearer, and the natural language more significant, in the same proportion as the organization of the brain is more perfect. Moreover, idiotism is not always complete, but very often only partial ; so that the parents, and sometimes even physicians, cannot conceive why a child should be deemed an idiot, though he shows the manifestations of certain powers of the mind. We saw at Hamburgh a young man, sixteen years of age, the inferior parts of whose brain were favorably developed, but whose forehead was scarcely one inch in height, and in whom consequently the improvement of the superior parts of the brain was impeded : he had only the functions of the inferior parts : he recollected names, numbers and historical facts, and repeated them in a mechanical manner ; but the functions of the superior parts of the brain, such as comparison, reflection, sagacity, penetration, and induction, were utterly wanting in him. I saw in the poorhouse at Cork, in Ireland, a boy who excels in verbal memo-

ry, but as to judgment he is an idiot. At Inverness, in Scotland, Drs. Robertson and Nichol showed me a blind idiot who repeats passages of the Bible, merely from hearing them repeated.

Such partial idiots sometimes cannot speak, though they do many things like reasonable persons, and sometimes they show a great deal of cunning. Rush* has remarked, that great feebleness of mind may be accompanied with cunning, and sometimes with mimicry. Many of the idiots who cannot speak are not deaf; they can pronounce various words, yet they cannot speak; and physicians often look for the cause of this want in the organs of voice, or in the tongue, amygdaloid glands, palate, &c. but these parts are never the cause of the want of language. Nay, certain persons deprived of the tongue have yet continued to speak; their pronunciation of course could not be so distinct as that of other persons; they could not pronounce certain letters, but they felt the necessity of speaking, or of communicating their sensations, ideas and feelings, and they actually did contrive to speak. On the contrary, these partial idiots pronounce single words very well; but they cannot maintain any discourse, they cannot keep up their attention, nor combine their expressions.

In such partial idiots the five senses are often perfect, several are deaf; in general they manifest the intellectual powers in various degrees, though imperfectly; but they are destitute of consistent consciousness and perfect will, hence they belong to the state of insanity. Some of them show mechanical talent. The pretended savage of Aveyron, whom I saw at Paris in the Institution for Deaf and Dumb, knows several written signs and words, and points out the objects denoted by them; and he has the love of order in a remarkable degree. A young person of this description was shown to me in Edinburgh. I saw an idiotic child who sang several airs; and if others began to sing, she accompanied them with harmony and cadence. Some even learn to play a few airs on the piano-forte. They recollect persons they have seen before, &c.

* Medical Inquiries and Observations on the Diseases of the Mind, p. 298.

Various propensities and sentiments are also active in different degrees ; but it is not true that all Cretins are particularly inclined to physical love. In idiotic persons, however, such an instinct, though it exist in a smaller degree, will be manifested in an inordinate manner, since reflection and will are suppressed. I have seen several idiots in whom this propensity was very powerful, but I have seen others who were quite indifferent in this respect. Some idiots like to imitate other persons ; some are very benevolent and cheerful ; others like to be caressed, or are very obstinate ; some are fearful ; others are irascible, and like to quarrel and to fight. Several are incorrigible thieves ; others have the most decisive instinct to bite, pinch, scratch, and even to kill. Where I have treated of covetiveness and destructiveness in my work on Phrenology, I have quoted several examples of such idiots. At Paris I have met with two partial idiots, who were very mischievous, inclined to break every thing, and to take revenge for the least offence. The parents themselves were obliged to guard against their unfortunate propensity.

I shall copy two cases mentioned by Mr. Haslam.* They belong to this kind of insanity, and were incomplete idiots with some energetic propensities. ‘ W. H. a boy nearly seven years of age, was admitted into the hospital, June 8, 1799. His mother, who frequently visited him, related the following particulars respecting his case. She said, that, within a month of being delivered of this child, she was frightened by a man in the street. When the child was born, it was subject to startings, and became convulsed on any slight indisposition. When a year old, he suffered much with the measles : and afterwards had a mild kind of inoculated small-pox. At this age she thought the child more lively than usual, and that he slept less than her other children had done. At two years the mother perceived he could not be controled, and therefore frequently corrected him.

‘ There was a tardiness in the development of his physical

* Lib. cit. p. 188—206.

powers. He was fifteen months old before he had a tooth, and unable to go alone at two years and a half; his mind was equally slow; he had arrived at his fourth year before he began to speak; and when in his fifth, he had not made a greater proficiency in language than generally may be observed in children between two and three years. When admitted into the hospital, he wept at being separated from his mother, but his grief was of very short continuance. He was placed on the female side, and seemed highly delighted with the novelty of the scene: every object excited his curiosity, but he did not pause or dwell on any. He was constantly in action, and rapidly examined the different apartments of the building. To the patients in general he behaved with great insolence, he kicked and spit at them, and distorted his face in derision; but on the appearance of the nurse he immediately desisted, and assured her he was a very good boy. Great, but ineffectual pains were taken to make him understand the nature of truth; he could never be brought to confess any mischief he had committed, and always took refuge in the convenient shelter of a lie. In a short time he acquired a striking talent for mimicry, and imitated many of the patients in their insane manners; he generally selected for his models those who were confined, as he could practice from those with impunity.

‘In about three months he had added considerably to his stock of knowledge, but unluckily he had selected his expressions from those patients who were addicted to swearing and obscene conversation. To teach him the letters of the alphabet had many times been endeavored, but always without success. The attempt uniformly disgusted him; he was not to be stimulated by coaxing or coercion; he did not possess a sufficient power of attention to become acquainted with arbitrary characters.

‘He was in good health, his pulse and bowels were regular, and his appetite was keen, but not voracious. In October he became unwell, and at the mother’s request was discharged from the hospital. In September, 1805, I again saw the boy; he was then thirteen years of age, had grown very tall, and appeared to

be in good health. He recollected me immediately, and mentioned the words, school, Moorfields, nasty physic. By this time he had made, comparatively, a great progress in language; he knew the names of ordinary things, and was able to tell correctly the street in which he resided, and the number of the house. Having been taught when in the hospital, to use a bowl for his necessary occasions, he obstinately continued the same practice when he returned home, and could never be persuaded to retire to the closet of convenience; but the business did not terminate here: when he had evacuated his intestines into the bowl, he never failed to paint the room with its contents. To watch other boys when they were playing, or to observe the progress of mischief, gave him great satisfaction; but he never joined them, nor did he ever become attached to any one of them. Of his mother he appeared excessively fond, and he was constantly caressing her; but in his paroxysms of fury he felt neither awe nor tenderness, and on two occasions he threw a knife at her. Every thing splendid attracted his attention, but more especially soldiers and martial music. He retained several tunes, and was able to whistle them very correctly.

‘The defect of this lad’s mind appeared to be want of continued attention to things, in order to become acquainted with their nature; and he possessed less curiosity than other children, which seems to excite such attention; and this will in some degree explain why he had never acquired any knowledge of things in a connected manner. His sentences were short, and he employed no particles to join them together: he always spoke of himself in the third person, and never made use of the pronoun. His attention was only roused by striking appearances or loud intonations; ordinary occurrences passed by unobserved.’

‘In the month of July, 1803, my opinion was requested respecting a young gentleman, ten years of age, who was sent here, accompanied by a kind and decent young man to take care of him. The parents are persons of sound mind, and they do not remember any branches of their respective families to have been, in any

manner, disordered in their intellects. Their eldest son, at the age of two years, became so mischievous and uncontrollable, that he was sent from home to be nursed by his aunt. He was indulged in every wish; and thus he continued until he was nearly nine years old, the creature of volition, and the terror of the family. At the suggestion of a physician, a person was appointed to watch over him. A different system of management was adopted. The superintendent was ordered to correct him for each individual impropriety. At this time the boy would neither dress nor undress himself, though capable of doing both; when his hands were at liberty he tore his clothes; he broke every thing that was presented to him, or which came within his reach, and frequently refused to take food. He gave answers only to such questions as pleased him, and acted in opposition to every direction. The superintendent exercised this plan for several months, but perhaps not to the extent laid down; for it may be presumed that, after a few flagellations, his humanity prevailed over the medical hypothesis. When he became the object of my own observation, he was of a very healthy appearance, and his head was well formed; this was also the opinion of several gentlemen, distinguished for their anatomical knowledge, to whom the boy was presented.* His tongue was unusually thick, though his articulation was perfectly distinct. His countenance was decidedly maniacal. His stature, for his age, was short; but he was well compacted, and possessed great bodily strength. Although his skin was smooth and clear, it was deficient in usual sensibility; he bore the whip and the cane with less evidence of pain than other boys. His pulse was natural, and his bowels were regular. His appetite was good, but not inordinate; and he bore the pri-

* I doubt of his head having been *well* formed. This expression is vague. It is certain that the configuration of the head has hitherto not been sufficiently attended to. I dare say that the upper part of the forehead of this subject, and the whole coronal part of his head, were small in proportion to the basilar intermedial and inial regions.

vation of food for a considerable time without uneasiness. He seemed to require a considerable duration of sleep.

‘ Few circumstances seemed to give him pleasure, but he would describe very correctly any thing which had delighted him. As he wanted the power of continued attention, and was only attracted by fits and starts, it may be naturally supposed he was not taught letters, and still less that he would copy them. He had been several times to school, and was the hopeless pupil of many masters, distinguished for their patience and rigid discipline ; it may therefore be concluded, that from these gentlemen he had derived all the benefits which could result from privations to his stomach, and from the application of the rod to the more delicate parts of his skin.

‘ On the first interview I had with him, he contrived, after two or three minutes’ acquaintance, to break a window and tear the frill of my shirt. He was an unrelenting foe to all china, glass, and crockery-ware ; whenever they came within his reach, he shivered them instantly. In walking the street the keeper was compelled to take the wall, as he uniformly broke the windows if he could get near them, and this operation he performed so dexterously, and with such safety to himself, that he never cut his fingers. To tear lace, and destroy the finer textures of female ornament, seemed to gratify him exceedingly, and he seldom walked out without finding an occasion of indulging this propensity. He never became attached to any inferior animal, a benevolence so common to the generality of children : to these creatures his conduct was that of a brute ; he oppressed the feeble, and avoided the society of those more powerful than himself. Considerable practice had taught him that he was the cat’s master, and whenever this luckless animal approached him, he plucked out its whiskers with wonderful rapidity ; to use his own language, “ *I must have her beard off.*” After this operation, he commonly threw the creature on the fire or through the window. If a little dog came near him, he kicked it ; if a large one, he would not notice it. The usual games of children afforded him

no amusement ; whenever boys were at play, he never joined them ; and he appeared incapable of forming a friendship with any one : he felt no consideration for sex, and would as readily kick or bite a girl as a boy. Of any kindness shown to him, he was equally insensible ; he would receive an orange as a present, and afterwards throw it in the face of the donor.

‘To the man who looked after him, he appeared to entertain something like an attachment : when this person went out of the room, and pretended that he would go away, he raised a loud outcry, and said, “ *What will become of me if he goes away. I like him, for he carries the cane which makes me a good boy.*” But the keeper doubted whether he really bore an affection for him, and said, when he grew older, he should be afraid to continue with him, as he was persuaded the boy would destroy him whenever he found the means and opportunity.

‘Of his own disorder he was sometimes sensible. He would often express a wish to die ; for he said, “ *God had not made him like other children ;*” and, when provoked, he would threaten to destroy himself. When conducted through Bethlem hospital, and shown a mischievous maniac who was more strictly confined than the rest, he said with great exultation, “ *This would be the right place for me.*” Several details are omitted, and to be looked for in Mr. Haslam’s work.

These, indeed, are curious facts, which cannot be explained by the common principles of philosophy, but they are easily understood according to our physiology of the brain. Some idiots are good-natured, others mischievous, as is the case with other persons : in them some powers may show considerable activity, while others cannot act at all ; and as attention is the result of the activity of the powers, they may be attentive in some respects, and not in others. The second boy, mentioned by Mr. Haslam. was very attentive to every object which he could destroy, but insensible to the sufferings of other beings, or to friendship.

Mischievous idiots are not extremely rare. Dr. Hallaran also speaks of several idiotic children who have been reported to him

as mischievous from their infancy, and who, since Dr. Hallaran observed them, have continued to evince strong evidences of insanity.

In complete and incomplete idiots from birth, the automatic functions are often weak, more or less suffering; it is especially the case with the functions of the intestines. Often, however, all the functions of automatic life are quite healthy, and sometimes very strong.

The complete idiots are rare in proportion to the incomplete; and in the latter there are numerous degrees. The natural language always corresponds to the degree of idiotism. The lowest class has the most stupid countenance, a gaping mouth from which the saliva flows continually, a sneering face, a perpetual rolling and tossing of the head. A common appearance in incomplete idiots is a vague, unsteady, wandering eye, which is seldom fixed for any length of time on any one object; they are constantly moving about, and cannot keep up their attention or reflection, nor combine different impressions: but in proportion as their mental operations are more settled, their natural language becomes more significative.

Idiopathic occasional idiotism.

Sometimes children are born in perfect health; they improve in body and mind, acquire notions of the external objects, reason on them, and manifest feelings in a regular manner; but accidentally lose the manifestations of the mind, and become complete or incomplete idiots. Children naturally disposed to such a disease are of a great nervous sensibility, and rickety subjects, of an irritable temperament. Their cerebral parts often increase too rapidly, and there is not sufficient time for the organs to grow solid. The activity of the mind is sometimes stronger than the brain can bear; and it is a common observation, that too early genius is often too soon exhausted. Moreover, the brain of such

children easily suffers by different accidents, such as blows on the head, spirituous aliments, insolation, especially during the time of dentition. The blood is carried in greater quantity to the head, and inflammation of the brain and its membranes is easily produced. The children often die of the disease, or its effects, of which I have spoken under the name *Hydrocephalus acutus*. Sometimes the children overcome the disease, and escape with life; but the energy of their talents is lost, and the hopes of their parents imbibtered.

I have seen many such cases. Mr. Haslam* mentions one of a female child three years and a quarter old. 'When she was brought to the hospital for medical advice, her mother related that her child, until the age of two years and a half, was perfectly well, of ordinary vivacity, and of promising talents; when she was inoculated for the small-pox. Severe convulsions ushered in the disease, and a delirium continued during its course. The eruption was of the mild kind, and the child was not marked with pustules. From the termination of the small-pox to the above date, nine months, the child continued in an *insane* state. Previously to the small-pox, she could articulate many words, and use them correctly for the things they signified; but since that time she completely forgot her former acquisitions, nor ever attempted to imitate a significant sound. Whatever she wished to perform, she effected with promptitude and facility. She appeared anxious to possess every thing she saw, and cried if she experienced any disappointment; and on these occasions she would bite, or express her anger by kicking or striking. Her appetite was voracious, and she would devour any thing that was given to her without discrimination, as fat, raw animal food, or tainted meat. To rake out the fire with the fingers was a favorite amusement, nor was she deterred by having frequently burned them. She passed her urine and *fæces* in any place, without restraint. Some cathartic remedies were ordered for her, with an

* Lib. cit. p. 185.

emetic occasionally ; and she was brought to the hospital every fortnight, but she did not appear in any degree amended. On June 22 she was admitted a patient, and continued in the hospital until the middle of October, when she was attacked with an eruptive fever, and consequently discharged. During this time little progress was made, although considerable pains were bestowed. She became more cunning, and her taste appeared improved. The cathartic medicine which she drank at first without reluctance, became afterwards highly disgusting ; and when she saw the basket which contained it, she endeavored to escape and hide herself. To peculiar persons she was friendly, and felt an aversion to others. She was sensible to the authority of the nurse who attended her, and understood by the tone of her voice whether she were pleased or offended. The names of some things she appeared to comprehend, although they were extremely few ; when the words dinner, cakes, orange, and some more, were mentioned, she smiled, and appeared in expectation of receiving them. After the lapse of three years the child had made no intellectual progress.'

All that I have said of delicate and stout children, with premature faculties of the mind, as liable to hydrocephalus acutus, is to be brought in connexion with this sort of idiotism. The soft cerebral organization of children is affected by various morbid causes ; neither disease nor effusion kills them always, but sometimes the organization of the brain is deranged, its developments impeded, and the head remains too small in proportion to what it ought to be in later age. The automatic functions of such children are often in good condition ; they are well nourished, and live long. Often their bowels are very inactive, or convulsive motions are observed. Sometimes, after several years, a long series of distressing events is terminated by death.

As insanity consists in the suppression of clear consciousness and will, there cannot be any doubt that children can become insane. But the deranged functions of their minds must exhibit some modification, because the manifestations of many faculties

have not yet acquired the same degree of energy which we commonly observe in adults, and several powers are not yet active. Mostly, however, on account of the delicacy of their brains, they die or become idiotic from severe affections of the head.

Fatuity.

There is another sort of occasional idiotism which is commonly observed in adults, sometimes in young persons, often in those who have suffered of chronic melancholia, and still more frequently after chronic and continual mania. I have also seen individuals who, from a violent concussion by a fall or a blow on the head, or from fear, suddenly sunk into a state of general apathy. In other diseases, as in epilepsy, catalepsy, delirium with fever, &c. fatuity often succeeds, particularly in persons who, from infancy, were endowed with a small share of intellect. Febrile diseases, in general, often weaken memory and the other intellectual operations. Thucydides relates, that, during the plague at Athens, many who recovered lost their memory so completely, that they not only forgot the names of their friends, but also their own names. Such patients commonly recover the manifestations, in proportion as their health returns. Sometimes the impediment of the manifestations of their mental powers lasts for life. In such cases, organic changes take place in the brain, such as thickening of the membranes, serous effusion, turgescence of the blood-vessels, adhesions by pseudo-membranes; in short, all effects of inflammatory diathesis; often thickening of the skull, or its bone growing dense like ivory. In such a state, the brain is no longer fit for the manifestations of the mind. Fatuous persons, indeed make a great proportion of the patients in asylums for insane.

Idiopathic mechanical causes of insanity.

The manifestations of the mind may be deranged by various mechanical causes, not only from without, such as violent blows,

a fall, fracture or depression of the skull, but also from within, by exostoses, for instance, or hydatis, ossified blood-vessels, various tumors, a collection of pus, of water, or a congestion of blood. As by similar causes the manifestations of the mind are often suppressed, so they may be excited, or alienated. I have mentioned cases where violent blows have produced idiotism : on the other hand, there are also examples where, by the same causes, in stupid persons, the manifestations of the mind acquired more energy. I know the history of a boy, who, from the fall of a stone on his head, became more stupid, but at the same time infinitely more quarrelsome than he was before the accident. The history of Père Mabillon is generally known : he was a boy of inferior abilities, till a tile fell on his head ; then he began to display great talents. Acrell, in his *Surgical Observations*, relates the case of a boy, who received a blow on the temporal bone, and whose bone was depressed : the trepan was applied, and he recovered ; but in his mind a singular change took place, for from that time he felt an irresistible propensity to steal. Acrell, who declared his mind deranged, delivered him from prison. Dr. Jenner told me a similar fact from his own observation, where a mechanical lesion of the head excited the same propensity. In my work on *Phrenology*, I have mentioned more facts of this kind, in order to show that the manifestations of the mind depend on the brain.

It is to be remarked, that the mechanical injuries of the head, with respect to surgical considerations, are not within the limits of this treatise. My intention here is merely to show that mechanical lesions of the head may disturb the functions of the mind. Moreover, it seems to me worth notice that, in numerous cases of insane persons, various morbid appearances, observed after death, have been considered as mechanical causes of insanity, while these organic alterations ought to be considered rather as the effect of the diseased state of the brain, which produced insanity and the organic changes. Such are all morbid effusions, thickened membranes, even increased thickness of the skull. It is, however, to be added that some of these morbid changes, though produced by

the same disease as insanity, effusions for instance, may contribute to a greater derangement of the manifestations of the mind, or even entirely suppress them, and in so far act like mechanical causes. I wish particularly to call the attention of practitioners to that error according to which thick skulls are considered as a cause of insanity, while it is only the effect; that is, in chronic diseases of the brain, and in consequence in chronic insanity, that organ often diminishes in size; the internal table of the skull follows the external surface of the brain, while the external table of the skull remains in its natural position. Sometimes this thickening of the skull happens at certain places more than at others. Our opinion is particularly illustrated by the state of the two plates, forming the upper part of the orbit, in many of such cases. Commonly the two tables are so near and close to each other, that they appear transparent: but in some diseased cases the external table remains in its natural situation; and the internal, in following the surface of the brain, is distant from the external table half an inch, or even a whole one. With respect to the objection that injuries of the brain have not at all disturbed the functions of the mind, I refer to my work on Phrenology.

Is the shape of the head a cause of insanity?

Haller, Bichat, and others, consider the inequality of the two hemispheres of the brain as a cause of insanity. This inequality is often found in insane people, but it is not the cause of insanity; since in a great number of very intelligent individuals, and I can say, in the majority of mankind, the two sides of the head are not exactly alike. A friend of Gall has the right side of his forehead half an inch higher than the left, and he feels and complains bitterly that he cannot think with the left side. At Dublin, a gentleman, whose forehead on the left side is about four lines less developed than on the right, often feels headache on the defective side, and assured me that he is conscious of not thinking with that side. He, however, never had any attack of insanity. At

Vienna there is a family in which the children resemble the father with respect to a great irregularity and deformity of the head, but no one among them has manifested any derangement of the mind. Laland's head was much higher on the right side than on the left. The sides of Bichat's own forehead were very unequal; no one, however, will doubt of his extraordinary talents.

There are persons who suppose that we maintain the possibility of knowing by the external shape of the head whether any one is predisposed to insanity or not. Pinel was of that opinion; and, in order to show the erroneousness of the assertion attributed to us, he caused two skulls to be drawn of nearly the same size and shape. One of these skulls belonged to a madman, and the other to a person of sound senses.

That this is our opinion is merely imaginary, and no one will find it in any part of our writings. The contrary is easily understood from our general considerations with respect to the brain. We continually repeat that the brain is an organic part, and, as to anatomy, physiology, and pathology, subject to the same considerations as any other organ. Now, every part of the body, whatever its configuration may be, can become diseased. The eyes, for instance, of every size, form, and color, may be inflamed; the respiration of small and large lungs may be disturbed; and the same may happen with any other part of the body, and with the brain and its parts; I say, that brains of all sizes and forms can be disordered. As, however, certain eyes are more disposed to inflammation than others, and certain lungs more to consumption; and in the same way as medical men speak of an apoplectic configuration of the neck, a consumptive habit of the thorax; so we find that certain brains are more disposed to disease, and certain configurations more liable to insanity. This is particularly the case with idiotism from birth, and partial insanities, called hallucinations. Pinel, however, though he refuted the above-mentioned opinion, thought it worth his attention and labor to measure the skulls of insane people in all their dimensions, to compare both sides with each other, and the whole with the proportions of the

head of Apollo de Belvedere, which he considered as the model of perfection. But Pinel does not dare to draw any inference, not even from the small heads of idiots. 'I must be,' says he, 'on my guard against too hasty conclusions. I confine myself to historical facts, without pronouncing that there is a connexion between idiotism and the defect of organization.'

We are very well aware that a great number of facts, repeated under various circumstances, are necessary before we can draw a general conclusion; but, with respect to idiotism from birth, we have made such a number of observations in various countries, that we have no hesitation in affirming that a too small brain is unfit for the manifestation of the mind. I beg to remark, that I do not say that idiotism is the attribute of a too small brain only; idiotism may be the result of different causes, one of which is a too small brain. We are convinced from observation, that the laws of nature are constant; and, if we continually observe that the same phenomenon takes place under the same circumstances, we consider our conclusion as certain, till experience shows the contrary. If such a proceeding be not allowed, there is no physical truth. No one then has the right to maintain that an inference is too hastily drawn because he has not made a sufficient number of observations. It is his duty to show facts which prove the contrary, if he intend to deny the inference.

With respect to the configuration of partial insanities or hallucinations, we cannot so positively decide as with respect to a too small brain. As every person with a narrow and compressed thorax, and hectic appearance, does not become consumptive, nor another with a large elevated breast remain always exempt, so certain configurations of the brain, which predispose to certain hallucinations if the individual become insane, are not necessarily affected; nor are those who have not that peculiar configuration absolutely free from such a disorder. In the same way it is often remarked, that individuals with a certain character predominant from infancy are disposed to that sort of insanity, as is the case with great genius in respect to the intellectual faculties. Dr.

Rush* details that the natural conduct of insane people frequently accords with their natural temper and disposition. Proud and ambitious persons imagine themselves to be kings, and demand homage: are they ferocious, they assume the nature of wild beasts; are they pious and benevolent, they are inoffensive in their deportment. He, however, also speaks of exceptions; persons, for instance, of exemplary piety and purity of character utter profane, or impious, or indelicate language, and behave in other respects contrary to their moral habits.

It is a fact, that by far the greatest number of those who are insane by pride have the organ of self-esteem large in proportion to the other organs of the mind. It does not follow, however, that every one who has this organ large must become insane by pride, nor that every one who has this organ small will be absolutely exempt from such an hallucination; for every small organ may be excited by diseased affection, and show too great activity and deranged manifestations. The influence of the size seems to be obvious, since the greatest number of persons, insane with peculiar hallucinations, have the respective organs larger. Gall possesses the skull of a madman, from amativeness, who fancied himself husband to six wives, and manifested various ideas of that kind. His cerebellum was extremely large. Gall has also the skull of a woman who imagined herself pregnant with five children; the organ of the love of offspring is of extraordinary development. I have seen several insane women who fancied themselves with child, and they had the respective organ elevated. I can, however, conceive that an insane woman, with a general indolence and apathy, might have the organ large, and take no care of her children. In the healthy and diseased state of the body, when there is no activity of the mind, the size of the organs is no indication at all.

Insane people, who show a peculiar degree of vanity, who like decorations and all sorts of distinction and ornament, commonly

* On the Diseases of the Mind, p. 155.

have the organ of approbation large. Persons insane from religion have generally elevated heads. Visionaries, or those who think they have communications with spirits usually have the head elevated at the middle lateral parts of the coronal suture, between ideality and imitation. Those who are of an anxious melancholic character, who are afraid of persecutions, or fear where there is not the least reason, mostly have the midst of the parietal bones prominent. Those who suffer the violent impulse to destroy, or to do mischief, though their reflection and will resist, who beg to be loaded with chains to be prevented from their extraordinary propensity, are commonly broad above the ears. This consideration may be applied to all primitive powers. But I repeat, that only in the greater number of cases, not always, the respective organs will be found larger, in the same way as the predominant character is mostly, but not always, preserved. Particularly in those who, when young, adult, and insane, manifest great energy of the same dispositions, the respective organs will be found large. In such cases I am not aware of any exception. The influence of larger organs on peculiar hallucinations is partly understood from our physiological investigations, and will be partly explained in the next section on dynamic causes of insanity.

The greatest difficulty to understand the diseases of the brain, as well as of other parts of the body, results from the infinite modifications to which organization is liable. It is impossible to explain the idiosyncrasies of the stomach and the five senses. No one can show why mutton produces in one stomach all the symptoms of poison, while it is digested by another. No one can point out the organic cause why one taste likes coal or chalk, another herbs, a third meat, one sweet, another bitter, &c. These modifications, however inexplicable they are, exist in the healthy and diseased state of automatic and animal life.

Thus, in insanity, the configuration of heads is neither to be overlooked, nor to be over-rated.

Idiopathic dynamic causes of insanity.

To this class of causes belong all those which immediately influence the functions of the brain. From the preceding consideration it results that a peculiar development of the individual parts of the brain predisposes to insanity. This may be explained in the following manner: The larger size has an influence on the greater activity of the organs, and a too great activity may derange the functions; or, the organs being continually put into action may become so active, that the will has no longer the control over them. The functions of the brain are disturbed in the same way as the functions of other parts; that is, by the deranged organization, or by an irregular use of the functions. The stomach may be affected, and its functions deranged, by causes which immediately exist in the organization, as inflammation, gout, &c. or aliments may be introduced which are not adapted to the digestive power. Vision may suffer by causes which first affect the visual apparatus and disturb sight, or vision may be disordered by light itself. The proper use of the functions of any part contributes, and is even necessary to its healthy state. The proper use will strengthen, the misuse disturb the function. Continual darkness weakens the eyes, too strong light offends or blunts sight. The regulation of the functions of the brain is as necessary as that of aliments to the stomach, and of air to the lungs. Inactivity weakens the functions of the brain, proper exercise strengthens them, too strong application brings disorder. These disorderly applications, or manner of using the functions of the brain, are commonly called moral causes of insanity.

I shall first treat of the dynamic causes of insanity, which immediately depend on the organization. I have shown that the brain and its parts are sometimes too small, or unfit by other causes to act. In the same manner their activity may be too great on account of their size, or internal activity. I have mentioned that the brains of children with premature development, and too

great energy of the mind, are the most liable to diseases. In adults also a too great energy of one power will easily disturb the balance of the healthy functions. For that reason a genius is so often near insanity; that is, his power is so energetic that it acts independently of the will. Now, this may be the case of every faculty; but it is curious to consider the influence of the organization. It is a fact, that there are more insane from feelings than from intellectual powers; and from certain feelings, and from certain intellectual faculties, more than from others. Moreover, it is also a fact, that the most energetic powers produce the greatest number of insane cases, and that the manifestations of the most active faculties depend on the largest organs. Such are amative-ness, combativeness and destructiveness, cautiousness, self-esteem, approbation, religious feelings, ideality, attachment. Among the intellectual faculties there are more musicians and painters insane than mathematicians. Pinel did not observe any mathematician at Vicêtre. I know, however, positively, that mathematicians are not exempt from insanity. I possess the skull of an individual who excelled in mathematics, and was insane by pride and vanity. It generally happens that, even in those classes of society who cultivate the intellectual faculties, by far the majority are insane by feelings. I think there are several reasons why the study of mathematics seldom will produce insanity. First, there are extremely few who make an intense study of mathematics, in proportion to the immense number of those who are tormented by amateness, pride, and ambition. Then the organ of number is very small, and its great activity will not so easily derange larger organs, while the disorder of larger organs has a greater influence on the rest of the organization. More individuals, by love, will forget to think of mathematics, than by number forget to feel love. Moreover, the study of reality, which prevents eccentric and chimeric conceptions, will be less liable to insanity. Finally, he who likes mathematics commonly finds opportunity of gratifying his inclination, while the satisfaction of other strong propensities depends on various circumstances, which often are the most un-

favorable. Thus, the first idiopathic dynamic cause of insanity is the too great energy of the organs dependent on their size, internal organic constitution, and continual exercise.

Other dynamic causes, which sometimes affect the organization of the brain, and derange its functions, are an inflammatory state of the brain, increased arterial activity, or diminished circulation in the veins. There is no doubt that the deranged circulation of the brain in general, or in single parts, is a great cause of its derangements. In this respect Dr. Parry's work deserves the peculiar attention of the practitioners. It is, however, to be considered that the determination of blood is only an occasional cause; the influence of the different degrees of irritability of the cerebral fibres is obvious, since in many individuals the pulse is often very quick, and no delirium or other symptom of insanity is observed. The same quickness of circulation may suppress the activity of one brain, give to another pain, to others various degrees of activity, to one epilepsy, to the other catalepsy, or insanity with very different symptoms. Moreover, not only the quantity of blood, but also its quality to nourish the brain, and the morbid change which may result in the brain, must be considered. The internal organic constitution of any living being and its parts is modified according to the state of nutrition. I have already mentioned that, sometimes, weak and sickly children, with very large heads, suffer from general apathy, because the organization has no internal strength. Messrs. Young and Hodgson, of London, were so kind as to invite me to the dissection of an idiotic child, two years of age. Both substances of the brain, grey and white, had more the aspect of the cerebral organization of very young children, that of a more grey-bluish color and gelatinous nature, than we find the substance in children two years old. It seems that the cerebral organization was retarded in its development, and unfit to manifest the powers of the mind.

Various morbid causes may affect the brain alone as well as other single parts, as rheumatismus vagus, repelled cutaneous affections, &c. I cannot doubt that, in many morbid affections of

the body, there exists what has been called morbid cause, whatever its nature may be: this exciting cause may affect the brain and its parts as well as other parts. Children who have ophthalmia are often delivered from it by a few pustules on the lips. Sudden metastases cannot be explained in any other satisfactory manner. The morbid cause often changes one place with another; alternates, for instance, in the lungs, stomach, kidney, &c. A great many examples are mentioned in various works. I shall only observe, that, sometimes, if the perspiration of feet, on account of its offensive smell, is suppressed, and the patients complain of headache, bad digestion, difficult respiration, and cannot be relieved till the disagreeable perspiration at the feet is re-established, the existence of a morbid cause cannot be denied. The use of setons and blisters as derivatives is admitted by all those who have more confidence in facts than in explanations. I think we may suspect such a cause if insanity alternates, or is interchanged with morbid affections of other parts.

I come now to the second sort of dynamic causes of insanity, viz. to those which concern the use of the cerebral functions, or the exercise of the manifestations of the mind. Every one admits affections and passions, and intense study, as causes of insanity. I think our anatomical and physiological investigations alone give an explanation, if we are not satisfied with unmeaning words. The mind, being endowed with reflection and will, why does it become passionate? Why, in so many cases, can it not abandon the disagreeable affections which disturb its happiness, if the manifestations of the mental powers, and of the affections themselves, are independent of organization.

In my work on Phrenology I have detailed what we understand by passions and affections. I here only repeat, that passion is the highest degree of activity of every faculty, and that there are as many passions as individual primitive faculties of the mind; while affections are the different modes in which the faculties may be affected. I have already mentioned that the regulation of the activity of the faculties is of the highest importance; that

inactivity weakens, moderate and convenient exercise strengthens and too great exercise exhausts or disturbs the functions. As the functions depend on the organization, disturbed functions will derange the organization, and one deranged cerebral part will have an influence on others, and so arises insanity. This may happen suddenly, or by degrees.

Whatever occupies the mind too intensely or exclusively is hurtful to the brain, and induces a state favorable to insanity, in diminishing the influence of will. If the external senses are impressed for a considerable time, the impression, though it is gone, seems still to be present. Card-players sometimes cannot lose the sight of the figures, though they have ceased from playing. Those who are fond of music hear the tones after the music ceases. After a voyage the gyration continues when we are on shore. In the same way the strong activity of every faculty may become involuntary, and even derange other functions. Now it is a fact, that the most active powers of the mind produce insanity most easily. One of the most powerful feelings is amativeness. Though it is given for the preservation of the species, and in millions of beings fills all nerves with pleasure and rapture, many individuals become its victims. In many persons it constantly occupies the mind, excites the other faculties in an extraordinary way, causes sleepless nights, the most extravagant reveries, and is a fruitful source of insanity. It may act alone, or combined with other feelings, and appears, therefore, under various modifications, as unsatisfied, disappointed, seduced, or jealous. I cannot help copying a passage from Dr. Cox's work.* 'The detestable crime of seduction is a very fertile source of insanity. Its cruelty and criminality must strongly impress every heart in which humanity is not wholly obliterated. The common consequences of seduction are the fear of discovery, consciousness of guilt, and the reproaches of the world. The female sufferer sinks to despondency, while experiencing the neglect of the inhuman being

* On Insanity, 3d. Edit. p. 32.

in whom she confided; her tenderness is thrown back on her own heart; with no eye to pity, nor ear to listen to her tale of woe. Can we wonder if women suffer the loss of reason in such distressing circumstances? Perhaps the most disinterested affection has been the original cause of their deviation from the path of virtue, and thus tenderness became the instrument of their ruin; for in proportion to the sensibility, consciousness of shame, and remaining virtue of the victim, may we apprehend the degree of morbid effect on the intellect. Sometimes the unprincipled seducer himself falls a sacrifice to his infamy, if he be not a practised villain; but, unfortunately for the present age, the crime is too common, and we more frequently meet with men glorying in their cruel success than suffering from remorse.'

Religion is another fertile cause of insanity. Mr. Haslam, though he declares it sinful to consider religion as a cause of insanity, adds, however, that he would be ungrateful, did he not avow his obligation to Methodism for its supply of numerous cases. Hence the primitive feelings of religion may be misled and produce insanity; that is what I contend for, and in that sense religion often leads to insanity. The Domestic Guide for Insanity says, 'How often has the preacher of Christianity been stigmatised as the cause of insanity in some dark-minded hearer? When at the same time out of a hundred people, all living in the same neighborhood, possessing nearly the same means of information, all reading the same religious books, and receiving the same religious instruction from the same preacher, ninety-nine have felt the cheering influences of religion. Surely, if the cause had been in the preacher or religious instruction, the bad effects would have been more general; but the poor creature had a predisposition to insanity, and religion happened to be the thing by which it was first discovered to the world.'

