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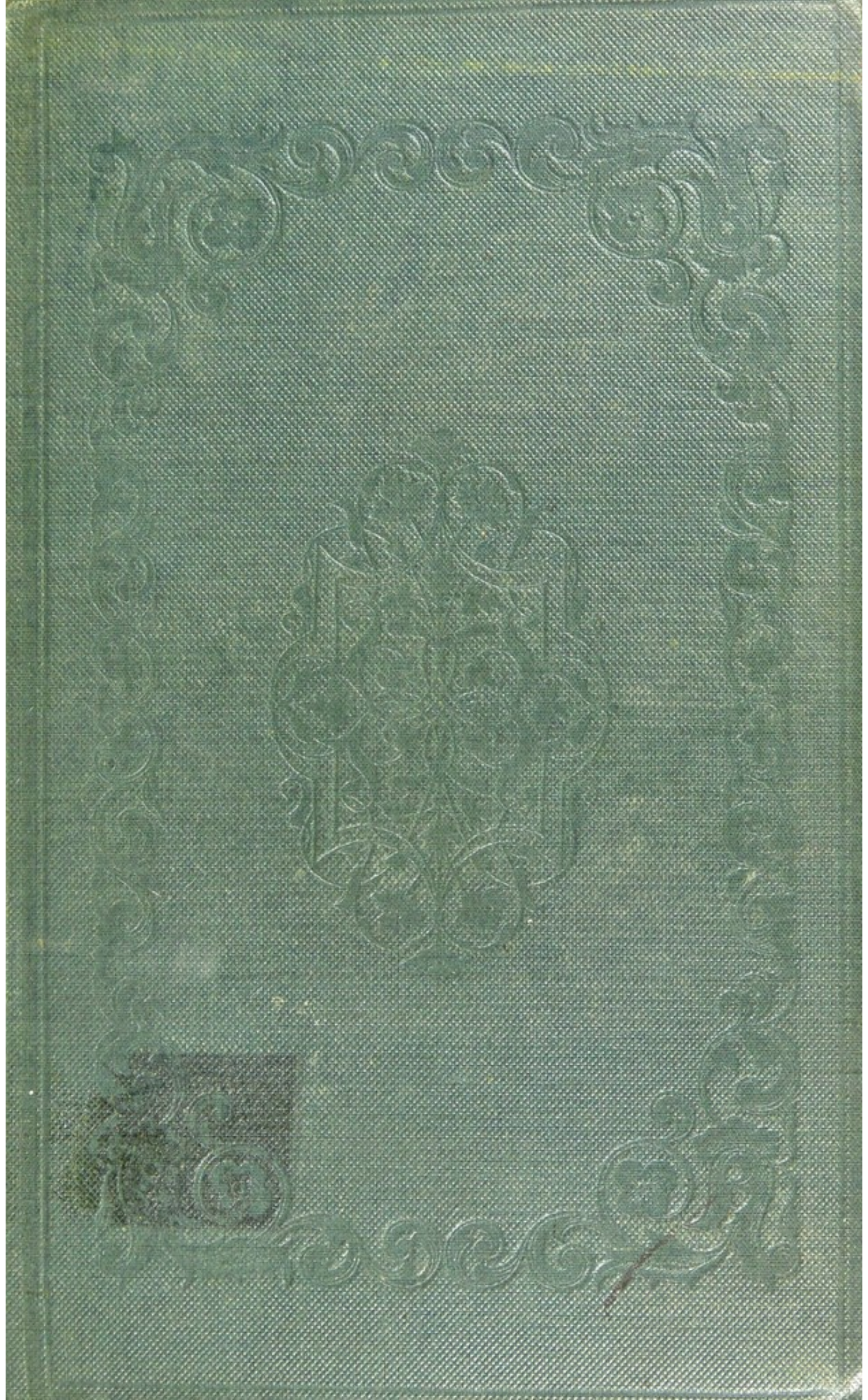
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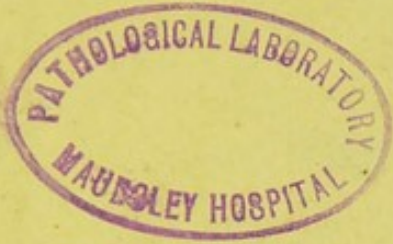



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A
TREATISE
ON
MENTAL DERANGEMENT.

BY
FRANCIS WILLIS, M.D.
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

Γίνονται μὲν οὖν καὶ μετὰ πυρετοῦ βλάβαι τῶν ἡγεμονικῶν ἐνεργειῶν
ὡς ἐπὶ ΦΡΕΝΙ΄ΤΙΔΟ΄Σ τε καὶ ΛΗΘΑ΄ΡΓΟΥ, γίνονται δὲ καὶ χωρὶς
πυρετοῦ, καθάπερ ἐπὶ ΜΑΝΙ΄ΑΣ τε καὶ ΜΕΛΑΝΧΟΛΙ΄ΑΣ.

