Considerations

ON

THE MORAL MANAGEMENT

OF

INSANE PERSONS.

By JOHN HASLAM, M. D.

LATE OF PEMBROKE HALL, CAMBRIDGE.

" Apposita intortos extendit regula mores,
" Et premitur ratione animus, vincique laborat."

PERSIUS.

LONDON:

PRINTED FOR R. HUNTER, SUCCESSOR TO J. JOHNSON, NO. 72, SAINT PAUL'S CHURCH YARD; AND W. OTRIDGE, CORNER OF BUCKINGHAM STREET, STRAND.

1817.

THE

MORAL MANAGEMENT OF INSANE PERSONS

AND

THE HOPEFUL AMELIORATION OF THEIR CONDITION,

HAVING LONG OCCUPIED HIS BENEVOLENT REFLECTIONS,

THE FOLLOWING PAGES,

WITH SINCERE ESTEEM, AND DUE IMPRESSIONS OF RESPECT,

ARE INSCRIBED TO

DOCTOR JOHN LATHAM,

THE

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS,

BY HIS DEVOTED AND OBEDIENT SERVANT,

THE AUTHOR

ERRATA.

Page 28, line 2, *for* manicles, *read* manacles.

—— 53, line 16, *for* ineffrenatâ, *read* effrena à.

Shortly will be published, by the same author,

A CONCISE VIEW OF CRIMINAL JURISPRUDENCE, as it applies to Cases of Insanity.

BY THE SAME AUTHOR,

Lately published, by J. Callow, Crown Court, Soho,

OBSERVATIONS ON MADNESS AND MELANCHOLY; including Practical Remarks on those Diseases; together with Cases: and an Account of the Morbid Appearances on Dissection, 8vo. boards, 9s.

AND

ILLUSTRATIONS OF MADNESS, &c. &c. 8vo, boards, 4s 6d.

INTRODUCTION.

THE consideration of the Moral Management of Insane Persons has lately engaged a considerable portion of the public attention; and, perhaps, the discussion of all subjects conduces to ultimate utility.

The principal object of this Tract is to demonstrate that, in every case of Insanity, and in all stages of the disorder, medical skill, or moral management, may be highly advantageous; and contribute either to the cure of the disease, or to the comfort and happiness of the lunatic: that the state of violence may be subdued, or at least mode-

rated, by medical assistance, and the tranquillity which succeeds may be occupied by the establishment of habits which conduce to regularity of conduct. When a medical practitioner is called to attend an insane person he ought to endeavour, first, to restore the patient to sanity of mind, and where this cannot be effected, to render his situation as agreeable as the nature of his malady will permit, and his circumstances can procure.

It is now sufficiently understood, and my own experience adds abundant confirmation, that the chance of a patient's recovery is increased by his being subjected to *medical* treatment at the commencement of his disorder. Of late, however, it has been seriously proposed, in a great degree to remove both the medical treatment and moral management of insane persons from the care of Physicians, and to transfer this important and responsible department of medicine into the hands of

magistrates and senators. For the welfare of these afflicted persons, and for the security of the public, it is to be hoped that such transfer may never be established; but that the medical and moral treatment of the insane may continue to be directed by the medical practitioner, under the sanction and superintendency of the College of Physicians. The concurring opinions of all thinking persons allow insanity to be a disease, and those best acquainted with this disorder are most persuaded of the relief to be obtained by a judicious administration of medicine. We find that the investigation of the senses and the operations of the human intellect, which are so interwoven with corporeal disease, that it is impossible to separate them, constitute an important part of medical education. In cases of fever, does not the Physician augur much from the anxiety of the sufferer? Does he not especially take into his consideration the perturbed or tranquil state of mind which

may prevail? If delirium should supervene, does he not ascertain its nature, and fix its character? In fact, is there any bodily disease where the phenomena of mind do not afford striking indications? Hypochondriasis, and many of the tribe which are classed as nervous diseases, often approximate nearly to insanity, and might be mistaken for mental derangement by a hasty or injudicious observer. In females who become insane the disease is often connected with the peculiarities of their sex: of such circumstances those who are not of the medical profession would be unable to judge, and delicacy would prevent the relations from communicating with such persons. It ought to be fully understood that the education, character, and established habits of medical men, entitle them to the confidence of their patients: the most virtuous women unreservedly communicate to them their feelings and complaints, when they would shudder at imparting their disorders to

a male of any other profession; or even to their own husbands. Medical science, associated with decorous manners, has generated this confidence, and rendered the practitioner the friend of the afflicted, and the depositary of their secrets.

It has been endeavoured, in the following pages, to point out some of the circumstances attending insane persons, which by proper management might lead to salutary changes in their moral treatment, and thereby produce an amelioration of their condition. These subjects have been the unwearied contemplation of more than twenty years of my life; but it is not always to be expected that success will reward the labours of the diligent. Abundance does not certainly smile on the toil of cultivation, and there are soils so cold and barren as to frustrate science and dishearten industry. The difficulties which press on reflection are happily unfelt by the zealots

of reformation, these powerful and adventurous spirits have the magnanimity to depreciate experience; flushed with hope, and confident of untried speculation, they nobly press forward to surmount the obstacles of nature. Sometimes, indeed, it has been the fate of these bold and costly projects to involve their authors in ruin and disgrace, and the land which was ordered to flow with milk and honey has remained a dreary waste—a desolate monument of folly and expense. Metaphysics or the physiology of intelligent beings, afford the choicest fuel for an ardent imagination, and like the Grecian combustible when once kindled must burn out, for it cannot be extinguished. There is something so interesting, and to appearance so dignified, in the contemplation of the human mind, and its disorders, that most persons, who have not received a medical education, have been fully persuaded, they could arrange and compose it in its utmost state of distraction; but it is a

still more lamentable truth that many of these pretenders possess a sturdiness which never shrinks at error, and disdains to be corrected by the disasters of experiment. My professional brethren, whose knowledge is useful and unassuming, whose habits of investigation are patient; whose practice is a series of maxims to repress hypothesis, and curb the wildness of imagination, will I trust excuse my endeavour to demonstrate, for the progression of science and the advancement of humanity, that the disorders of the intellect are the peculiar and exclusive province of the *medical* practitioner.

JOHN HASLAM.

51, *Frith Street*, *Soho*,
4*th December*, 1816.

CONSIDERATIONS

ON

THE MORAL MANAGEMENT

OF

INSANE PERSONS.

Discrimination of Insanity into its active and passive States.