The same observations might be made with respect to all maudlin and their exciting causes; and it shows the error of considering the external impressions alone as sufficient causes. The internal predispositions of the mind, in its state of health and dis-

ease are too often overlooked. In my work on Phrenology I have sufficiently detailed the innate dispositions of the mind, which may be diminished, excited, cultivated, and directed in their actions by external circumstances; but their activity is the result of internal innate power and external exciting causes together. It is the same in the state of disease or deranged functions. The internal predispositions are often of more consequence than the external impressions. The great philosopher Kant was right in saying, When a common man falls in love with a Queen and becomes insane, he was insane before, because he fell in love with a Queen. However, as many faculties could not act if they were not excited by external circumstances, in the same manner, they would not be deranged without the external impressions. Real religion certainly is a blessing to mankind, and no one will reject it by the consideration that such a feeling may be ill regulated, and contribute to diminish reflection and will. Charity, veneration, hope, satisfaction, cheerfulness, consolation, mutual assistance and forbearance, peace, righteousness, and wisdom, are the aim of Christianity; not grief, gloominess, moroseness, despair, persecution and stupidity. Certain individuals are naturally very anxious, and sometimes despair of their temporal and external happiness, without being influenced by any sermons. It cannot fail, however, that a minute description of the consequences of sin, of the horrors of hell, and the dreadful sufferings of the damned, in the most glowing colors, should make a deep impression on weak minds, and that those, who naturally are disposed to insanity, should lose the free actions of their will. It is, therefore, a great error to preach to every one in the same manner. A good shepherd ought to know his sheep. A hardened and impenitent flock requires strong impressions to be moved, while a fearful, pious, and righteous mind wants encouragement and confidence.

Insanity often originates from ungovernable or disappointed ambition, love of glory and fame; from reverse of fortune, and from various affections of other feelings, such as from sorrow, grief, anxiety, apprehension, melancholy, fear, and despair, in cautious-

ness; from anger, fury, wrath, and hatred, in combativeness and destructiveness; from pride, haughtiness, contempt, and disdain, in self-esteem, &c. Several compound affections also, such as jealousy, envy, shame, often disturb the functions of the mind.

The disagreeable affections have a great influence on automatic life. They often produce torpor in every irritable part, especially in the circulating and absorbent system; contraction and slowness of the pulse, a laborious slow respiration, sighing, a general languor and lassitude, and a sense of oppression; the lungs are loaded with blood; the heart is full, and like to burst; contraction, shrinking, and paleness of the skin, and coldness in the extremities. The effects, however, differ in various individuals. Sometimes in anger the face glows with heat, and flushes with blood; at another time it is deadly pale, and the features shrink: in general, anger has a great influence on the skin, and raises the hair of animals; excites spasmodic contractions in the liver, and alters the secretion of the bile, not only in quantity but also in quality, whence diarrhoea, vomiting, colic, or jaundice arise. It excites the heart and arteries to a preternatural degree of action, and accelerates the circulation of blood through the heart and arteries, but retards its return through the veins.

Too sudden affections, agreeable or disagreeable, often produce various disturbances of automatic and animal life. There are instances on record that sudden joy was the cause of death. I have seen several examples of persons, who from fear became insane, some quite idiotic. The affections of the mind, which take place in the brain, act immediately on its substance and blood-vessels; then on circulation in general, on the digestive organs and on nutrition, and, by the disorders of those functions, again mediately on the brain. In this manner it is conceivable, why affections produce insanity. Thus, every thing which excites the feelings and their affections too much, will contribute to insanity. This may be proved by the effect of revolutions, since in all great political changes and disturbances, all feelings and selfish passions, such as ambition, pride, courage, fear, anxiety, are more active;

and many feelings are disappointed whence insanity is often the natural consequence. In later years, France and Ireland have furnished many examples in support of this truth.

It is believed that insanity is more or less frequent according to the state of civilization. Dr. Rush* says, 'After much inquiry, I have not been able to find a single instance of fatuity among the Indians, and but few instances of melancholy and madness :' and in another work† he states, what he was told by Baron de Humboldt, that he did not hear of a single instance of madness among the uncivilized Indians in South America. In proportion as luxury and refinement extend their influence, diseases increase in number and varieties, nervous sensibility and imagination are exalted, and more examples of insanity afflict mankind. Misunderstood education, romantic or ideal notions of the world, hence disappointment in finding the world as it is, and not as it ought to be according to fanciful dreams, have often reduced the mind to a state of insanity.

A too intense application of the intellectual faculties, deep thought, incessant study during day and night, may equally lead to the derangement of the mental operations, either to exhaustion or alienation. The greatest harm is done, if the inclination to study is greater than the power ; if the individual excite himself by spirits or stimulating liquors of any sort : the vascular action increases, various feelings are excited, and different disorders of the brain produced. Among scientific professions, however, with respect to insanity, it may be observed that those whose occupations naturally excite the feelings at the same time, such as priests, poets, advocates, actors, musicians, painters, sculptors, are more disposed to insanity than those who study geometry, mathematics, and natural philosophy in general. I have already mentioned the reasons which seem to account for this observation.

* Medical Inquiries, vol. i. p. 19.

† Diseases of the Mind, p. 65.

Sympathic causes of Insanity.

Every cause which mediately affects the brain, and deranges the manifestations of the mind, is sympathic. Of such a nature are those morbid causes which change their place, as erysipelas, gout, rheumatismus vagus, repelled cutaneous affections. Moreover, insanity from sympathy is that from suppressed lochia, menses, milk in nurses, hæmorrhoides, old drains dried up, as setons, issues, or habitual sweat. Sometimes general diseases, such as small-pox, measles, scarlatine, fevers of various sorts, affect the whole body, but sometimes produce morbid changes in the organization of the brain, and hence insanity. A precipitate retirement from active life is a cause of various disorders in automatic and animal life. From every circumstance that weakens much the body, and causes inanition, such as continual evacuations of blood, semen, or want of nourishment, various nervous complaints, and different symptoms of insanity, may originate.

In pathology nothing is more generally admitted than the reciprocal influence of the disorders of the head and the digestive organs on each other. The diseased state of the abdominal viscera, as of the stomach, intestines, mesenteric glands, pancreas, liver, spleen, ovaria, uterus; or indigestible aliments, narcotics, poisons, and worms, often affect the brain by sympathy. I shall never agree however with Dr. Prost at Paris, that madness is always the effect of a disease in the abdomen. Intemperance, and the abuse of intoxicating liquors, is a frequent cause of insanity. Indeed, the consequences of intemperance are dreadful. Not only the functions of the body are greatly disturbed, but also those of the brain are formidably deranged. It affects the stomach, liver, intestines, the circulation, and the brain; it is the cause of numerous complaints, of indigestion, obstructions, cardialgia, cephalgia, vertigo, numbness of the senses, melancholia, mania, epilepsy, and apoplexy. It is particularly dangerous to persons who have a natural disposition to insanity. Who then might not wish to see this perverted appetite restrained within moderate boundaries.

The exceptions, however, of the mutual influence between the head and abdomen are not to be overlooked. Some persons have great disorder of the digestive organs without any apparent affection of the brain ; and even disorders of a fatal nature may take place in each of these parts without affecting the other. Similar exceptions are observed in all parts, which generally sympathize together ; for instance, stomach and uterus. Idiots from birth are sometimes well nourished, and the defective brain has no influence on the functions of the viscera.

The sympathies of automatic and animal life, and those of the different parts of each, are subject to the law, that the weakest part suffers the most from the affection of another ; and if the parts are very strong, there is no sympathy at all. Hence grief or fear disturbs, in one, respiration ; in another, digestion ; in a third, the secretion of bile, or the phenomena of the uterus ; and in one it perhaps scarcely alters the functions of any viscus. It may be in general observed that one deranged function of automatic life may derange one or the other, or all, the functions of animal life ; and, *vice versá*, one disordered animal function may derange one or the other, or all, the functions of automatic life. Moreover, each diseased part of automatic life may affect any other automatic function ; and in the same manner, in animal life, one deranged function of the brain may disturb any other. The individual conditions of the parts, however, and their modifications of irritability, are infinite, and can only be observed in given cases without any other knowledge, but that such is the case.

After the preceding considerations we may easily understand, why insanity is most frequent between twenty and forty years of age. At that period all the dynamic idiopathic, and sympathetic causes of insanity exercise the greatest influence. Then the feelings and intellectual powers are the most active ; then there is more anxiety to succeed, more regret and disappointment ; the habit of intoxication is formed, and an infinite number of causes produce more disorders of body and brain during this, than in later periods. I have already stated, that then the brain is strong

enough to suffer morbid disorders, while in children its affections soon terminate in death.

I have mentioned that, in insanity, the ears suffer more than the eyes. This may be explained, because the feelings are far the most frequent causes of insanity, and the auditory nerve is in a more intimate connexion with the organs of the feelings than the optic nerve. For the same reason, in my work on Phrenology, I have stated that, in the natural language, the sense of hearing and the organs of voice are more active in the manifestations of the feelings than the eyes. More attention ought to be paid to the derangement of the senses, combined with those of the manifestations of internal powers, than hitherto has been done. In what cases, for instance, is the smell more excited, and the patients so fond of snuff? Previous habit certainly ought to be considered.

I shall add a few observations on insanity with respect to sexes and temperaments, and finish this section with the examination of the question, Why is insanity so frequent in England?

Sexes.

It seems that the female sex is the weakest. Among monstrous fœtuses there are more females than males. More girls than boys are affected with real dropsy of the brain; and, generally speaking, there are more women than men liable to insanity.* At the period of puberty, young females suffer from various complaints more than males. Many delicate, premature females, of lively dispositions, at the period of menstruation, or soon after, by imperceptible degrees, lose the manifestations of the mind; they

* This is more particularly the case when *religious fanaticism* is the exciting cause. The proportion is as five to one. This is not an estimate predicated upon a few examples, but upon the experience and observation of years. It is a fact that women should know and understand, as it will lead them to mistrust those appeals of men, which originate in the passions, and are addressed to the passions. In such cases reason has but little participation.

become inactive, and neglect those objects and pursuits which formerly were to them sources of instruction and delight. They do not show the same attachment to their parents and friends; they are careless of reproof, and unfeeling to kindness; they are negligent in their dress, inattentive to personal cleanliness, and finish with a general apathy and idiotism.

Women are exposed to all connate and occasional causes of insanity to which men are liable. Besides, they undergo the natural processes of menstruation, pregnancy, parturition, and of preparing nutriment for the infant, which are frequent causes of insanity. Moreover, women in general have the feelings stronger than men in proportion to the intellectual faculties. On account of the manners of society, they are exposed to more disappointments, and have fewer resources; they become oftener the victims of circumstances, while a man is more favored by nature and society to choose his situation. Thus there are physical and moral causes which account for the greater number of insane women.

Temperaments.

It might be asked whether the various temperaments are more or less disposed to insanity? Such a question, however, indicates ignorance with respect to the nature of insanity. From the preceding considerations it results, that the brains of all temperaments are liable to insanity, in the same way as bodies of all temperaments may be affected by diseases. The only difference which must occur is, that certain brains are more easily affected than others, and more by such a cause than by another. It is also natural that persons of greater nervous sensibility, in whom one sort of manifestations of the mind is extremely active, are more subject to insanity than dull, insensible, and unthinking people. But such individuals of both descriptions will be found among persons of all temperaments. There are idiots from birth, and, among adults, insane persons of all temperaments. It is less the

temperament than the other circumstances already mentioned, which predispose to insanity.

Insanity is frequent in England.

It is certain that in the united kingdoms of Great Britain and Ireland the number of insane people is, in proportion to the population, more considerable than in other countries of Europe; and in England it is the most frequent. Several writers even state that it is rapidly increasing. I was therefore particularly attentive to the reasons of that alarming disease, and to the nature of the insanity which I met with in private and public institutions. I shall communicate several ideas, which I consider as founded on observations. A mutual communication and an exact statement of the nature and causes of insanity, in all establishments throughout the kingdoms, might enable a philosophical observer to draw more satisfactory inferences. Though our knowledge and every thing we do is naturally imperfect, there is, however, no branch of human institutions which requires and is capable of more improvement than that of insanity. I shall first examine what sort of insanity is most frequent.

I have divided insanity into idiotism, fatuity, and alienation. Idiotism from birth does not seem to be more frequent in England than in other countries. But I met, in the English institutions for insane, a greater number of fatuous; viz. those who by chronic alienations sunk into that state, or those who prove our ignorance with respect to the cure, that is, the chronic affections of the brain have produced in the organization alterations which cannot be cured while it is the object of the healing art to prevent such organic changes. In saying so, I do not maintain that, in other countries, a better treatment is understood. Medical skill, as to insanity, seems to be every where equally advanced; I mean, the patient who could be cured by nature was cured, and medicine had very little or no merit in it. But as there were more insane persons in England, and as neither nature nor art

were more successful in curing them, a greater number of incurable was the result.

In order to give a clear idea, I shall recapitulate the causes of insanity, and show that, in England, they exist in greater number. It must be understood that one cause cannot explain the facts, and that insanity is the effect of the natural dispositions, and the occasional causes. The first cause of insanity is a hereditary disposition ; and as actually that disposition exists in many families, their frequent intermarriages must increase the number of mental disorders, particularly as the other reasons which have produced that predisposition continue to exercise their influence.

Among the idiopathic causes of insanity, the activity of the cerebral functions is one of the most important. In England, indeed, this cause is very powerful. Here all faculties of the mind act with great energy. No nation in Europe, for instance, in political and private views, has the right to indulge so much in the sentiment of self-esteem and independency ; and the English do it to a great degree. Here every thing finds opposition, and opposition naturally excites the feelings. In England no plan will be conceived by the government, however salutary it may be to the country, without opposition. No church will be erected to explain the meaning of the Bible, but another preaching house will soon be in the neighborhood to give another explanation. Every one may form a party, but he will find opposition. This spirit of party and opposition is continually nourished, and all selfish passions must be exasperated. The fanciful gratification of the propensities is seen in many respects. Here only, two persons, in good humor and smiling, will shake hands, and then try to give to each other death-blows, while thousands of spectators are attracted.*

Religious feelings are extremely active in this country, and may act without any restraint. Every one who thinks himself enlightened enough, or perhaps inspired by supernatural influence, may

* These truths are applicable to the United States.

preach to all who will listen to him. Whether he understands human nature, or is an artisan ; whether he has studied the feelings of man, or has been employed in manual labor, that is no matter. He may consider the individuals of his congregation all alike, and speak to the mild, gloomy, and timid, as to the disobedient, hard-hearted, and stiff-necked. He may damn to hell and eternal pains all those who do not believe with him. I am convinced that a gloomy preacher who does not know the God of Christians, and the method of instruction of the great Apostle, who modified his speech according to those to whom he spoke, in order to save them all, easily deranges a tender mind by his picture of a jealous God, of a God of wrath and of vengeance, by a language which is perhaps necessary to guide his own feelings. Indeed, how often must an anxious mind be overpowered ! Moreover, it is easily conceived that individuals, who are anxious for their eternal beatitude, and listen to so many different explanations, torment their brains in order to find truth. Now, if at the same time other feelings are excited, it must occur that reflection and will are lost.

Ambition, a frequent cause of insanity, is not quiescent in England. Even in charitable works, ostentation is never forgotten. Moreover, England is a mercantile nation ; the mind is continually occupied with speculations, wavers between fear and hope, since the success depends on so many chances. Selfishness, the soul of commerce, easily becomes jealous, envious, and often calls on many other powers for assistance. In short, it seems to me that in England all feelings, selfish and liberal, religious and moral, low and high, are extremely active.

Not only the feelings, but also the intellectual faculties, have no restraint but that of their own power. If genius be not always encouraged, its activity at least is not suppressed, and every one may hope to profit by his labors and speculations in one way or other. Thus, the powerful activity of the mind seems to me a great cause why insanity is so frequent in England ; and, indeed, it is a singular fact, that the greatest desire of man, his personal

liberty, also has its bad effects. 'In despotic countries,' says Dr. Rush,* 'where the public passions are torpid, and where life and property are secured only by the extinction of domestic affections, madness is a rare disease. Of the truth of this remark,' continues Dr. Rush, 'I have been satisfied by Mr. Stewart, the pedestrian traveller, who spent some time in Turkey; also by Dr. Scott, who accompanied Lord Macartney in his embassy to China, and by Mr. Jos. Roxes, a native of Mexico, who passed nearly forty years of his life among the civilized but depressed nations of that country. Dr. Scott informed me that he heard but of one single instance of madness in China.'

The other causes of insanity also act with great power in England. I have mentioned that luxury and cockering produce nervous complaints and insanity. Now, there is no country where comfort is enjoyed to such an extent, and where the richer classes are so numerous. In no country have so many individuals independent fortune, and can so much indulge in their fancies. Many cultivate their feelings at the expense of their body. In fact, proportionally, the rich are more vexed by nervous complaints and insanity than the poor.

Moreover, it is also certain that single persons are more disposed to madness than married people. But luxury and expensive fashions require in England a large fortune to enable a man to marry; hence only rich females have a claim to marriage, the others mourn in silence, and look for other sorts of satisfaction. Sometimes they have recourse to means which weaken the body, and contribute to derange the mind. Now, there is no doubt that in all countries, even where love is less restrained by fashion and law, the greatest number of insane females are the victims of amateness.

Great and sudden changes in our manner of living have a great influence on the body. Many English became lately extremely

* Medical Inquiries and Observations on the Diseases of the Mind, p. 69.

rich, and naturally changed their manner of living. Many for some time worked hard day and night ; then they retired, and being often without occupation, found their life tiresome, indulged their fancies, and suffered from various complaints.

I have spoken of the influence of circulation, and of the abdominal viscera, on the brain. The manner of living in England must affect the nervous system and the digestive organs. Climate and weather require food and drink somewhat different from those in warmer countries, but the English evidently indulge too much in spirituous liquors. The abuse of spirits, and the habits of intoxication, is admitted as a frequent cause of insanity by all those who have treated on that disorder. The brain suffers immediately and mediately. The circulation in general, and the determination of blood to the head, are increased ; several faculties are excited ; others are suppressed ; and various morbid changes successively result in the brain and abdominal viscera. Generally speaking, I have remarked that the brains of individuals who die in the hospitals in London are firmer than those on the Continent and in Dublin. Nourishment is the probable cause.

I have mentioned that all causes must be considered, to explain the frequency of insanity in England. Hard drinking, for instance, cannot be the only cause ; since the females, who in better classes cannot be accused of that fault, are in great numbers subject to insanity. It is possible, however, that a daughter may suffer for the faults of her father, whose dissipation might be the cause of her weakly and nervous constitution.

The manner of living in England is not conformable to dietetic principles. It is known that the same quantity of food taken at different times is better digested than taken at once, and that medicine administered in smaller and repeated doses, produces more effect than the whole quantity taken at once. The English commonly take one plentiful meal and at a time when the circulation is naturally quicker, that is, towards the evening. Besides, they excite the circulation by strong wines and tea ; and instead of

being quiet during the time of digestion, like other living beings, they directly after dinner frequent crowded assemblies, are squeezed and tired, and have no place to repose. Is it then a wonder that dyspepsia, liver complaints, disorders of the abdominal viscera in general, and so many affections of the brain, are observed?

The manifestations of the mind depend on the body, and the body on climate and weather. The agreeable sensations of a mild climate, dry air, and a beautiful sky, give hilarity to the mind; while cold and moist weather make it gloomy. Insanity, indeed, is more common in climates where cold and warm frequently alternate; but it is most frequent where the air is moist and cold, and accompanied at the same time with a cloudy sky. Gloominess, indeed, is not rare in England.

All other causes are common to the inhabitants of England, and of other countries: in females, for instance, pregnancy, difficult parturition, the preparing of nutriment for the infant; in both sexes transpositions of various morbid causes to the brain, &c. Before I finish, I beg the preceding remarks to be considered as hints to both the attention and examination of medical men. It is not sufficient to mention the rapid progress of this alarming disease, we must also try to contribute to the elucidation of the causes. In preventing them, we are of greater use to society than in taking care of the moral treatment of the patients.

RECAPITULATION.

In this section I have entered into more details, because I consider a clear knowledge of the causes of any disease as the basis of treatment, and without that previous knowledge no rational plan of cure can be established. I have divided the causes of insanity, like those of other diseases, into proximate and remote. I have mentioned the reasons why I consider the proximate cause of insanity as corporeal, and residing in the brain. In examining the nature of the causes, I have divided them into idiopathic and

sympathic, and detailed each sort. At the end I have added a few remarks, whether the sexes and temperaments predispose to insanity, and why insanity is so frequent in England.

SECTION V.

Forms of Insanity.

Three forms of insanity are commonly spoken of; idiotism, mania, and melancholia. Modern pathologists, however, have observed that mania and melancholia cannot be considered as two species of insanity, because they are often interchanged into, and often alternate with, each other; and the treatment which in both forms has been found the most profitable is the same. Idiotism, anger and fury, or melancholy and despondency, are the most striking appearances; and for that reason insanity, probably, has been divided accordingly. But those who keep up that symptomatical division, may adopt with the same reason the multifarious forms established by Dr. Arnold; for there are many insane people who are not furious nor despondent, but quite cheerful and continually laughing. They may also, with Sauvage,* subdivide melancholia into fourteen species; as, vulgaris, amatoria, religiosa, saltans, &c.

The more we examine insanity, the less can we be satisfied with the common knowledge of the mind. Every treatise on insanity shows that we must be in darkness, and cannot understand the deranged functions, as long as we are ignorant with respect to the conditions of their healthy functions. Crichton* says, 'It is very intricate to develope why melancholy in one case terminates in furious delirium, and in another is succeeded by a very mild aberration of reason.' Pinel, who gives quite an arbitrary meaning to the name melancholia, in calling so every partial insanity,

* Nosol. Method. tom. ii.

* On Insanity, vol. ii. p. 230.

must naturally complain that 'nothing appears more inexplicable, at the same time nothing can be more certain, than the various and opposite forms of melancholy. Sometimes it is distinguished by an exalted sentiment of self-importance, associated with chimerical pretensions to unbounded power, or inexhaustible riches. At other times it is characterised by great depression of spirits, pusillanimous apprehensions, and even absolute despair.' Those who consider the manifestations of the mind as independent of the body, or even our common knowledge of the influence of the body on the mind, will not explain an infinite number of insane appearances. How will the former account for the cases of idiots from birth? Have those individuals no mind? How can they understand why in others the independent mind, endowed with reflection and will, is mischievous beyond measure; or that others think themselves the vilest of the vile, without any previous fault? Where is the mind in those who sit whole days with their eyes immovably fixed on one object, and seem wholly absorbed in their own contemplation, and refuse all kind of nourishment? How will they account by the mind, that some are given up to the most brutal instincts, and others disposed to devotional melancholy, and continually engaged in penetrating the hidden mysteries, combating the various opinions of different sects, and in propagating their own? The doctrine of temperaments is not more fit to explain such disorders of the mind. There is no temperament of idiotism, of mania, or melancholia. Many melancholic patients have the external characters of a sanguine temperament, such as a fair complexion, a fine skin, clear colored hair, and blue eyes; or the signs of a bilious temperament, as a lean dry frame, sallow skin, a complexion of a brownish yellow color, dark black stiff hair, and dark sunk eyes. Finally, the diseases of the abdominal viscera are not sufficient to explain insanity. In many idiots the viscera are in perfect health, and in many cases the viscera are greatly diseased, but there is not the slightest derangement of the mind. The physiology and pathology of the brain alone can explain the manifestations of the mind in the state of health or disease.

I admit four general forms of insanity; viz. *idiotism*, which is partial or general; *fatuity*, also partial or general; *irresistibility*, if any power be so active that the will has no influence on its actions; and *alienation*, if the manifestations of the faculties are deranged in their quality, and the intellect is incapable of distinguishing the derangement. These four forms designate different states of insanity, while mania and melancholia are merely sorts of alienations.

I have often repeated, that in insanity, as in other diseases, not the symptoms, but the nature of the causes, is the essential point to be discovered. On account of the importance of that proposition I shall elucidate my manner of considering melancholia.

Melancholia.

This name originates from the supposed cause *atra bilis*, hence *morbis niger*, of which the most striking symptom is despondency. Pinel, with Aretæus, gave this name to all partial insanities or hallucinations. According to our views, there is a peculiar sentiment in the mind, termed cautiousness, and the manifestations of this sentiment depend on a peculiar part of the brain. Now, the influence of this sentiment may be extremely powerful by means of the internal activity of the organ. Individuals under such active influence are consequently naturally timid, fearful, anxious, hesitating, and subject to sorrow and low spirits. Cautiousness then may be excited by various causes, which affect the respective organ. This organ, however, is seldom attacked alone, but in most cases other parts of the brain and body suffer at the same time. Sometimes the disease first results from the organ of cautiousness, and its too great activity deranges the other functions of the brain and body, especially those of the digestive organs. At other times, disorders begin in the digestive organs, and influence the organ of cautiousness, or various other parts of the brain. It is generally known that sorrow and grief easily disturb the digestion, and bad digestion gives uneasiness to the mind, certainly through the

medium of the organization. No one, however, will maintain that the mind resides in the digestive organs. It seems to me, that the variety of deranged functions of automatic life, and the diversity of deranged manifestations of the mind, can be explained only by the various parts of the body, and the different organs of the mind.

In this way it may be understood why different morbid appearances are often closely connected with melancholia, such as dyspepsia, hystery, and hypochondry, with all their innumerable appearances. In this way only, it is clear why the same causes may produce melancholy with its modified symptoms, from seriousness to suicide—and all sorts of nervous complaints, such as convulsions, epilepsy, catalepsy, palsy, all symptoms of insanity, and even death. In this way alone we can explain why sometimes there are various precursory symptoms, which evince a deranged state of health, before melancholia or mania, or any other symptom of insanity, take place.

Thus, when melancholy appears, it is necessary to consider, at the same time, all other morbid symptoms of automatic and animal life, in order to form a just idea of the state of disease which produces all the symptoms. In automatic life, the viscera of the abdomen and thorax, and their functions, such as stomach, liver, intestines, mesenteric glands, uterus, lungs, heart, deserve our peculiar attention. There is often want of appetite, flatulency, acidity, rancid eructations, borborigmi, irregularity in the alvine discharge, constant costiveness, sudden diarrhœa, distension of the stomach, colic pains, tightness in the region of the stomach, a sensation of heat in the bowels; the urine is sometimes milky, white-colored, or copious and pale; the complexion is often pale and yellowish, and the white of the eye of a lead color.

In animal life there are also various symptoms which indicate the morbid state of the brain and nerves. Such patients often complain of external pains, seated immediately under the skin, at various parts, as at the leg, thigh, arm, back, or in the head. These pains commonly shift from one part to another. Other symptoms in the head are headache, giddiness, tingling of the

ears, a kind of undescrivable uneasiness, little disposition or absolute incapacity to sleep, incoherence, or confusion of ideas, unusual gestures, and an altered countenance; thoughtfulness, fondness for solitude, taciturnity, the patients often lament, weep and sigh heavily without any apparent cause, are low-spirited, have sometimes indescribable anxiety, and abandon themselves to tears and affections of grief. They are subject to impressions of fear, distress, and many imaginary objects of terror. Sometimes the most extravagant ideas enter into their mind; some think that they are persecuted, or that they must die of hunger, that they are damned, or have no soul, &c. Sometimes, at the beginning of the affection of the brain, they preserve understanding enough to acknowledge their unhappy and deranged state; there is a struggle between reason and madness, but they finish too often by believing in their absurdities.

In hystery and hypochondry, many of the related symptoms of automatic and animal life are observed; hysteric patients are liable to frequent mental delusions, groundless apprehensions, and disorders of the reflecting powers. Hypochondriacs also suffer from various nervous complaints, exhibit gloom with groundless fear, and are inclined to see all objects on the darkest side; so that their anxiety and great attention to their sensations, and the minuteness of their descriptions, frequently exhaust the patience of their physicians.

I have already mentioned that deranged functions of the viscera may exist and continue for years without deranging the functions of the brain, and *vice versá*: but sometimes the mutual influence is observed from the beginning; sometimes the functions of the different parts of the body are disordered slowly, and by degrees; but sometimes insanity bursts out suddenly, just as sometimes the affections of other parts: often all morbid symptoms of automatic and animal life subside, and return again.

In the same way as, in melancholic patients, cautiousness and religious feelings are too much excited, so the lower feelings may become too active, and constitute the prevailing features. The

patients then become restless, walk with a quick and precipitated step, are more loquacious or suspicious, captious, haughty, or malicious and mischievous ; they halloo, swear, talk lasciviously, lose all bashfulness ; their hearing is quick, the eyes red, the look fixed, and the whole aspect furious. These symptoms often interchange or alternate. It is, however, more common that melancholia, particularly chronic melancholia, is changed into mania, than the latter into the former ; chronic mania, mostly terminates in incurable fatuity. If, in individuals who from infancy had a serious, quiet, gloomy, timorous character, insanity take place, at the beginning the symptoms are in most cases of a melancholic nature, and far the greatest number of such individuals have the organ of cautiousness proportionately large.

Suicide.

The morbid inclination to suicide is the same disease which is commonly called melancholy, only producing that singular effect. That many people feel a strong propensity to terminate their own existence, is a fact too notorious to be denied. It is also intelligible, that a man who is miserable in all respects, who has to contend with poverty, all sorts of disappointment, continual misfortunes, should desire to put an end to his mortal existence ; but it seems curious to observe, that persons who are fortunately placed in society, excel by talents and rank, and have money at command, despair and feel the greatest inclination to destroy themselves. Moreover, disappointed love, jealousy, the loss of a beloved friend, bodily infirmities, incurable maladies, all miseries of corporeal existence, are plausible reasons for suicide. They, however, rarely produce that effect. Suicide may be the effect of momentary decision and of violent affections, but very often it is produced by disease.

This propensity to suicide appears under three modifications. The patients destroy themselves ; or they kill first their relations, and then themselves ; or they kill others in order to be put to

death. I shall first mention several examples of suicide, and then show that, in many cases, suicide must be considered as the effect of corporeal disease. Simple suicides are so common, that it is quite unnecessary to quote any case. Examples of the two other modifications are not so numerous, and not always sufficiently understood. A shoemaker at Strasburg killed his wife and three of his children, then he wounded his stomach, and, as the wound was not mortal, he pierced his heart with a knife. This man had a good reputation, was mild, just, a good husband and good father. At Lemberg, in Gallicia, one K*** killed his wife, whom he loved tenderly; then he tried to blow out his brains with a pistol; the first shot failed, but a second killed him. His behavior was always blameless; it was found that he was merely dissatisfied with his place, and thought he deserved a better. In the year 1804, at Hamburg, a respectable schoolmaster, R*** killed his wife and his five children in a single night, and spared the lives of two other children who were entrusted to his care. He bore a good character, lived happily with his family; he had been unsuccessful in a trifling lawsuit, which he feared would involve his family in distress. He expiated his disease upon the rack. We saw at Manheim a baker, who, from his infancy, had manifested a timorous character, and who had been melancholy for ten years. He complained of a general weakness, and fancied he was ruined for having bought a house. He considered his situation as the most unfortunate, and incessantly wished to be dead, and would have destroyed himself, if, according to his expressions, it were not a sin. He often spoke to his wife of a French smith, who had killed his wife and himself. He loved his wife, and often repeated to her, 'You are unhappy, I shall be obliged to do what the French emigrant has done.' At Paris we met with a woman, twenty-six years of age, who, principally at the period of her menses, felt extreme anxiety, and the horrible propensity to kill herself, her husband, and her children, whom she loved tenderly. She trembled in describing the struggle of her mind between moral and religious principles, and the internal impulse

to commit such an odious action. She was accustomed to bathe her child in a small river ; but for a long time she did not dare to do so, because an internal voice told her incessantly, 'Let him sink, let him sink.' Sometimes she had scarcely time to throw away a knife she was inclined to plunge into the bosom of her children, or her husband. When she went into the room where her husband and children slept, she felt immediately the propensity to kill them. Sometimes she was obliged to run out ; she hastily shut the door, and threw away the key, in order not to be able to return during the night, if she was troubled by this horrible feeling.

Sometimes this disease is hidden under a peculiar mask. Such patients are sometimes disgusted with life, but they have not courage enough to kill themselves ; hence they contrive means of being destroyed by others. To this end they commonly commit a murder on another innocent person, mostly on a child. Then they accuse themselves, and require to be punished with death. Sometimes they consider it less criminal to destroy another than to commit suicide. Crichton relates several facts mentioned in the *Psychologisches Magazin*.

'Daniel Voelkner, born in Friedland, lost his father when fourteen years of age, about which time he was put an apprentice to a shoemaker. Afterwards he enlisted himself for sixteen years in the service of his Danish Majesty. After this time he returned to his native country, and enlisted himself once more a soldier in the cavalry.

'From this period his ideas of the happiness of a future life were of the most vivid kind, since they terminated in weariness of life, and in the desire of throwing off his mortal burthen. The only way which presented itself to his mind, to obtain this desirable end, was to forfeit his life by murder. After the accomplishment of this act he imagined he should have time enough to make his peace with God.

'According to the testimony of his comrade and bedfellow, this man lived a pious life, singing religious hymns and reading

godly books, one of which he offered to his companion for his edification. He often admonished him to become devout, adding, that he himself had been very wild in his youth, but that he was now in the right way.

‘ One night, when in bed, the idea of teasing Voelkner a little, on account of his extravagant piety, occurred to his bedfellow. He said, he looked upon it to be a thing unreasonable in some people to act so uncommonly devout a part, as if with a view of making it appear that they alone merited happiness hereafter. Upon which Voelkner answered, it was extremely unjust in him to think so, and immediately began to cry out, “ I must, I will be happy hereafter.” These words he repeatedly uttered with a loud and harsh voice, tossing his legs and arms about in a violent manner, and starting from one part of the bed to another. After this he broke forth in sorrowful complaints about his past life, and began to exclaim, “ I am come to this at last, I am come to this at last,” which words he repeated three or four times. Upon his companion asking him to what he was come, he answered the same thing.

‘ According to Voelkner’s own testimony, he had long entertained the idea of murdering a child, because he thought that, after having confessed and made his peace with God, he would soon reach that place, and that happy life, for which he sighed. Three weeks previous to the act he suffered indescribable anxiety and uneasiness. It appeared to him as if he was obliged to kill some one. On some nights he slept well, on others not at all ; but the idea of murdering some one always returned with the light of the day.

‘ Three days before he committed the crime, he went to the churchyard, and played with the children who were there, intending, if he had an opportunity, to kill one of them. At last, in one evening, he accomplished his horrid purpose. A little girl, who had a companion in the house where Voelkner was quartered, came that evening to pay her a visit. The landlord of the house and his comrade were both gone out about an hour before.

Voelkner invited the two little girls into his room, and divided between them his supper. Immediately after which, placing his hand on the forehead of one of them, he bent her head back, and with a knife, which he had sharpened on purpose a day or two before, he cut her throat. He then went to the guardhouse, surrendered himself, told what he had done, and acknowledged that it now caused him much regret. He was immediately taken to prison, where he slept calmly the whole night; for he acknowledged, that the uncommon uneasiness he had experienced for three weeks before, ceased upon his committing the act.

‘During his examination he answered like a reasonable man, and expressed himself with precision, behaving himself decently, both in word and deed. He narrated the principal circumstances of his life, and said, he knew perfectly well what consequences were to be expected from such an action, and that he would be obliged to answer with his blood. But this thought was at that time by no means disagreeable to him.’

‘Seybell, a shoemaker at Potsdam, from infancy quiet and pious, simple and timorous, and more inclined to grief than to joy. Even in his early years he fell into a state of melancholy. He was exceedingly platonic, unfortunate, and his mind was filled with displeasure on account of his own inferiority and want of talents. From 1772 to 1781, he lived in a state of great poverty, supporting himself by sewing, the profits of which were hardly sufficient to supply his most urgent wants. He had a few debts; tortured by constant anxiety and distress, and fearful to be arrested on account of his debts, he thought that his afflictions would not terminate but by his death. The unlucky thought sprung up in his mind, of accelerating that wished-for event by murdering a child. The child whom he selected as the instrument by which he was to attain heaven, he loved to excess, as he himself avowed, and as the parents testified, who said that he had taught the child many prayers and several passages of the Bible. This love prevented him once from killing this little object, but one day, being suddenly seized with delirium, he quickly murdered the child.

He tried to conceal the body, and yet, a moment after, he went out of the house and told what he had done.

Haslam* relates the history of a woman, aged 36, who, under the impression that she ought to be hanged, destroyed her infant, with the view of meeting with that punishment. When she came into the house, she was very sensible of the crime she had committed, and felt the most poignant affliction for the act. For about a month she continued to amend, after which time she became more thoughtful, and frequently spoke about the child: great anxiety and restlessness succeeded. In this state she remained from February until April, when her tongue became thickly furred, the skin parched, her eyes inflamed and glassy, and her pulse quick. She now talked incoherently, and toward the evening merely muttered to herself. She died on the following day comatose.

Circumstances which accompany suicide evidently show that it is a corporeal disease. There are countries and districts where suicide is endemical. In Germany, about Hamburg, Potsdam, Halle, Jena, it is much more common than in Austria; and at certain periods it is more frequent than at others; sometimes epidemic, so that in a short time there are a great number of instances, and then much fewer during a long interval. Like other forms of insanity, the inclination of self-destruction is hereditary. Gall was physician to a family at Vienna, in which two brothers killed themselves; and the sisters have the same propensity, especially at the period of their menses.