GALEN, *De Locis Affectis*, lib. iii. (Aldus.)

SECOND EDITION, REVISED.

LONDON:
PRINTED FOR
LONGMAN, BROWN, GREEN, AND LONGMANS,
PATERNOSTER-ROW,
1843.

THE
PRACTICE
OF
MEDICAL
JURISPRUDENCE
IN
ENGLAND
AND
SCOTLAND
BY
JAMES WILSON, M.D.
OF
EDINBURGH
AND
OF
THE
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P R E F A C E.

THE attention of the public having been greatly aroused by some philanthropic individuals upon the subject of the Insane, and more particularly as regards their treatment by Restraint or Non-Restraint, I have been induced to re-consider the observations I published many years ago on the "Cure of Mental Derangement." These I now offer again with such alterations as my experience has enabled me to make; and in proof not only of the efficacy, but also of the necessity of Restraint in the management of insane persons, I have added a few remarkable cases.

Shillingthorpe House,
near Greatford, Stamford,
February, 1843.

PRELACE

The attention of the public having been
generally excited by some philanthropic in-
quiries upon the subject of the insane, and
more particularly as regards their treatment
by Dr. Baillieu of Philadelphia, I have been
induced to re-consider the observations I pub-
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Disorders." These I now offer again with
some alterations as my exertions have enabled
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Philadelphia: Printed
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LIST OF AUTHORS AND EDITIONS

QUOTED IN THE FOLLOWING TREATISE.

ARETÆUS, CAPP. - - - - -	<i>Lug. Bat.</i> 1731.
CELSUS, AUR. CORN. - - - - -	<i>Rotterod.</i> 1750.
CÆLIUS, AURELIANUS - - - - -	<i>Amst.</i> 1722.
GALEN - - - - -	<i>Aldus. Ven.</i> 1525.
GAUBIUS, H. D. M. D., A Philosophical Discourse on the Disorders of the Mind; translated by J. Taprell, M. D.	
HIPPOCRATES - - - - -	<i>Lug. Bat.</i> 1665.
SYDENHAM - - - - -	<i>Lug. Bat.</i> 1741.
TRALLIANUS, ALEX. - - - - -	<i>Basil.</i> 1556.
WILLIS, De Animâ Brutorum, pt. ii. - - - - -	<i>Lond.</i> 1672.
ARNOLD, THOS., M. D., Observations on the Nature, &c. of Insanity, 2d edition - - - - -	<i>Lond.</i> 1806.
COX, JOS. MASON, M. D., Practical Observations on Insanity, 2d edition - - - - -	<i>Lond.</i> 1806.
CRICHTON, ALEX., M. D., An Inquiry into the Nature and Origin of Mental Derangement - - - - -	<i>Lond.</i> 1798.
CULLEN, WM., M. D., First Lines of the Practice of Physic - - - - -	<i>Edinb.</i> 1796.
DAUBENTON, Observations on Indigestion, translated by Alexander P. Buchan - - - - -	<i>Lond.</i> 1813.
FERRIAR, JOHN, M. D., An Essay towards a Theory of Apparitions - - - - -	<i>Lond.</i> 1813.

- HALLARAN, WM. SAUNDERS, An Inquiry, &c. on the
Number of Insane, &c. - - - - *Cork*, 1810.
- HASLAM, JOHN, Observations on Madness and Melancholy,
2d edition - - - - - *Lond.* 1809.
- HILL, GEORGE NESSE, An Essay on the Prevention and
Cure of Insanity - - - - - *Lond.* 1814.
- HUXHAM, JOHN, M.D., An Essay on Fever, 3d edition.
Lond. 1762.
- MAYO, THOS., M.B., Remarks on Insanity - *Lond.* 1817.
- MONRO, JOHN, Remarks on Dr. Battie's Treatise on
Madness - - - - - *Lond.* 1758.
- PINEL, PHIL., A Treatise on Insanity, translated by
D. Davis, M.D. - - - - - *Sheff.* 1806.
- SUTTON, THOS., M.D., Tracts on Delirium Tremens, &c.
Lond. 1813.

Reports of the Committees of the House of Commons, appointed
to the Examination of the Physicians attending his late
Majesty in 1788. (Vide Tracts on the Regency 1789.)
Also Report for 1810.

A TREATISE,

ETC.

CHAPTER I.

ON THE NATURE AND ORIGIN OF MENTAL DERANGEMENT.

BEFORE I enter upon the subject of mental derangement, I propose to take briefly into consideration the state of man while his reason is perfect, and his understanding sound; to examine if the mind at that time has any connexion with the body; whether we ought to look upon them as most intimately united, and, consequently, partaking of each other's impressions; or as two distinct parts, independent of each other, and, therefore, incapable of mutual actions. This is the more necessary, because derangement has been considered by some to be merely and exclusively a mental disease, curable without the aid of medicine, by what are termed moral remedies: such as travelling, and various kinds of amusements.