For the purposes of moral treatment, it will be necessary to discriminate Insanity into its active and passive states: a distinction which is suited to the general division into Mania and Melancholia, as it comprehends them both; there being the active and passive states of both forms of insanity. This division, however, enables us to establish a

different mode of treatment, and to apply the moral regimen with greater effect. The state of violent mania, especially at its commencement, requires the prompt and continued application of competent medical treatment, and adequate restraint, until the violence of the paroxysm has been subdued: but the state of tranquillity which has been produced often leaves the patient in an equal state of intellectual derangement, although the passions which accompanied the paroxysm have subsided. These are the different states implied by the terms active and passive. The same distinction applies to Melancholia. In the active state of this form of the disease, the patient seeks to destroy himself by every contrivance, is in a restless and hurried condition, and incapable of confining his attention, which renders restraint unavoidable for his personal safety: but this, after proper medical treatment, subsides into a settled

gloom: life, indeed, continues to be irksome, but is sustained by the residuary glimmerings of Philosophy or Religion. It is in the passive state of both forms of this disease where moral discipline can be most effectually administered. To every man possessing experience of this disorder, it is a well-known fact, that in the passive state, many may be usefully, and to themselves pleasingly employed, although they labour under a lamentable degree of mental derangement. Some of these persons it is perhaps impossible to cure; but they may be much amended, and certainly enabled to partake of greater comforts than they have hitherto been permitted to enjoy. Every thing which can tend to accumulate and diffuse human happiness should be anxiously sought, and cultivated with care.

Great attention ought to be given, both

medically and morally, to guard against the recurrence of paroxysms, if the disorder be intermittent or subject to return periodically. If the periods be regular, or the symptoms which precede the recurrence well marked, the most competent medical skill is demanded, and the utmost discretion of management required, to prevent a return. It must be evident that in the active or violent state of the disease, all attempts at moral management will be ineffectual: yet, even under these circumstances, considerable exertion is required, on the part of the medical superintendent, to prevent the patient from contracting pernicious habits, or becoming affected with bodily infirmities; which are often of difficult removal; but this will be subsequently explained.

CONFINEMENT.

MAN is the only being that appears to be rendered unhappy by confinement. Many animals will pine when secluded; this, however, does not seem to result from any reflection on the miseries of seclusion, but from the want of air, necessary exercise, or particular food.

From long established practice, there has been an usual association between BEING MAD, and confinement in a MADHOUSE. That insanity is a disease, which for its cure, and also for the prevention of mischief, ordinarily requires seclusion, must be admitted; and in many instances, that persons so confined, enjoy a larger portion of comfort than they could attain by being at large is equally

certain. Still it is my opinion that confinement is too indiscriminately recommended, and persisted in. It may be expected that some rules should be laid down, or directions given on this important subject, as a guide to practitioners, but this is nearly impossible.

That many persons of deranged intellect are at liberty, and for some years have been permitted to be so, who have conducted themselves in a quiet and harmless manner, is well known. Perhaps when insanity exists without a desire to harm others or themselves, there can be no necessity or even justification for seclusion. But the difficulty is in predicting what will be the conduct of a person whose intellect is deranged: he may be harmless one month and disposed to violence the next, and such conversion of character oftentimes takes place. I recollect a female lunatic, who for many months was of a remarkably placid

and amiable disposition, but who without any evident cause became transformed into a most furious and vindictive patient, and in which state she continued for several years.

In many instances an intercourse with the world has dispelled those hallucinations which a protracted confinement, in all probability, would have added to, and confirmed. In its passive state insanity has been often known, if the expression be allowable, to wear off, by permitting the patient to enjoy his liberty, and return to his usual occupation and industrious habits: indeed it might be naturally expected that bodily labour in the open air, with moderate employment of mind, directed to some useful object, would more contribute to health and rationality than immuring a person, so circumstanced, within the walls of a madhouse, provided his derangement be of a mild and inoffensive

character. In this view of the subject a pauper has considerably the advantage of a man of rank and fortune. The former being an incumbrance to the parish during the time he is secluded, the parochial officers are disposed to afford him a trial by way of probation, rather than continue him in confinement at a considerable expense.

The intellect of the latter becomes more narrowly scrutinized by the frequent visits of medical practitioners, and he is usually under a commission of lunacy, which cannot be conscienciously traversed whilst his mind continues impregnated with the leaven of insanity: there are also important considerations on the score of family exposure, the safety of his person, and the protection of his property.

No general directions can be given, as a criterion in such cases; the attentive consider-

ation, good sense, and above all the experience of the practitioner must decide. Perhaps there is no general rule more certain to judge of the recovery of a patient, than his being sensible of the delusion under which he has laboured, and his sincere renunciation of the erroneous opinions which constituted his disease; but even to this there are occasional exceptions. The first delusive impressions on the mind are often so vivid and enduring that they are never afterwards effaced, although the subsequent hallucinations have subsided. Of this I remember a very remarkable instance in an elderly man, whose conduct was uniformly correct, whose temper was mild, and whose mind appeared sound on all subjects but one. He pertinaciously insisted he had seen the corn sown as he passed some particular fields, and on returning, *three* or *four days* afterwards, it had grown to maturity, and he found the farmers reaping it. He acknowledged it to

be a very uncommon circumstance, it had perhaps never occurred before, but he had seen it and was persuaded of its reality. On enquiry I found that, about eighteen years before, he had been attacked with insanity in London, and had walked to his parish in the neighbourhood of Brentford: the parish officers, perceiving his condition, had confined him during some months in the workhouse, where he continued in a very violent state. Of this however he retained not the slightest recollection, the two circumstances, of putting the corn into the ground, and the harvest, appeared to him successive from the absence of any impression from intermediate occurrences.

How much soever a medical practitioner may court the reputation of benevolence, however he may be averse to confinement, he must nevertheless consider that his professional cha-

racter is in a great degree responsible for the conduct of the person liberated by his advice. The fatal instances are too numerous and too lamentable to repeat, where the craftiness and dissimulation of the lunatic have been superior to the sagacity of the Physician. It has occurred to me in many instances to witness a relapse, in consequence of the patient being too early allowed his liberty, either by the interference of his friends, whose hopes are too frequently the foundation of their judgment, or by the medical practitioner too readily complying with the importunities of the patient. To state the length of time which ought to elapse before the patient should be allowed to be entirely his own master, after he becomes convalescent, or even apparently restored to reason, is impossible. Much depends on the nature of his disorder, and on his propensity to mischief, during the time he continued under its influence; his natural

character should be well considered, and his prevailing habits ascertained. The abrupt transition from strict confinement to perfect liberty is often injurious, and therefore it is advisable to let him pass through intermediate stages of probation to verify the completion of the cure. In this state he may enjoy the pure air of the country and benefit by its tranquillity in a family of regular and abstemious habits; but he ought not to be permitted to expose himself to the intense heat of the sun, and for the same reason the sea side seems particularly objectionable, where, superadded to intense heat on the sands, the glare of reflected light is distressing, and tends to produce head-ache and vivid dreams.