The morbid symptoms, which are commonly observed in such unfortunate beings, resemble those of melancholy in general. There is a great disorder in the viscera of the abdomen; inordinate appetite, eructations, flatulencies, irregular evacuations, derangement of the menses; a yellowish sallow complexion, of an earthy color, especially about the nose and mouth; the eyes are dim and weak; the white of the eyes is of bluish lead-color. Some grow lean, others preserve their plumpness, have the face

* Lib. cit. p. 102.

high-colored and animated. The patients often complain that their hands and feet are stiff and benumbed; more frequently the sensibility of the skin is increased; they feel either in the whole body, or in certain parts, principally in the intestines, or in the thighs and feet, an ardent heat, as if it were produced by burning coals. The greatest number of these patients are timorous and pusillanimous, so that sometimes very tall men tremble like children, feel a strong and permanent pain above the root of the nose, and in the midst of the inferior part of the forehead, sometimes at the top of the head. Others complain of an insupportable tension in the forehead, and of tightness in the region of the stomach. Some vex themselves, and others around them, about trifles, feel suffocating anxieties, a sentiment of despair, and see nothing but misfortune and wickedness, though sometimes their situation is extremely fortunate. All external circumstances often indicate prosperity, when they despair and fancy that they and their family will die of hunger and misery. Certain individuals imagine they are despised or persecuted by every body. Some have inspirations and visions. They see and hear angels, who excite them to put an end to their days.

Sometimes the various symptoms disappear, but return. The visionaries, at the beginning, often judge exactly their situation; they consider their sensations and ideas as illusions, but when the disease increases they think they are real. They sometimes feel the impulse to self-destruction for years. They sometimes keep a note-book, and manifest evidently, by the sentences they write down, that their mind is deranged. They often note, *I am mad; I am distracted;* and in thinking of self-destruction, *I, however, shall do it.* Such persons sometimes bear about them a knife, or other destructive weapon, for several years, uncertain and unresolved as to manner, place, and time, when they will destroy themselves or others. Several who attempted to break the ties which keep them from a better life, have not succeeded. After a few days they often seem to repent of their action, but commonly new fits take place, and they repeat their attempts till they succeed.

Those who begin with destroying their relations or others, do not always give the mortal blow to themselves, but they surrender themselves to justice, and request to be punished with death.

Another proof, that the chronic impulse to suicide is disease, results from the appearance of the skulls of such patients. They are very often dense like ivory, and often thick. It is, however, necessary to distinguish those who destroy themselves in a fit of momentary despair, or from a chronic melancholy. It is impossible that the state of the ossification should be changed in a very short time.

A great number of persons consider suicide, especially the actions of those who kill others, and sometimes their beloved relations, as the most horrible crimes, because such individuals destroy the lives of others, on account of being tired with their own ; but the judgment of a philosophic physician is quite different. He perceives in these deplorable actions only the signs of a terrible disease, most deserving our pity. The contrast of such actions with nature ought to have excited the attention and reflection of every one who studies mankind. It is inconceivable that a wife, who loves her husband, and *vice versâ*, and that parents who love their children, will assassinate them, as long as their mind is not at all deranged. The judgment of the wise Solomon ought to have been thought of. Add to this, that murderers of this kind have neither terrestrial advantage nor revenge in view ; that after such actions they either kill themselves, or surrender to the magistrate, and ask for death. How is it possible not to observe a derangement of the mind, especially if a true picture of all preceding symptoms be taken into consideration ?

Similar patients are commonly considered as turbulent and fractious men ; they are often ill-treated, reproached, or derided ; they are even accused as impious, instead of being treated with cheerfulness and patience, and trusted to the care of a philosophic physician. Such persons are censured as if their excitement and depraved imagination were the result of their own will ; and, when the catastrophe happens, different external and accidental circum-

stances are considered as a sufficient cause of such an event. The unfortunate person was overburthened with debts ; her hope had been disappointed ; or her partner was faithless, &c. We must, however, be aware, that similar incidents happen daily, without producing such effects ; hence the predisposition of such patients is not to be overlooked.

Fits of Insanity.

It is generally known, and I have sufficiently detailed, that, idiotism and fatuity excepted, insanity is often intermittent, like many nervous complaints, and has exacerbations and remissions. In all these affections, the cause of disease may be permanent, but does not continually produce morbid appearances, nor in every fit the same symptoms. I have mentioned, that the melancholy attacks subside, and return again. It is the same with the inclination to suicide, with mania, epilepsy, catalepsy, convulsions, &c. Much has been said with respect to the cause of the fits. The ancient opinion, that the moon regulates the nervous complaints, and other phenomena, is entirely destitute of foundation. If a greater determination of blood to the brain be considered as the effectual cause of various nervous symptoms, and the lesions of the brain from exostoses or violent depression of the skull, &c. as the predisposing cause, this question remains unanswered : how comes it, that the same predisposing cause may exist continually, and only at certain periods, the blood is carried in larger quantity to the brain, and various morbid symptoms take place ?

The functions of the nervous system are exhausted, and its powers require rest, to be repaired. They are excited, and even deranged, by various stimuli, as light, caloric, galvanic fluid and especially by blood. But the greater irritability of the nervous system at certain periods is unexplained. The fact, that at certain times the irritability of the nervous system (nerves and brain) is greater than at others, is indubitable, and, as it seems, dependent on determinate laws, and on other phenomena of nature,

which are not yet ascertained. These periods of irritability are of the highest importance in the state of health and disease, with respect both to automatic and animal life.

It seems to be a great law of nature, that all phenomena happen with a certain periodicity. Plants at two periods, in the spring, and at about the end of July and the beginning of August, grow particularly in extent; at the other time of the summer and autumn the young shoots become solid, and the plants perform other functions, especially those of fructification. Animals are born and increase according to periods. The climacteric years are known, and then the body increases more than at other times. Moreover it is a fact, that the different parts of the body, such as teeth, cerebral parts, sexual parts, are developed at different periods. During the whole life the change of matter of our body is greater at certain times than at others, the alvine evacuations are more abundant, the urine turbid, the exhalation of the skin and lungs more considerable; in short, the function of every part more or less active at different periods. In animal life it is the same; sleep is necessary; and the instinct of animals, all feelings of man, even the intellectual faculties, are more energetic at one time than at another.

Many diseases require a certain lapse of time before the natural state can be re-established, and they are subject to certain periodicity. A philosophical treatise on the periodicity of the phenomena of nature in general, and of man in particular, in his state of health and disease, would be at the same time very interesting for anthropology, and very useful for practical medicine. There is one sort of periods which I call the periods of irritability, which have an influence on man in general, but particularly on the manifestations of the mind.

Dr. Gall first made the observation, that at certain periods more women menstruate than at others, and that in a lunar month there are two such periods. This periodicity with respect to menstruation must be understood as follows. There are many females, who have their menses within eight days; they, independently of

bodily size and temperament, form a class, and without a violent cause, such as strong affections, they belong always together, with this difference only, that several overcome that inconveniency in a greater or smaller number of days; but within eight days all individuals of that class menstruate. There is another class of females, who also, independently of bodily size or temperament, have their menses at another period with the same modifications as those of the former. Both periods happen within a lunar month. It must, however, be observed, that the season and weather have an influence on the periods; in the spring and in hot weather they commonly anticipate, and their effect is greater. At other times they postpone, but always the whole class anticipate or postpone, which indicates, that the cause is general. In a small number of females, menstruation is sporadic. Extremely weak and delicate women see the influence of both periods; for that reason some females are unwell every fortnight. Many women think that it is always the case at the same date of the month, but they are mistaken, and were not attentive enough.

This observation is very curious, and may become useful in many practical cases. It is, for instance, a fact, that pregnant women are delivered at the tenth period of menstruation. Accoucheurs may now explain why, during a few days sometimes they cannot do and run enough, and then for eight days they are not called for. If an accoucheur be acquainted with females who menstruate together, and any one is with child, he can know before when she will be delivered. He knows it by the other women of her class who are not pregnant. It is known, that women are often mistaken in their calculation, the reason is because the conception can take place immediately before or after the time of menstruation, and the delivery always happen at the tenth period. If, for instance, an accoucheur be called at the term of five or eight days after the others of her class were regulated, he can be sure that there will be no delivery, till the next period of the class.

If he be attentive, he will find, that he can often be free of un-

necessary anxiety. On the other hand, if during pregnancy some *conamina* of parturition happen, and he knows that in the period of menstruation, which he may learn from the others, abortus easily occurs, he takes greater care. If a pregnant woman be subject to haemoptosis, at such a period it is less dangerous, as to its consequences.

These periods, when women menstruate, have an influence on the whole of mankind, on the state of health and disease; they affect men and women at the same time over Europe. Almost every one feels from time to time, during a few days, a greater irritability; he is easily displeased with any impressions of the senses; his mind is not disposed to any application, and is easily fatigued; his thoughts are not consecutive; he may be offended by things which, at other times, would be indifferent; he is morose, and more inclined to quarrel or to dispute; his appetite is lessened, and all his excretions are more copious. This state comes and goes away without our being able to account for it.

These periods are extremely important in medicine: all chronic diseases have at these times exacerbations; those who suffer by piles are more tormented: many morbid causes, which are permanent, produce greater derangement. They have also their influence on nervous complaints, and all sorts of periodical fits, on visionaries, and on all madmen. They explain why suicide is more frequent at one time than at another; why sometimes their melancholy seems to be cured, but returns; why such individuals, being saved or prevented from destroying themselves, after a few days are glad to be alive: why, yet a short time after, they make new attempts to finish their existence? and why they repeat them three, four, five, and more times, till at last they succeed. The cause of this general influence is unknown.

Beside this period of irritability, there are still other causes which have an influence on nervous complaints and on the forms of insanity; but they are only known, and no more understood than the periods of irritability. There is no doubt that light and caloric have a great influence on the functions of our body, and

of every system. We see, therefore, the changes of various general diseases, of nervous complaints, and of insanity, according to season, weather, day and night. The question is, whether insanity has its exacerbations in the evening or in the morning? Both sorts of cases have been observed, but they are not detailed. As insanity is not the disease, but merely the morbid appearance of the same causes, which may also affect other parts and derange their functions, it seems to me, that insanity is subject to the periods of the real diseases. It is known, that inflammatory diseases have their exacerbations in the evening; hence such a state of the brain may undergo the same modifications. Hysterical and hypochondriac persons are little refreshed by sleep, and they complain more in the morning than in the evening; hence melancholy, and even mania, which sometimes is a symptom of the same diseased state, hysteria and hypochondria, may be worse at the same periods. The object is highly interesting, and deserves the attention of philosophical observers. Our ignorance of insanity is too lamentable not to excite our mental faculties to farther investigations. In fact, as long as we have no clear idea of the diseased state of the body, and the nature of morbid appearances, our proceeding must be that of mere empiricism.

RECAPITULATION.

In this Section I have spoken of the forms under which insanity may appear. I have explained that the disease does not consist in the forms, but in the peculiar states of the organization on which the manifestations of the mind depend. I have treated of the different modifications of melancholy, especially of that accompanied with the inclination to suicide; and I have finished with a few remarks on the periodical fits and exacerbations of insanity.

I shall not write a peculiar Section on the means of preventing insanity; though I think with Bacon that the wisdom of foresight

is far above the wisdom of remedy. They may be reduced to the general advice—to prevent the causes ; hence all the considerations concerning the causes must be attended to. If a disposition to insanity exist in families, it is obvious that intermarriage ought to be avoided, &c.

SECTION VI.

Prognosis of Insanity.

With respect to prognosis, the same terms, which are used in other diseases, may be applied to insanity. Any disease is incurable or curable ; the latter is acute or chronic, it is cured with facility or difficulty. Such expressions, however, are quite relative ; they depend a great deal on our knowledge or ignorance of the diseases. There was a time, when the ague was considered as a very dangerous complaint, and syphilis was incurable. In our days, however, we are enabled to make a different prognosis of those diseases. The term incurable ought to be applied only to an organic alteration, which cannot be reduced to its former condition ; a suppurated internal organ, for instance ; ossification of blood-vessels ; an effusion of blood or of serous matter in the cavities of the brain, a tumor, &c. On the other hand, all diseases from dynamic causes ought to be considered as curable.

We must confess that hitherto medical art has acquired very little merit in the cure of insanity ; nature alone does almost every thing. It is, however, interesting, and even necessary, to know what nature can do, in order to understand and appreciate the merits of the art.

The prognosis of insanity, like that of any other disease, depends on the predisposition of the patient, his bodily strength, the particulars of his constitution, sex, age, the nature of the disease and its cause ; its duration, the organic change it has produced in the brain, and the degree of our knowledge. A few remarks will elucidate my ideas.

Natural predisposition to insanity makes a perfect cure more difficult, and the relapses more likely. Strong constitutions longer resist the morbid causes, and when affected they are more easily restored. I have mentioned that in all sympathetic disturbances the weakest parts are the most easily affected. In young and middle age, and in vigorous persons, insanity is the most easily cured; and the probability of recovery lessens, the nearer life approaches its termination. In females the prognosis of insanity connected with pregnancy, parturition, and uterine affections is mostly favorable. Singularities in the brain exist as well as idiosyncrasies in the stomach and five senses; their prognosis cannot be submitted to any positive decision. Often, however, they are dependent on the general constitution.

Moreover the prognosis depends particularly on the cause and nature of the disease. Either it is impossible to remove the cause, and insanity is incurable, or it is removed with less or more difficulty. Idiotism from too small a brain is incurable. If strong and predominant feelings be the cause, the cure is difficult. Pinel says, religious melancholy is seldom known to terminate in any other way than by death. Hallaran, Haslam, Cox, and others speak of the same difficulty. A professed drunkard is not easily restored to a permanent abstinence from such a habit. The prognosis of insanity, from idiopathic causes is more unfavorable than from sympathetic. When insanity supervenes epilepsy or palsy, or when these appearances join insanity, a cure is very seldom effected. On that account such patients are excluded from certain establishments for the insane.

It is a general observation that maniac patients recover in a larger proportion than those who are melancholy. The reasons seem to be various. First, in mania, the symptoms are alarming, make stronger impressions on the beholders; hence relief is sooner looked for, and more attention is paid to the diseased state. In melancholy the patients, sometimes for years, are given up to their fate; they are considered as fanciful and imaginary. It is, however, a great fault on the part of the friends, and even of

physicians, not to consider the deranged imagination as the effect of a bodily cause. The advances of the disease, which produce melancholy, are insidious and imperceptible, and after a long duration the removal of the cause must be more difficult. Moreover the nature of the disease in mania and melancholia may be the same as well as different. An inflammatory state of certain cerebral parts may produce mania, and is cured by blood-letting. This will be often the case in acute mania. Chronic melancholy, on the contrary, in weak, delicate, and nervous individuals, is mostly the result of debilitating causes, but if irritability increases, and a great determination of blood to the head excites maniac symptoms, it is conceivable that the same treatment, which has cured the acute inflammatory state, will fail in the second case. Now for the relief of the symptoms of melancholy nothing is done; and if they are combined with maniacal symptoms, and the treatment which had good effect in another disease with maniacal appearances does not succeed, melancholy is declared incurable. It is, however, not sufficient to observe only symptoms of mania or melancholy, to form the prognosis; it is of greater importance to know the nature of the disease.

Insanity from an inflammatory state of the brain, is liable to the same events as inflammation in any other part; it may be acute or chronic, the chronic continual or intermittent. Ophthalmia is often interrupted, and returns from time to time. In acute inflammations, we make a good prognosis, if the disease has not lasted long, was not too violent, or even in that case, if evacuations take place, first by the skin, then by the urine, and at the end by the intestines; and if the symptoms of inflammation gradually diminish. The most violent patients very often recover in the same manner. The paroxysms diminish gradually in their intensity, till at length no vestiges are to be traced, and such a gradual return to sanity is the most favorable to its durability.

The inflammatory state of the brain often terminates in secretions of serum, in the formation of pseudo-membranes, thickening of the membranes, hardening the bone, or in suppuration. If in-

sanity degenerate into fatuity or dementia, or if emaciation be increasing, though the patient eat with a voracious appetite, the case is hopeless. Then incurable changes have taken place in the substance of the brain, in its membranes or blood-vessels.

Remissions and intermissions are favorable: they show that the cause is not so active, and that organic changes do not so easily take place. In such cases the prognosis is particularly favorable, if the successive paroxysms are weaker. For there are diseases which, so to say, exhaust themselves.

Insanity without alteration of the pulse in the body is more difficult to be cured, because the disease is idiopathic. The prognosis is also unfavorable in insanity connected with violent chronic headache, especially in the neck, or in cases where drastic remedies fail to produce any effect; or if blisters neither vesicate the cuticle, nor increase the heat about the parts to which they are applied.

If weakness of memory or deranged judgment proceed from debilitating causes or follow a too debilitating treatment of acute mania, the patient is frequently restored by good diet, humane treatment, and tonics. But if naturally weak intellectual powers still gradually diminish and terminate in imbecility, there is little hope.

In proportion to the duration of insanity, the prognosis is more or less favorable, so that the probability of recovery diminishes as the length of its duration increases. The question is, how long insanity can last before it is incurable? The question shows, that we have no idea of what is to be called insanity. According to the report from the select committee for the better regulation of madhouses, 'In Bethlem at London, after a residence of twelve months, if such persons have exhibited symptoms of malevolence or are mischievous, and it is considered necessary that society should be delivered from them, they are declared incurable, which declaration is subsequently confirmed by the governors, and then they are no more treated with a view to cure their disease.' According to the same report, 'Dr. Sutherland is of opinion that

one year is decidedly too short a period at which to give up any expectation of cure and consequently any medical treatment. There are frequently patients who recover after that period. Therefore dismissing a patient after having been twelve months in St. Luke's hospital, they never make use of the term incurable; they merely dismiss them uncured.*

* The difference in the proportion of cures to the admissions, in different institutions, is very great. This variation can hardly be attributed to accidental circumstances, as they would not give uniform results, but rather to different degrees of skill, or knowledge, possessed upon the subject.

We subjoin a table of *comparison*, being extracts from statistical notices of some of the Lunatic Asylums in the United States.

PROPORTION OF CURED.

	Admitted.	Cured.	Centesimal proportion, or No. cured in every 100.
New York Lunatic Asylum, from 1795 to 1821,	1584	700	44.19
Bloomington Asylum 7½ years,	1043	436	41.80
Pennsylvania Hospital, from 1752 to 1828,	3487	1254	35.96
Friends' Asylum, near Philadelphia, 8 years,	158	53	33.54
Connecticut Retreat, 5 years,	196	100	51.01
Mean,	-	-	41.31

FOREIGN INSTITUTIONS.

	Admissions.	Cured.	Per cent.
Cork Lunatic Asylum, from 1798 to 1818,	1431	751	52.49
Salpêtrière and Bicêtre, Paris, from 1801 to 1821,	1259	4968	30
Aversa, near Naples, 1814 to 1823,	-	-	29.70
Charenton, Paris, 1826-7-8,	-	-	33
Bethlem, London, 1817 to 1820,	-	-	54
St. Lukes, London, 1800 to 1819,	-	-	46

PROPORTION OF CURED, IN RECENT AND OLD CASES.

<i>Bloomington Asylum,</i>			
	Admitted	Cured	Per Cent
Recent Cases,	581	341	58.69
Old Cases,	422	76	18.00
<i>Connecticut Retreat,</i>			
Recent Cases,	97	86	88.66
Old Cases,	99	14	14.14
These may be compared with the result at the			
<i>Retreat near York, from 1796 to 1819,</i>			
Recent Cases,	92	65	70.65
Old cases,	161	47	29.19

Mr. Haslam has observed, that many patients are dismissed from Bethlem as cured who come back with relapse, and that others are sent away as incurable and recover. Dr. Hallaran finds it improper to give up as hopeless any case of insanity, so long as the vigor of youth or disposition to a diversified form of the disease has continued. He tells us more than we learn from the preceding statements, but it seems to me that the proposition is not sufficiently determinate. In many cases of young individuals insanity is incurable, though the body is vigorous; and in many more weak persons insanity will be cured as soon as we shall better understand its nature. At St. Luke's hospital they are prudent in dismissing the patients only as uncured; but this expression is employed indiscriminately, and must be so as long as we do not know the nature and cause of insanity, according to which alone it is to be declared incurable or curable.

There are cases where insanity can be declared incurable, idiotism for instance, from a defective organization of the brain, or fatuity from organic changes after a violent, continual, and chronic mania. But in many cases twelve months are not sufficient to give a decided opinion. Dr. Rush* relates, that manalgia has been cured in a woman who had been insane nine years. In another woman manalgia had continued two years, and was cured by an acute dysentery. Four patients have been cured of manalgia by abscesses at different parts of the body; one of them had passed a third of his life in the hospital at Philadelphia. In another passage† he mentions spontaneous recoveries after the disease had continued eighteen and twenty years.

These facts prove that in the brain the same phenomena take

Dr Burrow's Private Asylum,

Recent Cases,	-	-	-	-	-	-	-	242	221	91.32
Old Cases,	-	-	-	-	-	-	-	54	19	35.18

Glasgow Lunatic Asylum,

Recent Cases,	-	-	-	-	-	-	-	-	-	50.00
Old Cases,	-	-	-	-	-	-	-	-	-	13.00

* Medical Inquiries and Observations on the Diseases of the Mind, p. 223.

† Lib. cit. p. 256.

place which are observed in other organic parts. I doubt whether physicians would agree in declaring all diseases of other parts incurable after they have lasted twelve months. Chronic inflammation sometimes disturbs vision for years, before the patient finds relief for the rest of his days. And if chronic affections of the skin, lungs, liver, stomach, or uterus, are cured after several years duration, why should it not be possible with diseases of the brain?

Finally, the prognosis of any disease depends on our knowledge and ability. In the aphorisms of Hippocrates we find many symptoms declared mortal; in our days, however, a physician would be very blameable, did he lose his patient under such appearances; and a physician would be considered as ignorant, if his patients should suffer as many relapses as the patients of Hippocrates did. Melancholy and insanity, with the propensity to suicide, are seldom cured, according to the assertion of all writers on insanity. I am, however, convinced from repeated observations, that it is curable, and as often as mania. In general, I am decidedly of opinion, that in insanity, if we immediately employ the proper means, and continue the true treatment for a sufficient length of time, the number of curable cases will greatly enlarge. In many cases the power of nature, without support, is insufficient; and in many others it is more difficult to repair the mischief induced by improper treatment of insanity, than it would have been to cure the original complaint; just as it often happens in other diseases.

If re-convalescents return to their primitive tastes, pursuits, and habits, it is a good indication of their final and complete re-establishment. Dr. Rush* relates, that 'in a young man of the name of Wilkison, the habit of stammering was suspended during his derangement, but returned as soon as he began to mend.' Dr. Rush† also mentions, that 'a Mrs. D—— said to him one day, in passing by her in the hospital, and asking how she was, that she was perfectly well, and that she was sure this was the case,

* Lib. cit. p. 254.

† Lib. cit. p. 255.

because she had at last ceased to hate him.' A similar instance of a perfect recovery, succeeding the revival of domestic respect and affection, occurred in a Miss H—— who was confined in the year 1800. For several weeks she discovered every mark of a sound mind, except one: she hated her father. On a certain day she acknowledged with pleasure a return of her filial attachment and affection for him. Soon after she was discharged cured. Similar observations are made in other diseases. Sometimes insanity, as well as other complaints of internal parts, cease at the return of piles, cutaneous eruptions, erysipelas. Sometimes affections of the brain change with asthma, dyspepsia, and other morbid appearances of internal parts.

The natural language of insane persons, as voice, gesture, manner of talking, looking, walking, &c. is different from that of a sound one; it is, therefore, a good sign in insanity, if we observe a progressive amendment in the more obvious and striking symptoms, if in the intervals the countenance and behavior are more regular, and the whole appearance more natural.

Like other persons, insane patients recollect better the very early impressions than recent ones; and they often show knowledge of things which they had forgotten in the healthy state, just as is the case in other diseases. The instance of the Countess of Laval is known, who was nursed among the Welsh, and appeared to have entirely forgotten the Welsh language. But long after she had grown up, in the delirium of a fever she spoke many words in a language unknown to her attendants, which was at length discovered by an old Welsh woman.

Like old persons, who sometimes a short time before their death show increased activity of their powers, many insane, before the end of their days, show often a sudden restoration of reason. The mind of Dean Swift awoke from its long repose in fatuity in consequence of an abscess in one of his eyes. Dr. Percival relates an instance of a woman, who lived from her infancy to the 35th year of her age in a state of fatuity, and died of a pulmonary consumption, in which he discovered a degree of intellectual vigor that astonished her family and friends.

Insanity, as well as other diseases, is liable to relapses. Any part of the body, and so also the brain, being once affected, preserves a predisposition to the same disease. I know a gentleman who was accustomed to drink, and, without being intoxicated, he could drink more wine than any of his acquaintances, till once he became intoxicated by rum. Since that time he felt the effects of wine as soon as any other. It is a general observation that, if an attack of insanity cease suddenly, the relapse is to be expected. Dr. Hallaran says: 'When I have found mania to subside speedily and suddenly on the first attack, I have ever laid my account on its hasty return with redoubled violence. In this I have never been deceived, though the interval has been in the strictest sense a lucid one.' He adds, that he has 'never witnessed a perfect recovery in recent cases of insanity, where the symptoms had suddenly given way.' This is the case in many periodical affections, and proves that mania can be the result of different occasional causes. In insanity, however, as in any other disease, a relapse is no proof that it was not cured before. Ophthalmia often returns, and each time it is said to be cured; in the same way the ague, a catharral affection, an erysipelas, &c. are said to be cured, notwithstanding the relapses to which they are liable.

There are writers who think that insane people cannot live long; and atrophy, pulmonary consumption, dropsy, particularly hydrothorax and anasarca, are considered as the most frequent occasion of death among them. Samuel Tuke, however, states, that it is perhaps a matter of doubt, whether the frequency of these diseases is more connected with the mode of treatment than with the mental disorder. In the retreat insanity is not essentially prejudicial to automatic life. Samuel Tuke speaks of one eighty-seven years old, of eleven between sixty and seventy, and of four between seventy and eighty years. In the section on moral treatment I shall mention reasons enough why insane people commonly do not live long. In the first report from the select committee for a better regulation of madhouses, there is an example quoted, that a patient was so much neglected that he was spoken

of as a dying man ; but the poor creature being removed and better attended to, in a few months was so much recovered as to be able to be removed to his parish in an inoffensive, though imbecile state of mind.

RECAPITULATION.

In this section I had the intention to show that the prognosis of insanity must be instituted in conformity to the same considerations as those of any other disease, viz., according to the predispositions of the patients, the constitution of the whole body, or of single parts ; according to age and sex ; especially according to the cause and nature of the disease, its duration, organic changes in the cerebral organization ; finally, according to its disposition to relapses, and our knowledge and ability of curing the disease.

SECTION VII.

Treatment of Insanity.

I come now to those considerations in which the patients are most interested, and where experience and our own conscience attest our ignorance. We must, indeed, all agree, that the method of curing insanity is not at all satisfactory. I will not censure, I only relate simple facts. The Greeks and Romans endeavored to cure every insanity by hellebore ; in the middle age superstition had recourse to exorcisms ; according to the report of the select committee for a better regulation of madhouses, at Bethlem, in London, in our days, the patients were bled, vomited, purged and blistered, according to the season ; and at Charenton, near Paris, the patients are said to be cured by playing comedies.

Two sorts of treatment are commonly spoken of ; one is termed moral, the other medical. At all times the opinions have been

different, which is the most important. Aræteus, who treated professedly on the diseases of the mind, overlooked the moral treatment; Celsus, on the other hand, had the greatest confidence in it. In our days, far the greatest number even of medical men expect better effect from the former than from the latter. I shall therefore begin with its elucidation.

Moral Treatment of Insanity.

Pharmaceutic preparations and medicines excepted, all the rest belongs to the moral treatment; habitation, for instance, nourishment, coercion, occupation and personal treatment. I shall first mention the things as they are, and then propose some improvements.

I shall begin with the habitation. As to their situation, I have seen madhouses near rivers, in marshy districts, where the atmosphere was constantly damp; sometimes near issues of sewers; or in the neighborhood of large hospitals, where thousands of patients were crowded together to infect the air; or where the galleries looked over large burial grounds, where interments daily happened under the eyes of the most gloomy and melancholy patients. With respect to their construction, I have found round towers, or square buildings, two or three stories high, and the airing grounds in the centre. In this way the free communication of air was prevented, and the cells at the ground-floor were dark and moist. I read even that buildings of four stories are proposed, because they are preferable for economy, as only requiring the same quantity of roofing that is requisite for a building of one or two stories. I find also that such a height is excused, because the place is so small, and airing ground wanted. In that case I would object against the situation in general: for not the place, but the patients, deserve the first attention. I have seen the staircases of all stories, or the outlet of all cells, common; sometimes there were no means of ventilating the cells when they were inhabited, or the cells were not glazed; hence it was necessary to exclude

light with the cold air. Commonly there were no means of warming the apartments; the cells sometimes resembled stables or dungeons; the water-closets often too near, and the smell offensive; no airing grounds at all, or small damp ones within the square buildings, and these still encumbered with rubbish; sometimes I have observed them exposed to the sun without any shelter; at other times surrounded with high walls, that no sunbeam could reach them. A want of sufficient room to classify the patients is almost general.

In considering the treatment of the patients, it is impossible to remain indifferent. Even the most obvious idea, which is indispensably necessary, viz., the separation of the patients, is neglected. The most furious and the most melancholy; the most imperious and the most fearful; the most vociferous and the most cheerful; the most villanous and most religious; clean and unclean; curable, convalescent, and incurable, are put together; all is chaos and confusion. In the same day-room the furious are chained, and the gloomy walk round them. Sometimes men and women are put together, and it is reported that the insane were pleased to propagate their race. If any separation of patients exist, it is made according to what can be paid for them. I have met insane persons, who were reasonable in many respects, of accomplished manners, and who were fully sensible of their situation, in the same floor with wretched beings without clothing, who were unaware of the necessity of nature; in short, with beings of the most degrading and brutalizing condition.

I have seen patients fastened by chains, sitting at the grating of their doors or windows like savage animals in cages. Often I have found them in workhouses, under the care of persons totally ignorant of the proper treatment which such patients require, and in rooms not at all adapted to them. Such unfortunate creatures naturally are a great annoyance to the other inhabitants of the house; they are then either confined in a strait waistcoat, or tied to their bed day and night. If they walk about the house, they are made the sport of children; hence they are often huddled together in rooms, and several in one bed.

I have also found them confined in houses of correction, or in prisons, in dark, cold, and dirty cells, separated from every living creature; while the felons were comfortable round the fire. Several keepers seemed to possess all the qualifications necessary for superintending a jail, but they seemed to me quite unfit for taking care of the insane. They also attended rather to the complaints of the criminals, than of the unhappy lunatics. They had more compassion for the felons, or perhaps more fear of the justice which defends their cause, while the insane are abandoned, and given up in loathsome cells to the most arbitrary system of cruelty. Sometimes I have seen such deplorable beings in stables, naked, and exposed to the temperature of the atmosphere, during winter and summer. I confess to have left many such places with the utmost indignation at our ignorance, and at the inhumanity of treating insanity worse than crime; of excluding the insane alone from the humane feelings of society, and of abhorring them more than evil spirits. No one, who has witnessed the deplorable situation of such unhappy creatures, or who has read the report of Dr. Latham, the President of the College of Physicians of London, or of the secretary, Dr. Powell, and who is a friend of humanity, can remain indifferent. The former tells us,* 'All the madhouses under the present regime are more calculated for places of confinement, than as places of cure; the relations of the unfortunate people shut them up there, in order to put them out of the way, and in nine cases out of ten this is the fact.' The latter says, 'Insane houses are places which seem rather intended for the confinement and imprisonment of lunatics, but not one of them seems fully calculated for the cure of them.' I think we can add, the greatest number of madhouses are calculated to produce insanity, or at least to prevent the cure, rather than to promote it.

It seems to me a horrible idea to confine the insane in prisons. How excruciating the feeling must be of an individual, who can

* First Report, p. 111.

still reflect on his situation, and sees himself in a prison, and locked up by a keeper. I have heard melancholic persons bitterly complaining of such an abode ; indeed if an insane person should think himself persecuted by the justice, he would be confirmed in his insanity. Those who infect society with the itch, or syphilis, are never confounded with felons ; they have separate hospitals. The insane alone, who often are the victims of the most noble feelings, experience less attention.

The thing which strikes me as the most shocking and abominable is, that the villains who have disturbed the peace of society live in palaces, have an airing, sometimes a play-ground, have often the whole building, even their place of worship, warmed, fresh water in the yards, often cold and warm baths, and every thing comfortable and clean ; while the poor insane, who want and deserve our pity, lie on straw and dirt, exposed to all vicissitudes of season and weather, reduced to the mercy of the turnkey, and less attended to than a horse or a wild beast. No one who can contribute to the abolition of such abominations ought to be inactive. It is not less the duty of a Christian to relieve the sufferings of his countrymen and fellow-citizens, who according to Dr. Latham's testimony are rejected as burthens, than those of negroes, who, on account of their usefulness, at least are taken care of like animals. If any one find this passage a digression on my side, I beg him, instead of examining the reports, to visit the insane of Europe, in public and private establishments, wherever he can meet them, and I am convinced he will not treat professedly on insanity without an emotion of horror.*

* Europe is not alone in this guilt, as may be seen from the subjoined extract from the Second Report of the ' Prison Discipline Society.'

' In Massachusetts, by an examination made with care, about thirty lunatics have been found in prison. In one prison were found three ; in another five ; in another six, and in another ten. It is a source of great complaint with the sheriffs and jailors, that they must receive such persons, because they have no suitable accommodations for them. Of those, last mentioned, one was found in an apartment in which he has been nine years. He had a wreath of rags round his body, and another round his neck. This was all his clothing. He

Principal requisites of a madhouse.

The want of better establishments for the insane is felt by all those who take interest in the condition of these helpless beings. But who shall make the plan? Who shall decide on its adoption? The architect, who is fond of his art, and likes to display architectural beauties, fine columns, and external decorations?

had no bed, chair or bench. Two or three rough plank were strewed around the room; a heap of filthy straw, like the nest of swine, was in the corner. He had built a bird's nest of mud in the iron grate of his den. Connected with his wretched apartment was a dark dungeon, having no orifice for the admission of light, heat, or air, except the iron door, about 2 1-2 feet square, opening into it from the prison.'

'The other lunatics in the same prison were scattered about in different apartments with thieves and murderers, and persons under arrest, but not yet convicted of guilt.'

'In the prison of five lunatics, they were confined in separate cells, which were almost dark dungeons. It was difficult, after the door was open to see them distinctly. The ventilation was so incomplete that more than one person on entering them has found the air so fetid as to produce nauseousness and almost vomiting. The old straw on which they were laid, and their filthy garments were such as to make their insanity more hopeless, and at one time it was not considered within the province of the physician's department to examine particularly the condition of the lunatics. In these circumstances any improvement of their minds could hardly be expected. Instead of having three out of four restored to reason, as is the fact in some of the favored Lunatic Asylums, it is to be feared that, in these circumstances, some, who might otherwise be restored, would become incurable, and that others might lose their lives, to say nothing of present suffering.'

'In the prison in which were six lunatics, their condition was less wretched. But they were sometimes an annoyance, and sometimes a sport to the convicts; and even the apartment, in which the females were confined, opened into the yard of the men; and there was an injurious interchange of obscenity and profaneness between them, which was not restrained by the presence of the keeper.'

'In the prison, or House of Correction, so called, in which were ten lunatics, two were found about seventy years of age, a male and female, in the same apartment of an upper story. The female was lying on a heap of straw under a broken window. The snow in a severe storm, was beating through the window, and lay upon the straw around her withered body which was partially covered with a few filthy and tattered garments. The man was lying in the

or he who is ignorant of the human mind in its state of health and disease? or medical men, who have paid peculiar attention to insanity?

Any hospital whatever ought to be adapted to its purpose, and placed in a healthy situation. With that view I dare propose some ideas, as I have conceived them from numerous observations. I declare not beautiful architecture, not fine columns, superb staircases, lofty domes, external decorations, magnificent committee rooms, to which my attention has often been called when I visited public establishments, but quite other requisites of a madhouse, seem to me the most essential. I shall divide them into two parts: in the first I shall consider the requisites in relation to architecture; and in the second, those of internal management, or moral treatment.*

corner of the room in a similar situation, except that he was less exposed to the storm. The former had been in this apartment six, and the latter twenty-one years.'

'Another lunatic, in the same prison was found in a plank apartment of the first story, where he had been eight years. During this time he had never left the room but twice. The door of this apartment had not been opened in eighteen months. The food was furnished through a small orifice in the door. The room was warmed by no fire; and still the woman of the house said '*he had never froze.*' As he was seen through the orifice in the door, the first question was, 'is that a human being?' The hair was gone from one side of his head, and his eyes were like balls of fire.'

'In the cellar of the same prison were five lunatics. The windows of this cellar were no defence against the storm, and, as might be supposed, the woman of the house said, '*we have a sight to do to keep them from freezing.*' There was no fire in this cellar which could be felt by four of the lunatics. One of the five had a little fire of turf in an apartment of the cellar by himself. She was, however, infuriate, if any one came near her. This woman was committed to this cellar seventeen years ago. The apartments are about 6 feet by 8. They are made of coarse plank and have an orifice in the door for the admission of light and air, about 6 inches by 4. The darkness was such in two of these apartments, that nothing could be seen by looking through the orifice in the door. At the same time there was a poor lunatic in each. A man who has grown old was committed to one of them in 1810, and had lived in it seventeen years.'

'An emaciated female was found in a similar apartment, in the dark, without fire, almost without covering, where she had been nearly two years.'