Gaubius, however, who has so ably written upon this subject, says, "In that variety of parts which

“ compose the human fabrick, there is a most elegant
“ fitness, by which they conspire to constitute a
“ whole: likewise, the faculties of the mind, though
“ they differ as to their manner of acting, yet have
“ they all a sameness of nature, and mutually depend
“ upon one another: finally, the mind itself and the
“ body, which are things, according to the opinion of
“ most men, extremely different; when they coalesce
“ to constitute man, they associate so intimately, and
“ with so close a contexture, that they seem to pene-
“ trate each other; and, if we may use the chemist’s
“ phrase, we may affirm, that they melt one another
“ down into one common mass; so that, whilst life
“ remains in vigour, where the mind is, there the
“ body is, and wherever the body is, there the mind
“ is also; nor can there scarce a particle of us be
“ found, in which a mixture of each may not be dis-
“ cerned.” He adds, that “ the mind can hardly be
“ well governed without a proper care of the body to
“ which it is joined.”* If, contrary to the opinion
of Gaubius, the mind and body were distinct, having
no connexion with each other, if what affected the
one had no influence on the other, then mental de-
rangement must arise from causes, and be cured by

* Vide (p. 2.) A Philosophical Discourse on the Manage-
ment and Cure of the Disorders of the Mind. By H. D.
Gaubius, translated from the original Latin by J. Tapprell,
M. D.

remedies, that solely and exclusively operate upon the mind; but this idea cannot, I think, for a moment be rationally entertained. It is, therefore, my intention to point out, as clearly as I am able, the intimate connexion subsisting between the two; to show that so far from the mind and body being insensible to each other's impressions, nothing can affect the one without influencing the other: that, instead of delirium, derangement, and insanity, being merely mental disorders, each of them must be, in fact, and in its origin, a bodily one. Moreover, that although they may appear to be removed by remedies which were intended to divert the mind from its own thoughts, the cure is, nevertheless, brought about generally, and really, by the action of these remedies on the body. I do not, however, intend by this opinion to deny the necessity of a co-operation of management and moral remedies with the efficacy of medicine.

Those who consider insanity wholly a disease of the mind are very apt to quote, in aid of their own opinion, the words of Shakspeare:

“ Can'st thou not minister to a mind diseased ? ”

This passage has often been adduced, but certainly erroneously, and without due consideration, for the purpose of proving the disease of the mind to be incurable; but the diseased mind here intended by

Shakspeare belonged to the effect of conscience, which no medicine pretends to touch, and not to those effects produced by bodily and mental causes of a very different kind. No one was more fully acquainted with the human mind, both in its sane and insane state, than Shakspeare. This knowledge, displayed through every part of his works, seems peculiarly his own. The progress of mental disorder has not, at any time, been more accurately or beautifully described even by a physician, than by him. But, as we have already seen in the passage alluded to, he is not pointing at a state of delusion, he is representing the troubled mind of one, who had been accessory to a murder, and makes Macbeth *ironically* ask the physician —

“ Canst thou not minister to a mind diseased,
“ Pluck from the memory a rooted sorrow,
“ Raze out the written troubles from the brain,
“ And, with some sweet oblivious antidote,
“ Cleanse the stuff’d bosom of that perilous stuff,
“ That weighs upon the heart ?”

Here is no derangement: it is not intended to be understood as such. Lady Macbeth does not *fancy*, does not *imagine*, that she has committed murder: she is really conscious of it, and feels that she has actually committed it. Her troubled mind is the irresistible consequence of so foul a deed. Can a physician’s skill persuade her to disbelieve it? or can

medicine erase it from her memory? Shakspeare makes the doctor say, "This disease is beyond my practice; therein the patient must minister to himself." Macbeth, too, exclaims, "Throw physic to the dogs — I'll none of it." Had it been fancy or delusion in Lady Macbeth, "some sweet oblivious antidote" might have removed the horrible idea from her mind. Opium, or narcotics of some kind, might have produced sound and refreshing sleep, broken the chain of her delusions, wholly erased them from her mind, and left her to the calm conviction that her past frightful impressions were fallacious and without foundation. But could narcotics of the most powerful influence, could sleep the most refreshing, obliterate the memory in such a manner, that the murderer, when awake, should so forget the murder itself, as not to need, as Shakspeare says, "more of the divine than the physician?"

By first considering the state of man, while his reason is perfect, we shall more readily obtain a knowledge of the real or probable source of mental derangement.