Where habits of intemperance have caused this disorder, a longer period of probation with a more watchful superintendency become sufficiently obvious. There is however a pecu-

liar aspect which marks an insane person, and which would considerably influence my own judgment in pronouncing on the state of his mind, more especially as such impression has never been delusive. It is not in the general look or appearance of the person, but becomes developed during an attentive examination into the state of his intellect, particularly where he has entertained an unfounded aversion to certain persons, or where a morbid resentment lurks in the recesses of his mind: it is a sudden emanation which glances forth, the patient himself appears conscious of its escape, and instantly suppresses it. The experienced practitioner will, in quick succession, become sensible of the two perceptions, resembling the transitory glimpse of an ignis fatuus which flashes and expires.

Under the article of confinement a very curious and important enquiry might be insti-

tuted, namely, how far the establishment of the numerous and extensive receptacles for the insane in this country has contributed to propagate and multiply this disorder. Before the pure spirit of benevolence and christian piety devised the foundation of charitable institutions for lunatics, these miserable objects were allowed to wander, and considered as interdicted persons—when they became troublesome or offensive they were whipt from tything to tything, and stockt, punished and imprisoned. The enlightened commiseration of modern philanthropists has afforded them every protection, as the existing public and private asylums sufficiently evince. In these receptacles numbers are temporarily secluded who apparently recover, and afterwards form matrimonial alliances, or if already married, return to their families. The minute investigation of many hundred cases has fully satisfied my own mind that the off-

spring of a person who has laboured under insanity, is peculiarly liable to become similarly affected. Probably this occasional confinement and premature liberation, when the disease is only quiescent, but not eradicated, may in some degree explain the manner in which it is frequently transmitted. It is not my intention in this place to enter on a discussion of the subject, but leave the reader to form his own deductions.

COERCION.

Persons affected with insanity are often disposed to injure others; and on many occasions they are tempted to destroy themselves. Under these circumstances it has always been held justifiable to prevent the maniac from accomplishing either of these objects. As he is a person acting from the immediate

impulse of his will, uncontrolled by reason, and thereby not responsible for his conduct; it has been considered the duty of society to interfere and counteract his efforts, with the laudable endeavour to prevent the occurrence of mischief, and with the hope of restoring him to reason. The adoption of means to effect this security has generally been termed Coercion. Perhaps restraint is a better word, as by the means employed he is restrained from fulfilling the dictates of his will. Coercion has a more active sense, and implies, according to its derivation, the driving, urging, or compelling the lunatic to do, or submit to that which is considered as conducing to his benefit, but which he is commonly disposed to resist. Thus, when an insane person is determined to starve himself, or to refuse medicine, it becomes necessary, in order to preserve his life, to coerce him to swallow either food or physic. It is often

desirable that he should be shaved, made clean, bathed, or submit to various medical operations by coercion. Whatever restraint or coercion may be employed, should be regarded as used exclusively for the benefit of the patient: and if it should ever be resorted to, without keeping strongly in view this sole object, it is misapplied, converted into an engine of tyranny, and becomes a stigma of disgrace on the medical profession.

Coercion should never be considered, by the superintendent, or keeper, as a punishment, but as a mean of cure. By the patient it will always be viewed as a punishment, and as an unjust usurpation of authority; because, being of deranged intellect, and not conscious of his disorder, he conceives all restraint on his actions to be an illegal assumption of power on the part of those who restrain him. The usual contrivance by which a

maniac is restrained is the strait-waistcoat; this confines his arms and hands, which are crossed over the region of the stomach, and it is secured by being tied behind. This has been generally found a very convenient instrument of restraint, but it has been more convenient to the Keeper than advantageous to the Patient. As far as his hands are concerned, he is certainly prevented from doing mischief. But the disadvantages which result from the employment of this contrivance overbalance its conveniences. It will readily be seen, when a patient is compacted in this instrument of restraint, that he is unable to feed himself, and also prevented from wiping the mucus from his nose as it accumulates, and which, if long continued, would render him a driveller. He cannot assist himself in his necessary evacuations, and thereby is induced to acquire uncleanly habits. He is incapable of scratching to appease any irritation—

If, in the warm season, flies annoy him, he cannot drive them away, and if, from the negligence of the keeper, his person should be infested with other insects, he must submit to their painful vexation: and it is always at the discretion of the keeper how tightly he may chuse to tie it. When several lunatics are confined in a room together, the strait-waistcoat is of little security, as it may be unloosed by any patient whose hands are at liberty, and I have known several ingenious maniacs who alone have been able to extricate themselves from it. It should also be kept in view that a single keeper will have the utmost difficulty in applying the strait-waistcoat if the patient be refractory, he will then be unable to effect his purpose without his most forcible efforts: and should his temper become exasperated in the contest, it is more than probable he will have recourse to undue advantages.

The other mode of restraining a furious maniac is by metallic manicles, which encompass the wrists, and prevent the hands from being separated when the patient may be disposed to strike. In my own opinion this mode of security is the most lenient, and subjects the person wearing them to none of the privations incurred by the strait-waistcoat. They are sooner and less difficultly applied, and cannot be removed by the assistance of another patient. Where the hands of the patient are in constant motion, which often occurs in the active state of the disorder, the friction of the skin against a polished metallic substance does not produce excoriation, which shortly takes place when it is rubbed against any linen or cotton materials. Considerable opposition has been made to the employment of metallic manacles, but the objectors have not condescended to adduce any reasons for their aversion to such mode

of security. The sole object is to repress the efforts of a violent maniac with the least inconvenience to himself, and to allow him, under a restraint which shall be protecting to himself and others, a degree of liberty which enables him to assist himself, which exempts him from pressure, and is calculated to obviate those habits and infirmities which result from the fingers being muffled.

Let us suppose a very furious patient, whose fortune could afford to occupy the services of half a dozen keepers, and that the usual modes of restraint were interdicted. These keepers in his violent paroxysms must hold him. In proportion to the muscular exertions of the patient, there must be a corresponding effort of repression on the part of each keeper. Although they might for a time succeed in holding him, they could not long continue in such posture, their pressure

would bruise him wherever they took hold, and if they relaxed the patient would recommence his efforts, which would render a repetition of their grasp unavoidable. Under such circumstances neither party would be able to obtain the refreshment of sleep—in the warm season the patient would be oppressed with heat from the surrounding attendants, and in winter his situation would not admit of any covering.