* The Practical Hints of Samuel Tuke, on the Construction and Economy

As every hospital ought to be appropriated to its purpose, I cannot agree that only one sort of building is to be erected. Insanity is incurable and curable ; both sorts of patients require in many respects a different treatment. Their hospitals then ought to be different also. Many arrangements necessary for curable patients are quite superfluous for incurable idiots and fatuous, who make up the greater number of insane in many houses, because they remain for life. A building which shelters them against the inconveniences of season and weather is sufficient ; to treat them with humanity, to provide for their natural wants, and secure them against any injury, is all that we can do ; and if they are considered as a department of the poorhouses, they should not become an annoyance of the other poor. It is, however, not my intention to detail their establishments : I remark only that in such departments some divisions must be made, because some are clean, others dirty ; some cheerful and innoxious, others mischievous ; some incapable of doing any thing, others only partial idiots, and fit for manual labor, so that they could plant and cultivate the vegetables which they and others eat. Thus, the incurable and curable ought to be separated, and confined to different institutions. The curable again require two sorts of establishments, one for the patients under treatment, and the other for convalescents. I shall first speak of an hospital, for curable insane, and then of that for convalescents.

Architectural requisites of an hospital for curable insane.

I shall treat of these requisites in the order as I think them most important.

1. *Healthy situation.*

I have already mentioned the faults which I have observed with respect to the situation of some public institutions. It is obvious

of Pauper Lunatic Asylums deserve the attention and consideration of those who can contribute to the amelioration of the unfortunate insane.

that they ought to be avoided ; and the idea is so striking to the senses, that it is sufficient to call the attention to the subject. I should propose to erect such hospitals in the neighborhood of places where the medical schools exist, in order to give opportunity to medical pupils to become acquainted with this important branch of medicine.

2. An ample space, and proper distributions.

This is an indispensable condition of such an establishment. It seems to me there is no occasion for palaces, to waste the funds, and to prevent the patients from being taken in. I am sorry to read, that a building, calculated for thirty patients, costs eight thousand pounds, and that on that account the governors are obliged to confess their want of money, and to announce to the public, that they cannot admit patients from the lower classes of society on moderate terms. A building which costs a hundred thousand pounds is of less use than another might be which would cost half the sum, if the other half was expended in the purchase of fields surrounding it. To what purpose does ostentation with respect to walls, columns, and other architectural beauties, lead ! The means of curing the patients ought to be first attended to : hence a convenient and sufficiently large place is to be surrounded with a wall ; proper divisions and subdivisions of the patients are to be made, and proper buildings to be erected ; large airing grounds, large fields, and places for various occupations, to be looked for.

I have mentioned the reasons why buildings surrounding an interior space are to be avoided. I am also hostile to high buildings because it is troublesome to bring the patients from the third or fourth floor down to the airing grounds. Keepers will easily excuse their negligence, and the patients themselves will often dislike to go down ; while being on a level with the airing ground, they will enjoy the free air at every fine moment. Our buildings are commonly erected according to one general plan. At the airing ground one patient perhaps might escape over a

wall of middling height ; hence we make enclosures which look like fortresses, and prevent the free communication of air. There are some furious patients ; hence the most timid are also confined between thick walls and behind iron doors. Why do we not construct different sorts of cells, and make a proper division of the patients ?

As the separation of the patients is indispensably necessary, the buildings must be constructed accordingly. All other hospitals have divisions ; there are medical and surgical wards : those with itch and syphilis are separated from the others, in order to prevent infection, and mutual harm. It is, however, certain that clean, dirty, noisy, furious, and melancholy patients, together, prevent the cure of each other. It seems to me that the division of the insane is more necessary than of all other patients. There are some furious, who require stronger cells than tigers, but simple cells will be sufficient for the majority of patients. It is an obvious rule to remove the furious, noisy, and dirty patients from the others. Their airing grounds ought to be outward, and in a direction opposite to the other divisions. Airing grounds, however, are to be provided for them, because it is extremely rare that an individual must be constantly confined to his cell. The greatest number of those who are troublesome, noisy, and dirty, are able to walk with some precaution and proper means of coercion, and walking in free air will undoubtedly contribute to their recovery.

The department of harmless, quiet, and melancholic patients, requires a different arrangement ; the common airing grounds are not sufficient. Open fields, agreeable sceneries, adjoining gardens, large places to engage them in horticulture and agriculture, are preferable. The temples in Egypt, dedicated to Saturn, have shown what may be effected on melancholy by moral treatment. Without favoring superstition, we ought not to neglect the beneficial use of natural means. Almost all are fit for one or the other occupation. Distributions of that kind ought to be attended to. Large day-rooms, where many patients

are crowded together, are often cause of great disorders, and mutual vexations. The proper classification and separation of the insane patients will obviate inconveniences of that kind. In small associations the patients become more attached to each other. The communication of the departments, and the easy transmission from one room to another must not be overlooked. I have given such a plan of an hospital as I consider the best for curable insane. (Pl. III.) The details may be seen in the explanation of the figures.

3. *Regulation of air and light.*

The influence of air and light on inorganic and organic beings is too well known to require any elucidation. From ancient times air has been called *pabulum vitæ* ; but from modern discoveries we have learnt to understand its nature and varieties. Every morning we experience that light awakens the activity of the mind. The architect then must take into consideration these conditions of health, and procure means for regulating them. In any large hospital, where many patients live together, the air becomes noxious, and ventilation necessary. In every cell there ought to be two openings, one communicating with the external free air, and one with the gallery. Both must be fitted to be opened or shut as it is required. The ventilation from without may take place at the upper end of the wall by means of windows and shutters. These then must be fitted so that each can be shut up, or let down, or placed in any position. The opening into the gallery must be arranged so that it can be shut or opened from without, and withdrawn from the reach of the patient. In short, the construction of the building and the cells must be such, that the admission of air and light can be regulated.

4. *Regulation of temperature.*

When shall we abandon the unpardonable error, which prevails in all institutions of mankind, viz. to take one individual as a prototype for all? There are insane people, who can bear cold with great impunity; others are insensible to cold, though their health suffers from it; and again others complain of heat, and cold is beneficial to them. Ignorance and idleness immediately say, madmen do not want the enlivening power of heat. We see, however, the majority anxious to come as near the fire as possible; and medical men of such institutions know that many suffer in consequence of cold; that even mortifications, or gangrenous sores of the lower extremities, and lameness for life, are frequent complaints. I have often witnessed criminal neglect in such establishments with respect to temperature. More than once I have found the poor creatures, in the depth of winter, on the ground floor without fire, contracted and shivering. I know and acknowledge the influence of habit, but it has its limits. A delicate plant can never be treated as a robust tree. Thus as the majority of insane require warmth, the architect must think of means to regulate the temperature. I dislike the idea of making a fire only in the sitting rooms at the extremity of the gallery. Where warmth is useful, the interior of the house, gallery and cells, ought to be warmed by means of flues and heated air. A few cells might be left without being warm. Only in these, and in the cells of dirty patients, the floor ought to be paved with flagstones.

5. *Cleanliness.*

Cleanliness is a great comfort, and is absolutely necessary to health, and to the cure of patients; but in an hospital for insane many circumstances are opposed to it. Hence the architect must pay a peculiar attention to furnish the means which depend on the building. It is obvious that the dirty patients must be

kept in a separate division. Cells and beds must be arranged, so that they may be easily cleaned; the bottoms of the beds ought to have holes to let the urine pass, which may be received by some contrivance under it, which could be taken away, emptied, cleaned, and replaced. The floor of the cells might be inclined towards the door. A sufficient quantity of water ought to be provided over the whole house. The privies for those who can make use of them must be constructed and situated so that they do not incommode by the smell, or infect the air of the gallery and cells. For patients who cannot leave their cells, an apparatus must be provided within.

6. *Means of occupying the patients.*

The necessity of occupying the patients is generally felt; and it is inconceivable why so little attention is paid to it in the erection of hospitals for insane. I shall detail the advantages of occupation, in treating of the internal management. Here I call the attention of architects to such a distribution of buildings, that proper places are assigned to that purpose. I have already mentioned that the common airing grounds are not sufficiently extensive for harmless patients, but that large fields, gardens, places for manual labors, playing grounds, long walks, ought to be prepared.

7. *Economical concerns.*

Dietetic and medical care require places for cold and warm baths, a shower-bath, a swing, a place for the dead and their examination, an apothecary and laboratory. The household affairs need the attention of the architect with respect to kitchen, wash-house, drying-room, store-house, pantry, straw-room, coal-room, lodging of the steward and matron, bed-rooms of the other attendants, all necessary accommodations, and also a committee-room.

These general ideas may be sufficient to call the attention of

those who direct madhouses, to the architectural requisites of an hospital for curable insane. There remains still to speak of the department for convalescents.

Department for convalescents.

Convalescents ought to be separated from the patients under curative treatment. Their habitation requires less care as to division; the internal management may be more general. Beside the general requisites of any hospital, such as healthy situation, regulation of temperature, air and light, and cleanliness, the most important part is to provide for the occupation of the patients. They ought to form a large family, and not one ought to be idle. Those whose natural dispositions and situation in the world permit mental occupations, may attend to the most suitable objects. Others, who are only fit for manual labors, may be employed in those sorts of occupations, to which they have been accustomed. More details will be mentioned where I treat of the internal management. The house for convalescents may be in the neighborhood of the division for harmless patients, so that from their enclosure they might be immediately removed to the department for convalescents.

In this manner the expenses of the establishment must increase; but I am convinced with Dr. Hallaran* that the expenditure of suitable buildings, and the purchase of such implements of husbandry as may be required to carry on the work, is the only expense. As to the rest, a moderate and well regulated labor of all harmless patients and convalescents, 'fed and clothed as they still must be, will clear the current expenses and all incidental charges of a large farm.' Moreover the curative means, the comfort and improved situation of the patients, which necessarily will be the result of such a treatment, cannot be looked upon with indifference. Few are actually cured; and many, being incurable, like other poor, live at the expenses of their parishes. A small sum

* On Insanity, p. 109.

furnished for the purchase of such fields will save a much larger, which is annually consumed by the incurable. I have joined a plan of a house for convalescents. (Pl. IV.) The explanation of the figures gives the details.

From the preceding considerations it results that, in my opinion, an architect has only to execute the peculiar requisites, while the plan of an hospital for insane must be dictated by those who understand the wants of the patients.

Internal management of an hospital for the curable insane.

Far the greatest number of medical men, and those who take care of insane persons, place the greatest confidence in what is called moral treatment. This treatment being employed exclusively, it seems the more singular, as it constantly proves itself erroneous. Even the common behavior towards such unhappy beings cannot be termed rational. I beg to think only of the neglect of separating the different patients, or of their classification according to the payments made by their friends. The objects of the internal management are the reception and distribution of the patients, cleanliness, temperature, diet, coercion, and occupation. I shall mention what I think the best ; but I am well aware that the most essential point is to put good rules into effect. I have often found that ' what is the best administered is the best.' I have seen abundant means, and very little use made of them ; and sometimes much was done by small means. An inferior plan well executed is more beneficial than a better system under negligent management. I shall speak of several points worth the attention of managers and inspectors of such establishments.

1. Reception of patients.

As I speak of an hospital for curable insane, it is understood that idiots, fatuous, epileptics, and paralytics, are excluded from such an establishment. Then the first question is, under what

circumstances curable patients can be received? If payment be the principal condition, the interest of the establishment must be secured before the patient can be taken in. Moreover, as abuses may easily take place, and innocent persons be confined as insane, the government takes care of the individuals, and orders that the insane state of the patient be ascertained by the certificate of a medical man and witnesses. The question arises, whether the law shall prevent the reception of a patient till all formalities be fulfilled? In my plan for curable patients I place the cure above every other consideration; and in that view I wish it to be judged of.

No human arrangement will ever be without imperfections; that which presents the least is the best. The following error, however, seems to be obvious. In a great asylum for insane at London, where those who can afford to pay must do it, or the parishes for them, but where also poor are admitted, the patient must first send in a certificate signed by any medical man and two witnesses with the petition. Certificate and petition are then laid before the committee, who sit once a week, and order that as soon as there is a vacancy the patient should be brought in, viewed, and examined by them and the physician, and then to be admitted, if a proper object. For my profession's sake, I was ashamed to read the report that the patient could not be admitted 'if he be not strong enough to undergo a course of physic;' that is, could not bear to be bled, vomited, and purged, according to the season and weather. Such a regulation, and its interpretation, I hope will be abolished for ever.

Anxious respecting the gradual improvement of our knowledge of the deranged manifestations of the mind, and respecting the fate of insane people, I take the liberty of submitting a few remarks to the consideration of those who can contribute to a better regulation of madhouses. The bill, as it stands, will certainly ameliorate the condition of these helpless creatures. Its tendency, however, seems rather to prevent the most degrading abuses, than duly to regulate the treatment of insane persons.

The bill states that, in London, and within seven miles, without a certificate in writing under the hands of two fellows or licentiates of the College of Physicians, or members of the College of Surgeons, or members of the Company of Apothecaries in London ; and, in other parts of Great Britain, without a certificate in writing under the hand of some physician, surgeon, or apothecary practising as such, no keeper or keepers of a madhouse can confine a person longer than forty-eight hours.

In this respect I repeat what I have mentioned in the section on the definition of insanity, that the complicated nature of the human mind, the various conditions of its manifestations, and our imperfect knowledge as to its operations, make the examination of its derangements extremely difficult, and the decision upon certain cases almost impossible ; that few medical men make insanity an object of their study ; that the attention of medical students is never called to this branch of their art, not to say that in any profession there are individuals without a sufficient degree of skill, nay, without probity and moral principles. Hence not every one who knows how to compose some prescriptions ought to be entrusted with the privilege of disposing of the liberty of his fellow-citizens.

The regulation as proposed overlooks another difficulty ; viz. that insanity is acute or chronic, and often intermittent. Some fits of insanity, like other diseases, require prompt assistance. A patient, for instance, may have fits of the propensity to suicide, or to kill others, which make speedy confinement necessary ; but before the medical man has time to examine the patient, the fit may be over, and the person may appear sane and conceal his state with great cunning. Shall he then under such circumstances be left at liberty, while in a new fit he may produce great mischief?

The bill orders, that the physician, surgeon, or apothecary, shall not give a certificate without having carefully visited and examined the person in relation to whom the certificate is given, and without having ascertained, by such examination, that such

person is, to the best of his judgment, a lunatic, and proper to be confined in the house for the reception of lunatics. But it requires often long time and daily observations, before the insane state of a person can be ascertained. The physician very often cannot have the least confidence in the account which the patient gives of himself, or even in the aspect which he artfully assumes. How then, in the mean while, shall the patient be disposed of?

To obviate these difficulties, it would seem proper, 1st, that the oath of two relatives or respectable witnesses should alone be necessary to obtain the reception of an insane person into a madhouse; 2dly, that within twenty-four hours every person confined in any house for insane persons should be reported to the magistrate of his county, or to the authorized commissioners, by the medical man attending the house; and 3dly, that where the case in his opinion is doubtful, there should, within forty-eight hours, take place, before the magistrate or the commissioners, a personal examination of those upon whose call the patient was committed.

It must be admitted, that unfrequent visits are seldom sufficient to decide on insanity; hence it seems to me that every establishment for insane ought to be attended regularly by a medical man of acknowledged skill in sanity, and of moral probity. Being answerable for his opinion, he will try to ascertain the state of the confined person, and being obliged to make daily visits, he may be able to do so. In case of doubt, information being given to the magistrate, juridical investigation may be made, and farther medical advice may be taken. In public hospitals, such a proceeding will prove of great value to the patient, and less improper conduct can be suspected, than if every medical man have a right to declare a person insane. Greater precaution is necessary, if a medical man keep a madhouse, and derive emolument from his patients. Even then, however, he will be controlled, by being obliged, like other keepers, to intimate within twenty-four hours the admission of any individual into the establishment.

Various considerations, respecting this branch of legislation, may be made. I will mention some which immediately concern

the healing art. To improve our knowledge of insanity, the law might assist the medical profession in procuring means of judging of insane persons. As the physician often cannot have the least confidence in the account which the patient gives of himself, the clergyman of the parish, or of the congregation, who is supposed to know his flock, has the best opportunity to furnish the evidence. He should be obliged to particularise certain points concerning the cause of the disease; whether, for instance, other individuals in the family were affected with nervous disorders or insanity; whether the patient was subject to any, and to what disease; what his manner of living was; what his occupations, &c. were. The physicians, appointed to such establishments, ought to make the best use of every opportunity. They ought to publish an annual report of the number, age, and sex of the patients, their diseases, outlines of the treatment, the event, and, in case of death, the appearances in the brain and abdomen. Exact casts in plaster ought to be taken from the heads of all those with partial hallucinations, of those, for instance, who are insane by pride, or vanity, or religion, fear, &c. The money laid out for such a purpose will be a great means of improving our knowledge, and to the patient of greater use than external decorations of the house.

There are still other reasons which prevent me from approving of the regulation, that houses which contain a hundred patients and upwards shall alone be visited daily, or at least twice a week, by a medical man. Does not every insane person deserve assistance and protection. I can even easily conceive that in a house containing a small number, there may be individuals more important to their families or to society at large, than the hundreds contained in others. Assuredly every curable patient ought to be visited every day, especially if the disease be of an acute nature. Such patients may be sent in every day, their restoration to health may depend on speedy assistance; and the disease, when protracted, may produce incurable alteration in the organization.

As the greatest confidence is placed in the moral treatment of

insanity, it is obvious that the rules with respect to the distribution of the patients, to cleanliness, temperature, diet, coercion, and occupation, are to be modified by those who ought to understand most the influence of the body on the manifestations of the mind. The medical profession establishes dietetic rules; it ought to direct also the modified applications. On account of their importance, I shall consider these various points of moral treatment.

Classification of patients.

This point ought to be remitted to the physician, as he finds it conducive to the cure. He will separate the noisy and dirty, will bring cheerful and gloomy together, exhilarate or temperate one by the other; in short, will modify their situation according to their individual characters. Some are more noisy when alone, others in society. It follows, the physician of the insane ought to know more than to bleed and purge; and that daily visits are required.

Cleanliness, air, and light.

The regulation of these points belongs to the treatment; and the physician, visiting the patients every day, will take care of them. If sufficient means and accommodations are furnished, the trouble will be less, and the neglect the more unpardonable. The disagreeable smell will be only in the cells of the most dirty patients; the suffocating stench, which sometimes pervades the whole asylum so as to excite nausea and vomiting, will no longer exist under daily inspection. The patients will no more be confined for weeks in dark cells; they will breathe fresh air, and will be no longer suffocated in the effluvia of their own bodies. Dyspnœa, cachexy, and scurvy, will become rarer in such institutions. To the impressions of light, which must be modified according to the irritability and bodily constitution of the patient, as is the case in other diseases, better attention will be paid; the physician will

remember that in fearful patients, with irritable senses, all symptoms are aggravated by darkness; while it may be useful to restless and sleepless individuals. He will not overlook either the passage from long darkness to light; or cleanliness with respect to beds, cells, and galleries; or the influence of washing and cleaning the patients every morning, &c.

Temperature.

There are many examples upon record of insane who like cold, and resist the strongest frost. Pinel mentions the history of a maniac, who during the winter sat up whole nights in his chamber, with no other covering than his shirt; and no sooner was the door opened in the morning, than he ran in that condition to the interior court of the hospital, where he seized a handful of snow and applied it to, and left it to melt on, his naked bosom. This seemed to give him great delight and satisfaction. But such a propensity for applying, and the capacity of resisting the effects of, cold, are by no means general. There are many who are severely affected by cold. In the winter it is common to see the patients crowded about the fire.

Indeed, various fatal accidents from cold at the extremities may be observed. Pinel states that, in cold weather, there is the greatest danger for those who lie motionless in the bed with weak and depressed pulse. He mentions that such patients, at the commencement of the winter, have been found dead in the bed. Dr. Hallaran* observes, that 'insane people, during a tedious confinement, if not kept carefully and warmly covered, and made to extend their limbs in the bed, will acquire the habit of contracting their limbs together for the sake of warmth.' He mentions that there is sometimes an extreme degree of muscular debility, which very often degenerates into a rigidity of fibres, sometimes in a curvature of the spine and a total inability to extend

* Lib. cit. p. 99.

the lower extremities. I have met several individuals of that kind at different places.

The condition of the skin is of importance in any disease, and not a matter of indifference in the treatment of insanity. The physician then will take care that the patients are comfortable as to temperature in their abodes. To that purpose the architect has provided means of artificial heat. Clothing and covering are not to be overlooked.

Diet.

It seems to me that the diet of the insane is not sufficiently understood, nor the articles of food sufficiently attended to; yet their importance in all acute and chronic diseases is obvious. Commonly all are nourished out of the same kettle. Sometimes I have found the improper practice of deluging the stomach with warm, thin fluids, in the form of tea or ptisan, which impair the stomach, and produce flatulency. To give the same sort of food to all insane persons is to allow that we do not believe in their corporeal disease, nor in the constitutional varieties of the stomach. It is the more surprising that, in institutions where the medical men consider insanity as the result of corporeal causes, the same character of diet is indiscriminately applied to all forms and varieties of this afflicting disease. On Mondays for breakfast, a large bason of water-gruel with two ounces of bread in it; for dinner they have a quart of milk porridge, seven ounces of bread, two ounces of cheese, and a quart of beer; for supper they have seven ounces of bread, and the same quantity of cheese. This is the diet on a meagre day, of which there are four in the week. The other three are meat days. Then they have for breakfast water-gruel and bread; for dinner eight ounces of meat after being dressed, seven ounces of bread, about a pound of potatoes, and a quart of table beer, &c. At the same time it is said, that for the sick the apothecary orders what he thinks fit.

The only excuse for such a mode of proceeding is, that incu-

rable and curable patients are together in the establishments, and that the former make out the greater number. In an hospital for curable only, such a degree of ignorance should be unpardonable. In such an institution as that which I propose, it cannot be tolerated any more than in an hospital for other patients. In every point, insane persons are the worst treated. For other patients the diet is adapted to the disease; but the poor insane are not considered as sick, and even those who are treated as sick, must submit to the general prescription. Because there are patients who require the lowering diet, and often support the extremes of hunger, the diet in general must, it is said, be lowering. We have seen that, in many cases, melancholy is the same disease as hystery and hypochondria. Such individuals are known to have commonly weak digestive organs; and if no medical man prescribe milk, cheese, light beer in hysteria and hypochondria, why is it done in melancholy? In certain cases, animal diet is too stimulating and nutritious; and it would rather increase than diminish insanity: but are now all patients to be reduced indiscriminately to vegetable diet? And as in apathy of the digestive organs, animal food is more salutary than vegetables, shall therefore the general diet consist of meat? It evidently results, that the diet must be modified, and that bleeding and purging are not the only indications to be observed. I say this, because I have seen that a patient, who was bled the day before, got his cheese in the evening, which he vomited during the night indigested, and then he was purged. Such a treatment would, indeed, deserve retaliation.

There are very few to whom an indiscriminate diet will do no harm; and not only the quantity, but also the quality of the aliments require our attention. Moreover, even the time when food is to be taken is of importance, and many modifications are to be admitted. The diet ought to be ordered every day by the physician as in other diseases, and adapted to the state of the patient and of his digestive organs, which vary according to temperament, age, previous manner of living, and particular idiosyncrasies.

The quantity must be sufficient, but there can be no general measurement. Some need a great quantity of food, and languish even to fainting from want or deficiency of nourishment. Low diet ought not to be confounded with a diet nearly approaching to starvation. Pinel describes the greater mortality in the asylum of Bicêtre, before and at the beginning of the French revolution, to the insufficiency of food, which, says he, when it does not altogether extinguish the vital principle, is not a little calculated to exasperate and to prolong the disease. If in protracted paroxysm and general weakness, the lowering diet be continued, fatuity is often the consequence. Hence at the more advanced period of convalescence, and under the common appearance of debility, arising either from age, or the protraction of the disease, the necessity of allowing a gradual indulgence of animal food must be obvious; and where this has been found admissible in a progressive degree, it has afforded one of the best securities; for whenever convalescents acquire corpulency from good nourishment, there is great hope of recovery.

Every kind of food ought to be easy of digestion. Here again the peculiar constitution of the patients deserves a particular attention. Some persons digest fruit very well, in others it produces flatulency, a sign of indigestibleness. With some patients animal diet will agree better, with others vegetables; and the same thing may be agreeable or disagreeable to the same patient at different periods. Insane persons, liable to fits, sometimes, a few days before the paroxysm, refuse animal food. A great deal depends on the previous habits and manner of living. Drunkards often dislike vegetable diet; very sober individuals, however, may also prefer animal food. All kinds of aliments, which occasion flatulencies, ought to be avoided or withdrawn from individuals with whom they disagree.

With respect to the time when the aliments are to be given, it seems to me that it is better to give food oftener and less at a time, than much and seldom; particularly if the digestive organs be

weak. In many cases of the aged and more infirm patients, in the state of convalescence, particular allowances are to be made.

Dr. Hallaran, of Cork, mentions a singular abuse as to diet, and he is right in blaming it : that at certain seasons of the year, the insane participate in the general festivity of the city ; he has observed, that such an unusual stimulus in food or drink never fails to aggravate the symptoms. Such a rule shows general benevolence in the managers, but this exalted feeling is here misapplied, and ought to be corrected.

Thus, the diet must be conformable to the general curative plan of insane persons. If the whole treatment is antiphlogistic or lowering, the diet must be similar ; if the curative plan be tonic, the diet must correspond ; and if at the same time tonics combined with aperients are indicated, the diet ought not to be in opposition.

Coercion.

Coercion forms a material part of, and is intimately connected with, the general treatment of insanity. In this point the abuses are enormous. Pinel calls the asylums for insane medical prisons ; and says that he cannot speak without horror of the barbarous methods which are employed for the repression of maniacs. I think, in certain countries, these institutions are infinitely worse than prisons ; and the treatment of the insane more inhuman than that of wild beasts. Such unhappy creatures have been, and sometimes still are, flogged and exposed to personal indignity. I have seen them chained to the stone floor, to sleep on straw, covered with vermin and filth.

It is evident that there is no occasion for confinement or personal coercion, if the feelings of insane persons are innoxious. Personal coercion is only necessary, and only justifiable, in preventing the patients from doing mischief to themselves and others. Coercion must be considered only as protecting and salutary restraint. When it is become absolutely necessary, it must be applied without silly coaxing or vague insinuations, but with human-

ity and firmness, and as little noise as possible. Strong coercive measures are seldom necessary ; but there are patients perfectly unmanageable without bodily restraint, and different means of security must be allowed.

The essential point is to understand the different means of coercion which different patients require. It is a very convenient mode for the keeper to iron every one who is a little troublesome ; but there can be no doubt that, in many cases of irritable patients, such a coercion injures the health of body and mind. Pinel says, ' a method of treatment, simple enough in its application, but highly calculated to render the disease incurable, has been adopted from time immemorial, that of abandoning the patient to his melancholy fate as an untameable being, to be immured in solitary durance, loaded with chains, or otherwise treated with extreme severity, until the natural close of a life so wretched shall rescue him from his misery, and convey him from the cells of the mad-house to the chamber of the grave. But this treatment, convenient indeed to a governor, more remarkable for his indolence and ignorance than for his prudence and humanity, deserves at the present day to be held up to public execration, and classed with the other prejudices which have degraded the character and pretensions of the human species.'

There was a time when it was a general opinion, and there are still persons and practitioners so ignorant as to fancy, that the insane ought to fear, and that stripes and blows are the best means of effectuating a permanent impression. Corporeal punishment was, and sometimes still is, recommended even by medical authority, with a view of rendering insane people rational by impressing terror. This is, however, not only cruel and against Christian charity, in cases where the patients are partially deprived of understanding, but it is even absurd. Indeed, experience has shown the greater efficacy of milder methods of treatment. The most tender method generally produces the best effect ; and in coercion the mildest possible means ought to be adopted. No corporeal punishment, as stripes and blows, no resentment, no return of

injury, is to be allowed ; and unnecessary severity ought to be punished as criminal. No deception ought to be permitted ; but a confidential behavior and firm authority are to be observed.

Sometimes it will be sufficient to confine a patient to a solitary cell, and to show him that he has some superior who can control him. In many cases it will create a tacit acquiescence ; but, unfortunately, there are insane to be met with where the possibility of gaining such an ascendancy is out of the question, and more restraint is necessary. Dr. Hallaran has invented a kind of belt of leather round the body, with straps to confine the arms. It is a milder means in hot weather ; the fore arms are free. In cold weather the strait waistcoat is an admirable contrivance ; in the hot season manacles may be preferred. Chaining to the walls, or bolting fast into a chair, from which they cannot move, seems to me in most cases improper. Confinement by means of a chair may be useful, if there be a strong impetus of blood to the brain. This position also favors the application of cold water and ice to the head, warm water to the feet and enables the surgeon to bleed without any trouble. Dr. Hallaran praises the swing as a means of coercion. Sometimes, in the most violent fits of young and powerful maniacs, chains may be necessary ; but it ought to be a fixed rule to employ coercion no more, and no longer, than personal safety requires. Every cause of irritation ought to be avoided.

There is never, perhaps, occasion to keep a man under close confinement for months ; but an individual, being furious for a few days, is fettered for years. I have seen several cases of that kind. Unnecessary confinement, however, interferes with the cure ; and a continued coercion is calculated to make a man lose his reason rather than to restore a madman to his senses. Pinel says, ‘ When the furious and extravagant madmen are continually chained down in their cells, as they were when I entered on the duties at Bicêtre, they were incessantly and ravingly agitated ; cries, howlings, and tumults echoed, at all hours, throughout the melancholy mansion. But since the strait waistcoat has been

substituted for chains, and limited liberty for absolute confinement, there is more calmness and tranquillity.' If in a moment of indulgence mischief be committed, no other means should be used than those which are necessary to prevent the patient from repeating it.

In cases where patients are bent on starving themselves, or where they resist the introduction of remedies, Mr. Haslam has invented a simple instrument, of which a drawing is given in his work on Insanity. The patient is kept secured, the nostrils shut, the instrument introduced into the mouth, and the medicine or liquid aliments poured into it in small quantities.

Thus, to allow every patient the latitude of personal liberty consistent with safety, to proportion the degree of coercion to the character of the patient, to be kind with unyielding authority, and to proscribe absolutely all violence, ill-treatment, or partiality on the part of the keepers, are rules of fundamental importance, and essential to the successful treatment of the patients.

Treatment of the feelings.

Insanity particularly concerns the deranged feelings; and, as their functions appear often disordered in the state of health, it has been said that the whole world is a madhouse. It is real madness as soon as the will has lost its influence on the actions of the feelings; besides, we find in insane people the activity of all the primitive powers of the mind, and their manifestations modified in every individual, as is the case in the rest of mankind. There are good and ill-tempered insane; some are bashful; others do not know what is due to decency: some are morose and quarrelsome; others, gay and cheerful: some, being with other patients, continually create insurrections, and persuade the patients to commit acts of mischief; others are peaceable and obedient; we meet among them with noisy and quiet, cunning, stubborn, though tender in their appearance; distrustful, jealous, envious, vindictive, irascible, or forbearing; open, candid, and mild; proud or

modest ; and, in short, every variety of character. Many have the propensity to escape ; they feel uneasy, and expect to be better somewhere else, &c.

These different characters of the insane ought to be understood by those who take care of them. They are explained in the same manner as in the state of health. It is impossible to lay down general rules, which are sufficiently comprehensive to meet each circumstance which may enter and materially affect the particular case. One must be soothed, the other threatened. Pinel says, 'The doctrine of balancing the passions of man, by others of equal or superior force, is not less applicable to the treatment of insane than to the science of politics. Unfortunate then is the fate of those maniacs who are placed in hospitals for insane where the basis of practice is routine, and where perhaps the patients are abandoned to the savage cruelty of underlings.'

Insane people require a modified treatment, as well as children and adults, in the state of health. It ought never to be forgotten that, with respect to other persons, man always acts by feelings and not by reasoning. Mr. Haslam* says, 'We have a number of patients in Bethlem Hospital whose ideas are in the most disordered state, who yet act with great steadiness and propriety, and are capable of being trusted to a considerable extent.' Moreover, it is to be remembered that sane and insane, acting by feelings, are guided by different motives ; that is, what is motive for one is none for another ; and though the intellectual faculties are deranged, he who understands the feelings will regulate the actions. One insane will behave well by veneration ; another, by fear ; a third will be guided by the love of approbation, often by attention paid to his self-esteem ; many, by gentle manners and kindness ; melancholic, anxious, and fearful patients, by the greatest mildness. The conversation must be fitted to the various states of mind wherein we find the patients ; for they are not always disposed in the same manner. Derision does great harm,

* Lib. cit. p. 299.

particularly in those who have much self-esteem. Such a feeling being disdained, will be excited and excite others : on the other hand, their haughtiness must not be coaxed ; they must be respected, but made obedient to kind and firm authority. For that reason persons insane by pride are seldom cured in the bosom of their family, where they are accustomed to command.

All who have had experience in this department agree that deception is extremely hurtful to madmen : if they detect it, they naturally lose the confidence and respect which they ought to entertain for the persons who treat and govern them. Dr. Hallaran says well, ‘Maniacs, when in a state to be influenced by moral agents, are not to be subdued by measures of mere force ; and he who will attempt to impose upon their credulity by aiming at a too great refinement in address or intellect, will often find himself detected, and treated by them with marked contempt.’

A sore or inflamed part of the body is not to be rubbed, an inflamed muscle is not to be moved, and an inflamed eye is not to be exposed to strong light : in the same way any feeling, being too active or deranged, ought not to be put into action. Irritating an angry dog or man is irritating the respective feeling. Every object which may excite the deranged feelings must be removed. This is the case with religious insanity, in pride, in melancholy, and in any other feeling. How injudicious is it therefore to give books to persons insane from religion, or to let them hear sermons, which nourish their disorders ; or to keep with melancholics a conversation on the subject of their despondency !* Persons who are susceptible of the liveliest emotions of joy or grief, or very irritable in general, require a particular care.

Thus, the mutual influence of the faculties may be employed

* This is a most fatal error, and yet it pervades all society. If a person becomes melancholy in the study of religion the *physician* is not even thought of, much less called ; the clergyman is sent for, religious matters being considered as entirely within his province. His prescriptions are prayers and exhortations ; of all things, in such cases, the most to be avoided. It is like the application of friction to a wound, to allay an inflammation.

as a means of curing the disordered feelings. Every irritable power then is to be spared and kept quiet, while the other feelings are to be excited. In this manner hysteria and hypochondria are often cured by love or attachment. Hence I may say again, he who takes care of the insane ought to understand the primitive powers of the mind, and the individual dispositions of the patients; and it is not sufficient for a physician to make his first approach with the assumed aspect of unbridled authority. Indeed the suitable regulation of the feelings of insane people requires something more important than muscular strength; a martial look, a haughty countenance, and the assistance of keepers, manacles, and fetters.

Treatment of the Intellectual Faculties.

In the section on the causes of insanity, I have shown that the disorders of the manifestations of the mind are not so often the result of the intellectual faculties as of the feelings; and that the activity of the intellectual faculties, combined with the feelings, is a more fertile source of insanity than understanding alone. To elucidate this I have mentioned the greater number of insane among painters, poets, actors, musicians, advocates, than among mathematicians and natural philosophers. There are, however, cases where too great or disordered activity of the intellectual powers produces insanity.

The question, what is the influence of understanding on insanity, has two meanings, either whether we can become insane by understanding, or whether we can cure insanity by reasoning. The first question has been sufficiently detailed, where I have treated of the idiopathic dynamic causes of insanity. Here I shall examine, whether reasoning may cure the deranged functions of the mind.

Those who derive all activity of the mind, its perceptions and feelings, from without, ought in insanity to expect the best effect from external impressions on the senses. Our understanding

ought to have the greatest influence on insane persons. This ought particularly to be the case if insanity were not the result of a corporeal cause. All practitioners, however, who have conversed with insane persons, and tried to exhibit logic as a remedy for insanity, agree that such a treatment is attended with little success. 'An endeavor,' says Mr. Haslam, 'to convince madmen of their errors by reasoning, is folly in those who attempt it, since there is always in madness the firmest conviction of the truth of what is false, and which the clearest and most circumstantial evidence cannot remove.' At the Retreat, near York, no advantage has been found to arise from reasoning with them on their peculiar hallucinations. The attempt to refute their notions generally irritates them, and rivets the false perception more strongly on the mind. Dr. Hallaran states, that 'it has been very generally allowed, that the attempt to argue an insane person out of the opinion to which he may at the moment seem to be most attached is even worse than labor in vain. In those cases where the difficulty is greatest, the effort on the part of the attendant is sure to be productive of additional mischief; and it most commonly happens that, at such a time, the prevailing hallucination is so intimately connected with the root of the complaint, that, in order to modify the one, the other must be fairly eradicated: all argument, therefore, should be carefully avoided. On the whole, the less notice there can be taken even of the most obstinate fancies of the insane, the less disposed will they be to retain them. So fully satisfied am I of this, that I never think of diverting them from their opinions, until they begin of themselves to show surprise at their credulity. On the contrary, I make it a rule rather to coincide with their greatest extravagancies, unless where the delirium of fever would enjoin the strictest silence, or the disposition to commit an injury, a positive interdiction.'