The intimate connexion which subsists between every part of the body, by means of the nerves; the distribution of them upon the organs of the senses, as well as on the thoracic and abdominal viscera,

necessarily leads us to the contemplation of their use in the animal economy. When we observe their commanding influence over the rest of the body, we cannot but acknowledge their importance; but, when we see them constituting the medium of communication between the body and the mind, their claim to our first and early attention is fully established. It is to this very important part of our frame, that we are indebted for the reception of all our impressions. When we hear, see, feel, taste, the mind is alive to certain objects of pain and pleasure. How does it become so? doubtless, through the medium of the nerves. They receive the impression, and the mind, whatever that is, becomes hereby sensible of it. If the nerves, for example, of one or more organs are impaired or in any way obstructed, do not their functions deviate from the healthy state? Are not sounds in this case either imperfectly or too sensibly heard, and objects doubled or indistinctly seen?

These facts, I think, will make it evident, that, for the reception of a true representation of any external object, or, in other words, for the transmission of a correct and faithful impression on the mind, the nerves should be in a perfectly healthy and natural state. We may infer this from diseases of the body, such as palsy and epilepsy, which, by disturbing the nervous system, never fail to weaken the mind. In

every case of palsy the mind is somewhat affected, and, generally speaking, its affection keeps pace with that of the body. As the one is weakened and put out of order, so is the other. A man of the strongest mind, best understanding, and most quiet disposition, may in a moment, in addition to the loss of power and motion, be bereft of these qualities: he is then incapable of connecting his ideas; his observations are childish; he alternately laughs and cries; his temper becomes irritable; his countenance idiotic: but as his health improves, his mind returns to its natural state.

This not only clearly points out the intimate connexion between the mind and body, but that the nerves are the immediate channel of communication between them. Why else should the mental faculties be almost invariably weakened by diseases that affect the nervous system. This idea is by no means new. Gaubius says, "I am almost brought to doubt, whether the mind, while it is joined to the body, would ever begin to think, unless it was first excited thereto by some representation from the organs of the senses."* Dr. Cullen observes, "Physicians, in seeking for the causes of the different states of our intellectual functions, have hardly looked further than into the state of the motion of

* Vide Gaubius, p. 28.

“ the blood, or into the condition of the blood itself.
“ It is very probable, that the state of our intellec-
“ tual functions depends chiefly upon the state and
“ condition of what is termed the nervous power.”*

When the mind and body are both in a state of health, the reciprocal actions, which are continually taking place, have no discernible effect upon either; all goes on quietly and harmoniously; so that an unreflecting observer might consider them as distinct and incapable of acting upon or disturbing each other. The heart receives and expels the blood; the secretions and excretions are all regularly performed, the mind continuing unconscious of them.

On the other hand, our daily occupations and accustomed scenes do not apparently quicken or diminish any action in the body; their intimate union, however, may be clearly demonstrated.

1st. Diseases of the body, such as heartburn and indigestion, oftentimes produce much mental distress.

2d. The passions of the mind make a great revolution in the body. In some, they create serious bodily indisposition, while in others, they assist in restoring it to health. A languid circulation, loss of appetite, and want of energy throughout the system, are invariably the consequences of grief; while their reverse are the effects of joy.

* Vide book iv. chap. 1., paragraphs 1540 and 1541. First Lines of the Practice of Physic, by William Cullen, M. D.

Gaubius well observes, that “the body and mind
“are so conjoined in man, that, when both are in
“tranquillity, and in their most natural state, they
“seem to carry on their mutual commerce in some
“parts only; but, as often as there happens any
“considerable agitations, any great change in either
“of them, that change will sooner or later affect
“the other part, and by degrees spread itself over
“the whole man.”*

It appears, however, not likely, that the mind and body can be both strongly impressed at the same time, so that both shall be very sensible of it; suppose, for instance, that any one is much engaged in business, or quite absorbed in thought, the body in either case becomes insensible, both to external and internal impressions: he is deaf to conversation going on in his presence, is regardless of cold, hunger, or thirst; he is indeed lost to every thing, except the subject upon which his mind appears to be wholly occupied. But if any sudden or extraordinary impression is made upon his body, as by a kettle of boiling water falling upon him, or any such like accident, he is immediately roused from his subject, becomes incapable of connecting his ideas upon it, and possibly may forget it altogether.

* Vide Gaubius, p. 37.

Let us now see what happens if either the mind or body deviates from the healthy state.

Providence has ordained, that after labour we shall rest, that the wasting of the body shall, also, be supplied by food; it is obvious, therefore, that, if we totally neglected food and rest, so much disease would follow, as would soon render us incapable of existing.