Abundant experience teaches us that restraint is not only necessary as a protection to the patient and to those about him, but that it also contributes to the cure of insanity. It is not intended here to institute a physiological enquiry into the nature of madness, nor to investigate the history and constitution of its attendant passions: it will be sufficient to demonstrate that habits of self-control are established both in the sane and insane mind

by the same agents. That the fear of punishment or degradation which deters a rational being, who exercises his reflection, from the commission of a crime, would in due time and properly administered check the outrageous sallies of the lunatic.

The fact is well established, that proper restraint on the conduct of an insane person will curb his propensity to precipitate his thoughts into immediate action, although the derangement of his intellect still continues. It should be the endeavour of the practitioner in those cases where malevolence forms a prominent feature, to ascertain how much appears to be derived from actual disease, and what part should be attributed to evil passions associated, but not actually depending on the morbid affection: and this enquiry will be considerably facilitated by a consideration of the natural character, education, and pursuits of the pa-

tient. The necessity of restraint, as a mean of cure, is most satisfactorily illustrated from the confession of those who have recovered, and who possess a recollection of their disordered state. When such persons have been asked, to what circumstances they especially attributed their recovery, they have in general deposed that when they found themselves effectually restrained from fulfilling the dictates of their will, they then became enlightened by a gleam of reflection, and ceased to obey the impulse which prompted them.

KEEPERS.

When a person becomes affected with madness, and displays so much fury that those of his family are unable to restrain him; and after medical opinion has pronounced him to be insane, it is the ordinary practice to place

a keeper about his person. The same necessity exists in melancholic cases, where the patient seeks every opportunity, and employs every stratagem, to accomplish his own destruction; and if, in this form of insanity, the timely aid of the physician, and the appointment of a proper superintendent were resorted to, there would be a considerable diminution of those numerous instances of suicide which are almost daily recorded. Persons of the description called keepers, both male and female, may be immediately procured from any of the houses licenced for the reception of lunatics, by the application and sanction of a medical practitioner; and such provision may be considered as a useful accommodation for the public. The facility of obtaining such assistance, in cases of urgency, frequently prevents the patient from doing injury to himself, and likewise obviates the necessity, and consequent exposure, of shut-

ting him up in a madhouse. Notwithstanding the occasional instances of misconduct among the tribe called keepers, from intoxication, severity, or neglect, their conduct altogether has entitled them to considerable approbation, especially when it is considered how much they are expected to perform, and under what disadvantages they are often obliged to execute their trust. There is scarcely a reflecting person who would engage in a service attended with considerable personal hazard, and where the emoluments are scanty, and little more than sufficient for the day which is passing over him: and for which employment he must be disqualified as he advances in years:—a bootless drudgery, where knowledge and experience are profitless, when bodily vigour has declined.

That the condition of these persons might be improved, and that such amelioration

would be equally advantageous to those who are subjected to their management, there is no reason to doubt. In general, the whole conduct of the patient is regulated by the dictate of the keeper, which office, considering his station in society, his want of education and manners, he must, without sufficient directions, be unable to perform. It ought, therefore, to be the duty of the medical attendant to direct the keeper in his management of the patient, and to furnish him with such instructions as his superior discernment may have derived from an attentive consideration of the case. That from which the patient is restricted, or that with which it is proper he should comply, should be communicated to him by the physician, which will tend to reconcile the patient to the keeper, and prevent him from being considered as the arbitrary author of the interdiction; indeed, the patient is usually disposed to assent

to any rules laid down by the mild and conciliating address of a medical practitioner, when he would revolt from the stern authority of the keeper. But, above all, the keeper should be instructed to preserve an entire command over his own temper, as the surest method of inducing the patient to comply with the established rules. It is much with insane persons as with children, their countenance and manner evince, and often through life, the effects of mild and liberal, or of severe and tyrannical, discipline. Especial care should be taken that the patient be not irritated: he ought not to expect it from the person who pretends to regulate his conduct. Although a gentleman may be deranged in his ideas, his calamity is no subject for the entertainment or ridicule of his keeper; and he is always entitled to the consideration which is due to his rank, education, and fortune. He may be restrained, or coerced,

when it is required, but there can be no occasion where he ought to be insulted. The directions to the keeper must vary according to the state of the patient. In the active stage of the disorder, the medical attendant will endeavour, by appropriate remedies, to subdue irritation, and to induce that calmness which will render him susceptible of moral treatment. During the prevalence of a furious paroxysm, when the patient is altogether insensible of his conduct, it is the duty of the keeper, as far as security will permit, to mitigate the severity of restraint.

It will now be expected that some plan should be devised to improve the condition of the keeper, a being so necessary to meet the exigencies and alleviate the calamities of madness; especially as such advancement of his interest will materially contribute to the welfare of the patient. He is exposed to the

gusts of violence from the furious maniac, and to the crafty contrivances which the subtile lunatic may employ for his destruction. He is moreover considered responsible for the safety of the patient committed to his charge; kindness and indulgence may endanger his life, and an excess of precaution will often destroy his character—He is compelled to officiate in a two-fold yet opposite capacity: he is the servant of the patient, and expected to perform the meanest and most disgusting offices, and sometimes by a dangerous struggle he is forced to become the master.

Perhaps nothing would more tend to improve the condition of this class of persons, and incite them to a more humane and conscientious discharge of their duty, than the establishment of a fund, as a provision for the latter period of their lives, to which, during their employment, they should contribute by

a weekly or monthly instalment. A society thus constituted would form a register of persons calculated to officiate as keepers, and render essential service to the public and the medical profession.

*ON THE DISTRIBUTION OF INSANE PERSONS INTO CLASSES.**

THE arrangement of lunatics into different classes, supposes them to be collected in considerable numbers: and exclusively applies to public hospitals, or to private receptacles on a large scale.

In the institutions which are purely charitable, patients are intitled to admission by

* *Classification* has been employed, but as yet the word has not by any sufficient authority been incorporated into our language.

being insane and poor; consequently they are considered on a level. In such asylums they may be classed according to any distinctions which the directors may chuse to establish. They are always classed in private madhouses in proportion to the sum paid for their care and maintenance.