There are, however, examples where reasoning has if not cured the patient, at least changed one train of disordered manifestations. Pinel relates the example of a very intelligent watchmaker who became deranged, and believed that he had been guillotined,

his head mixed with those of other victims, and that another head had been replaced on his body; hence that his former head was exchanged for his actual one. He was corrected by the representation of the miracle of St. Denis, who carried his head under his arm, and kissed it as he went along. When the watchmaker maintained the possibility of the fact, and endeavored to confirm it by the appeal to his own case, a companion burst out into a loud laugh, and said to him, 'What a fool you are; how could St. Denis kiss his own head? was it with his heel?' This repartee struck the insane; he returned, and never after spoke of the misplacement of his head. Dr. Cox mentions, that one patient asserted that he was the Holy Ghost. Another asked him, 'Are there two Holy Ghosts? how can you be the Holy Ghost, and I be so too?' He appeared surprised, and after a short pause said, 'But are you the Holy Ghost?' and when the other replied, 'Did you not know that I was?' he answered, 'I did not know it before; then I cannot be the Holy Ghost.' Several other facts of that kind are related; but few will give up their opinion so easily as the patient of Dr. Cox.

I expect the least effect from reasoning, wherever strong feelings are deranged. Reasoning will rather excite than diminish them. Neither in the healthy, nor in the diseased state, has reasoning an influence on the existence of the feelings: these exist independently, and reasoning cannot destroy them, any more than it can annihilate hunger and thirst. Even in the healthy state reasoning has an influence only on the instruments by which the feelings act, that is, voluntary motion. Reasoning can only prevent eating, while the inclination to eat continues. Moreover, reasoning cannot take away any deranged sensation, such as, hearing the angels sing, or the devil roar, feeling burning heat on the skin, &c. This observation is the more founded on nature, that insane with deranged sensations and feelings reason often with consistency, if we grant their sensations and feelings. If a cure by reasoning be performed, it will be the most in conceptions or ideas of the mind. It seems to me, however, very obvious, that

the cases must be extremely rare. Sane persons have often various transitory ideas, and insane people often declare that certain ideas are forced into their mind, and that they cannot prevent their intrusions. Now as such ideas involuntarily present themselves to the mind of healthy persons ; in insane, who believe in the illusions, reasoning must have less effect. Moreover, few persons are capable of, and still a smaller number are accustomed to, close reasoning in the state of health ; from infancy they have acquired certain habits of thinking, and never account for their opinions : now what influence can we expect from their reasoning in insanity ? In general, however, we have more power of control over the intellectual faculties than over the feelings, because their activity depends on the external impressions. Hence if an intellectual power is too active, the respective impressions from without must be avoided.

In the treatment of insane, the regulation of the five senses and voluntary motion is not to be neglected ; since by means of the senses we act on the manifestations of the mind. Even the smell ought to be attended to. In fainting, and various nervous complaints, we act on the brain by means of the smell. Insane people are commonly fond of taking snuff. In debility or inactivity of the intellectual faculties excitement of the smell may be useful ; and anatomy and physiology prove that the olfactory nerve is in the most intimate connexion with the organs of the intellectual faculties. In short, I think with Dr. Cox,* that ‘ no means are to be despised which are capable of changing the train of thoughts, interesting the affections, removing or diminishing painful sensations.’ Hence we ought to have recourse also to seeing and hearing. Various colors, harmoniously or inharmoniously arranged, are to many individuals a source of pleasure or pain. It is, indeed, astonishing that no more contrivances have been invented to amuse the eyes, as is done with the ears ; in our language I should say, to amuse the power of coloring as well as that of tune.

* Lib. cit. p. 97.

In this respect I observe the same error committed by writers on insanity, which we find throughout all mankind; that is, every one judges of others according to himself. There are physicians who have very little taste for music, and they will maintain that music has no influence on the feelings of the insane; they will even ridicule such a proposition. Those, on the contrary, who possess that talent, and feel the influence of music on themselves, will praise and recommend it for insanity. Dr. Cox says, 'I would ask the musical amateur, or the experienced professor, if he has not frequently felt sensations the most exquisite and indescribable; if he has not experienced the whole frame thrilling with inexpressible delight, when the tide of full harmony has flown on his ear; and the most wretched miserable feeling, universal horripilatio, and cutis anserina, from the grating crash of discord? All the varied sensations, from transport to disgust, have been occasioned by the different movements in one piece of music.'

There can be no doubt that music has a great effect on many individuals, and on more in one nation than in another. According to the different dispositions of the individuals, and to the nature of the music, different feelings will be more or less excited. Warlike persons will feel a great impression from warlike music; melancholic feelings will be nourished by gloomy songs. Hence, if music should be employed to distract the mind of insane persons, it must be regulated according to the feelings of the patients, and it ought never to be analogous to the deranged manifestations of the mind. This would be as noxious as a conversation on the respective feeling. The director then ought to have knowledge enough to select the compositions. It is even necessary to choose the pieces which are performed, allegro, andante, or presto, forte or piano, according to the feelings of the patients. There are who could not bear a high tone, or the tone of such or such an instrument.

The rule to adapt the external impressions to the individual feelings of the patients is quite general, and must be observed, if music and painting are employed as occupations. A person, for

instance, insane by religious feelings, and who might amuse himself with painting, ought not to be permitted to represent scenes which could keep up, or increase, the derangement of the mind no more than he should be allowed to read books on religious subjects. It is an essential point, that all faculties which are deranged should be kept inactive, and others exercised.

Occupations of the insane.

All practitioners who have taken care of insane people agree with respect to the usefulness of employment. It is, indeed, a fact, that in those asylums for insane, where labor makes a part of the regimen, a greater number of patients recover. Is it then not surprising that this important point is so little attended to in the erection and management of madhouses? Sufficient occupation of the mind is beneficial in two respects, in point of cure, and economical advantage. In many cases, from want of suitable occupation the disease is nourished: the patients indulge in their fancies, and injure their health by want of bodily exercise. In the asylums for insane, however, we meet many persons of both sexes, vigorous, strong, and, in many instances, fully capable for manual labors. They loiter away their time in apathy, and live often at the expense of the institution, while many economical concerns, and the necessary affairs of the house, might be done by such patients. Many, from previous habits, could be employed in the handicraft line, as white-washers, carpenters, and tilers; others ought to be employed in the ordinary concerns of horticulture and husbandry, in digging, planting, weeding, wheeling; some might be employed in sowing, stone-cutting, twining ropes; female patients in washing, mending, getting up the linen, &c. It has been observed that, in all institutions for insane, the male patients who assist in cutting wood, making fire, and digging in the garden, and the females who are employed in washing, ironing, and scrubbing floors, often recover; while persons, whose rank exempts them from performing such services, languish away their life within the walls.

It is understood that the labor ought to be relieved by sufficient rest, by recreation, and amusement. The fatigue of the day would prepare the laborers for sleep and repose during night. Many individuals are very solicitous for some kind of occupation, and during their employment in moderate labor they never fail to enjoy a more happy state. The rich ought to exercise the fine arts, ought to be amused with various games, such as bowling, cricket, billiards, and in general with such occupations as keep body and mind in activity. We meet, in many institutions, drawings of various kinds made by patients. Dr. Hallaran, therefore, wishes 'to pay the earliest attention to the capacity of every individual, in order to ascertain, at the period of convalescence, the practicability of employing the mind by any species of bodily exertion.'

Occupation is particularly necessary for convalescents. To that end, I propose for them a separate building, with workshops for handicraftsmen, with grounds for tilling, and every other sort of occupation and amusement. The rich may cultivate music and painting, may read aloud entertaining books of history and travels, may walk and play. In what a dreadful situation must a man find himself, when, returning to reason, he sees himself surrounded by persons under all the different gradations of mental misery.

I could quote many facts in support of the truth that the insane more easily recover if body and mind are occupied. I shall copy only one fact from the work of Dr. Hallaran. 'A young man, who had been an entire stranger at Cork, and who was remitted, from a distant part of the county, to the asylum in the usual form, came under my care in the state of acute mania, and continued so full three months without any intermission. The symptoms having at length given way, he was treated as a convalescent patient, and every means tried to encourage him to some light work, merely as a pastime, but all to no purpose. Though the maniacal appearance had totally subsided, he still betrayed an imbecility of mind that bordered closely on dementia, and it was

found impossible to excite in him the smallest interest either for himself, or, in any measure, for that which had been proposed for his amendment. This man had nearly been ranked amongst the incurable idiots of the house ; when, by accident, he was discovered in the act of amusing himself with some rude coloring on the walls of his apartment. From the specimen he had then given, he was questioned as to his knowledge of drawing ; and he, having signified some acquaintance with that art, was immediately promised colors of a better description, if he would undertake to use them. This evidently gave immediate cheerfulness to his countenance, and he shortly evinced an impatience for the indulgence proffered to him. On his being furnished with the necessary apparatus for painting, he immediately commenced a systematic combination of colors, and having completed his arrangement, he requested one of the attendants to sit to him. This essay was sufficient to satisfy me, that his recovery was not so remote as I had reason to suppose. The portrait was an exact representation of the person who sat before him ; and in a few days there were several other proofs of his skill in this line, which bore ample testimony of his ability. He soon became elated with the approbation he had met with, and continued to employ himself in this manner for nearly two months ; after which, progressive improvement as to his mental faculties took place, when he was dismissed, cured, under the protection of some gentlemen amateurs, who took a kind interest in his preferment. He pursued his profession of miniature painting in this city for some time after, and has since, as I understand, removed to London, where he practises it with singular success.' As no public establishment is properly adapted to occupy the insane, it confers the more honor on the superintendents and managers, who pay particular attention to this point, and make the best use of the situation to which they are reduced by the plan of the architect. I do not like to criticise any public institution, and to name it ; but I cannot help mentioning how much I was pleased with the zeal with which the establishment at Glasgow is conducted, and with the anxiety man-

ifested to improve the fate of their unfortunate fellow creatures.* The treatment of the insane at the Retreat, near York, notoriously exists in mildness, but occupation for the male patients is wanting.

Thus, in my opinion, a well-constructed and well-conducted madhouse requires more than the architectural beauties of a palace, a fine committee-room, and comfortable accommodations for the attendants, a fine kitchen, or good provisions, clean staircases, and mild treatment.

Inspection and visitation.

The question is, whether things are better done by committees, or by single individuals. I am convinced that, on the Continent, *quod commissionaliter fit, miserabiliter fit*, particularly if some like to show their decisive influence. An individual who takes interest in a thing, who works with pleasure, and lives for an object, will do much more without restraint of the opinions of those who are fond of showing their personal authority. On the other hand, I am also convinced that, if several together have nothing in view but the success of an object, their united labors will produce more effect than that of one individual alone ; but if the directors be hired, and do their business merely because they are paid, measures must be taken to prevent abuses. I think that every mere hireling, in any branch whatever of society, ought to be under inspection.

Now, it may be asked, who ought to be the manager of an hospital for insane ? It is reported that medical men are the most unfit for inspecting and controlling madhouses, because medicine has little or no effect on insanity, and because the medical attendants of such public institutions often have private houses, and are therefore all interested in the object. The objection is not quite clear : the meaning seems to be, that, in the management

* Second Annual Report of the Directors of the Glasgow Asylum for Lunatics, p. 16 and 19.

of hospitals for insane, the opinion of medical men ought to be of the least influence. I agree that interest is a great enemy to duty, but I cannot conceive that such an objection can be especially applied to medical attendants of public institutions for insane, because some keep private establishments. In that case, a medical man who takes care of any public hospital ought to have no private practice. It seems to me, that the only thing to be attended to is, that the private practice, or the private institution, does not prevent the physicians from seeing the patients at the public establishments. For that reason it should be necessary that every medical attendant writes down, in a book kept on purpose, the time when he comes into the institution, and when he goes out, signed with his name, and that every day.

As to the skill of directing madhouses, if the mind acted independently of the body, a speculative philosopher, who studies man in his closet, would be the best inspector of a madhouse; but as the operations of the mind are influenced by the body, and the medical profession particularly studies the body in its state of health and disease, this profession will be the best informed with respect to dietetic influence, and must have an important vote in the management of insane. Moreover, as insanity is a corporeal disease, I can never admit that medicine, strictly speaking, has no influence on it. Syphilis was once incurable; has medicine in our days no power over it? When the influence of the nervous system, and of the cerebral parts, on the manifestations of the mind shall be known and better understood, such a discussion as this will be at an end. It is, however, obvious that I speak in favor of the profession, and not of all those who follow it.

Thus, in establishing the rules according to which an hospital for insane is to be managed, the medical profession is the most fit. But still inspection is necessary, that the rules may be enforced; now who ought to be the inspector? I think, any active, charitable, conscientious man, who knows the nature of insanity, and the wants of the patients. Could medical men be

found, who have nothing else to do but to visit madhouses, their profession would entitle them to that place.

Such inspectors ought to be appointed by the government: they ought to have free access at all hours to any madhouse; and in every madhouse which they inspect, they ought to write in a peculiar book, when they come in and go out, with their remarks of satisfaction or discontent; these books ought to be presented every year to a committee appointed by the government. They ought not to receive fees for their visits, but to be paid in general by the government. The common inspection, made once, twice, even four times a year, is good for nothing; the institutions must be visited as many times as possible, and at moments when they are not prepared. The inspector must have time to visit all cells, and not haste to return to his private practice. This, however, is impossible, considering the manner in which inspection is usually made. I have seen enough with my own eyes to disapprove of the actual manner of visiting the madhouses in Great Britain: but I appeal to higher authority, to gentlemen who have understanding to judge, and probity to place duty above interest; I mean, the president and the secretary of the visitors. The former, Dr. Latham, in his evidence to the select committee for a better regulation of madhouses stated: * ‘The first time I was a commissioner, we examined a house at Plaistow; there were two women confined, which I thought were not insane. The keeper said they were, and that we were mistaken: we desired them to write to their friends to give them a trial. We were all of opinion these women were improperly confined, and desired their friends would take them out. Upon our next visitation, *the following year*, I had, of course, considerable curiosity to know what had become of these two people. One had drowned herself, and the other had hanged herself; so that if we suppose the patient is really sane, we feel a great deal of difficulty, and we must very often trust to what the keepers say. We are obliged now and then to take their opinion upon the subject, as to whether they

* First Report, p. 113.

have for the last month been orderly, and whether their friends talk of removing them.' In support of my opinion, I shall add the candid evidence of Dr. Powell to the same committee.* 'It is obvious,' says this intelligent observer, 'that the commissioners cannot, on their visitations, have time enough to examine into individual cases of lunacy; for doubtful ones may require many hours, and repeated visits; and if the commissioners were to act from the impulse of the moment, or barely to judge from temporary propriety of conversation, they might let half the lunatics they see loose, though they were unfit to be so.' It is not to be overlooked that, when Dr. Powell gave his evidence, there were thirty-four licensed madhouses which contained about two thousand patients, to be visited by the commissioners of the College of Physicians at London. I repeat, however, that I do not maintain that the medical profession is unfit for that office; that on the contrary, in my opinion, it is the most entitled to it; and that I am hostile only to the mode in which madhouses are inspected.

It will be more easy to inspect the public than the private madhouses; the latter present unavoidable difficulties. I fear the government is in the situation of a physician who treats an incurable disease. Something must be done, though the remedy is uncertain and insufficient. Indeed the abuses are enormous; better arrangements must be made, but a radical cure seems at present impossible.

Inspection alone is not sufficient; we must come nearer the root of the evil. To this end, I shall consider two points: viz. to whom are licenses to be granted, and on what conditions? Shall sufficient money entitle every one to keep a madhouse? It seems to me the government ought to consider above all the qualities which contribute to the comfort and cure of the patients; and that these alone ought to entitle an individual to the permission to keep them.

The best thing would be, if the government at different districts

* First Report, p. 75.

erected suitable institutions for poor and rich ; these then could be at once managed and inspected according to a reasonable plan. The incurable, who are to be excluded from such establishments, might be taken care of, as I have mentioned above, in a department of the poorhouses in every county. The purchase of the land, and the erection of the buildings for curable, would be the principal expenses of the government. The rich boarders would contribute to defray the expenses of the poor. If this were not the case, how should it be possible that so many families pay the licenses, and make money by keeping the patients? Moreover, buildings constructed only for the purpose of proper treatment, and not for ostentation, and the whole managed as I have detailed, would greatly diminish the expenses.

As, however, private families cannot be obliged to send their diseased relations or friends to public hospitals, private establishments must be permitted; but general regulations as to the situation and construction of the houses, the internal management, and medical attendance, might be prescribed, and I think the same as in public institutions.

The license being granted, the inspection ought to begin with the daily visit of a well-informed physician, appointed by the consent of the government. If the same medical man take care of several establishments, the daily visit ought to be the *conditio sine qua non*. He is to be paid by the keeper of the house according to the number of licensed patients, and his salary might be regulated by the government. The friends of the patient, however, are to be permitted to send any other medical man in whom they place particular confidence, to deliberate with the regular physician of the institution on the treatment. The medical man sent by the friends or relations of the patients, should be paid by them. In the same way, they should be obliged to pay for those medicines which the consulting physician prescribes by his particular advice, while those, which are given by common consent, like the rest of the remedies, ought to be furnished by the establishment.

Thus the regular physician, who makes daily visits, has not only opportunity of directing better the distribution of the patients, of watching every change, of modifying diet and the whole treatment, according to sound principles of the healing art, but, being obliged to inform the magistrate whenever a patient is received, or dismissed, or dies, he also controls illegal confinements. Such a medical attendance, in many respects, under the control of general inspectors who are obliged to visit public and private establishments, their responsibility to a committee, and all being answerable to the government, will be more effectual than the present and newly-proposed mode of visiting madhouses.

There is still an important consideration to be made concerning strangers and friends who request permission to see the establishments or the patients. The communications between the insane and persons from without are to be prudently restricted. The visits of their friends are productive of great inconveniencies. The patients are always more unquiet and ungovernable for some time afterwards. Many relapses have taken place, when, in convalescents, their meeting with friends was not conducted with sufficient precaution. The most intimate friend is often the last to be suffered to approach. No general rule can be given. All the natural dispositions of the patients, the causes of their diseases, are to be considered; and accordingly, the communication with strangers and friends admissible. I think also that this branch ought to be regulated by the physician of the house. No one, without his special permission, ought to have the liberty of seeing any patient, or the cells where the patients are. It is obvious that patients never ought to be exhibited to gratify the curiosity of strangers. Yet professional men, or those who take particular interest in the treatment of insanity, never ought to be prevented from visiting at seasonable hours every part of the establishment, but the patients only in presence of the physician. It is understood, that the discretion of strangers must rely on the judgment of the physician, if certain individuals cannot be shown to them.

Thus I am decidedly of opinion, that the institutions for insane

must be better provided with medical attendance ; but then the important situation of physicians appointed to such establishments also requires that this branch of medicine be better cultivated, and taken up as a study. It evidently follows that theoretical and practical instruction on the deranged manifestations of the mind are desirable, and ought to be particularly attended to by those who wish to be trusted with the care of insane patients.

Are private or public madhouses preferable ? I take for granted that, in this question, the actual state of both sorts of madhouses cannot be taken into consideration, because, according to the evidences given to the select committee for the better regulation of madhouses, all are bad, and not calculated for curing, but for mere confinement. I consider this question in the supposition that both sorts of institutions are well regulated. In the actual state, the keepers of private houses object with right against the general routine of public practice, while insane people require modifications in their treatment.

I think the question cannot be answered in a general way. In several cases, the patients would much rather stay in their families, than go into any madhouse ; but in other cases they could never be cured at home. If, for instance, a patient be rich, quiet, and manageable without coercion, the attendance of an affectionate wife or husband, brother, sister, or friend, may, with proper instruction, be able to do much more than can be expected where a great number are to be attended to. But patients in a furious state are seldom cured at home. The idea of being under restraint in their own house will be a constant source of irritation to their mind. Even in institutions, the visits of friends make such patients more ungovernable. They are more easily restrained by strangers. It is often the case that patients violent in their families become quiet as soon as they are confined in an asylum. Insane by pride are never cured in their families, where every one formerly was obliged and accustomed to obey. Hence there must be institutions for the rich as well as poor.

As long as public establishments are not adapted to the comforts

of the rich insane, private madhouses are preferable for them, because every thing can be better attended to. The government has only to prevent illegal confinements, and ought to take care that those who attend such patients understand insanity. The rich families themselves will consider the domestic comforts of their unhappy friends. But the poorer classes need the assistance of the society at large, and of the government in particular. There ought to be public establishments for them. The parishes actually pay ; but those who keep them wish to gain, and not to lose. It is, however, impossible to give a single cell and a bed, to warm the room, pay necessary attendance, medical assistance, medicine, food, bath, and every thing that may be necessary, for ten shillings a week. For the sake of emolument, the keepers of such houses crowd the patients together, provide double bedsteads, and chain them, if they be the least troublesome. The only way to improve the fate of these unfortunate beings is to erect public hospitals, conformable to the wants of the patients. This kind of distressed has the best right, and the most urgent claim, to the assistance of the government, because they have lost all, even their personal liberty, by disease, and not by criminal conduct, like felons, whom every county is obliged to treat with great humanity.

RECAPITULATION.

From the preceding consideration it results, that the moral treatment of insanity must undergo great improvements ; that the buildings must be adapted to the particular condition of the patients, and the internal management founded on sounder principles. To the elucidation of those points, I have spoken of the architectural requisites of an hospital for the insane, and of the internal management, such as reception and classification of the patients, regulation of temperature, cleanliness, diet, coercion, treatment of the feelings, treatment of the intellectual faculties, occupations of the patients, inspection, and the difference between private and public establishments. The regulations for the master, matron, porter, male and female keepers, and economical concerns, are cer-

tainly of importance, and must be properly arranged and conducted; but such details are not within the reach of my present considerations. I wish to call particular attention to the most essential points which concern the medical profession, and the immediate treatment of the patients.

Medical treatment of insanity.

In the greatest number of houses for insane medical treatment is scarcely thought of, because insanity is not considered as a corporeal disease. 'The successful application,' says Pinel, 'of moral treatment exclusively gives great weight to the supposition that, in a majority of instances, there is no organic lesion of the brain or the cranium. . . . Attaching little importance to pharmaceutic preparations, and all sufficiency in curable cases to physical and moral regimen, I intend not to devote many of my pages to the exclusive consideration of drugs and medicaments.' Many think, with Pinel, that medical treatment is of no use in insanity. There are only two ways of excusing such an assertion; either they must confess our ignorance as to the application of medical treatment, or contend that insanity is not a corporeal complaint. Now self-esteem does not like to confess ignorance; hence the second proposition is the natural consequence. In many complaints of the body we can say with Pinel, that medicine is of no use, and does rather harm, and nature alone will cure sooner if it be not disturbed by our prescriptions; indeed, we rather would confine ourselves to mere *medicine expectante*; but does it therefore result that medical treatment could not assist nature?

Dr. Rush says,* 'It is perhaps only because the diseases of the moral faculty have not been traced to a connexion with physical causes, that medical writers have neglected to give them a place in their systems of nosology, and that so few attempts have been hitherto made to lessen or remove them by physical as well as

* Medical Inquiries and Observations, vol. ii. p. 22.

rational and moral remedies.' Moreover, those who have treated insanity as a corporeal disease have made too little discrimination. All the means are applied chiefly to the alleviation and suppression of symptoms, and not according to the disease; that is, all treatment is symptomatical, as if there were a remedy against every symptom. The nerves, for instance, suffer, and there are convulsions, hence opium, valeriana, ether, camphor, &c.; the circulation of blood is accelerated, hence digitalis; there is delirium, hence bleeding; there is nausea, hence vomiting, &c. Indeed, nothing is more easy than such a medical knowledge; but such a physician is like a judge who knows only the letter of the law, and neglects all modifications. Insanity is commonly treated in the same routine. Insanity, however, and its symptoms present as much variety with respect to causes and circumstances as any other disease; and it cannot be treated by any general method, as by bleeding, vomiting, purging, blistering, bathing, the use of opium, caustics, digitalis, mercury, &c. There is not, and there cannot be, a specific remedy against insanity. There are specifics against determinate diseases, under whatever form they appear, or whatever part they affect; but the morbid symptoms of the lungs have no specific remedy, because the functions of the lungs may be deranged by various causes, as by an inflammation of the lungs, bad digestion, hysteric affection, and according to these causes the treatment must be modified. The same must be done in the brain.

There is no doubt that nature often cures insanity. But, as in other diseases the patient is often relieved by art, and would die without it, so it is in insanity. *Medicine expectante*, though practised by Hippocrates, can no longer satisfy any rational pathologist. Nature has been observed long enough in insanity, and we know what she alone can do, viz., cause a great number of insane persons to become fatuous; indeed, further indolence deserves to be reprobated.

My manner of considering the medical treatment in insanity is conformable to the general principle of pathology. The proximate

cause of insanity is corporeal, and resides in the brain. Now either we can cure the diseases of any bodily part, or we cannot. In the former case it must be possible with the brain as well as with the lungs, the bladder, the blood-vessels, the muscles. But then we may say, with Mead and other great physicians, 'in all things which our art contains, there is nothing that does good but what may also do harm; and when a remedy is used indiscriminately it must of necessity be used improperly.' I shall first state what is commonly done, and with what effect, and then propose my ideas.

The usual treatment of insanity is merely symptomatical. In mania they bleed; in melancholia they purge. At the Bethlem in London the same method was used in mania and melancholia; and Haslam mentions, that patients who were in a furious state recovered in a larger proportion than those who were melancholic. Out of a hundred violent, sixty-two were cured; and from the same number of melancholic, only twenty-seven. The author of the *Domestic Guide in Insanity* thinks* that, 'in nine cases out of ten, too much stimulus of one kind or other is the cause of insanity. A general system of relaxation may therefore be laid down as the best general rule.' He continues: 'Even in cases that had the hypochondriacal appearance, and which might ultimately require the tonic treatment, I should use the relaxing system for a fortnight or three weeks, but not less than a fortnight; then to administer two or three smart vomits in as many days, yet not to give vomits at a time of amendment, nor till smart purges have been given; nor, if there is any fulness of blood, to continue the same treatment during six months.' After that time he recommends sudden shocks by plunging the patient into water, and violent motion by the swing. If these measures produce no alteration, he tries repletion, and fills the vessels as full as possible by good living, and proposes to make the patients drunk; and, when this is accomplished, to recom-

* Page 63.

mence the first plan.' He candidly confesses that he has very little variety of treatment to recommend.

I hope he has no curable patient under his care, and I confess such a medical man should not be the guide of my friends in cases of insanity. His candid confession of ignorance would have induced me not to trouble the reader with his opinion, were it not publicly known that a similar routine of hospital practice degrades our profession. Idiots, furious, melancholic, in short, insane people of all descriptions, were bled, purged, and vomited, according to season and weather; and all was done on a particular day. During the rest of the year, the keeper was furnished with powders, which he distributed as he found it necessary; and if any male or female patient complained, the keeper said, he or she wants a powder. If the patients became sick and weak, or were not able to undergo the discipline of the house, they were immediately discharged. If it was not the season, it was not minded whether the patient wanted alvine excretions; he might die of constipation, and the bowels burst in consequence of the accumulation of the contents. Moreover, we are told that other persons have been insane for fourteen years, without taking a single grain of medicine; that a warm bath never was heard of; that the surgeon was mostly drunk and insane himself for ten years. Finally, the physician has been represented as a physiologist, who understands the influence of external circumstances on our body so well, that he thinks 'a person could have had about him a weight of iron six or eight and twenty pounds, that he could have been confined to his bed without being allowed to turn round for nine years, or without being able to get out and sit on the side of his bed, being chained by the head by a chain only twelve inches from the iron stanchion, and that that would have no effect upon the general health.' Every one, however, will believe that such a treatment, only for nine days, should have convinced him of its influence on the body. I know that, in another establishment, it was the custom to put all sorts of insane persons head foremost

into a cask, nearly filled with water, to work their way up the best they could.

If insane patients are only consigned to such a routine of practice, to painful coercion, to starving, indiscriminate abstraction of light, to bleeding and purging, *ad libitum*, there is no doubt that neither physicians nor the public can gain confidence in medicine with respect to insanity. I fully agree that, if we continue such a proceeding in insanity, our profession ought to be interdicted by those who have the will and the power to improve the public good. If such be our skill in treating insanity, or also if medicine have no influence on insanity, the commissioners for establishments of insane must be excused for making no particular inquiry into the disease of the patient, nor into the medical treatment; for thinking it their only duty to direct their inquiry chiefly to lodging, victualling, and general accommodations of the patients; for observing that none, but such as are afflicted with insanity, have been received into the institution; and that none are retained in it after being sufficiently recovered to be discharged. It is, however, allowed that the latter points cannot be decided upon in one short visit, during three months.

If, according to Pinel, opium, camphor in large doses, the moxa, sudden immersion in cold water, copious bleeding, are the remedies to be resorted to in ungovernable fury, excessive irascibility, and blind and savage ferocity, there is no wonder that, under that treatment, this disorder must commonly be considered as incurable. Nature is not strong enough to correct all our errors; and, in my opinion, Pinel would have done much better, had he adhered to his favorite plan of *medicine expectante* than to give such advice.

The incongruity of remedies administered to the same patient must excite indignation. I am pleased with the remark of Mr. Hill* when he says: 'The young and the aged, the infirm and the athletic, the debilitated and the plethoric, all are included in

* Lib. cit. p. 283 and 328.

one indiscriminate mass, and a copious bleeding is instantaneously directed. This procedure, though erroneous, has the sanction of ages and of names illustrious in the public opinion; and no sooner is the disease determined to belong to the class of insanity, but bleeding, hellebore, chains, painful degrading coercion, starving, and dark dungeons, crowd on the mind by the common association of ideas, forming an endless circle applicable to all cases. In the same disease of the same patient they have recourse to every thing that suggests itself; so that when a cure has occasionally taken place, it appears to have been effected upon empirical principles, more from chance than the result of any consistent rules of practice; while, on the other hand, if such a happy termination does not follow, the cure is declared to have been, from the first attack, impracticable.'

I find his feelings laudable, when he ranks 'with the puffing advertisements of charlatans, the concealment of a preventative of insanity, or of the proper treatment which, under strong family obligation, cannot be disclosed.' Indeed he who is fond of truth likes candor and openness. Experience has always shown, that ignorance wishes to be covered with the veil of haughty deportment. Without considering that Christian principles exclude selfishness as the supreme motive, it must be admitted, that where arcana are tolerated, quackery is patronised, and the health of the public delivered to discretion.

I am of opinion that the medical treatment of insanity must be entirely reformed; it is to be reduced to sound principles of pathology in general.

Every one, who examines nature with reflection, will find that all considerations, which may be made with respect to anatomy, physiology, and pathology of any other organic part, must be also applied to the brain. Now the pathology of every part must be founded on the knowledge of its healthy state; and he who will study insanity must understand the functions of the mind in their state of health. Moreover, in pathology, the most essential object is to point out the cause of the disorder. This then can be re-

moved or not. Every other proceeding is merely experimental. After this, the modifications of the disease, dependent on sex, temperament, and individual idiosyncrasies of the patients, on climate, season, weather, and external circumstances, are to be examined, and the treatment to be modified accordingly.

In any disease, however, our art has its limits, and so it is in insanity. This complaint is incurable or curable. Idiots from birth, by a defect of the cerebral organization, and fatuous from violent mania for many years, belong to the former sort. If a child from early youth be a complete or incomplete idiot from a defective organization, or by water in the brain, medical attendance, strictly speaking, is of no use. Nothing specific can be done with advantage. The bodily constitution in general must be taken care of by dietetic means, such as regulation of food, air, temperature, light. In short, to a good, commonly called physical, education, the parents or friends ought to have recourse. The digestive organs deserve a particular attention, because their functions are often deranged.

Sometimes it happens in idiotic children, that, at the periods of climacteric years, when the organization acquires more development, and afterwards more solidity, the manifestations of the mind appear. We ought to know that, in such children, the intellectual operations cannot be acquired by force. I have seen children of that sort treated in the most unreasonable manner; but all blows and vexations could not produce talents. Force may excite powers which exist; but where they are wanting, all labor is lost. Such a treatment rather increases their state of idiotism. Moreover, it ought not to be overlooked that, in delicate and sickly children, from a too early and too continued application of their intellectual powers, exhaustion originates, and the foundation of weakness of the mind or of insanity is laid.

Those who, during madness, become fatuous are partly curable, or partly incurable. Among the curable may often be found those who, in mania, have undergone too much lowering treatment. It is known, that after fever with delirium, a debility of

the whole body, weakness of the external senses, and inaptitude of the intellectual faculties, are observed ; every function then improves in proportion as bodily strength is re-established. If fatuity be the result of mere debility, for instance, after great evacuations of any kind, after dysentery, continual loss of semen, after hæmorrhages, too much bleeding and purging in inflammations, tonic treatment, adapted to the individuals, will be of the best effect. Dr. Rush mentioned in his lectures, attended by Dr. Jardine of Liverpool, who was so kind as to communicate the fact to me, that 'the Rev. Mr. Tennent, of New Jersey, lost his memory entirely at the age of nineteen from a fever, during which he lay in a lethargy so deep, that he was suspected to be dead for some days. He had previously made considerable progress, but was obliged to begin his grammar again. Some weeks after his recovery, while he was repeating one of the early grammar rules, he suddenly stopped, and told his master that his knowledge was returned and he was afterwards as well as usual. Similar facts are known to medical practitioners. I have quoted several in my book on Phrenology. I shall add a few examples where fatuous persons after insanity were cured. Dr. Rush* says, 'In the year 1795 a young man of the name of Donaldson, from York county in Pennsylvania, was admitted into our hospital, in the lowest state of monalgia. He appeared to have no mind, and scarcely any locomotive powers. When placed at the head of a pair of stairs, he rolled to the bottom of it. By means of most of the remedies I have recommended, he was nearly cured. He acquired the use of his speech, knew his attendants, and called me by my name when I visited him. Unhappily, in his progress to a perfect cure, he was attacked with a malignant fever, and died in the hospital on the fifth day of his disease.' Dr. Rush relates another fact which happened at the Lunatic Asylum at York in Great Britain. 'On the 25th of October, 1778, a seafaring person, about forty years of age, was recommended to the Lunatic Asylum for cure. About

* Inquiries and Observations on the Disease of the Mind, p. 233.

two years before that time, he had sustained a considerable loss by sea, which operated so violently upon his mind, as to deprive him, almost instantly, of all his reasoning faculties. In that state of insensibility he was received into the asylum. During his abode there, he was never observed to express any desire for nourishment, and so great was his inattention to this particular, that for the first six weeks it was necessary to feed him in the manner of an infant. Food and medicines were equally indifferent to him. A servant undressed him at night, and dressed him in the morning; after which he was conducted to his seat in the common parlor, where he remained all day, with his body bent and his eyes fixed upon the ground. From all the circumstances of his behavior, he did not appear capable of reflection. Every thing was indifferent to him; and from the fairest judgment that could be formed, he was considered by all about him as an animal converted nearly into a vegetable. In this state of insensibility he remained till the morning of Tuesday, the 14th of May, 1783, when upon entering the parlor he saluted the recovering patients with a "Good morning to you all." He then thanked the servants of the house, in the most affectionate manner, for their tenderness to him, of which, he said, he began to be sensible some weeks before, but had not, till then, the resolution to express his gratitude. A few days after this unexpected return to reason, he was permitted to write a letter to his wife, in which he expressed himself with decency and propriety. At this time he seemed to have peculiar pleasure in the enjoyment of the open air, and in his walks conversed with freedom and serenity. Talking with him what he felt during the suspension of reason, he said that his mind was totally lost; but that about two months before his return to himself, he began to have thoughts and sensations; these, however, only served to convey to him fears and apprehensions, especially in the night-time. With regard to his medical treatment, the medicines usually prescribed for melancholic persons were in his case studiously avoided; and, instead of evacuants, cordials and a generous diet were constantly recommended. Finding his

mind sufficiently strong, he was dismissed, and afterwards appointed to the command of a ship employed in the Baltic trade.'

A too great loss of semen undoubtedly weakens the intellectual powers; but we have often met idiotic individuals in hospitals for insane, whose imbecility was considered as the effect of their lasciviousness, while this rather originated from the want of moral feelings and reflection; that is, amativeness was active, without restraint, as in animals.

Acute mania is oftener cured than melancholia; but there are more fatuous restored after simple melancholia than after chronic violent mania. If in the latter cases the manifestations of the mind are lost by degrees, and the patients become quite fatuous without having suffered by debilitating causes, their state is perhaps always hopeless. In such cases organic changes have taken place in the brain, and the effects of the primary disease cannot be removed. Such patients then are no longer the object of an hospital for curable patients. It is easily conceived, what Haslam has stated, that 'In bodily weakness, if the raving paroxysms have continued for a considerable time, and the scalp has become unusually flaccid, or where a stupid state has succeeded to violence, no benefit has been derived from bleeding.' If there be mere bodily weakness, bleeding will increase it, and if organic changes have taken place in the brain, no treatment will cure the derangement.

The best treatment of the curable fatuous consists in evacuants, to keep the bowels open without purging, combined with tonics, generous diet, dry and warm abode, pure air, aromatic baths, shower bath, rubefacientia along the spine, issues, and a prurient eruption on the shaved scalp, produced by the lotion, with a strong solution of antimonium tartarisatum. This treatment must be continued for a long time, and its effect will depend on the state of the cerebral organization.

I shall now examine the medical treatment of alienation, or insanity strictly speaking. In considering the opinions of various authors, we find that the same means are blamed and praised.