If a man, whose habits of living are regular, and whose mind is unaccustomed to business, is so unexpectedly and anxiously engaged, as to break in upon his usual hours of rest, the consequences are frequently more serious than mere fatigue and hunger: more or less fever, accelerated pulse and headache, demonstrate that the body has suffered from the fatigue; and the actions of the man evince the irritable state of his mind. He loses the control of himself, becomes fretful and peevish, eats and talks with great rapidity; doing and saying many things, from which, at another time, he would have refrained. As soon, however, as this business is completed, and he is able to obtain his regular rest, these symptoms gradually cease. Suppose, however, that this person, instead of being harassed in mind and body for a few days, is so for the space of six weeks together; that he is engaged, canvassing for an election; and, becoming zealous in the cause, is induced to exert himself to the utmost by travelling day and night,

totally neglecting his own health for the success of his party ; all the symptoms are naturally increased ; a fever is commenced ; the pulse quickens ; his irritability now prevents him from continued attention to any thing. In addition to this, great watchfulness and confusion of intellect succeed : one step further is only wanting to constitute a deranged man, viz. his mind being impressed with false ideas, which will soon control all his thoughts and actions.

Notwithstanding these immediate and general causes for this sudden change in his state, how are we distinctly and more minutely to explain, why this new state of his should be followed by false ideas ; why delusive impressions should ultimately be the consequence of hurry and excessive fatigue of body and mind on some constitutions ?

We have seen, that, whatever the mind is, it is reasonable to suppose it indebted to a part of the body, namely, the nervous system, for objects upon which to exercise itself. We could have no ideas at all, either true or false, of sounds or colours, were they not first represented to it by means of the organs of the senses. I have shown, that it is not likely the mind should be excited to action in any great degree, and the body be made sensible to strong impressions, at one and the same time ; that if the mind be engaged in deep thought, the body is insensible to cold or hunger ; or that if the body be

in great pain, the mind is incapable of attention to any other object. I have endeavoured, likewise, to demonstrate, that, while we are in health, the actions of the body and mind are regular and steady; that all impressions made upon our nerves are communicated to our senses in their true light; that the mind, also, is capable of great attention; but that, if we exert ourselves too much, we weaken both mind and body; that irregular actions take place; that every thing is hurried; that we become gradually more incapable of connecting our ideas; that, thus confused, we should soon, if we did not put a stop to our exertions in time, be in danger of a state of derangement.

Before, however, I hazard a conjecture as to the reception of false ideas, let us consider to what we are indebted for that perfect regularity, which is continually subsisting, both in the mind and the body.

I apprehend, that this is to be attributed to a peculiar state of the nerves, which may be called **TONE**. It is well known, that we are more capable of giving an opinion upon a difficult subject at one time than at another; more especially when we are least fatigued both in body and mind: and, on the contrary, that, when we are greatly fatigued in either, we cannot well fix the mind to one point, or restrain it from wandering.

May not then the incapability of connecting our ideas be fairly ascribed to a change in the health of the nerves? May not continued anxiety induce disease, and, at length, deprive them of that state which I have denominated TONE, thus laying the foundation for the consequences I have described.

Dr. Cullen says, "That although this disease
" (meaning insanity) seems to be chiefly, and some-
" times solely, an affection of the mind, yet the
" connexion between the mind and body in this
" case is such, that these affections of the mind must
" be considered as depending upon a certain state of
" our corporeal part; that the part of our body
" more immediately connected with the mind, there-
" fore, more especially concerned in every affection
" of the intellectual functions, is the common origin
" of the nerves or brain."*

Be the real causes of derangement, however, what they may, to which I shall hereafter more particularly advert, the facts are undeniably these, that no man can keep his mind deeply or intensely occupied on any very interesting subject, so as to be for many days and nights deprived of sleep, without the liability of producing a confusion of ideas, which, by a continuance of the same deprivation, might ultimately end in deranged ones; that the restoration

* Vide paragraphs 1537, 1538. Cullen.

of his mind can only be brought about by means the reverse of those which tended to disturb it, those means being necessarily rest and quiet.

If, to any sudden or slight change in the condition of the nervous system, momentary deviation of the intellect can be traced, we shall have good reason for believing, that more serious changes will lay the foundation for still greater aberrations.

Fright sometimes operates so strongly upon the mind, as to lead to a firm belief in imaginary sounds and objects: the momentary deviation of the intellect in this case can be attributed to no other cause than an alteration of the nervous system, produced by the fright. Its effects on the body are sufficient proofs of this, such as a pale countenance, quivering lips, palpitation of the heart, and tremour over the whole frame. Can the heart, lips, or cheeks, distinguish sounds or objects? Can they, I repeat, produce any change in themselves? Both mind and body are evidently under the influence of that common link, the nervous system. In some cases, a swoon or syncope comes on, and the whole system becomes dead to all impression, the circulation at the same time ceasing, thereby showing its dependence on the nerves.

The following case may serve to illustrate this temporary derangement of mind:—

A young girl living in the same house with a patient in a raving delirium became so terrified, that she one night called up her landlady, under the impression that the patient had escaped out of his room, and appeared at her bedside. She afterwards fainted away.

Other instances of slight aberrations may be observed in the effects of opium, and other narcotics, which sometimes occasion horrid thoughts to pervade the mind. In a very painful operation, the most incoherent expressions are also uttered. Indulgence in wine and spirituous liquors will affect, likewise, the soundest understanding.