The first question on this subject to be determined is, whether an insane person is most likely to recover, by being in apartments exclusively appropriated to himself and necessary attendants: or by constantly associating with others who are likewise insane? All general reasonings are inapplicable to the various conditions of different madmen, and to the different stages of their disorder.

There are periods when complete seclusion becomes highly advantageous, and there are times when intercourse is equally beneficial.

Much has lately been urged on the subject of the distribution of lunatics into classes, as contributing essentially to their cure: these arrangements have been dictated by abundant benevolence and hopeful expectation, but hitherto no sufficient experience has been collected to determine the general question, or to prescribe the sub-divisions which ought to be established. An attentive consideration will suggest many difficulties. The class of melancholic patients, which is perhaps the most numerous, could never be allowed to form a family by themselves: their association, and mutual communication of distressing apprehensions and miserable feelings, to which they are particularly disposed, would render existence hateful, and tend only to protract their disease with accumulated horrors.

If a number of uncleanly, furious, noisy and mischeivous mad persons, in the most active state of the disorder, were classed together in an apartment, it would, in my own opinion, be a considerable bar to their recovery. As mischeivous patients they could not be allowed to approach each other without being adequately restrained; the hands only secured, would be insufficient, as they might kick each other: the feet, therefore, must be also fastened. Even then, if they sat within the reach of each other, or lying on the floor, they might do serious injury by throwing out their feet when compacted together,—they might jostle each other with considerable violence, or be able to butt with their heads. But allow them to be secured in separate chairs, or similar convenience, beyond each other's reach, there is no good reason to expect, they would be mutually benefited by their united din and chorus of vociferation.

Such an assemblage would be more likely to excite irritation than appease it. The state described requires them to be placed in separate apartments where the noise of one cannot penetrate to the other: and the removal of this form of the disorder is the peculiar province of the physician.

As it appears that lunatics, with a view to their cure, cannot be classed according to the general division of insanity, into Mania and Melancholia; consequently some other arrangement and separation becomes necessary: and this in due time experience will probably point out. Whatever distribution may be adopted, should not be insisted on too pertinaciously, for it must be evident that this division into classes, imperiously presumes that certain and determinate orders of madmen exist; that the characteristic varieties have a foundation in the nature of the di-

ease, and do not merely float in the fancy of the projector. Some kind of separation is however expedient and practicable, and without attempting impossible sub-divisions, there is a natural and obvious principle to direct us, as far as it may be prudent to urge it. When the passive state has ensued, and they become tranquil and obedient, they may be removed to a more quiet class of associates, where order and decorum are enforced, and where superior comfort and indulgence are awarded to exemplary conduct. But this cannot in all instances be directed, as the patients themselves sometimes express a determined aversion to such removal, and in the state of convalescence, no judicious superintendent would thwart their inclinations, and thereby endanger a relapse. The arguments they have employed to continue in their situation, have always been satisfactory. They have stated that they were accustomed to the

place and attached to the keepers who governed them; that they found some means of employment in rendering them assistance, and in shewing benevolent attentions to those who were less able to assist themselves, and of whose unhappy community they had recently been members. They have also urged a dislike to new masters, different rules, and to a society, whose tempers and peculiarities were unknown to them.

As my present object is the treatment of individual cases of insanity, the distribution of numbers must be left to those who superintend large establishments for lunatics: and for this reason much information which had been collected on this subject is, with deference, suppressed.

DIMINISHED SENSIBILITY OF THE INSANE.

THE commencement of insanity is sometimes marked by an increase of sensibility, a greater acuteness of the senses, a superior vivacity, a more rapid transition from one subject to another, much resembling the hilarity of incipient intoxication. This state has been generally observed and described by authors, and has usually created sufficient alarm to occupy the attention of medical practitioners. But there is an opposite state, where the sensibility is diminished; and this has not been sufficiently noticed, although requiring the utmost consideration and skilful assistance. By diminished sensibility, is to be understood that the nerves are benumbed, and possess less acuteness of feeling than in the ordinary

state. The passing of setons, the application of blisters, scarcely appear to produce a painful sensation; the contents of the bladder and intestines are long retained without uneasiness or complaint, and a threefold dose of medicine is often required to evacuate the latter. Those who have ineffectually endeavoured to destroy themselves, and afterwards recovered, have assured me, they have felt but little pain in cutting their throats, or in otherwise mutilating themselves.

A short time since I attended a lady who had, in various ways, attempted suicide; on one occasion she had concealed a piece of window-glass in her mouth, with which she mangled her throat in a dreadful manner; her endeavour to effect her destruction with this instrument continued more than half an hour, but she denied that the process was painful. I recollect a female, who, some years

ago, with a pin, contrived to dissect or scratch out a piece of the upper jaw, with two teeth attached, but she maintained that she had suffered no pain. It is not unusual for persons, under particular states of insanity, to pick holes in their skin; and lately I saw two cases where they had completely plucked the hair from the pubes.—When great fury prevails, the wrists are often excoriated, and considerable swelling is produced in consequence of the constant motion of the hands, yet they continue the effort to extricate themselves, and appear insensible of any pain. This state of physical insensibility is well marked whenever it occurs, and, according to my own observation, constitutes a very important and leading feature in madness. If this insensibility were connected with any other disease, it would excite serious alarm in the mind of the practitioner. It is evidently a general affection of the nervous system, and the

symptoms enumerated are the results of this prevailing insensible state. Although it is not here intended to speak of the bodily remedies for insanity, yet I am persuaded, by experience, that much may be effected by medicine for the removal of this state of insensibility. This want of feeling is not exclusively corporeal; the mind, also, in certain states of insanity, loses its natural sensibility and affections.