These contradictions can be reconciled only by supposing that the remedy was employed in different diseases, or in modified individuals. It is to be remembered, that the symptoms of insane patients are innumerable and that it is necessary to point out the cause of the deranged functions of the brain. Moreover, it must be understood, what all intelligent practitioners admit, that the art of medicine does not consist in multiplying medical formulas, but in judiciously prescribing a few select and active remedies. As it is so important to understand the nature of every disease, before we can form a sound treatment, the physician of institutions for insane should be made perfectly acquainted with the history of every case from its commencement.* The treatment of insanity, as it is detailed by Dr. Rush, seems to me more satisfactory than that of any other writer. I think with him,† that ‘the successive and alternate changes of the different forms of madness into each other, shows the necessity of renouncing all prescriptions for its names, and of constantly and closely watching the disease.’ I shall speak of the medical treatment in the same order as I have mentioned the causes.

Treatment of mechanic causes of insanity.

Mechanic injuries of the brain, such as concussion or compression by blows, a fall, wounds, fracture, or depression of the skull, exostoses, fungus of the dura mater, collection of blood or pus, produce various derangements of the cerebral functions. The nice distinctions made by some theoretical authors, as to concussion or compression of the brain, cannot be ascertained in practice. The same symptoms may occur in both cases. Sometimes there is concussion and compression, without the symptoms which are ascribed to them; and at other times such symptoms exist with-

* It is truly lamentable that some, either from a false delicacy or pride, so far forget their duty as to deny altogether this important information to the physician. There are many cases of this kind in Massachusetts.

† Medical Inquiries and Observations on the Diseases of the Mind, p. 237.

out previous concussion or visible compression. From violent causes may originate vertigo, giddiness, numbness, stupor, delirium, inflammation, suppuration, extravasation, epilepsy, idiotism, palsy, trismus, insanity, or apoplexy.

In violent injuries from without, the teguments and the skull are to be examined. If the skull be fractured, and a portion depressed, this must be elevated by surgical operations. Sometimes there are great disorders in the brain, and the skull has not suffered at all. At Liverpool I have seen, with Mr. Brandreth and Dr. Renwick, a man who received a blow on the head with the fist, and sank dead to the ground. There was no injury of the teguments or skull, but a great turgescence of the blood-vessels of the scalp, a great congestion over the whole brain, and a great extravasation at the basis of the brain, particularly at about the great commissure of the cerebellum (pons Varoli). If extravasation be suspected, they advise to apply the trephina; but sometimes it is difficult to determine the place of the extravasation; sometimes it is at the side of the head opposite to the blow or the wound. There are also cases on record, where extravasation was suspected, and nothing found after the operation; and at other times the operation was neglected, and extravasation or consecutive suppuration detected after death. These cases are sometimes extremely intricate; and if the extravasation be not at the surface of the brain, nothing can be done. Sometimes we open individuals who die suddenly from violent blows, and nothing but congestion of blood is found, or paleness and a collapsion of the brain. I have seen patients, after violent injuries on the head, lingering for a long time, and declining to dissolution. After death, suppuration was observed.

Surgical operations do not belong to my considerations. If they are necessary, the disease requires an antiphlogistic medical treatment; such as bleeding, cold applications to the head, keeping the bowels open, low diet, &c. In the greatest number of cases, no surgical operation is indicated; but very often blows derange the functions of the brain in disturbing the circulation of

blood, or the delicate structure of the cerebral fibres. I have seen individuals, the operations of whose mind were entirely suppressed, by their head being violently shaken, while organic life continued its functions. Many persons feel headache, vertigo, giddiness, or become insane ; and if such individuals die sooner or later after the injury, congestion of blood is detected. Hence it happens in the head, what we perceive in external bruises ; and the curative plan is obvious : bleeding, application of ice, snow, or cold water on the head, aspersion with ether ; the bowels are to be kept open, and every thing which carries the blood to the head avoided, as spirituous liquors, indigestible aliments, costiveness, violent affections. Moreover, whatever removes the blood from the head must be employed. To this end a more upright position is preferable, mild evacuants to open the bowels, low diet, &c. Sometimes a great weakness of the blood vessels remains for a long time, and the general treatment is to be continued, as washing the head with ether, cold water, cataplasmata of aromatic herbs boiled in wine, and every thing that can give tone to the blood vessels. After the first period, bleeding will be of less use ; but whatever can determinate the blood to the head must be avoided, as walking in hot weather, dancing, going on horseback, swimming, stooping, &c.

Blisters and vomiting are highly improper. Nothing is more common than vomiting the patients, who have suffered some violent injury of the head, especially, if they have nausea. Nothing but routine, however, can excuse such a proceeding. The most common observer, who has looked at persons during that act, must have seen, and he who has once taken a vomit must have felt, that the blood is determined to the head.

Sometimes external injuries may be succeeded by an inflammatory state of the brain, and various symptoms of insanity. Their treatment then follows the general principles of pathology ; hence no vomiting, no blisters, no opium, no ether, no camphor, and such things, but the antiphlogistic treatment must be adapted to the individual, just as in headache, vertigo, or stupor, &c. Whatever

may be said with respect to the general use of vomits in such cases, we must agree, that even universal practice cannot alter the nature of things, nor universal error change the nature of truth.

Treatment of the idiopathic dynamic causes of insanity.

Here also pathological facts prove that our common knowledge of insanity is not satisfactory, and that Dr. Powell was right in saying 'the whole should be new modelled.' It seems to me that, with respect to idiopathic dynamic causes of insanity, there are three different states of the cerebral organization, every one of which requires a different treatment.

There can be no doubt that the functions of the brain may be deranged by too great a stimulus. I shall call that state of the brain hypersthenic; if, however, any nosologist prefer the term *inflammatory*, I shall never dispute about names. The essential point is to understand the state of the brain designated by that name. This state of too great excitement may affect the brain, but one part more than the others; and hence it may produce various symptoms. In symptoms of erotomania, or nymphomania, for instance, the cerebellum suffers particularly; in fury and mania the middle lobes; in too great self-esteem or pride, the cerebral parts at the vertex of the head, &c.

This hypersthenic state of the brain may be only local, that is, confined to the brain; or it may be combined with various symptoms of automatic life; in the same way as the affections of other parts sometimes are local, such as ophthalmia, diarrhœa, &c. or are accompanied with various other symptoms. Dr. Parry says,* 'I have many times known the pulse in the temporal artery so weak, that blood would not flow from it, however well it was punctured, and in other instances it was too weak to be felt; and yet in all, the pulse in the carotid has been extremely strong, and there has been the most decisive evidence of preternatural impulse of blood

* Lib. cit p. 346.

to the brain. In erotomania, or the hypersthenic state of the cerebellum, there is often involuntary priapismus, as a secondary symptom. The treatment of all those secondary symptoms depend on the general disease. In this case, it would be bleeding behind the ears, cold applications on the neck, low diet; while poultices alone, against priapismus, are of no use. Also the castration, which has been made in animals and in man against that disease, may be prevented. In hypersthenic erotomania, the debilitating method will succeed in the safest manner, as in this state of the brain in general. Such patients must be kept in solitude and darkness, and exposed to cold. There are examples known, where nature cured them by spontaneous bleeding or cold. Dr. Rush* mentions two facts, where the patients escaped from the keepers in the evening, and passed the night in the open air, in the midst of the winter, to their advantage.

The question arises, how we can distinguish this state of the brain, or its parts? If it be local, it is more difficult to be understood; but it is much more easily pointed out, if it be connected with morbid appearances of automatic life. It may be suspected, in young, phlethoric, well-nourished and strong individuals, where no cause of weakness, but rather stimulating causes, have preceded; where the disease began suddenly, and is still of short duration; hence where the whole condition of the patient, his age, temperament, previous health, manner of living, all external influences of season and weather, indicate inflammation. The diagnosis becomes more easy, if other parts are affected at the same time; if, for instance, there is a certain glittering appearance of the eyes as in other inflammations, a flushing of the face. The pulse is often deceitful: sometimes it is suppressed and small, as in spasm, and rises after venesection; sometimes it is full and strong. If such patients die in a short time, we find the texture of the blood-vessels firm; and of greater resistance than the fibres of the brain; so that I do not like the brains of such individuals for the demonstration of the cerebral organization.

* On the Diseases of the Mind, p. 197.

The inflammatory state of the brain is often without pain, and practitioners are then led into error, if they forget that the brain is not sensible, and differs in this respect from the nerves of the body. They ought to know that fear, fury, disdain, and other disagreeable affections or modes of the feelings, are, with respect to certain cerebral parts, what pain, in the common acceptation, is with respect to the nerves of the body. In order to understand this idea, I refer the reader to the chapter on the modes of the faculties in my book on Phrenology.

Another common error, which I have already mentioned, is to think that violent delirium and fury are the only signs of the inflammatory state of the brain. Inflammation, however, may exist without such symptoms, and both symptoms may exist without inflammatory state of the brain. On account of its importance I repeat that numerous dissections have convinced me that 'inflammation of the brain is by no means infrequent, while we rarely find it unaccompanied by the symptoms which' (according to the theoretical opinions of the schools,) 'should designate phrenitis. The symptoms are referable rather to oppression of the nervous power, than to increased activity of the blood vessels.*' Fury depends only on the excitement of the organs of combativeness and destructiveness, while a too great activity of cautiousness produces melancholy or despondency. 'This explains why, sometimes, fury and despondency may exist in the same person. There are, indeed, positive facts on record, that individuals felt the greatest inclination to destroy every being around them, and at the same time the greatest anxiety and fear of committing such atrocities; they became quite disgusted of life, and disposed to suicide. Such an opposite state in the feelings cannot be explained by a single mind, nor by a single state of disease of the brain; the only way of understanding it is by the plurality of the functions of the cerebral parts, which may be affected singly or together by the same disease, and produce various symptoms.

* Some cases illustrative of the pathology of the brain, read in the College by Dr. Powel. Medical Transactions, vol. v.

This explains also why mania and melancholia are often cured by the lowering proceeding, and at other times increase under the same treatment. Hence not one single symptom can guide our indication; not the pulse alone, because in phrenitis with mania it may be contracted, and in irritable and nervous subjects it may be full and hard, while the disease is not at all hypersthenic, and will increase under bleeding and the lowering method.

Thus the treatment of the hypersthenic state of the brain, whatever the symptoms of insanity may be, such as erotomania, fury, despondency, religious fanaticism, pride, liberality, &c. is the same, and may be termed lowering. Bleeding is the genuine remedy, opening of the temporal artery, cupping at the temples or behind the ears, at the neck, leeches to those parts, venesection at the arm, shaving the head, application of ice, cold water, aspersion with water, or vinegar and water; evacuants to keep the bowels open, frequent use of serum lactis, decoctum hordei, altheæ, lemonade; in short, the whole antiphlogistic treatment, as in that state of the lungs or any part. If it be the result of refrigeration, called by some authors *inflammatio rheumatica*, blisters will be of use; but if it originate from spirituous liquors, insolation, hard working without refrigeration, great application of the mental powers, or any internal excitement, blistering will do harm, in accelerating the circulation, and determining the blood to the head. Any thing that irritates must be avoided, such as light, caloric, camphor, vomiting. It even seems to me that we ought to be very careful in administering opium and digitalis. I have seen that, under their use in irritable persons, the symptoms rather increased than decreased.

In this state of the brain is applicable what Dr. Hallaran says: 'Opening the temporal artery in recent cases of insanity affords the most direct means of diminishing the excessive impetus of the heart, and gives the most immediate relief. . . . Unless in young persons, where the pulse stands from ninety-six to a hundred, with a white tongue, hot skin, and suffused eyes, it should not be resorted to. When these appearances are present it will un-

doubtedly be found expedient, if not essential, to the safety of the patient.' In such cases bleeding is of urgent necessity ; I would not, however, consider it admissible merely under such circumstances, but in a smaller extent it will be useful in cases where the inflammatory symptoms are not quite so strong. For it must be observed that inflammation is acute or chronic, violent or slight, in various degrees ; and the antiphlogistic proceeding must be always proportionate.

This is the real point where the talent of the physician appears. It cannot be taught by any rule ; it requires what is called the natural tact, but it can be exercised by practice. The patient is treated according to the precepts of the school ; and, if he die, it is not the fault of the rule but of the physician, who does not understand how to modify its application. We may often see that the general indication is well distinguished, but no distinction made as to the individual modifications. I have seen inflammations treated by physicians of celebrity without any consideration of the individual forces of the patients. Commonly the quantity of any remedy is mentioned, while it is often forgotten to add, that it is necessary to consider the effect rather than the quantity, because, supposing the indication is well established, the dose required to produce the desired effect varies extremely in different individuals. Such misapplications of the general rules take place in the affections of the brain, as of the lungs, kidneys, bladder, &c. ; and the result will be the same ; that is, our ignorance as to the modifications kills the patient, or makes the disease degenerate into incurable disorders.

Another state of the brain, accompanied with its deranged functions, is the result of debility ; I call it asthenic. Haslam observes : ' In bodily weakness, if the raving paroxysms have continued for a considerable time, and the scalp has become unusually flaccid, no benefit has been derived from bleeding.' To this state particularly is applicable the opinion of Pinel, ' that bleeding without rule and bounds often exasperates insanity, and causes curable mania to degenerate into dementia and idiotism ;'

and the other passage, where Pinel says, 'The blood of maniacs is so lavishly spilled, and with so little discernment, as to render it doubtful whether the patient or his physician has the best claim to the appellation of a madman.' Indeed, the lancet has been very frequently applied to insane people merely for the purpose of rendering them less noisy. I, however, do not wish to be understood as proscribing altogether the use of the lancet, even in this state of the brain; but it will be seldom necessary, and the bodily strength is always to be considered, and bleeding modified.

This disease does not consist in melancholy or despondency; it may, like the former, produce all the symptoms of insanity, such as melancholia, mania, pride, liberality, or a weakness of the manifestations of the mind; nay, entire apathy. On dissection in these cases there is great congestion of the blood vessels; they are weak, and the substance of the brain soft. The general constitution of the patient is weak. Thus the bodily strength of the patient before insanity, the beginning and progress of the disease, previous debilitating causes, and all circumstances together, will guide our decision. Such patients are weak and delicate, of a nervous irritable temperament, a florid complexion, flushing face, subject to hæmorrhages, exhausted by evacuations, or of an inert phlegmatic constitution. The quantity of blood, or the great activity of the blood-vessels, is not the cause of insanity; it is not *plethora vera*, but congestion from weakness. Hence blood-letting will not remove the cause of the complaint. Every thing, however, which determines the blood to the head increases the disease; such as spirituous liquors, artificial heat, hot weather, affections of the mind, &c. Such things then must be avoided. The treatment must be tonic and nourishing without stimulating.

In great exacerbations of the symptoms blood may be drawn, with precaution to empty the blood-vessels; but without giving strength to the blood-vessels, and tone to the cerebral organization, they will soon be over-filled again. It is, indeed, a great error to confound congestion with inflammation. In the latter bleeding is the genuine remedy, and the whole treatment must be

lowering ; while in the former, at the beginning, a part of the blood must be removed in order to procure a free circulation to the rest ; but the cause of the congestion, viz. weakness, must be removed by other means. The head is to be kept cold by shaving the hair, making aspersion with water, or washing the head with cold water, or application of ice, mild evacuation of the bowels. The internal remedies must be tonic without stimulating, such as amara, decoctum cinchorus, cinnamomum, acidum sulphuricum, and, with the greatest caution, opium and digitalis. The diet must be light, digestive, not lowering nor stimulating, but nourishing. Good and well hopped beer ; milk, if digested ; soft eggs, good broth, more animal than vegetable diet. Every aliment that gives flatulencies and acid eructations must be avoided.

A third state of the brain in insanity, from idiopathic causes, may be called nervous. It has many symptoms common with the second, but it is more dangerous. It exists in very irritable, delicate, and so called nervous temperaments, where violent or long-continued disagreeable affections, as anger, jealousy, envy, offended self-love, sorrow, grief, disappointed love, &c. have exhausted the bodily strength. In such individuals, all diseases offer a more severe and dangerous character, because the *vis medicatrix naturæ* is enfeebled, and the symptoms are deceitful. Appearances of inflammation, and crudities in the digestive organs, are too often considered as causes of insanity, while they are, like insanity, the effect of the same morbid cause.

The treatment of this state is not bleeding, purging, or vomiting, but antispasmodics and tonics. The remainder of bodily strength must be spared, the loss repaired, and the irritability calmed. All that debilitates increases the disease. At the beginning of insanity by violent affections, as fear, grief, anger, fury, &c. opium and other anodyne medicines are indicated. In anger a draught of cold water is often useful, or cold water thrown over the whole body and silence. Opium has a high rank in other irregularities, and nervous affections of the body, and it is of great importance

also in the derangements of the brain from moral causes ; but its tendency to diminish at the same time the action of the bowels is not to be overlooked, if it be necessary to keep them open. Then hyosciamus, moschus, castoreum, may deserve the preference. Camphor in small doses is here often useful. The antispasmodics have the first rank, then come the tonics, such as flores, chamom, calumba, uqassia, gentiana, cortex peruvianus, martialia. The external and dietetic treatment is the same as in the asthenic state of the brain. In the same way, every thing which carries the blood to the head must be avoided.

The preceding considerations easily explain why medical practitioners often bestow much praise on the virtues of a remedy in the cure of insanity, while others equally respectable decry it as useless, and a third party declare it to be pernicious. Such contradictions and opposite opinions may be all true and false, because insanity is a mere symptom, and may be the result of quite different states of the brain. Sometimes also the failure of success arises more from the manner of using the remedies than from any radical defect in their properties. I have already mentioned that sufficient attention is not always paid to all the individual circumstances of the patient. The following remarks will prove still more, that there cannot be a general antimaniacal remedy, and that it is not sufficient to follow the common routine, and prescribe copious and repeated blood-letting, water and shower bath, blistering, vomiting, opium, purging, low diet, and a rigorous system of coercion. Indeed such a medical treatment must prove unsuccessful, and inspire indignation, and the complete interdiction of our profession.

Treatment of insanity from sympathetic causes.

The greatest number of these cases may be reduced to four sorts: viz. insanity is the result either of atony, or inanition of the whole ; or of repelled cutaneous affections ; or of disturbed functions of parturition, or of the deranged digestive organs. The

cases occur, as to number, in an ascending proportion as the divisions are mentioned, so that the first (from mere inanition) are the rarest, and the last the most common.

In the first sort of cases, there are symptoms of general exhaustion, and of inactivity of the mind. This state of insanity may be cured, if there be no organic changes in the brain, as I have already mentioned in speaking of fatuous patients. There I have detailed the medical treatment: viz. every thing that awakens the vital power is indicated, and all debilitating causes are to be avoided. The details may be looked for in the treatment of the fatuous.

It often happens, that repelled cutaneous eruptions, suppressed hæmorrhoides, drained up sores, rheumatismus vagus, produce various internal complaints, in affecting such or such internal part of the abdomen or thorax. The same causes may attack the brain, and produce insanity. Now the deranged functions of the brain must be cured in the same way as the other internal disorders, such as bad digestion, difficult breathing, &c. from the same causes. The piles must be recalled by leeches adanum, and by the application of the vapor-bath on that part. The cutaneous discharge is to be re-established by blisters, issues, or setons. These means, like others, having been employed indiscriminately, in every sort and in almost every stage of insanity, have had the fate of all other remedies; they are praised or blamed according to the effect, while the nature of the disease is overlooked. These means will be useful, where an excitement, or a deviation of a morbid matter, or, as others like to say, of an exciting cause, is wished for; but in all cases, where excitement is hurtful, their use is to be rejected. I think with Dr. Hallaran,* 'The early application of blisters, so long as the symptoms of a powerful determination to the head can be discernible, cannot well be persisted in by those who, taking into account the extreme degree of excitement already produced, must be attentive in avoiding every unnecessary source of irritation. An acquiescence

* Lib. cit. p. 89.

with common custom, more than a feeling of conviction, has, I am satisfied, induced many to commence the use of blisters in the cure of insanity at a time when, at best, their effect must have been nugatory, and in most instances altogether improper. Their direct application to the head under the above circumstances cannot be too strictly condemned, nor do I consider them as admissible in any direction, when the absorption of cantharides into the circulation may act as an additional stimulus. Where a want of energy and inaptitude to participate in the usual objects of volition, succeed to the previous temper of activity, the occasional application of a blister round the lower part of the neck, will often be found highly beneficial by its local irritation. The fever excited by it rather tends to animate than to disturb.'

Dr. Hallaran mentions another inconveniency which happens when, in maniacs, blisters are placed on the calves and other parts of the body. The patients sometimes attempt to swallow them. Moreover, it is a difficult matter to prevail on maniacs to allow blisters to remain at the place. If the hands be secured, they rub with the feet and dislodge the blisters. Thus, in far the greatest number of cases of insanity, blisters, setons, or issues are hurtful; in other cases they are of great use.

In women, a frequent cause of insanity is pregnancy, and the deranged functions of parturition and lactation. The uterus is in great sympathy with the stomach, the brain, and the five senses. It is known that pregnancy produces various affections of the digestive organs, excites various idiosyncrasies in appetite and taste. In the same manner, often the manifestations of the feelings are much excited or deranged; sometimes amativeness, combativeness, destructiveness, covetiveness, cautiousness, or any other propensity or sentiment. There are examples on record, that pregnant women liked coals, chalk, dirt, became extremely lascivious, felt the greatest inclination to kill, to steal, or to build. It is not necessary to mention examples that a difficult parturition and the suppression of the usual evacuations which follow parturition, may produce insanity; they are generally known.

If pregnancy be the cause of insanity, the time of delivery must be expected with patience, and we must confine our assistance to mere palliative means against the most striking symptoms. If the manifestations of the mind are deranged by suppression of the usual evacuations, it has been cured by spontaneous diarrhœa. In general, the best treatment of this sort of insanity consists in purgatives, modified according to the individual patients. In such delicate women the bowels are sometimes very irritable, and strong purgatives will be very prejudicial. Here, as in every disease, the vital power is not to be overlooked. Moreover, in this sort of insanity, there are commonly derangements of other functions, which are to be taken into consideration, and according to which the treatment must be modified, always, however, with the view of necessary evacuations.

The greatest number of cases of insanity, produced by sympathetic causes, originate from deranged functions of the digestive organs. To this sort belong very often the cases of hysteria, hypochondria, melancholy, and suicide from disease; that sort of insanity which is very seldom cured by nature alone, and which is not sufficiently understood by medical practitioners. It often begins as melancholy, and terminates in mania; or both alternate.

The incongruity of remedies administered in this form of insanity is inconceivable. As the disease is chronic, and its nature not understood, one remedy after another has been tried, and sometimes the most opposite things employed at the same time. The patient is bled, purged, vomited, blistered; he must suffer issues, or setons; swallow camphor, opium, digitalis, and mercury; he is plunged into cold water, takes warm baths; and whatever has been used in medicine is prescribed; and—what is to be expected—the patient is not cured.

It is known that the ancients considered hellebore as a capital remedy against melancholy. Their explanation is erroneous, but their method of curing is founded on observation. In speaking of the forms of insanity, I have sufficiently detailed the symptoms which occur in melancholy and suicide; here I speak only of its

treatment. Because all things have been used without success, almost everywhere these patients are given up to nature, or the disease is considered as incurable.

In this form of insanity the lowering treatment is to be avoided; the whole proceeding must be enlivening, animating, and tonic. The lancet is destructive, and reasoning good for nothing. The behavior towards such patients ought to be easy, kind, and accompanied with looks of complacency, and not impatient, rough and pitiless. Ridicule ought to be entirely prohibited. Change of situation, and occupation of the mind, are of the highest importance. The disease is cured according to the possibility of removing the cause. If, for instance, a delicate female with great sensibility be married with a drunkard or brutal husband, and for that reason insane, it will be difficult to cure the disease without removing the cause. The direction of the feelings, and the whole moral treatment, are of great importance, but not always sufficient; and the effect of a proper medical treatment is much greater than is commonly understood.

During a long period, aperient medicines are to be administered in such a dose, that the bowels are at liberty; that the evacuations are not hard, nor liquid like water, but soft. Whatever laxative is adopted, it must simply act as such, day by day, being augmented, diminished, or interrupted, according to the strength of the patient. Mercury is often administered on the purgative principle. There are, however, patients with whom calomel does not agree, and who from a small dose suffer all the symptoms of salivation. Aperient mineral waters, or vegetable eccoprotics, will be of more proper use. Sometimes there is spontaneous diarrhœa in insanity; the effect must decide whether it is salutary or not. If debility increase, the violence of diarrhœa ought to be diminished, if not entirely suppressed. The vital powers are of the first condition; and the greater their want, the longer time is required to change the organization; it must therefore be supported by amara and antispasmodica.

Mr. Haslam thinks that insane people have naturally irritable

bowels, and are easily purged. He has observed, that diarrhœa and dysentery are common among them. Others think that they are difficult to be purged. Dr. Hallaran, for instance, positively contradicts the opinion of Mr. Haslam. The greater number of melancholic patients, I know of, were rather costive than free in the bowels. Sometimes diarrhœa and constipation have alternated. The dysentery, of which Mr. Haslam speaks, seems to be rather the effect of the moral treatment and of the diet of the patients, than of the natural disease. Mr. Haslam himself has observed, that sometimes the stomach and intestines are very inert and quite insensible, in the same way as the skin. Such patients feel no appetite, have a foul tongue, the bowels constipated, the urine retained in the bladder, and the patients do not feel the want to evacuate urine or fæces; they sometimes require the strongest purgatives to have one opening. Such patients sometimes scarcely feel setons, blisters, and punctures.

The whole constitution must be changed, but no trespass is to be committed on the prevailing debility. There must be moderation according to the general state of the patient. The first evolution is to be made by aperient medicines; then mostly tonics, such as amara, bark, martialia, and antispasmodics, become necessary. But every thing that irritates, such as spirituous liquors, strong wines, spicy dishes, is to be avoided. The diet must be simple and nourishing, not stimulating; flatulent vegetables are to be prohibited; animal food is preferable, especially roasted meat: good and well hopped beer; water and wine mixed. Many patients cannot digest milk, cheese, and such things as are given in common hospitals for insane.

The perspiration of the skin is important in this disease. The skin may be rubbed over with rough linen or proper brushes. Tepid baths will be found beneficial. It is to be remarked in general that practitioners do not agree with respect to the usefulness of bathing in insanity. Pinel expressly declares, 'the utility of bathing in maniacal disorders remains yet to be ascertained.' Haslam says that it is difficult to ascertain how

far it is useful, since it has never been exclusively employed. At the Retreat, near York, it has been thought rather to aggravate the symptoms of mania ; but in melancholia it has been of greater efficacy than all other medical means which have been employed there. I think, in the plethoric inflammatory state of the brain, and when the determination of blood to the head is great, the shower bath or warm bathing is hurtful, and will increase delirium or headache ; but in inactivity of the brain, in dryness of the skin, rigidity or spasmodic contraction of the muscular system, tepid bathing is useful. Tepid bath, in fine weather, may also be employed for the sake of cleanliness. Partial cold bath, or application of ice or cold water on the head, is admissible only in a too great excitement of the brain, both in the inflammatory state and in congestion of blood.

In former times, practitioners have been warm advocates for a liberal use of emetics. Dr. Willis mentions the deeper seminaries of disease are seldom rooted out without the administering of vomits, but especially in the disorders of the brain and nerves, where their use is found very advantageous. Dr. Cox still thinks that ' vomiting takes the precedence of every other curative means. The action of emetics is not only confined to the stomach, it extends through the whole system, affecting all the vital and animal functions, agitating every part of the animal economy.' It seems to me that, just on account of its great influence on the whole frame, it cannot be indiscriminately recommended. In a general apathy, if there be no great relaxation of the blood-vessels especially of the brain, or if the faculties are suppressed by saburra in the stomach, vomiting is indicated, but wherever the vessels of the brain may be suspected to be much clogged, it is to be avoided. I say with Dr. Hallaran,* ' The propriety of relieving the stomach from indigestible impurities, or of altering its action by the effort of vomiting, I am very willing to subscribe to, though I cannot too forcibly resist the practice of administering emetics to insane patients in

* Lib. cit. p. 52.

such doses as may suddenly promote the violent action of the stomach, at a time when the vessels of the head may be surcharged with blood, and when the danger of over distension is to be apprehended.'

From the preceding observations it results, that melancholia, accompanied with the symptoms of hystery or hypochondry, or the propensity to suicide, is the same disease, and must be treated in the same manner. It is mostly considered as incurable; but I am convinced from experience that ignorance alone is the cause of such a prognosis, and as soon as it will be properly treated, its curableness will no longer be contested.

Before I finish, I shall make a few remarks on the use of digitalis and of the swing in insanity. Digitalis, from its known influence on the circulation, is particularly used in insanity. It, however, ought not to be administered indiscriminately. Young, sanguineous, and very irritable patients cannot generally bear it. In relaxation it is useful. Dr. Hallaran employs digitalis, where evacuants have been given before. He prepares the patients by purgatives to bear its employment. In such cases he prefers it to opium as anodyne and soporific, since it procures a sound and refreshing sleep, and is free from the objections which may be made to opium. If its effect is too strong in producing vertigo, nausea, vomiting, and a too slow pulse, he temporizes and gives purgative medicines during the suspension. In this manner he is induced to act with as much confidence as to the expectation of recovery as he would in cases of lues from the operation of the mercurial action. He recommends table beer as a vehicle, if it be necessary to conceal digitalis. The details which he gives are worth the attention of practitioners; hence I refer the reader to Dr. Hallaran's own work. Among all authors on insanity he certainly has given the best account of this remedy. Our observations agree with his and with those of Dr. Sanders,* viz. that it acts as a great stimulus; hence its influence must be carefully attended to.

* On Foxglove.

The SWING, which has been made known to the public by Dr. Cox as a moral and medical means, is a peculiar remedy in insanity. Dr. Hallaran gives his full approbation. It is employed under two circumstances as a means of establishing a supreme authority over the most unruly, and as a means of procuring sleep. The swing, however, cannot be considered as a general antimaniacal remedy, because there is no general remedy against insanity. The immediate influence of the swing is lowering the circulation and general temperature of the body. As its use determines the blood to the head, its employment is contra-indicated in young plethoric patients in the inflammatory state, or in congestion of the blood-vessels. More details may be looked for in the works of Dr. Cox and Dr. Hallaran.

The preceding details may be sufficient to show that the medical treatment of insanity must undergo an entire change, and be reduced to the general principles of pathology. I finish with repeating that the brain is an organic part, and is liable, as to anatomy, physiology, and pathology, to every consideration of any other organ. It is generated and nourished, it increases and decreases, falls sick and is cured, like the rest of the body. The material changes of the instruments alone are the cause that the manifestations of the mind are deranged; and in the cure of insanity the instruments alone are restored to their natural state. The mind, as immaterial, cannot undergo any physical change.

CONCLUSION.

My intention was to contribute to the elucidation of the most complex, most difficult, and entirely neglected branch of medicine. This study, indeed, is in its infancy, and in our days we cannot expect to see it in its maturity. I know the defects of the preceding considerations; but I know also the defects of other works on this complaint. The new ideas I have communicated are founded on observations; and if I have succeed-

ed to bring more order and a better arrangement into this obscure matter, I am greatly rewarded. The manifestations of the mind in their state of health and disease, during many years, have been the favorite occupation of my intellectual powers, and will continue to be so. Meanwhile I rejoice in the idea that insane people will no longer be treated as outcasts, and that, by degrees, we shall learn to alleviate their sufferings, to ameliorate their condition, and to restore their health.

ERRATA.

Page 237, line 1, for *Esquinol*, read *Esquirol*.—Line 8, for *where*, read *were*.

Page 238, line 11, for *or*, read *of*.

Page 247, line 4 from bottom, for *improvements*, read *improvement*.

Page 250, line 5 from bottom, for 1252, read 1254.—Last line, for 2541, read 2543.

Page 254, line 10, for *hemoral*, read *humoral*.

Page 255, line 6, for *a sudden course, while by adopting this cure*, read *a sudden cure, while by adopting this course*.

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APPENDIX

1. The first case of insanity was observed in 1780, and was
 attended by Dr. ... The patient was a young man of
 ... The disease was attended by ...

CONCLUSION

It is concluded that the treatment of insanity should be
 directed to the restoration of the mind to its natural state,
 and that the most successful method is that of ...

APPENDIX.

INSANITY.

Of the various diseases which afflict mankind, none is viewed with more painful feelings or looked forward to with more dread than that of insanity. This disease prevails however throughout the civilized world, though to a far greater extent in some countries than in others. Dr. Spurzheim remarks, that it may be considered almost endemical in England, and that the number of the insane there, is, in proportion to the population, more considerable than in other countries of Europe. Had he lived to have travelled through the United States and made inquiries respecting insanity, I have no doubt he would have found it to prevail to a still greater degree here, than even in England.

To no people in the world, therefore, is a knowledge of the causes of this disease ; methods of prevention and cure ; and the general certainty of curing it in the early stage, more important than to those of this country ; and I am very desirous of awakening public attention to these particulars.

And, first, that it prevails more extensively in this country at present, especially in the Atlantic States, than in any country in Europe, is, I believe, the opinion of all those who have made much inquiry upon this subject.

We have no means of determining correctly the number of insane persons in the United States ; but if there are as many in the other States of the Union as in Connecticut, the number cannot be less than *fifty thousand*, or *one to two hundred and sixty two* of the population ; as is evident from the following facts. In 1812, a committee was appointed to ascertain the number of

insane persons then in the State of Connecticut. The members of this committee addressed letters to the physicians and other persons in every town in the State, requesting correct information upon this subject. They received answers so as to enable them to determine the number of insane in *seventy towns*, and after much deliberation and further inquiry, reported they were 'satisfied there were *one thousand* individuals within the bounds of the State mentally deranged, and that the condition of many of them was truly deplorable.' On mentioning this statement, recently, to the Physician of the *Retreat for the Insane* at Hartford, and my surprise at the great number reported by the committee, he assured me, it was less, he believed, than the actual number of insane persons in Connecticut. Other members of the committee who made the investigation and the above report, have also stated to me that they are convinced from subsequent inquiry that *one thousand* is considerably less than the actual number of idiots and insane persons in the state. But if we admit there were 1000 individuals mentally deranged in 1812, or 1 to 262 of the inhabitants, then there were more than twice as many in this deplorable condition, as in any country in Europe, in proportion to the population. The number of the insane in England has increased within the last twenty years, but still there are but about 14,000 in that country, one half of whom are idiots.

In Scotland the proportion of insane to the population, is 1 to 574, and in the agricultural districts of England, 1 to 820.

I am not aware that any State in the Union has correct returns of the number of its insane. Dr. Beck mentions, that according to the census of 1825, the State of New York contained 1,616,458 inhabitants, and 819 lunatics, and 1421 idiots. Whether the inquiry as to the number of the insane in that State was made in such a manner as to ascertain correctly the number, I cannot say; if it was, then there is far less insanity in that State than in several others in the Union.

Dr. Parkman of Boston stated in 1818, that 289 male, and

252 female insane persons had come to his knowledge in the State of Massachusetts. He supposes, however, that he has heard but of part.

According to a report of a committee of the legislature of that State, made in January, 1833, it appears that they had ascertained, that in 68 towns, containing a population of 264,327, there were 168 insane persons, and 111 idiots in confinement in jails, almshouses, and houses of correction.

This would make above 600 of insane and idiots in confinement in the State, which contains but 610,014 inhabitants. But it is probable that only a small part of the insane and idiots are thus confined, and no doubt an accurate inquiry would exhibit more than double, if not triple that number in the State.

But these facts are sufficient, when properly appreciated, to call public attention to the great prevalence of insanity, and awaken the philanthropists and statesmen to devise measures for its relief and prevention.

The *Causes of Insanity* in this country are various. But among those that are most operative in this country are in my opinion,

First, Too constant and too powerful excitement of the mind and feelings, which the strife for wealth, office, political distinction, and party success produces in this free country, and the great anxiety, and excitement of the mind upon religious subjects, caused by injudicious appeals to the feelings and imagination, and by sectarian controversy.

Second, The predominance given to the nervous system, by too early cultivating the mind and exciting the feelings of children, to the neglect of physical education, or the equal and proper development of all the organs of the body.

Third, The general and powerful excitement of the female mind. Females, being endowed with quicker and finer sensibilities than men, are more likely to be injured by strong emotion; but as we shall see, such emotions may have deplorable effects upon their offspring.

Fourth, Intemperance, and to this cause, no doubt, a very considerable part of the insanity and idiocy that prevails in this country is to be attributed.

That these are the most frequent causes of this affliction in this country, is evident from the following facts and observations.

In all countries the disease prevails most among those, whose minds are most excited. Aristotle noticed in his day, the great prevalence of insanity among statesmen and politicians. Thus we find that insanity prevails most in those countries where people enjoy civil and religious freedom, where every person has liberty to engage in the strife for the highest honors and stations in society, and where the road to wealth and distinction of every kind is equally open to all. There is but little insanity in those countries where the government is despotic. The inhabitants of such countries possess but little mental activity, compared with those who live in a republic, or under a representative government. There is but little insanity in China, and travellers state that there is but little in Turkey. The disease is uncommon in Spain and Portugal, though idiots are numerous in those countries.

In France there is much less insanity in the country than in the cities; and the same is true of Russia and Ireland. Humboldt states that he saw very few cases of mental derangement among the American savages. In such countries, the spirit of inquiry and improvement is seldom awakened, or is soon stifled when it is; and the inhabitants exhibit but little more mental excitement than the brute creation.