The cases produced by the last-mentioned causes furnish a fac-simile of almost every one that occurs; some are gay, others are sad; many rave and quarrel with their best friends. A sound sleep restores them, but, as long as they continue to indulge in drinking, so long does the derangement continue; thus proving that it arises from some alteration in that state of the nerves, which is required for the steady and regular operation of the intellectual faculties.

Dr. Ferriar, in his essay towards a theory of apparitions, confirms this opinion. “Instead,” he says, “of regarding these stories (viz. of ghosts) with the horror of the vulgar, or the disdain of the sceptic,

“ we should examine them accurately, and should
“ ascertain their exact relation to the state of the
“ brain, and of the external senses. The terror of
“ nocturnal illusions would thus be dissipated to the
“ infinite relief of many wretched creatures, and the
“ appearance of a ghost would be regarded in its
“ true light as a symptom of bodily distemper, and
“ of little more consequence than the headache and
“ shivering attending a common catarrh.”*

From a consideration of the source, then, of temporary delusions, we may easily, I conceive, comprehend how the frequent or continued application of an exciting cause may induce a more permanent state of derangement.

My endeavour in the preceding observations is not to point out what constitutes a MIND, for that is wholly out of our reach; but to show that the nerves are the medium of communication between the mind and the body, that the mind varies from alterations taking place in them, that mental derangement should be considered for the most part as primarily a disease of the body, particularly of the nerves; and

* Vide Ferriar, p. 138.

that the cure ought to be attempted by means principally acting upon the body.

I know it is often objected that grief, one of the passions of the mind, produces this malady, that, therefore it is in this instance exclusively a mental disease. But every one afflicted with grief is not necessarily deranged, nor does any derangement take place unless the grief be excessive, and of long continuance.

The fact is, in grief the mind is so absorbed, that the whole body grows torpid and dead to impression, the appetite fails, and the circulation becomes slow: then follow sleepless nights, and all those dreadful symptoms that precede derangement.

This then may be traced to the disease of the body brought on by grief, which, because it is sometimes cured without the aid of medicine, by moral remedies, such as travelling and amusements, is deemed by some to be merely mental.

But do the moral remedies, which are so much relied on, affect the mind only? Do not they from their very nature conduce to general health, by their influence on the body? In reality, these remedies act as ALTERATIVES upon the body, exciting to action those parts that have become torpid, and restraining those that are too active. A pleasant fatigue, too, is produced by these slight exertions of body and mind, the result of which is refreshing sleep: this being

once obtained, the health of the body and mind generally and gradually returns. If it were a mental disease, applications to the mind alone ought to restore it; but this is not probable. Sleep will sober a drunken man, whilst reasoning with him would be altogether useless.

CHAP. II.

DESCRIPTION OF THE HIGH STATE.

THERE are two states of derangement, which I shall particularly notice. Both of them may, in their progress, pass into delirium, and again subside into derangement; and both, by neglect and improper treatment, may end in insanity; so that derangement, delirium, and insanity are to be regarded as different degrees of mental disorder.

One state of derangement is characterised by an unrestrained behaviour, by an irritability which urges on the patient in pursuit of something real or imaginary, to the ruin of himself, and the annoyance of his friends, and ultimately leads him, if opposed in his disordered wishes, to acts of extreme violence.

The other state is marked by an unusual lowness, sometimes amounting to despair, a loathing of life, and of every thing connected with it, accompanied, too often, by an uncontrollable desire to rescue himself by his own hand from his real or imaginary distresses. Between these two opposite states of de-

rangement there is as much variety in the symptoms of the malady as there is in the features of the human countenance; but further distinction for practical purposes seems useless, as an acquaintance with the symptoms of these, and a knowledge of the remedies best calculated to subdue them, will enable the physician, not only to discern, from a cursory view of the patient, of which state his malady mostly partakes, but to apply his knowledge successfully. The distinction between delirium, and mental derangement and insanity, has been ably and correctly drawn by my late relative *, in his examination before a Committee of the House of Commons.†

He says, “ In *delirium*, the mind is actively employed upon past impressions, upon objects and former scenes, which rapidly pass in succession before the mind, resembling in that case, a person talking in his sleep; there is also a considerable disturbance in the general constitution, great restlessness, great want of sleep, and a total unconsciousness of surrounding objects. In *insanity*, there may be little or no disturbance apparently in the general constitution, the mind is occupied upon some fixed assumed idea, to the truth of which it will pertinaciously adhere, in opposition to the plainest evidence of its falsity; and the individual is always acting

* Dr. Robert Darling Willis.

† Vide Report, Dec. 17. 1810.

“ upon that false impression. In insanity, also, the
“ mind is awake to objects which are present. Tak-
“ ing insanity, therefore, and delirium, as two points,
“ I would place *derangement of mind* somewhere be-
“ tween them.”