Without discussing the important question, whether the moral insensibility, which prevails in madness, be an original and independent disease, or affection of the mind, or the necessary consequence of the imperfection of physical feeling; it may be proper to remark, that on many occasions where insanity establishes its dominion over the intellect, there is a loss or diminution of those moral feelings and established proprieties, which are

so tenaciously defended as constituting character with rational persons. Many proclaim their imaginary crimes, and the most virtuous females appear to have abandoned all restraint on their conversation and actions.* The affections which dignify the human character are weakened, or abolished, and frequently it is not a mere state of apathy towards those who formerly claimed the tenderest regards; but often an implacable hatred, or rancorous hostility, is kindled against the ties of consanguinity or the objects of friendship. Viewed through this morbid medium, the dearest friends appear as enemies; the offspring seeks to kill the author of his being, and the parent meditates the destruction of his child. To account for this strange

* This particular state, and another subject connected with the moral treatment of insanity are noticed at the conclusion of this section enveloped in the decent stole of a learned language.

perversion of the human character would be important, to administer the remedy still more desirable. It is perhaps little to the credit of human nature, but we find among those of the soundest minds that the severest resentments have been exercised between those who have been most intimately allied by relationship or by social contract. The disputes of kindred have been always difficult to reconcile, the quarrels of friends have engendered the bitterest enmities, and history informs us that intestine war has most abounded in carnage. If it should be decided that this moral deficiency be the result of physical disease, it strongly urges the necessity of medical skill and assiduity: should it be conceived an original affection of the mind, its cure must be sought from some moral discipline, which future psychologists may attempt to discover. Perhaps time, retirement from the objects which excite irritation, bodily exercise,

and that employment of mind which conduces to tranquillity—that occupation which does not agitate by efforts, nor depress by miscarriage, will be found the appropriate remedy. The differences of opinion which unfortunately prevail on these points, must in one party, originate from some misconception of the constitution of human nature: and many in the discussion of this argument would elicit so much intemperate zeal for the dignity of man, as would speedily overwhelm the calm philosophy of a modest opponent. It will therefore be most prudent to leave the subject.

PUELLÆ et simul matronæ probæ, prudentes, castæ aliquando insaniunt, et gestu verbisque signa libidinis aperté indicant, ineffrenatâ sævientes cupidine. Conjectu lascivo scintillant oculi, morbi naturam satis demonstrantes. Parentes ignari vel severiores non raro mise-

ram injuriâ vituperant, et ingenio pravo tribuunt quod imprimis auxilium peritiamque medici quærit. In his fæminis plerumque solent affici partes generationis. Labia pudendi tumescunt, nymphæ sunt justo longiores et distentæ, sed frequentius vidi alteram nympharum sanguinolento colore suffusam instar oculi inflammatione cruentati.

Non raro evenit insaniam, masturbationis consuetudinem, manûs teneræ labem, induxisse. Inter parentum monitus, lenocinii pericula tantoperè suadentium, et indomitas naturæ cupiditates divulsi, postremò secum libidinari confugêre juvenes. Comites sunt hujus occultæ turpitudinis symptomata, si diu perstiterit sæva. Tremor, anorexia, macies; hæc corporis: sed animi effigies longe mœstior. Languescunt vires, deficit memoria, incerta fit attentio, nihil amplius delectant

literæ et studiorum etiam levium piget. Denique terror religiosus mentem invadit; pavor dei irati peccatoremque relicturi infelicem volvit cæca caligine, aut mortem propria manu solicitare cogit. Confiteri me dolet hoc flagitium usitatius esse in nosocomiis aliisque domiciliis quibus insani clauduntur, et mihi contigit semel atque iterum, certo scire ipsum custodem spe improbâ protrahendi morbum in turpitudine connivisse. Sedulò curandum est ægrum his indiciis laborantem nunquam solum relinqui. Oportet custodem integrum et vigilantem semper adesse, præsertim quoties reddit urinam vel alvum dejicit. Antequam in lectum se recipit ne nocte veneri serviant, manus religari debent, aut, si res liceat, vigilare custos ægrum dormientem et suscitare si cubaret supinus, vel inquietus jactaret artus. Tenui stragulâ per noctem tegatur.

INVOLUNTARY PASSAGE OF FÆCES AND URINE.

In the commencement, and often during the continuance, of a violent paroxysm of mania, the fæces and urine are passed without consciousness. If the paroxysm be of short duration, the patient generally recovers the control of his sphincters with the return of tranquillity: but in a very protracted paroxysm, and more especially when the patient has been neglected, a habit of inattention to these wants is established, and sometimes a considerable degree of debility is induced in these parts, which is afterwards difficult to remove. Every person must be aware how much the comfort of an individual depends on the cleanliness of his person. If he should pass his evacuations involuntarily, he must

be deprived of ordinary bedding, and doomed to sleep on straw. From the stench which usually attends him, he becomes intolerable in the society of those who are of cleaner habits, and he is very subject to excoriations, and occasionally to mortifications, from the acrimony of the filth in which he is enveloped. During the prevalence of the active state of mania, where the sensibility is often so diminished, that the ordinary pain arising from distension is not perceived, and where the evacuations are retained, the utmost attention should be given by the medical practitioner to the state of the bowels and bladder: indeed I am fully persuaded that such reiterated distension has in many instances laid the foundation for very troublesome, if not incurable, debility, and incontinence of these evacuations. It would therefore be no inconsiderable disgrace that an insane person should recover the proper direction of his intellect to

bewail through life the unskilfulness or neglect he has experienced, and which due caution might have averted. For the prevention of these evils medical superintendence is particularly demanded in the active state of the disorder: when the passive state has ensued and the patient posseses sufficient intellect to be acted upon, the cultivation of regular and salutary habits is equally necessary and within the power of the attentive practitioner. In my own opinion, the constant employment of the strait-waistcoat has very much contributed to the production of these dirty habits, particularly in those cases where they are exclusively habits. When a patient is secured by this investment, he becomes unable to assist himself in his necessary evacuations, and if the keeper be not present when he feels the urgency to discharge them, he cannot obtain with cleanliness the necessary relief: and this is particularly likely to occur during the night

when the keeper is asleep, or inattentive to the calls of the patient. On minute enquiry, I have been induced to believe that the neglect of the keeper, in the first instance, is often urged as a reason for his want of sufficient attention in the confirmed stages of the disease. When the passive state succeeds, every endeavour should be exerted to establish habits of regularity. If the bowels be sufficiently evacuated during the day, there will be little apprehension of such requisition in the night; and the superintendent should not permit diluting liquors to be taken immediately before the patient retires to rest: it would even be useful to awaken him once during the night, if the previous caution should be insufficient. When paralysis has supervened on insanity, the involuntary passage of these evacuations is particularly distressing, and seldom, if ever, admits of a cure: but if the remedy cannot be obtained,

much may be effected for the personal comfort of the patient by the attention of the keeper. When it is considered how frequently insanity terminates in paralysis, it is an additional reason for the attentive exertion of the practitioner, during the active state of the disorder, to prevent the occurrence of such attack.