In all ages and countries, insanity has prevailed most in times of great moral and mental commotion. The crusades, and the spirit of chivalry that followed them; the reformation of Luther; the civil and religious discords of Europe; the French revolution, and the American revolution, and the rebellion in Ireland greatly multiplied cases of insanity.

But not only do the commotions which powerfully affect the minds of people, occasion immediate insanity in adults, but they *predispose the next generation to this terrible disease*: and this

is a fact that deserves great consideration. Esquinol says, that many women, strongly affected by the events of the revolution, bore children that the *slightest cause rendered insane*. He is supported by others in this opinion, that strong mental emotion of the mother predisposes the offspring to insanity.

Another cause which I believe is very operative in this country in producing insanity, is thus alluded to by Dr. Burrows.

‘Where I to allege one cause, which I thought was operating with more force than another, to increase the victims of insanity, I should pronounce, that it was the overweening zeal with which it is attempted to impress on youth the subtle distinctions of theology, and an unrelenting devotion to a dubious doctrine. I have seen so many melancholy cases of young and excellently disposed persons, of respectable families, deranged from either ill-suited or ill-timed religious communication, that I cannot avoid impugning such conduct as an infatuation, which, as long as persevered in, will be a fruitful source of moral evil.’

Lastly, That the *abuse of intoxicating liquors* produces insanity, is a fact, which the records of all lunatic hospitals exhibit. It has been observed in other countries, and in our own. Dr. Combe remarks, that ‘the remarkable increase of insanity among the lower orders in Great Britain, particularly in the manufacturing districts, has been pretty accurately traced, partly to the miseries, want, and anxiety inseparable from the fluctuations to which they are exposed; and partly to the prevalence of dram-drinking, as the only means of relief within their reach. That it is not the mental distress alone which is the cause, is proved by finding the large majority of the patients to be among those who have been most intemperate.’

The general certainty of curing this disease in its early stage, is a fact that ought to be universally known, and then it would be properly appreciated and acted upon by the public. That the greater proportion of the insane, who receive proper remedial attention, in the early period of the disease, are cured, is evident from the following facts, selected from a great number of similar

ones. Dr. Willis, in his evidence before the committee of Parliament, in 1789, averred that *nine* out of *ten* cases of insanity recovered, if placed under his care within three months from the attack. Dr. Burrows stated in 1820, that of recent cases under his care, 91 in 100 recovered, and in 1828 he adds, that the subsequent annual reports of various lunatic institutions, and his own wider field of observation confirm the above statement. In La Salpetriere at Paris, the proportion of cures of recent cases was in 1806-7, according to Dr. Carter, almost as high as that of Dr. Willis, and according to Dr. Veitch's official statement to Parliament, nearly two or three of the recent cases were discharged cured, while only five out of 152 old cases recovered.

Dr. Ellis, director of the York West-Riding Lunatic Asylum, England, stated in 1827, that of 312 patients admitted within three months, after their first attack, 216 recovered ; while in contrast with this he adds, that of 318 patients admitted, who had been insane from upwards of one year to 30, only 26 recovered.

The same happy result has attended upon remedial measures adopted in the early stage of insanity, in this country. At the Bloomingdale Asylum, New York, of 581 recent cases, 341 were discharged cured ; and at the Connecticut Retreat, during the first five years, of 97 recent cases, 86 were cured.

From these facts, every one will be able to arrive at a correct conclusion, as respects some of the most frequent causes of insanity in this country, and all will see the vast importance of early attention to remedial measures.

EPILEPSY.

According to the researches of M. M. Bouchet and Casauvielh, a great analogy exists between epilepsy and mental alienation. Epilepsy, they say, results from chronic inflammation of the white substance of the brain, while chronic mental alienation is the result of slow inflammation of the grey

substance of the circumvolutions of the same organ. This conclusion as to the cause of epilepsy is hardly reconcilable with the sudden invasion and short duration of the attacks of this disease ; but certain it is, that a great analogy exists between these two diseases. Most epileptics ultimately become insane ; some, however, never do.

On examining the bodies of those who have had attacks of epilepsy, but who have died from other diseases, and who had exhibited no symptoms of intellectual disorder ; no alteration is found in the brain, and often their bodies present no visible signs of disease ; but if they have died during an attack of epilepsy, the brain is found engorged with blood. If they have died after frequent epileptic attacks complicated with intellectual disorder, the white substance of the brain is generally found hardened and rough, and injected with blood ; sometimes, however, this substance is softer than natural, and its blood vessels enlarged.

In such cases, the grey substance of the brain has undergone an alteration, its consistence has increased or diminished, and often we find adhesions between the surface of the circumvolutions and the membranes, and traces of chronic inflammation in other parts of the brain.

The treatment of epilepsy, as Dr. Spurzheim observes, should vary with the cause that produced it. I have known many epileptics very much benefited even when the cause appeared to be some organic affection of the head, by a seton in the neck, a light regimen, moderate but daily exercise in the open air, and the *avoidance of all moral and mental excitement*. Attention to these last particulars, is very important with children who exhibit a tendency to this disease. I have frequently noticed attacks of epilepsy and convulsion in children with large heads, and premature manifestation of the mental powers, and have known these attacks lessened and prevented by withdrawing such children from study, and all mental labor and excitement, and allowing them daily, but gentle exercise out of doors.

PALSY.

Numerous cases are recorded of persons losing the power of moving their limbs while sensibility remained undiminished in the same parts. I have recently seen a young man who having slept on the ground for several successive nights, suddenly lost all power of moving any part of his body except his head, while sensation remained unimpaired. Other cases have occurred in which sensibility has been destroyed, while the power of voluntary motion remained.

Such cases long perplexed physiologists. Galen and others advanced the opinion that there were two sets of nerves distributed to every part of the body, one to give sensibility, and the other to confer the power of moving the muscles.

These theoretical views have recently been shown to be true by the experiments of Sir Charles Bell and M. Magendie. These celebrated physiologists have ascertained by examination and experiments, that the spinal marrow gives off two sets of nerves, and that the nerves from the anterior column of the spinal marrow are for motion, while those from the posterior part are for sensation. At the place where these nerves come off from the spinal marrow, their separation is very distinct, and if the anterior nerves are compressed or cut, all power of voluntary motion is destroyed, while sensibility remains; but if these anterior nerves are not injured and the posterior cut or compressed, then sensation is diminished in the parts to which these nerves are distributed. These important facts have been verified by examination of the spinal column and nerves of those who have died paralytic, and fully explain the phenomena above mentioned.

APOPLEXY.

Half of the sudden deaths at Paris, according to Falret, are from Apoplexy; and it is a curious fact that this disease as well as Palsy and other diseases of the head and nervous system, have greatly increased of late years, as the following statements exhibit.

There died of Apoplexy at Paris, during the ten years preceding 1803, or from 1793 to 1803, 339. In the next ten years, 1803 to 1813, 979. From 1813 to 1823, 919.

In London the same increase of Apoplexy and Palsy has been noticed. During the last four years of the seventeenth century, from 1696 to 1700, there were 80,586 deaths in London; and during the four last years of the eighteenth century, 72,591. But though the deaths during the four first years were most numerous, only 442 were by apoplexy, and 89 by palsy; while during the last four years 912 were by apoplexy, and 363 by palsy. What is this difference to be ascribed to? In my opinion to those causes which have called forth the intellectual energies, and excited the feelings of men more at one period than another.

Treatment of Apoplexy. In addition to the methods of treatment mentioned by Dr. S., it is of great importance to keep both the body and the mind of the patient *quiet*. The body should be kept erect or nearly so, and no excitement of the senses should be allowed. Light ought to be excluded, and no noise or conversation allowed in the apartment of the sick person.

The patient should not be moved, for his brain is wounded, and no motion should be allowed it, any more than to a fractured limb that we wish to have heal.

Bleeding from the nose by the lancet or by leeches is important; a small quantity of blood obtained from the nose often does more good than a very large quantity taken from the arm. If the patient recovers from one attack he should forever after refrain from intellectual labor, and avoid as much as possible the excitement of the feelings. His diet should be light, and he should sleep with his head elevated and have recourse to daily but moderate exercise, and by these means, and by preserving a quiet state of mind, he may perhaps avoid a second attack.

PHRENITIS. INFLAMMATION OF THE BRAIN.

M. Foville, in the 'Dictionnaire de Medicine et de Chirurgie Pratiques,' has advanced a new method of procedure in the treatment of this fatal disease. He recommends recourse to the *trepan* in violent cases. He says that the brain, occupying the whole of the interior of the skull, and being enveloped in a solid case, does not as other parts of the body receive pressure from the atmosphere. Consequently when more blood than usual goes to the brain, pressure of its substance must occur, and it often does to such a degree as to destroy life.

He states the well-known fact, that bleeding does not so fully relieve this pressure on the brain as it does other organs, unless aided by the pressure of the atmosphere. And we know that in animals bled to death, though the lungs and other organs are pale and free from blood, yet the brain still contains a large quantity. M. Foville refers to numerous cases in which the removal of large portions of the skull by wounds and blows and even by fire was unaccompanied by severe inflammation or other bad symptoms.

I am disposed to think this method deserves consideration and trial, considering the fatal tendency of the disease. I have often been surprised to notice that severe blows on the head which fractured the skull to such a degree as to make it necessary to remove considerable portions of it, have been followed by no bad consequences; while on the other hand, I have frequently known slight blows upon the head, which in some instances have not fractured the skull at all, and in others only the outer table, to be followed by inflammation and other alarming symptoms and death. I am therefore of opinion that an opening in the skull might be beneficial in such cases.

HYDROCEPHALUS ACUTUS.

This exceeding dangerous disease of children appears to have greatly increased of late years. Fifty years ago, 1783, but 19

deaths occurred from this disease in London, but during the last year, 1832, there died at London of Hydrocephalus 858.

Dr. S. has well remarked, that 'those whose brain is developed early and rapidly, and whose mental powers show a great and premature energy are most liable to this disease;' and a late writer in the *Medico-Chirurgical Review* observes, 'The present plan of education, in which the intellectual powers are prematurely exercised, may be considered as one of the causes of the more frequent occurrence of Hydrocephalus.'

I have witnessed several fatal cases of this disease, in children remarkable for superior mental powers, and so closely was the disease connected with great mental application at the infant school, that I could not but believe that this severe mental application produced the disease. I therefore concur in the above opinion that the present plan of prematurely developing the minds of children is one cause of the increase of this almost uniformly fatal disease.

IDIOTS.

The brain of an idiot never resembles that of a sane person. Its form or texture is different. Often it is found to be very small, even when the external appearance of the head is not bad. I have known the skull of an idiot boy to be three fourths of an inch in thickness. Sometimes the anterior and upper parts of the brain are not formed. M. Payan of the Hospital des Enfants in Paris, in 1825, found in the head of an idiot, only the lower convolutions of the brain.

Sometimes the brain appears to have wasted away, or to have been absorbed. This state of the brain is usually accompanied by atrophy of the members. A very remarkable case of this kind and one very deserving of the attention of the physiologist, occurred at Paris in 1823. It was that of an idiot whose head was examined by Esquirol in the presence of a great number of pupils. Previous to his death, this idiot exhibited a very singular appearance. One side of his body was in a state of atrophy. The limbs of this side, the right, were wasted away so that nothing

apparently remained but the skin and bones, and were considerably shorter than those of the left side ; and incapable of movement. The limbs of the opposite side had their natural development, and were capable of voluntary motion. The head was small, but the bones of the skull presented nothing remarkable. On opening the head nearly all the grey cortical substance of both hemispheres of the brain was found wanting. In place of the usual convolutions, were small irregular granulations. As regarded the white substance of the brain, that of the right hemisphere was not affected, but scarcely any at all was to be found in the left hemisphere, and its place was filled by a sac or cyst of transparent fluid. All the other parts of the brain were natural.

This case throws much light upon some disputed points in physiology, and demonstrates that the grey substance is not essential to voluntary motion, for if it is, the limbs of the left side of the body should have been affected as well as those of the right.

This case gives support to the opinion of Sir Charles Bell and others, that the grey cortical substance of the brain is the seat of the intellect, and the white medullary portion merely transmits sensation and volition. Sir Charles states, that he has found at different times all the internal parts of the brain diseased, without loss of sense, but that he has never seen disease general on the surface of the hemispheres without disorder of the mind.

This view is probably correct. Prof. Jackson of Philadelphia, says that if the superior parts of the brain are removed in animals, the intellectual faculties as far as they are possessed by them, are annihilated ; and he adds, that pathological observations justify the above conclusion of Sir Charles Bell. Dr. Warren of Boston remarks, ‘ that the cortical part of the brain is the seat of memory, is an opinion I have long entertained, from finding that any continued undue pressure upon the upper and anterior part of the brain entirely destroys memory, and a less degree materially diminishes it.

HALLUCINATIONS.

Hallucinations of sight and hearing may depend upon some alteration of the nerves of sight and hearing. The alteration of the nerves in insanity has been as yet but little attended to. M. Foville says he found the optic nerves hard, half transparent and changed from their natural structure in their whole extent, in an insane patient who had been tormented until his death with horrible hallucinations of sight. The eye itself presented no change during life, with the exception of a contracted state of the pupil. I have observed in patients troubled with hallucinations of sight, that they complained of pain on pressure of the eye, and that their eyes were frequently red and inflamed, and the pupils contracted.

SUICIDE.

This appears to be an increasing propensity. We almost daily hear of suicide from different parts of our own country, and we have long known that it was common in England and France. In 1817 and 1818 there were 681 suicides in Paris and vicinity.

The causes of this propensity to self-destruction are no doubt numerous. Though it appears to be a form or species of mental alienation which is often hereditary, as is stated by those who have written upon this subject, yet vicious modes of education, the violence of the passions, and intemperance, appear often to produce this tendency. Under the influence of intoxicating drink or the violence of passion, the whole physical, intellectual and moral system is deranged, and men then act totally different from what they intended to, when sober and sane. I have several times noticed this propensity during intoxication of individuals, who at other times were not in the least inclined to it.

It is also true that the abuse of religion, the excitement of the feelings upon religious subjects, awakened often by powerful, but improper appeals, to the feelings and imagination, have often given rise to this propensity, and should lead religious teachers to be extremely careful and timely in these respects.

Of all the sentiments of the human heart, none is so powerful as religion. An accurate observer remarked, that religion has more influence on mankind than all their passions combined. And as each passion may be excited to excess, so as to cause mental derangement and suicide, so may the religious feelings be so strongly excited as to produce like consequences. But it is the abuse of religion that leads to insanity and suicide; for pure religion, Christianity, tends to subdue the passions of men.

But if the abuse of religion sometimes leads to suicide, the entire neglect of it does more frequently; as is evident from the writings of Esquirol, Falret and others.

‘Irreligion,’ says Falret, ‘is certainly a very frequent cause of suicide. Those who think all there is of man perishes at once, who do not believe in another life, are necessarily disposed to abandon this, when it appears to be but a source of calamities.’

The details of suicide in newspapers is probably injudicious, and by many writers supposed to lead others to commit the same act.

However strange it may appear, yet suicide is sometimes reciprocal, and two individuals destroy themselves at once by agreement. An instance of this kind occurred recently in Boston, and several others are related by writers on suicide. One instance occurred in London in 1726, and another at Lyons in 1770.

MONOMANIA.

It is seldom that all the mental faculties are deranged at once. Most usually but one faculty is affected, though sometimes several appear to be and probably are. Such cases of partial insanity are better explained by the system of Phrenology than any other. Every Lunatic Hospital presents instances of individuals in whom the primitive faculties as established by Gall and Spurzheim are disordered. Numerous cases are related by writers on insanity in which the organ of *Tune* is diseased; and others in which the organs of *Locality*, *Form*, *Size*, *Color* and *Number* are affected.

I have a patient at the present time, a respectable and intelligent gentleman of this town, sixty years of age, who exhibits no other symptom of mental derangement than a total loss of the *memory of places*. He has perfect recollection of persons and events, enjoys good health, and his sight and hearing are remarkably good for a person of his age, yet he does not recognise the place where he has lived for the last twenty years, not even his own house. If he rides from home but a few miles, though he recognises his former acquaintances whom he meets, and converses rationally on all subjects, yet on returning to his house he has no recollection of ever having seen it before, inquires who lives in it, and is surprised to find that his family had arrived before him.

AGE HAS AN INFLUENCE ON INSANITY.

As Dr. Spurzheim observes, insanity is not a disease very often noticed in the very young or the very old, and he thinks that generally those cases which are reported as cases of insanity in very early life are cases of partial idiocy from imperfect developement of the brain. But there are some unquestionable cases reported. Esquirol relates three cases, and says he has known children rendered insane by jealousy, by fear and the severity of their parents; and Pinel has made the same observation. The former relates the case of a child, 'endowed with precocious intelligence, with a head uncommonly large,' and who became mentally deranged at the age of eleven. He states also, that he has known many students, animated by a desire to surpass their comrades, to become insane after pursuing severe studies. Such cases are not uncommon in this country. I have seen several, and they appeared to me to have arisen from too severe and too incessant labor put upon a brain deficient in size. Scholars of strong ambition and but little talent, who, actuated by a great desire to equal or surpass their companions in study, labor incessantly, and strive to make rapid improvements, and thus, as Dr. Combe observes, 'goad on and tax their limited powers to the uttermost, place their cerebral organization on the brink of disease, and require only a trifling cause to produce mental alienation.'

M. Foville says, he has seen a child of ten years of age, whom the assiduous reading of romances rendered insane. This child at last believed himself one of the heroes of the works he had read, and passed most of his time in striking the walls, trees, &c. which he took to be enemies.

HEREDITARY INSANITY.

No doubt insanity is hereditary, but it does not follow, however, that every child of an insane parent will become insane. But it should lead all those in whom this predisposition exists to adopt such measures as will be likely to prevent its explosion. Children of insane parents should be very carefully educated, they should be kept from all mental excitement when young, and great attention should be paid to the developement of the physical powers, and they should be strengthened by exercise and labor. Such children should not be sent to school at an early age; as the early exercise of the mind increases the action of the brain and thus increases the tendency to this disease.

PATHOLOGICAL APPEARANCES.

That insanity is a corporeal disease, and that the manifestations of the mind are disordered because the brain, the organ of the mind, is disordered, none will now dispute; and generally though not always mental derangement is connected with alteration of the structure of the brain. Sometimes, no doubt, especially in the early stage of insanity, the disease is only functional, and patients who die in this stage may exhibit no trace of organic disease in the brain, but they usually do. Dr. Haslam says, that insanity is always connected with organic alterations of the brain. Greding noticed, (besides other organic disease) thickening of the skull in one hundred and sixty-seven, out of two hundred and sixteen cases. Georget, Bayle, Wright and numerous other observers, have usually noticed some organic affection in those who died from insanity. Mr. Davidson, house surgeon to the Lancaster County Lunatic Asylum, examined with great care the heads of two hundred patients who died in the Asylum, and he says, he 'scarcely

met with a single instance in which traces of disease in the brain or its membranes were not evident, even when the lunacy was recent, and the patient died of a different disease.'

SANABILITY AND MORTALITY OF INSANITY.

The degree of sanability and mortality in Insanity will be sufficiently exhibited by the following tables, drawn up from official reports.

32

ENGLAND.		SCOTLAND.		IRELAND.		UNITED STATES.	
Year.	Number of Insane.	Year.	Number of Insane.	Year.	Number of Insane.	Year.	Number of Insane.
1840	10,000	1840	10,000	1840	10,000	1840	10,000
1841	10,000	1841	10,000	1841	10,000	1841	10,000
1842	10,000	1842	10,000	1842	10,000	1842	10,000
1843	10,000	1843	10,000	1843	10,000	1843	10,000
1844	10,000	1844	10,000	1844	10,000	1844	10,000
1845	10,000	1845	10,000	1845	10,000	1845	10,000
1846	10,000	1846	10,000	1846	10,000	1846	10,000
1847	10,000	1847	10,000	1847	10,000	1847	10,000
1848	10,000	1848	10,000	1848	10,000	1848	10,000
1849	10,000	1849	10,000	1849	10,000	1849	10,000
1850	10,000	1850	10,000	1850	10,000	1850	10,000
1851	10,000	1851	10,000	1851	10,000	1851	10,000
1852	10,000	1852	10,000	1852	10,000	1852	10,000
1853	10,000	1853	10,000	1853	10,000	1853	10,000
1854	10,000	1854	10,000	1854	10,000	1854	10,000
1855	10,000	1855	10,000	1855	10,000	1855	10,000
1856	10,000	1856	10,000	1856	10,000	1856	10,000
1857	10,000	1857	10,000	1857	10,000	1857	10,000
1858	10,000	1858	10,000	1858	10,000	1858	10,000
1859	10,000	1859	10,000	1859	10,000	1859	10,000
1860	10,000	1860	10,000	1860	10,000	1860	10,000
1861	10,000	1861	10,000	1861	10,000	1861	10,000
1862	10,000	1862	10,000	1862	10,000	1862	10,000
1863	10,000	1863	10,000	1863	10,000	1863	10,000
1864	10,000	1864	10,000	1864	10,000	1864	10,000
1865	10,000	1865	10,000	1865	10,000	1865	10,000
1866	10,000	1866	10,000	1866	10,000	1866	10,000
1867	10,000	1867	10,000	1867	10,000	1867	10,000
1868	10,000	1868	10,000	1868	10,000	1868	10,000
1869	10,000	1869	10,000	1869	10,000	1869	10,000
1870	10,000	1870	10,000	1870	10,000	1870	10,000
1871	10,000	1871	10,000	1871	10,000	1871	10,000
1872	10,000	1872	10,000	1872	10,000	1872	10,000
1873	10,000	1873	10,000	1873	10,000	1873	10,000
1874	10,000	1874	10,000	1874	10,000	1874	10,000
1875	10,000	1875	10,000	1875	10,000	1875	10,000
1876	10,000	1876	10,000	1876	10,000	1876	10,000
1877	10,000	1877	10,000	1877	10,000	1877	10,000
1878	10,000	1878	10,000	1878	10,000	1878	10,000
1879	10,000	1879	10,000	1879	10,000	1879	10,000
1880	10,000	1880	10,000	1880	10,000	1880	10,000
1881	10,000	1881	10,000	1881	10,000	1881	10,000
1882	10,000	1882	10,000	1882	10,000	1882	10,000
1883	10,000	1883	10,000	1883	10,000	1883	10,000
1884	10,000	1884	10,000	1884	10,000	1884	10,000
1885	10,000	1885	10,000	1885	10,000	1885	10,000
1886	10,000	1886	10,000	1886	10,000	1886	10,000
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1888	10,000	1888	10,000	1888	10,000	1888	10,000
1889	10,000	1889	10,000	1889	10,000	1889	10,000
1890	10,000	1890	10,000	1890	10,000	1890	10,000
1891	10,000	1891	10,000	1891	10,000	1891	10,000
1892	10,000	1892	10,000	1892	10,000	1892	10,000
1893	10,000	1893	10,000	1893	10,000	1893	10,000
1894	10,000	1894	10,000	1894	10,000	1894	10,000
1895	10,000	1895	10,000	1895	10,000	1895	10,000
1896	10,000	1896	10,000	1896	10,000	1896	10,000
1897	10,000	1897	10,000	1897	10,000	1897	10,000
1898	10,000	1898	10,000	1898	10,000	1898	10,000
1899	10,000	1899	10,000	1899	10,000	1899	10,000
1900	10,000	1900	10,000	1900	10,000	1900	10,000

T A B L E .

FRANCE.	Period.	Number treated.	Cured.	Died.	Remain.	Discharged part. reliev.	Discharged.	Decimal proportion of cured.
Hospital Salpêtrière								
Pinel,	1801—1805	1002	473	250	270			0.47 1-5
Esquirol	1806	333	160	33	140			.48
The same	1807	289	136	70	83			.47 1-18
Pinel	1812—1814	891	413					.46 1-5
Hospital Bicêtre								
Chamseru	1807	102	33					.32 1-3
Hospital Charenton								
Pinel	1789—1800	97	33					.34
Foderé	1803	499	161					.32 1-4
Royer—Collard	1806	355	134	36	142		5	.36 2-3
Chamseru	1-2 of 1807	214	91					.42 1-2
Esquirol's private Institut.	1801—1813	335	173					.51 7-11
Dubuisson's		300	177					.59
Sum for France		4417	1984					0.44 9-11
ENGLAND.								
Bethlem, acc. to Haslam	1748—1794	8874	2557					.28 7-9
Haslam, (different account)	1784—1794	1664	574					.34 1-2
St. Luke's—Tuke	1751—1819	12173	5091	1013	166		5903	.41 5-6
Hospital at York—Foderé	1777—1807	1739	746	192	141	410	250	.42 7-8
Retreat at York—Tuke	1796—1811	149	49	26	47	18	9	.32 4-5
Hos. at Manchester—Fod.	1766—1805	1686	667	190	85	220	324	.39 1-2
Hosp. Montrose—Act Parl.	1805—1815	154	34	36	54	25	5	.22 1-13
Hos. Nottingham—Burrows	1812—1819	336	179	39	48		70	.53 1-4
Hosp. at Exeter—Burrows	1801—1819	626	355	53	45		173	.56 5-7
Hosp. Glasgow—Burrows	1819	183	39	10	106		28	.21 1-3
Hos. Manchester—Burro.	1820	350	74	31	190	2	71	.21 1-7
Bethlem—Act of Parliam.	1800—1815	4810	1839					.39 1-4
Sum for England		32744	12204					0.37 2-5
UNITED STATES.								
New York Lunatic Asylum	1795—1821	1584	700	153				44.19
Pennsylvania Hospital	1752—1828	3487	1252	526				35.96
Bloomington Asylum	7 1-2 years	1043	436	59				41.80
Friends' Asylum, Penn.	8 years	158	53	21				33.54
Connecticut Retreat	5 years	196	100	8				51.01
Sum for United States		6468	2541					41.30

T A B L E

Of the Ages of the presumed Curable and Incurable Lunatics, admitted into the Paris Public Hospitals, and the comparative Proportion of Cures.

Ages of the Insane admitted.	CURABLES.										INCURABLES.				OBSERVATIONS.					
	1822.		1823.		1824.		Total of the presumed Curables.		1822.		1823.		1824.		Total of the presumed Incurables.		General Total.			
	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Men.	Women.	Total.	
From 10 to 19	15	11	19	11	15	11	49	33	10	7	16	8	3	14	29	29	58	78	62	140
" 20 to 29	52	71	65	81	66	78	183	230	10	6	5	16	15	15	37	37	52	198	267	465
" 30 to 39	72	103	74	98	83	87	229	288	7	3	10	7	2	26	36	36	55	248	324	572
" 40 to 49	80	99	69	88	59	78	208	265	8	7	11	3	4	15	23	25	48	231	290	350
" 50 to 59									47	64	37	79	48	75	132	218	350	132	218	265
" 60 to 69									43	55	37	40	39	51	119	146	265	119	146	265
" 70 to 79									29	41	24	26	23	34	76	104	177	76	101	177
" 80 to 89									1	2	5	2	4	6	7	6	11	7	4	11
Ages unknown									155	185	146	181	125	230	426	596	1022	1095	1412	2507
Total of Admissions	219	284	227	278	223	254	699	816	1485									1095	1412	2507
Total of Cures	103	124	97	141	99	125	299	390	689									382	482	864
Proportions of the Cures to the Admissions in each year	1 in 2.13	1 in 2.29	1 in 2.34	1 in 1.97	1 in 2.25	1 in 2.03	1 in 2.24	1 in 2.09	1 in 2.16					1 in 5.	1 in 6.22	1 in 6.48	1 in 5.84	1 in 2.67	1 in 2.93	1 in 2.90

The first part of this table comprises the insane under 50 years of age; the second, the congenital idiots, epileptics of all ages, and the insane above 50 years of age. The cures below 50 years of age are compared with the admissions of the same age; and those above 50 years with the admissions of an older age.

LUNATIC ASYLUMS.

These are numerous and increasing, and are well conducted in England, Ireland and Scotland. But this is only recently the case. Until a short period the insane belonging to the poorer class have been crowded into public workhouses, or shut up in houses of correction or in prisons; and associated with thieves and murderers. This practice still prevails in many countries, and I fear it does to a great degree in our own. Instead of being classed as they should be with the sick and infirm they are treated often as criminals.

In France, lunatics have long been well treated, and considered as sick persons and attended upon in hospitals by the brothers and sisters of the religious order of La Charite.

In the Netherlands the insane are exceedingly well provided for, but in several other of the northern continental States they are not. In Hanover, according to Halliday, the whole of the lunatics of the kingdom are shut up in the national prison at Celle.

In Prussia, the lunatic hospitals are well conducted, as well as all the charitable establishments of that country.

In Spain and Portugal are lunatic asylums, where the inmates are kindly attended by friars and nuns, but little is done in way of cure. Insanity is not however very prevalent in those countries.

In Italy are several excellent establishments for lunatics, especially at Milan and Naples. Austria has not made the improvement in the treatment of the insane, which the neighboring countries have. Dr. Burrows says, the present lunatic establishment at Vienna is a disgrace to the capital and the era of the nineteenth century.

It may be truly said however of all countries, that asylums for the insane are too few. Though by an act of Parliament in 1806, the magistrates of the several counties in England and Wales, were authorised to erect asylums for the insane poor, yet many counties still remain destitute, and the insane still suffer for want of care. In the United States are a few asylums, and well con-

ducted ones, but they are only enough to relieve a small portion of the suffering that abounds from insanity, and which might be relieved by more numerous and larger asylums. But we trust the time is not far distant when every State in the Union will have one or more for the *insane poor*.

There are several private establishments in this country, where the insane who have property, can be well provided for and attended to, but as yet there are but few public establishments.

In the State of New York there is one at Bloomingdale, a few miles from the city of New York, and which usually contains about 150 inmates. There are two in Pennsylvania, and some of the other states have recently erected asylums for the insane.

There is one in Connecticut at Hartford, erected in part by the funds of the State, and partly by individual liberality. This contains about fifty inmates and is well conducted, but it is altogether inadequate to meet the wants of the insane even of this small State.

The State of Massachusetts has during the past year completed a magnificent establishment for lunatics at Worcester, near the middle of the State. It is called, 'The Massachusetts State Hospital for the Insane,' and as its name implies, was erected exclusively by the funds of the State. The first appropriation for the building was \$30,000. The second for furnishing the hospital and preparing the grounds and outbuildings, was \$20,000. This may be considered as the actual cost to the State, as the land, consisting of about twelve acres, was given by the town of Worcester, and the sum of \$500 was left by Nathaniel Mc Carty in his will, for ornamenting the grounds.

Accommodations are provided in the building for 120 inmates, and it now (in April, 1833,) three months after its completion has 79 inmates. All patients are supported by themselves if they have property, if not by their relatives in the direct line. On failure of these sources, they are supported by the towns where they have a settlement.

This hospital is intended for lunatics furiously mad, and dan-

gerous to the peace and safety of the community. This class have the preference of all others. Town pauper lunatics have the next preference. Dr. Samuel B. Woodward is the physician of the institution.

TREATMENT OF INSANITY.

This subject has usually been treated of under the division of medical and moral treatment.

The medical treatment has been as various as the theories of medicine. At one time copious bleeding has been resorted to, and during the prevalence of the belief in the hemoral pathology, attempts to evacuate and purify the bile were supposed to be the only rational method of treating the disease. Some have advised shower-baths, and cold and warm-baths; others purgatives, others opium, digitalis and other narcotics, and bark, as the best remedies for insanity.

I think with Dr. Spurzheim that the medical treatment of Insanity is to be reduced to sound principles of pathology in general, and hence no one method of treatment is applicable to all cases.

The treatment proper for recent cases may be injurious to those of longer standing. The previous health of the patient, age, and duration of the disorder, necessarily demands a different course of treatment.

According to M. Foville, Bayle and others, who had opportunities of opening the heads of hundreds of insane persons, no adhesions were found in recent cases, while they are very common in chronic cases. To prevent therefore those adhesions so generally found in chronic cases, is one of the most important objects to be kept in view, and as they indicate a previous inflammatory state, it is therefore evident that depletion, bleeding, and the withdrawal of stimulants are necessary in the first attacks. But, adds M. Foville, these reasons would have no influence with me, if the results of my practice had not shown that they were correct. In this opinion he is supported by Rush, Burrows, Halloran, Broussais, Georget and the latest and best writers on Insanity. Bur-

rows says, he is sure that leeching can seldom be dispensed with in recent cases.

Broussais observes, that since the time of Pinel bleeding has been too much neglected in the early stage of the disease, and it is owing to this, he says, that those who do not practise it, seldom effect a sudden cure, while by adopting this cure he states that often the irritation of the brain is at once subdued and the patient very soon restored to reason. The brain is relieved in the same manner as the lungs in a commencing peripneumony—by abstraction of the blood. This writer however and all others of deserved celebrity caution against copious bleedings, and say that for the most part topical bleeding is the best, and should be practised in the early stage.

But the acute stage which it is so important rightly to appreciate and treat, soon passes into the chronic, and then bleeding is not very often admissible. Then, plain but nutritious diet, decoction of bark, and often good wines are necessary. Narcotics have been used by different practitioners with various success. According to the celebrated Wepfer, opium is one of the most powerful means of cure, but according to Esquirol narcotics are more injurious than useful. No doubt there are cases in which they are highly necessary and servicable, while in others they are injurious.

MORAL TREATMENT.

This subject is very ably treated by Dr. Spurzheim, and deserves the profound consideration of all who are interested in treating the insane.

On one point there is great uniformity of opinion among medical men with regard to the insane, and that is the importance of separating the patient from his family and customary associations. This, though revolting to the feelings of friends and of the public, is a point urged by all writers upon this disease, and it is unfortunate for this afflicted portion of our fellow creatures that such a state of feeling should exist, as it lessens the chance of recovery, by the delay it produces.

It is also to be lamented that many look upon insanity as a disgrace, or as a disease that results from some criminal offence. This inclines many to conceal the fact that disease exists in their families, and thus the precious time for curing the disease passes away. More just views are however beginning to prevail, and we hope the time is not far distant, when those who are deprived of their reason will be immediately placed in institutions where they will have all the advantages which the best moral and medical treatment united can afford. Where they will be treated at all times with kindness and perfect candor, and as reasonable beings, and where they will have all the enjoyments of society and comforts of domestic life, not incompatible with their safety and the means used for their recovery. When this course is adopted, we shall expect to find not only a diminution of the number of the insane, but those who unfortunately become so, very generally and speedily restored to usefulness, to their families and to society.

A. B.

Hartford, April 25th, 1833.

BIBLIOGRAPHY.

The following list comprises most of the valuable works on Insanity, which have appeared within the last fifty years.

Chrichton (Alexander,) An Inquiry into the Nature and Origin of Mental Derangement, etc. London, 1798.

Pinel, Memoire sur la Manie Periodique ou Intermittente. Tom. 1. des Memoires de la Societe Medicale d'Emulation. Paris, 1797.

Do. Recherches et Observations sur le Traitement Moral des Alienes. Tom. 2, des Memoires de la Societe d'Emulation.

Do. Observations sur les Alienes et leurs Divisions en Especes Distinctes. Tom. 3, des Memoires de la Societe d'Emulation.

Do. Traite Medico-philosophique sur l'Alienation Mentale ou la Mania. Paris, 1809.

Cogan, An Ethiological Treatise on the Passions, 1803.

Reil, Rapsodien uber die anwendung der Phychischen cur-methode aufgeistes Zerruettungen, 1803.

Arnold, Observations on Insanity, etc. London, 1806.

Amard, Traite Analytique de la Folie, 1807.

Haslam, Observations on Madness, etc. London, 1809.

Hallaran, Observations on Insanity, London, 1810.

Rush, On Diseases of the Mind.

Cox, Practical Observations on Insanity, etc.

Hill, On the Prevention and Cure of Insanity, London, 1814.

Jacquelin-Dubuisson, Des Vesaines ou Malades Mentales, Paris, 1816.

Esquirol, Memoire sur les Crises de l'Alienation Mentale. Journal de Medicine de Sedillot, 1804.

Ditto, Articles, Folie, Manie, Monomanie, Demence, Idiotisme, du Dictionnaire des Sciences Medicales.

Esquirol des Passions considerees comme Causes, Symptom eset moyens de Traitement de l'Alienation, Paris, 1805.

Georget, Traite de la Folie, Paris, 1827.

Do. Articles, Folie, Idiotie, du Nouveau Dictionnaire de Medicine.

Do. Examen Medical de plusieurs proces Criminels.

Falret, du Suicide, de l'Hypochondrie, Paris, 1822.

Hoffbauer, Medicine legale, relative aux alienes, etc. trac, de l'allemand pas Chambeyron, avec notes de MM, Esquirol et Hard, Paris, 1826.

Voison, des Causes Morales et Physiques des Maladies Mentales, Paris, 1826.

Bouchet, et *Cazauvielh*, de l'Epilepsie considerée dans ses Rapports avec l'Alienation Mentale, Paris, 1826.

Calmeil, (L. F.) de la Paralyse considerée chez les Alienes, Paris, 1826.

Delaye (J. B.) Dissertation inaugerale sur la paralyse des Alienes, Paris, 1825.

Bayle, Traite des Maladies du Cerveau et de ses Membranes, Paris, 1826.

Knight, (P. S.) Observations on Derangement of Mind, 1826.

Halliday, Sir A. On Lunatic Asylums, London, 1828.

Burrows, On Insanity, London, 1828.

Broussais, De l'Irritation et de la Folie, Paris, 1828.

Conolly, Indications of Insanity, etc. London, 1830.