It will be evident from this definition, that delirium is distinct from insanity, neither can there be any difficulty in distinguishing delirium from mental derangement; because an unconsciousness of surrounding objects, together with much mental and bodily disturbance, are the characteristic symptoms of the former. But the greatest caution is sometimes necessary in distinguishing mental derangement from insanity. The characteristic symptoms of insanity are a firm belief in an assumed idea, upon which the patient is always acting, without any apparent bodily disease. In mental derangement there is also a firm belief in an assumed idea, upon which the patient is continually acting, but with this difference, that it is always accompanied with bodily disease.

I shall now endeavour to represent the high state of mental derangement in its worst degree, because the principle which I shall hereafter lay down for the cure of a case of the greatest danger will be equally applicable to those of a milder nature, where no danger exists.

The late celebrated Dr. Monro, whose fame was established by the superiority of his skill and success

in disorders of the mind, has represented the first symptoms of this high state so well, in a treatise written by him in answer to Dr. Battie, that I shall give his description of them:—“ High spirits, as they are
“ generally termed, are the first symptoms of this
“ kind of disorder; these excite a man to take a
“ larger quantity of wine than usual; for those who
“ have fallen under my observation in this particular
“ have naturally been very sober, and the person thus
“ afflicted, from being abstemious, reserved, and modest, shall become quite the contrary, drink freely,
“ talk wildly, obscenely, swear, sit up till midnight,
“ sleep little, rise suddenly from bed, go out a hunting, return again immediately, set all his servants
“ to work, and employ five times the number that is
“ necessary; in short, every thing he does or says
“ betrays the most violent agitation of mind, which
“ it is not in his own power to correct; and yet, in
“ the midst of all this hurry, he will not misplace
“ one word, or give the least reason for any one to
“ suppose he imagines things to exist, that really do
“ not, or that they appear to him different from what
“ they do to other people. They who see him but
“ seldom admire his vivacity, are pleased with his
“ sallies of wit, and the sagacity of his remarks, nay,
“ his own family are with difficulty persuaded to take
“ proper care of him, until it becomes absolutely ne-

“cessary from the apparent ruin of his health and
“fortune.”*

This picture is evidently taken from the acts of a man of property, whose establishment was large, and who was fond of field sports. Had he been of a literary turn, and in possession of a good library, he would probably have been occupied in arranging it; an endless task! for it would no sooner have been completed, if that had ever happened, but he would have been dissatisfied with it, and begun *de novo*. A tradesman in the state here described might have been ordering in goods of every body he met with, and in much larger quantities than he really wanted; many, probably, that were useless to him; or he might have been for ever settling his accounts, and never finishing them.

These symptoms are only a prelude to others much worse. They differ according to the occupations of the individual; but whatsoever his employment may be, his actions and expressions are always characterised by unusual hurry and bustle. After a continuance of this perturbed state of mind, conversation becomes distressing and irritating; his ideas more and more confused; his relations appear unkind in their behaviour towards him; their countenances, actions, and expressions, are all in his conception quite

* Vide page 7. Remarks on Dr. Battie's Treatise on Madness, by John Monro, M. D.

changed. To those whom he most loved, he now has an utter aversion. During this state of his mind, derangement commences. The unfortunate man takes up a firm belief in an assumed or visionary idea, which may frequently be traced to something that had engaged his attention at the early period of his illness.

To constitute derangement of mind, his aberrations must be attended with bodily indisposition. If the latter be not apparent, the chance of cure is hereby diminished; the case then partaking more of insanity than derangement. If, on the other hand, the symptoms of bodily indisposition increase, delirium ensues; and then the patient “ begins to rave, and talk wildly
“ and incoherently; swears, as if in the most violent
“ rage; and then immediately after, bursts out into fits
“ of laughter; talks obscenely, directs offensive and con-
“ temptuous language against his relations and those
“ around him; spits at them; destroys every thing that
“ comes in his way; emits loud and discordant screams,
“ and continues in this way till he is quite exhausted.
“ The state of rest which follows is generally short
“ and sleepless; the patient is obstinate, will not speak
“ one word; clenches his teeth if any thing is offered
“ him to swallow; or else, with a degree of cunning,
“ he pretends to drink a little; but immediately
“ squirts it out again on the person who offered it.
“ At once, however, he again breaks out into all the
“ wild and extravagant language and actions he com-

“mitted before. If kept in strict coercion, he has
“often so much command over himself as to behave
“mildly and modestly; and were it not for the gene-
“ral expression of his countenance, and the peculiar
“glistening appearance and rapid movement of his
“eyes, he might impose on many of the bye-standers,
“and make them imagine that the state of frenzy
“was over.”*

This is by no means an exaggerated representation. The symptoms of the complaint may vary in every individual. In some, the irritation is never so great as to end in delirium. When it does, the paroxysm continues for a longer or shorter period in different cases; in some instances, for only a few minutes; in others, the patients talk incessantly, for twenty, thirty, forty, or fifty hours, and then cease, apparently from exhaustion. After an hour's rest, they begin again more violently than ever, particularly if they should have fallen asleep; for this scarcely ever benefits the mind at first, but only recruits the body, enabling the patients to exert themselves with still greater vigour. During this state, we find, that women are more prone than men to talk obscenely; the most modest of them will utter the most indecent expressions. This circumstance, even Shakspeare has noticed in his

* Vide vol. i. p. 160. An Enquiry into the Nature and Origin of Mental Derangement, by Alexander Crichton, M.D.

character of Ophelia.* Many exhibit talents which they do not possess when in health; and which, being foreign to their disposition, gradually forsake them at the approach of convalescence.