Connected with this subject, it may be mentioned that insane persons are prone to contract various bad habits, and some, which would render them incapable of adequately enjoying life, should they fortunately recover their reason. In some states of this disorder, as has been heretofore* observed, they seem to be averse to the recumbent position, and this appears to arise from some distressing feelings attending it. The most important

Vide my Observations on Madness, &c.—p. 80.

information respecting insanity is often derived from those who have perfectly recovered, and who possess a correct recollection of their disordered state. Such persons, in many instances, have assured me, they felt extreme uneasiness in being forced to lie down; that such position brought terrific visions and spectres before their eyes. They have also stated that, when recumbent, they have been impressed with voices whispering and dictating, of which they were not sensible whilst sitting, or in the erect posture. In many cases of fever, where delirium supervenes, we find the patient sitting upright, or endeavouring to stand up. Indeed, whenever the mind of the sane person is actively impressed, we find him rising from his seat; the persuasion that something important is to be delivered, the anxious endeavour to disburthen the mind of its pregnancy, communicates an energetic impulse to the body, which, thus animated,

disdains the apathy of the sitting posture—Of this we have sufficient illustration in all popular assemblies.

Whoever has visited the receptacles for the insane, must have observed persons sitting by choice, with their knees up to their chins; if they have remained long in this position, the hams become so contracted and stiffened, that they are unable to walk, and, if they wish to move about, are compelled to shuffle or crawl from one place to another. In the commencement, this habit, by proper attention, may be remedied, and it may be always prevented; as it is the consequence of neglect.

FORCING OF FOOD AND MEDICINE.

It is a circumstance of frequent occurrence, that insane persons will refuse to eat and drink, and also to take such remedies as may be prescribed for their cure. On such occasions it has been customary to *force* them. Persons to whose care lunatics have been confided have very properly considered themselves justified in preventing a patient from starving himself, or allowing him to die from any morbid symptom, which medicine, duly prescribed, might relieve.

To effect this compulsive purpose various means have been devised, as boats similar to those with which infants, who have no teeth, are fed: and some of these are furnished

with a projecting tube which is usually thrust at random as far down the throat as possible. Wedges have also been contrived to place between the teeth, in order to make way for the introduction of the boat or tube. The employment of these contrivances, if the operator has met with much resistance, or the operation should have been frequently repeated, generally deprives the patient of his front teeth. With the instrument* I constructed many years ago no accident has ever occurred, nor has a tooth been broken. That the suffocation of the patient has sometimes been the consequence of forcing injudiciously and with improper instruments, I am ready to believe, although I have never witnessed such disaster. With my own instrument some nicety and address are necessary to induce

* This instrument is described, and a representation of it given in my Observations on Madness and Melancholy, 2d. Edition, 1809, p. 318.

the act of swallowing, but its management is readily acquired, and no injury can result to the patient.

As the operation of forcing is always a violent process, it should never be resorted to without the sanction of medical authority. It may here be important to enquire into the causes which usually induce insane persons to refuse food and beverage, with a view of diminishing the necessity of this forcible operation. The most common cause is the retention of fæces in the intestines; when these are sufficiently evacuated, they commonly feel a return of appetite and eat spontaneously. If in this state it were ignorantly attempted to convey food forcibly into the stomach, the consequences might be fatal, by mistaking an aversion to eat resulting from distended bowels, for an obstinate disposition of the patient. Many insane persons refuse

to eat in consequence of suspecting an intention to poison them. That this symptom has sometimes arisen from compelling them to take medicine in the early, and more active state of their disorder, I have had repeated experience. What considerate practitioner would force an insane patient, perhaps naturally repugnant to all pharmaceutic preparations, to take a saline draught four times a day, or any medicine, that was not of the utmost importance to his cure, or to the immediate preservation of his life? It is however fortunate, that the more active and efficient remedies admit of a concentrated form, and may be secretly administered; as the submuriate of mercury, digitalis, tartarized antimony, elaterium, and others: and if it should be thought adviseable, the system may be adequately mercurialized by friction. These medicaments may always be effectually concealed in broth, gruel or tea, and given with-

out the knowledge of the patient. Some insane persons, who suspect poison to be mingled in their food, will refuse the portion allotted to themselves, but will eat that which has been given to another, supposing it to be free from any deleterious admixture. In other instances these persons will only eat when alone and unobserved; many of such patients, after they have recovered, have informed me that during their disorder, they considered it improper to satisfy their appetites, until they had previously propitiated the Deity by frequent prayers. Others again consider it sinful to eat, and imagine, by abstaining from food altogether, that their iniquities will be pardoned: and some, as they suppose, have heard the divine command prohibiting them to take nutriment, and assuring them, if they taste they shall surely die. A peculiarity of visceral construction is a favorite supposition with many, who have insisted when they took

food, that it escaped by some aperture into the cavity of the abdomen: and it has occurred to me to see insane persons who were persuaded they had no mouth. In many of these cases, considerable patience and some address have obviated the necessity of forcing the patient. Where poison is suspected by the lunatic, it is wonderful to what stratagems he will resort, to defeat the supposed malevolence of those who, by such means, intend to destroy him. Persons labouring under such suspicion are of difficult cure: because they acquire the habit of attributing their own bodily feelings to malicious agency, and every meal adds confirmation to their delusion—In some cases however, it is absolutely necessary to introduce food compulsively, and often with the happiest effects. When by a proper management of the instrument the nutriment is completely conveyed into the stomach, and the operation is explained to be an act of

kindness, which must be firmly persisted in, for the preservation of their lives; they often consent, though reluctantly, to take sustenance, rather than submit to a repetition of the forcible process. Three cases have occurred to me where, although they have recovered from an intention of starving themselves, and been restored to the full possession of their intellects: yet they have afterwards wanted the inclination and relish for food. They have eaten, from feeling the moral necessity of taking sustenance, but they have truly denied, that they were induced to take nutriment from any other motive. The taste has remained, so as to enable them accurately to discriminate different kinds of food: they have likewise experienced languor and exhaustion from fasting, and their removal by eating; but the sight or smell of food did not provoke any desire to take it, nor did the act of feeding confer any gratification.

OCCUPATION AND AMUSEMENT OF THE INSANE.

ACCORDING to the cultivation of the human intellect, different pursuits engage the attention, and administer enjoyment. There is, perhaps, something in natural structure, and consequent tendency, which excites a relish for particular employments and diversions: but infinitely more is conferred by education, and the regular habitudes of thought and moral discipline. That amusement, under proper restrictions, may essentially contribute to benefit persons labouring under mental derangement, there can be no doubt; and some experience has been already collected on this subject: it is equally well known, where the mind has no access to intelligence, that indifference, stupidity, and idiotism, successively

ensue. The salutary operation of employment and amusement being granted, the next enquiry of course relates to the particular kinds which should be adopted; and here the difficulty commences.