Foville, Art. Alienation Mentale, Dictionnaire de Medicine, et de Chirurgie Pratiques, 1830.

Combe, (Andrew,) Observations on Mental Derangement, 1831.

EXPLANATION OF THE PLATES.

PLATE I.

Six figures of idiots, whose brains, with respect to size, were defective in different degrees.

PLATE II.

Fig. 1. The skull of an idiotic child of eight years.

Fig. 2. The skull of an old person idiotic from birth.

Fig. 3. A skull, and fig. 4, 5, and 6, three heads, distended by water in the interior of the brain.

PLATE III.

The plan of an hospital for curable insane. A large place is surrounded with a wall, and divided into two parts, A and B, one for men, the other for women.

1. Entrance.
2. Hall.
3. Porter's lodge.
4. Committee room.
5. Reception room.
6. Apothecary's shop.
7. Physician's and visitors' room.
8. Laboratory.
9. Linen stores.

Under ground are the kitchen and provision stores.

10. Yard.

Both wings of the front building are only on the ground floor, and destined for the dirty, noisy, and dangerous patients. There are two subdivisions.

- 11 and 16. Galleries.
12. Keeper's lodge.
13. Yard for the dirty and noisy.
14. Shelter.
15. Cells for dirty and noisy patients. As they are near the attendants, cleanliness will be attended to.
17. Yard for dangerous patients.
18. Shelter.
19. Strong cells.
20. A very strong cell.
21. Swing, and shower bath.
22. Cold and warm bath.
23. Straw stores.
- 24 and 25. For keeping and examining the dead.
26. Wash-house.
27. Drying room for the winter.
28. Drying place for the summer.
29. Gravel walk, which admits free communication of air.
30. A great door.

The middle part of the front building consists of the ground floor, first floor, and garrets. The first floor is inhabited (if

the side A contain the men), over 3 and 4, by the master, so that from his abode he can overlook the yards of the dirty, noisy, and dangerous patients. For the same reason, the matron lives over 5 and 6. The rest of the first floor may belong to the medical attendants living in the house. In the upper story are the abodes of other attendants and servants.

The longitudinal wings may be one or two stories high; they are isolated from all sides for the sake of free circulation of air; they contain the quiet and innoxious patients.

31. Place whence the whole wing is to be warmed by means of flues.
32. Gallery.
33. Keeper's lodge.
34. Eating room.
35. Single cells.
36. Cells for two beds, to prepare the patients for the house of convalescents. If necessary, some of these may serve as day rooms.
37. Water-closets.
38. Place for rabbits, pigeons, &c.
39. Gravel walks round the house and within the walls.
40. Fields and gardens.

PLATE IV.

The plan of the house for convalescents. It is divided into two sides; A for men, B for women.

1. Entrance.
2. Porter's lodge.
3. Visitor's room.
4. Eating room.
5. Long table.
6. Work rooms.
7. Water-closets.
8. Staircase, leading the patients to the first floor.
9. Yard.
10. Bath.
- 11 and 12. Work places for sawing stones, or twining ropes.
13. Wash-house.
14. Door.

The figure at the upper end of the plate is the plan for the second floor.

- 15, 16, and 17 are inhabited by the master and matron of the house; 15 may serve, at the same time, as a committee room.
18. Large sleeping rooms with two rows of beds.
19. Iron grate, which separates men and women, but allows them to see each other.
20. Fields and gardens.



2



3



4



5



6



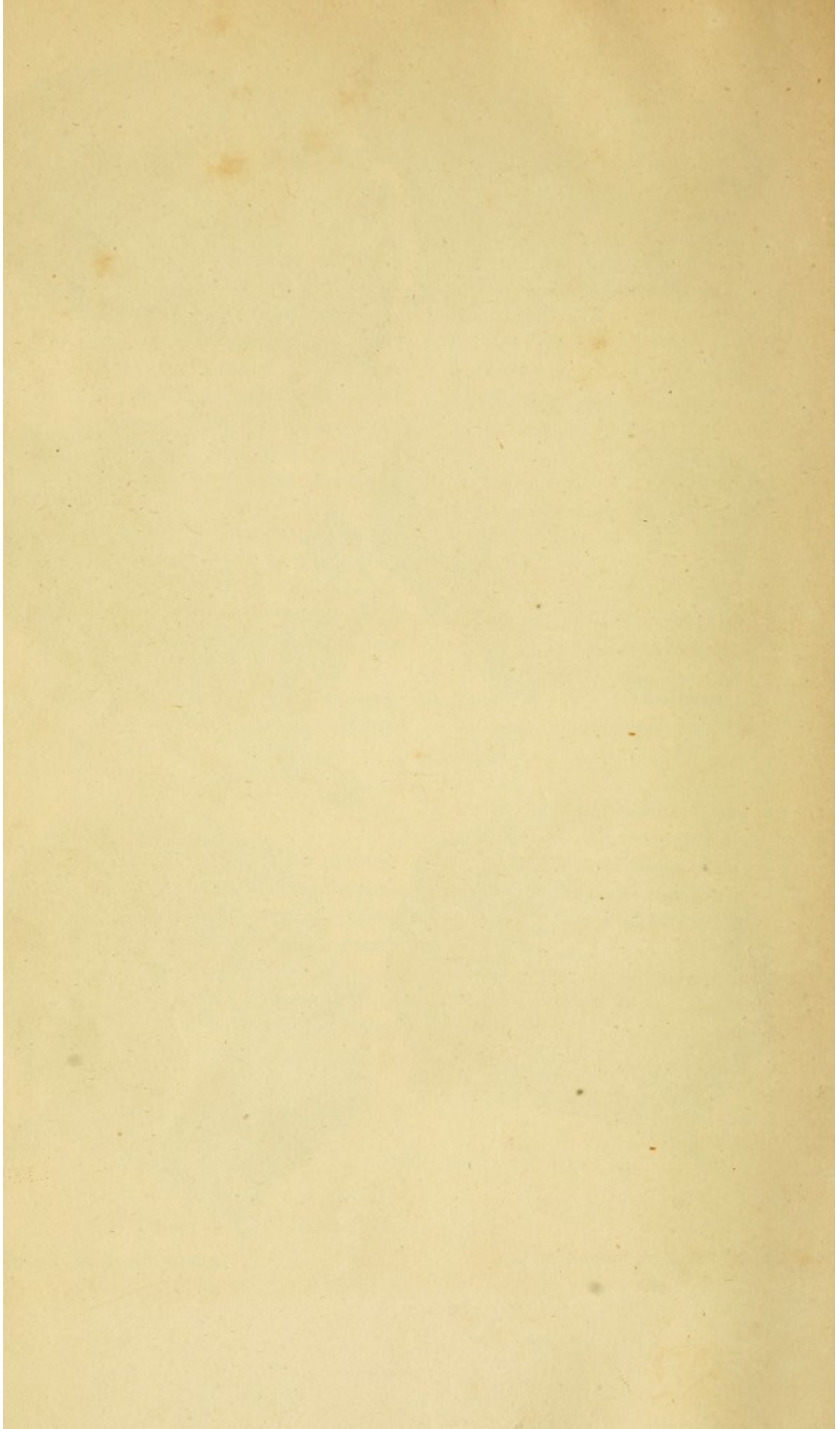


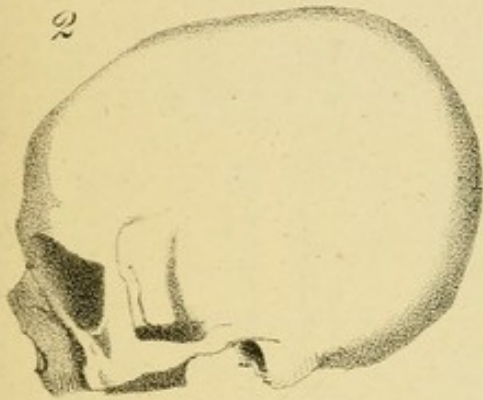
Fig 1



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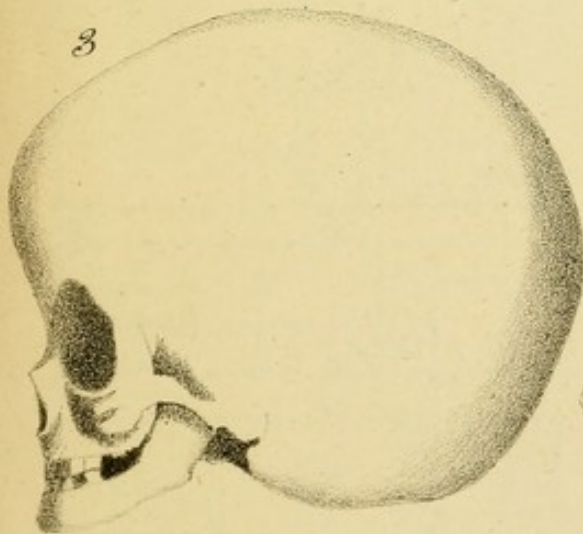
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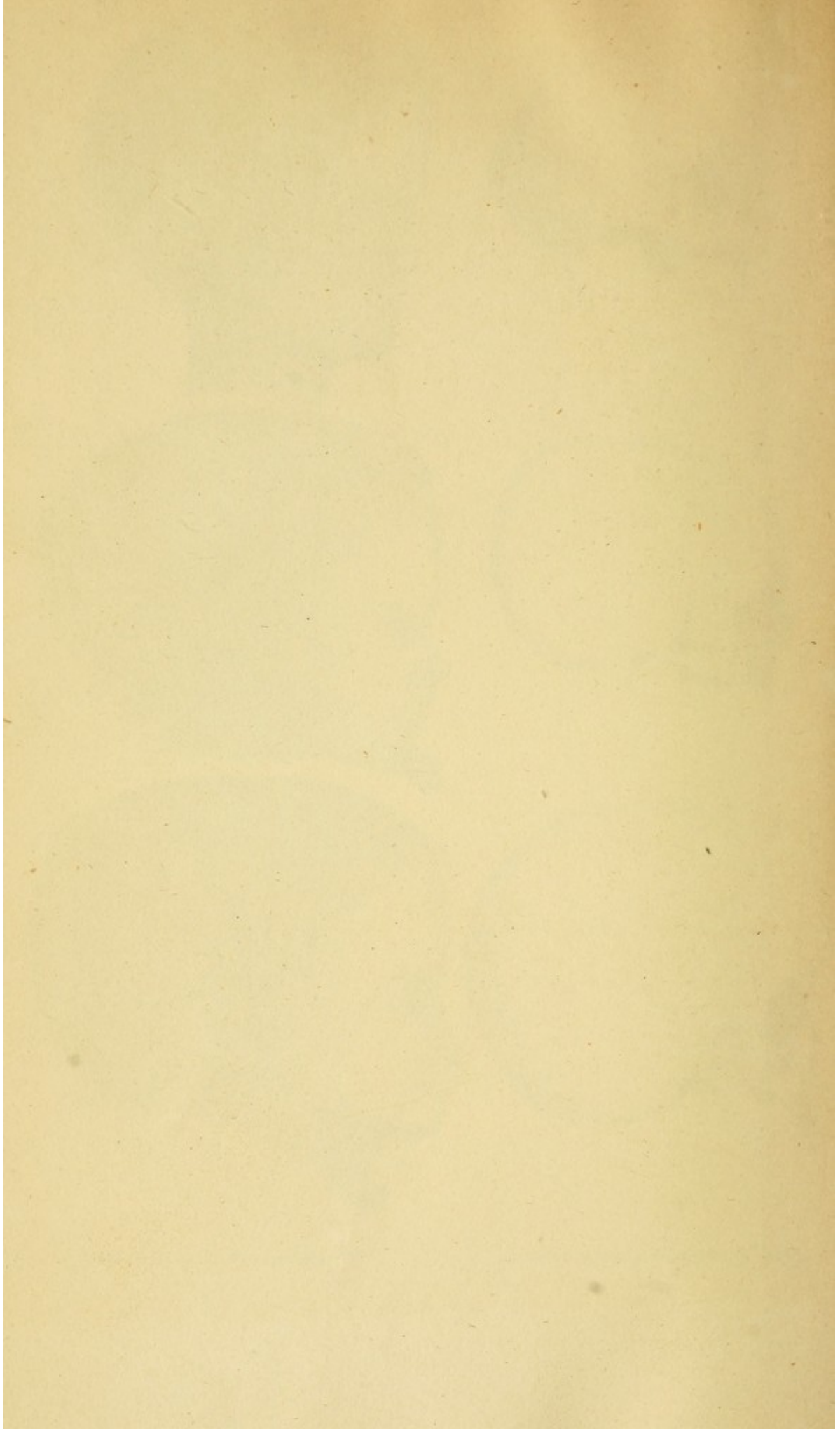


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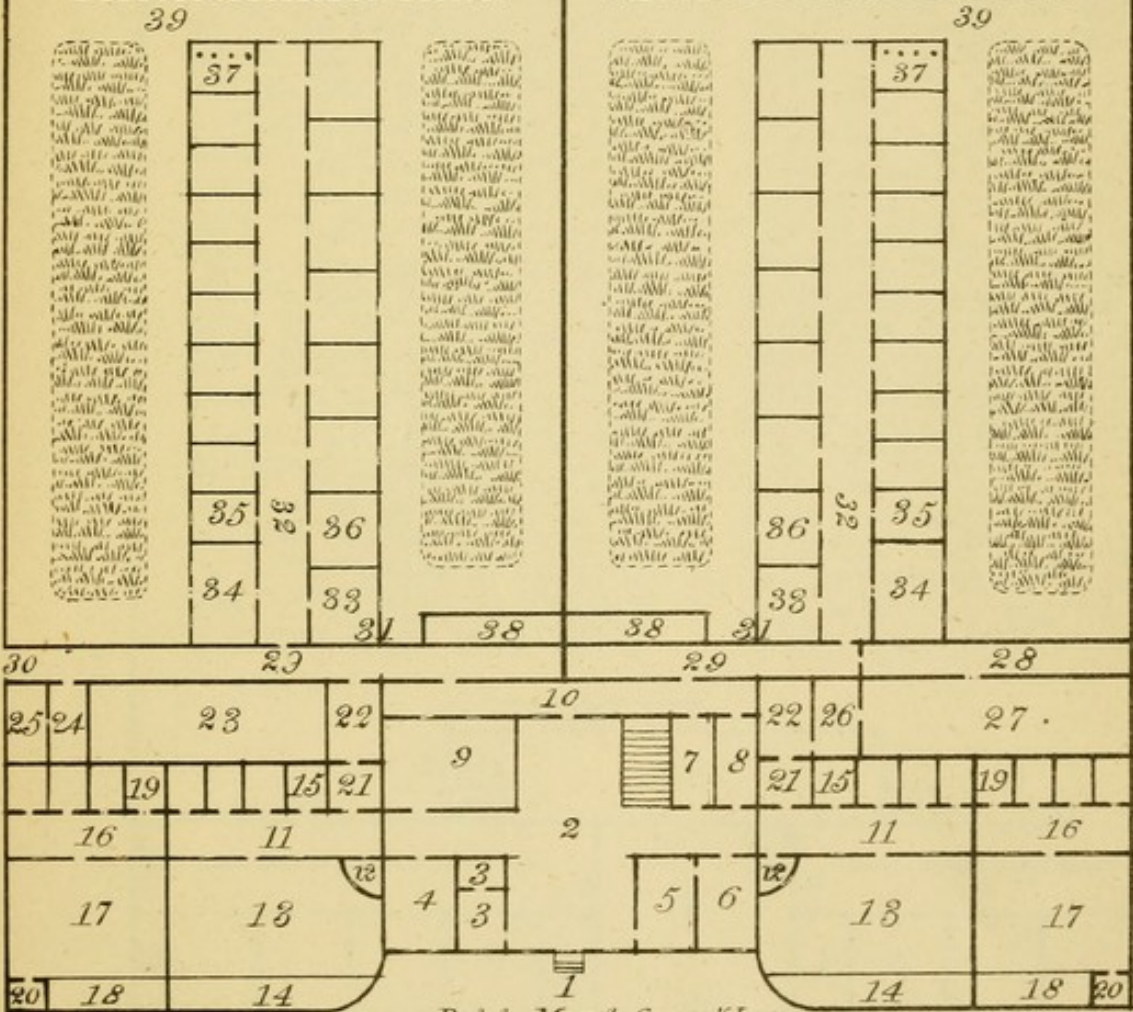
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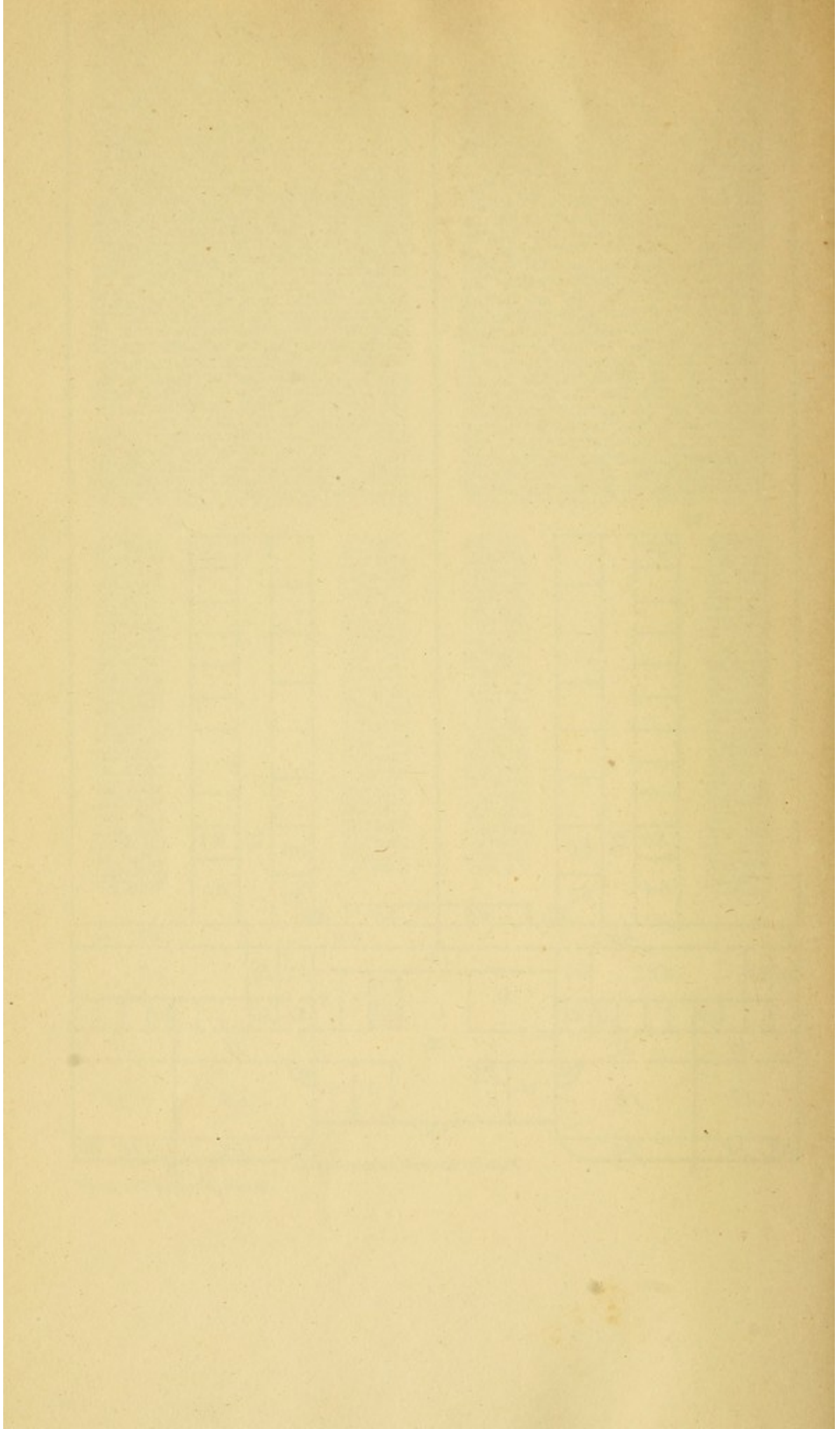
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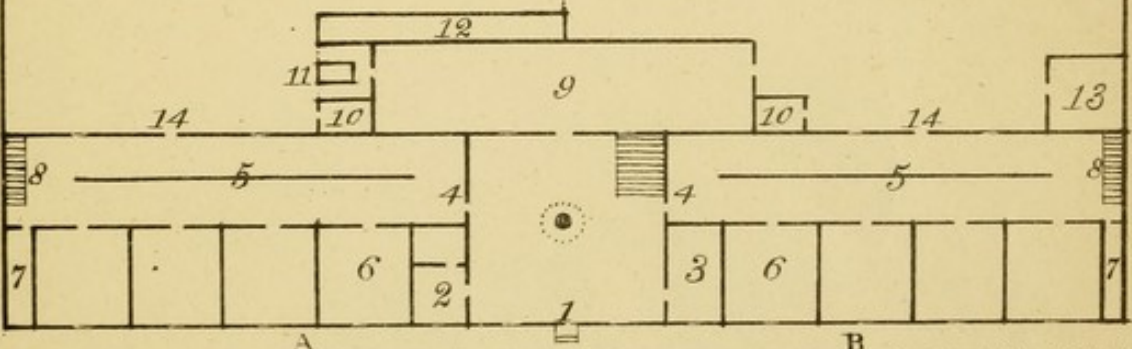
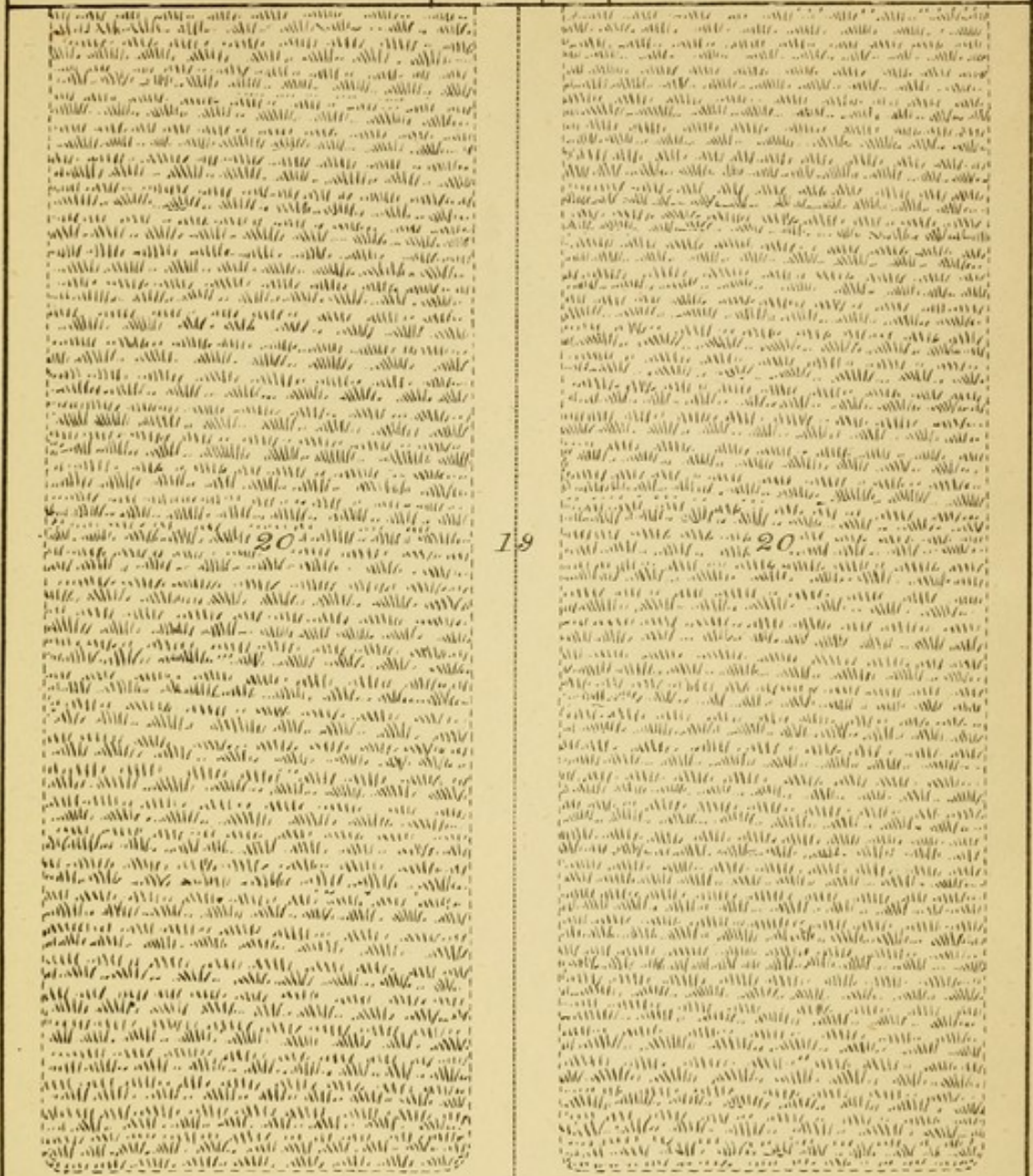
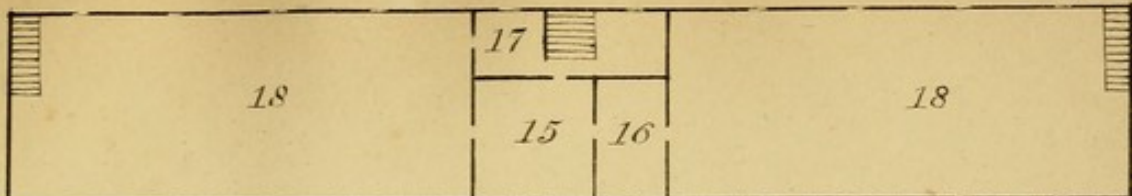
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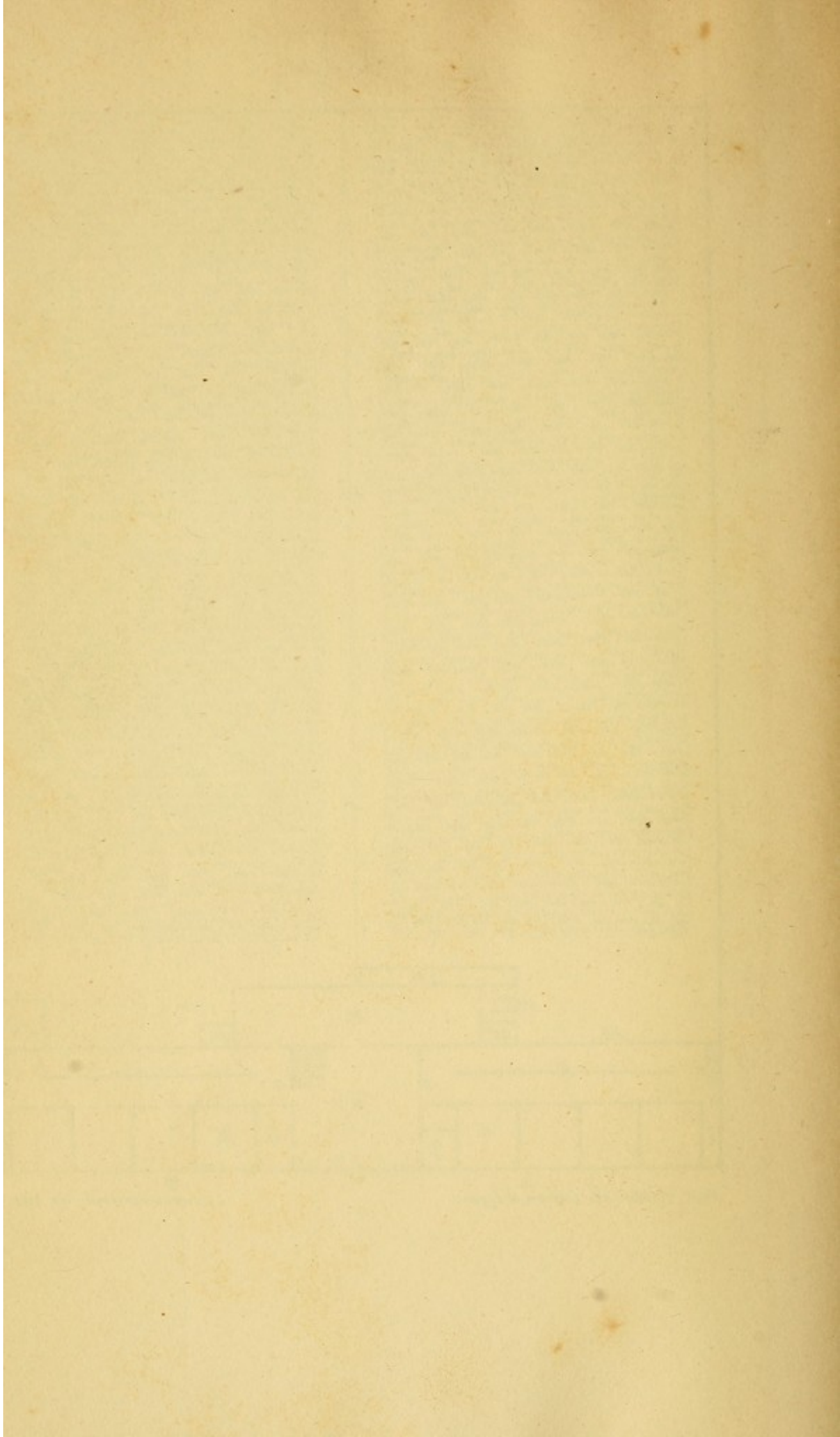
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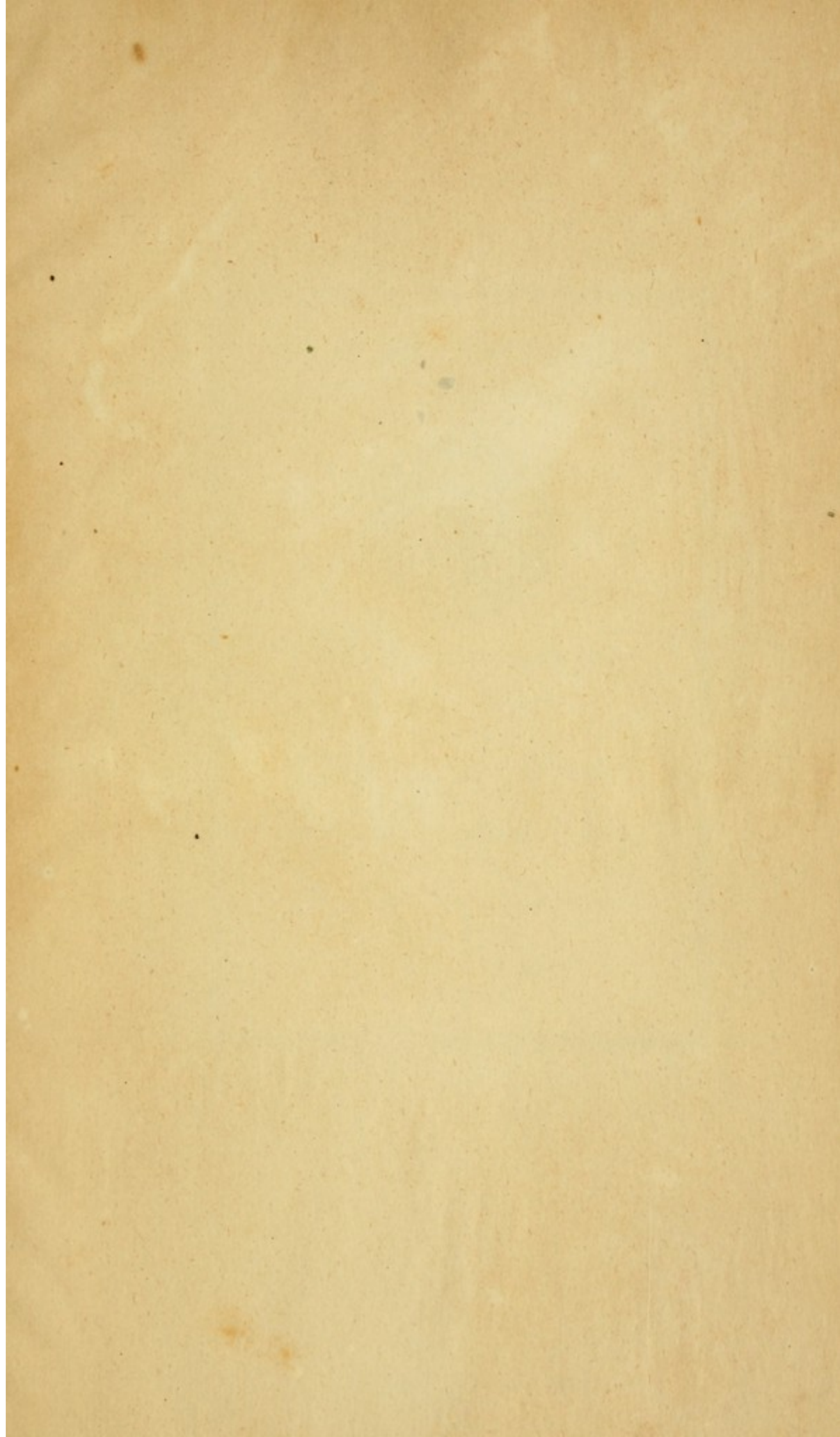


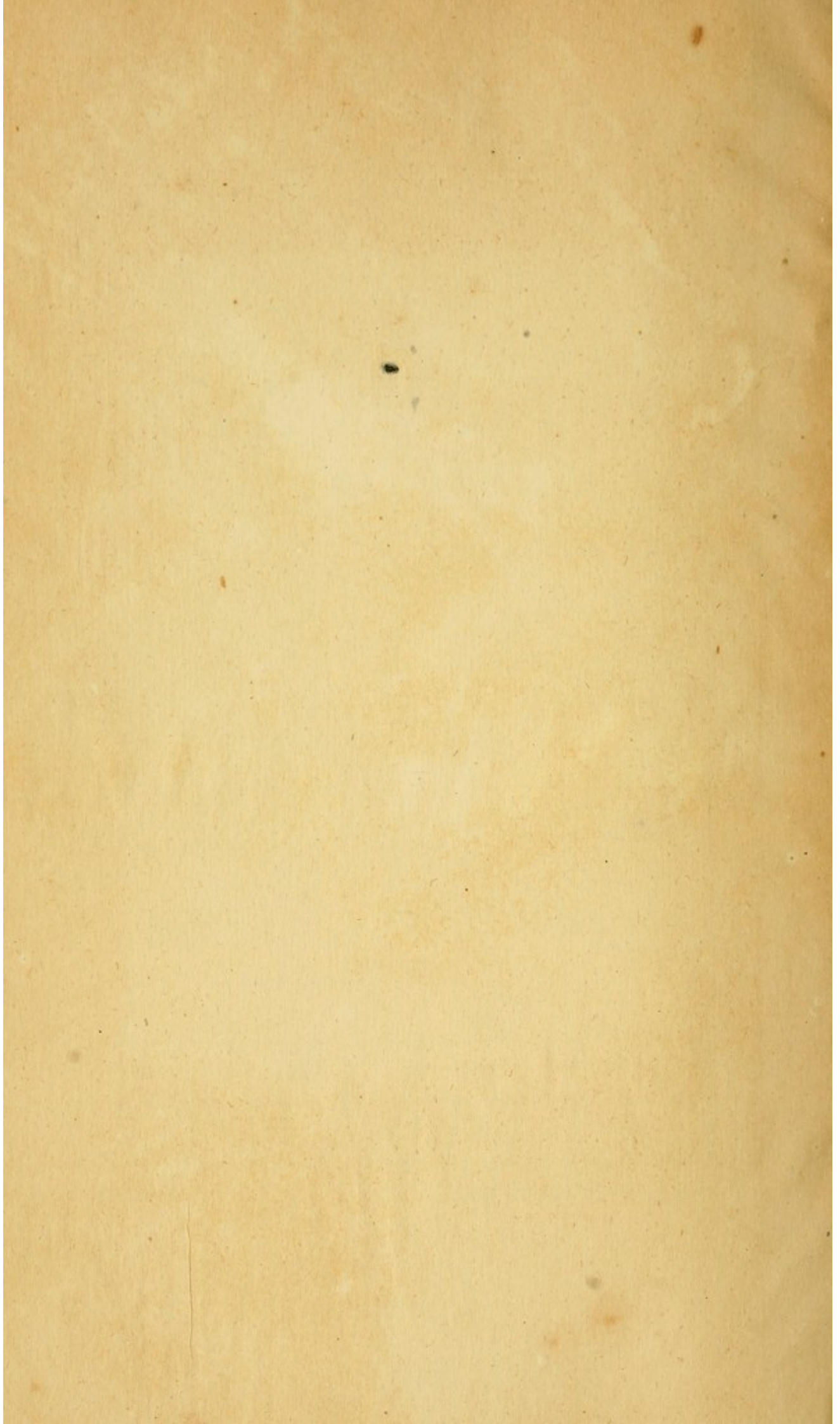


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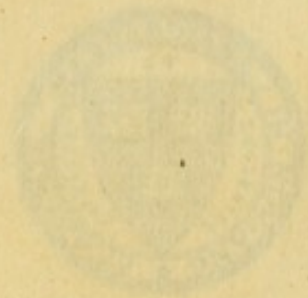






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