To invent some one employment, which should divert the thoughts of a lunatic from recurring to the favorite object, or distressing subject of his disorder,—which should so fully impress his mind, and agreeably beguile the time,—that his aversions should melt into reconciliation and friendship,—that the dense cloud of his delusions should fade into transparency, would indeed be a noble discovery: but of such attainment the most sanguine will doubt, and the most experienced despair.

Whatever may be recommended as the mode of occupation, should consist of labour, or rational employment, and a varied union

of both, will probably be found most advantageous; as it will depend on the particular state of the patient's mind, which ought to be preferred. For the peculiar kinds of both, there can be no recipe; the sagacity and experience of the person who governs the patient, will adapt the proper exercise to the nature of the disease: and such capability of adaptation, presumes an intimate knowledge of the character, habits, and temper of the lunatic. But as these, from the very nature of his disorder, will be subject to frequent variations, he must not be surprized by occasional disobedience, nor alarmed at open rebellion. If the perplexity which the wisest rulers have experienced in their attempts to govern our refractory species, when presumed to be *in* their senses, be duly considered; it will afford a considerable apology for the difficulty of controlling those who are *out* of them.

The different forms of the disease would necessarily require different modes of occupation. A patient recovering from a paroxysm of furious mania, generally retains some well marked traces of his former state, although its violence has subsided; he is distinguished by excessive hilarity, quickness of transition and tiresome garrulity, and his state requires a more imposing governance, and a firmer repression. On the contrary, the hebetude, taciturnity, and timid apprehension of the melancholic convalescent, should be stimulated by encouragement, cheered by hope, and solaced with diversion.

Some skill, and much caution, are also required, to seize the proper time when employment will become beneficial: as I have known many persons relapse, in consequence of having been prematurely, and injudiciously urged to active occupation. The secret of

employment consists in discovering something which may rationally occupy the mind of the insane person. It must be rational employment, and not the occupation which would induce idle habits, or tend to confirm his delusion. The hope of liberation is the usual spur to his activity; the prospect of returning a free agent to his family and friends, generates that self-control which awakens reason, and induces him to admire and follow her sober dictates. Bodily exertion will confer health, and induce that tranquil repose to which listlessness and inactivity are strangers. The employment may be that to which he has been accustomed, and to which he will conform by habit—that which delights him, and brings back to his recollection the associations of former and happier days; because, when the poor man recovers from his insanity, he must return to salutary and productive labour, and if, during the passive state of his disorder,

he has been suffered to acquire the indolence of a gentleman, he only returns to society as a rational incumbrance, and calculated to subsist by fraud or mendicity.

With persons of a higher condition, there appear to be greater difficulties, but these are readily surmounted. Let it be recollected, that if the hand of a gentleman be unaccustomed to labour, he is more the creature of exercise and amusement, his intellect is more cultivated, and he possesses ampler resources of rational delight and harmless gratification. When the violence of his disorder has subsided, and the passive state has commenced, he is enabled by the possession of property to command a range of mental refreshments and healthy enjoyment, which contribute essentially towards his happiness and cure. He can vary the scene by travelling, and thus escape from the objects which excite irritation and

protract his disorder—he can become the spectator of amusements; he may acquire an interest in the contemplation of Nature's productions, or feel delighted by the tasteful achievements of art. He is enabled to procure an intelligent person, with whom he may associate, and regard as a friend; so that the presence of the keeper, will only be necessary when his own conduct renders such interference unavoidable: and the patient's knowledge that such assistance is at hand, will be the strongest check upon his actions, and generate that self-restraint which is the most important advance towards recovery.

Before this article is dismissed, it may be proper to advert to a subject, of some importance, and connected with the benefits which may result from a system of moral management: namely, how far the hereditary tendency to insanity may be counteracted, by

early endeavours to cultivate and discipline the intellect? It has been supposed that this object might be attained, by subjugating those passions which ordinarily gain an ascendancy over reason and impede its growth,—by checking those desires which goad us to immediate and unreflecting gratification;—or by endeavouring to introduce and establish a train of opposite propensities. Many with the purest motives have conceived they possessed the plastic power to model the human mind according to the design of their own fancy, but there is greater difficulty than they are aware of. A being thus severely trained might in some instances escape the impending evil.—How far such regimen might contribute to his eventual happiness I will not venture to determine. He would be rendered coldly rational, and tamely benevolent.—his actions would be regulated by solemn propriety,—his friendship bounded by cautious

calculation, and his affections measured. Such a man could never be amiable, nor would the world delight him. Some experience on this subject, which is yet nascent, has however convinced me, that an early and persevering attention to the child may superinduce an ameliorated condition both of the physical constitution and moral character. As there is no law prohibiting the matrimonial union of persons destined to propagate this disease, excepting where they are restrained by a commission of lunacy, which involves only the opulent, the endeavour to diminish this calamity, although indirectly, is highly laudable, and becomes a proper theme for the skill of the physician, and the reflections of the philosopher.

CONCLUSION.

If these considerations on the moral management of insane persons, should afford any information to the members of the medical profession, or even excite them to a more ample investigation of this difficult and contested subject, my own expectations are sufficiently rewarded. Some points of curiosity and interest have been merely adverted to, and the reader has been solicited to deduce his own conclusions: others have been propounded, but relinquished from the hazard of discussion. Those who have exclusively confined their practice to the treatment of mental disorders, have frequently been reproached for concealing from the public eye the result of their experience: from such cen-

sure I may fairly plead an exemption, and as an act of repentance, may be allowed in some degree to apologize for the remissness of others. The more prudent policy of certain practitioners has induced them to decline the encounter of conflicting opinions:—a contest which seldom adds to the measure of reputation—many have been restrained from the difficulty of the subject, and the inadequate powers of language to describe those morbid features, those rapid movements of passion, which the eye can note and recognize, and on which the understanding may brood; but which have not yet been clothed with expressions of intelligible communication—and meritorious modesty has doubtless induced others to hide the nakedness of acquirement. After having long reflected on this subject, I am persuaded that an accurate relation of cases of insanity, would furnish the most certain information to the medical student: yet to

convey fully the necessary particulars would in many instances nearly expand a single case into a volume;—and there is much after the nicest description, which would be inadequately conveyed for the purpose of instruction: all the indications from the countenance, the crafty play, and secret working of the passions, and the peculiarities of tone and manner would remain untold. Intercourse, frequent observation of the patient, detailed and protracted examinations of the state of his mind, can alone furnish the practitioner with any certain and useful knowledge of this difficult disorder.

FINIS.

Hayden, Printer, 4, Brydges Street, Covent Garden.