So far these symptoms may appear to indicate a great disturbance of the mental faculties alone, therefore requiring solely moral remedies and soothing measures. Notwithstanding which, it is to be feared, that this state would proceed to insanity, unless prevented by timely and skilful remedies, applied more to the body than the mind, for these cases have their beginning from some irregularity in the body, to which the applications must principally be made in order to insure success.

Upon entering the room of a patient in this state, the first striking symptom is his irritability. He appears incapable of remaining one moment in the same posture, or confining his attention to one thing. This restlessness may proceed to extreme violence. If he continues in his chair for a time, he turns from side to side, puts his hand to his head, picks his fingers, takes up any thing that is near him, puts it down again directly. As this irritable state increases, he breaks every thing that comes in his way, resists all advice as well as control; more especially, if it be attempted by any of his own family or servants. The next striking symptom is the coun-

* Hamlet, Act iv.

tenance; and more particularly the eyes. The former is usually mottled and bloated, like that of a man given to drinking; and the latter are sometimes terrific, even to those accustomed to the sight of such patients. The upper eye-lid is much elevated, showing the tunica albuginea, which is of any other colour but white. The pupils are much dilated, the eyes glisten, and together with the eyelids are in continual motion. The effect on the countenance of such a patient will be mostly sufficient to give a correct idea of his health, both in body and mind. The head, if not in pain, is attended with an unusual sensation. The pulse varies; but it generally keeps pace with the irritability. A white and tremulous tongue, similar to what occurs in hysteria, with dry lips, which may become furred, brown, and black, usually accompany the high state of mental derangement. Thirst, however, is not always complained of, but salivation not unfrequently occurs. In some instances, saliva is secreted in such quantities as to run from the mouth like clear water. In others it is peculiarly white and frothy, and dries upon the teeth and lips, forming *sordes*. The temperature of the body varies very much, the head is frequently extremely hot, whilst the feet, hands, and fingers are as cold as marble. In some, the whole skin is dry and harsh; in others, the perspirations are partial, cold, and clammy. The patient

seems to experience great distress in the præcordia, the respiration is hurried and unequal, the breath very hot, and often offensive. He does not desire food, but will eat and drink voraciously if any thing be given him; he is incapable of discriminating between one taste and another.

Upon administering medicine, a complete change will be found to have taken place in the sensations of the body. The stomach is insensible to a common emetic; and the bowels, which are mostly confined, refuse to answer the usual doses of purgative medicines. A blister produces very little pain and a trifling discharge. The evacuations pass insensibly, and the body is not susceptible of heat or cold. In short, every organ will be found more or less disordered, and the natural sense of feeling throughout the frame perverted.

CHAP. III.

ON THE REMOTE AND PROXIMATE CAUSES OF THE HIGH STATE.

BEFORE I can enter upon the method of treatment in the high state of mental derangement, as described in the last chapter, it is necessary to take into consideration both its remote and proximate causes.

1st. As to its remote causes.

Dr. Hallaran has drawn, what he calls, a practical distinction between that species of the disorder, which may evidently be referred to mental causes, styled by him mental insanity, and that which proceeds from bodily disease. "In the mode of cure," he says, "I would argue the necessity of the most cautious attention to this important distinction, lest, as I have often known to be the case, the malady of the mind, which is, for the most part, to be treated on moral principles, should be subjected to the operation of agents altogether foreign to the purpose, and that the other of the body, arising from direct injury to one or more of the vital organs, may escape the advantages of approved remedies."* In support of this dis-

* Vide (p. 1. and 2.) An Enquiry into the Causes producing the extraordinary Addition to the Number of the Insane, together with extended Observations on the Cure of Insanity. By William Saunders Hallaran, M. D.

tion, Dr. Hallaran has brought forward two great causes of this disorder essentially differing from each other :

1st. An enervated constitution, arising from the use of ardent spirits or other improprieties, he has established as one cause that may ultimately produce insanity.

2d. A mind worked upon by zealously entering into popular and political dissensions, he has described as another cause.

I cannot but differ widely from Dr. Hallaran in his practical distinction ; for, whether the disorder is produced by causes, that immediately affect the mind, as disappointed ambition and loss of fortune, or those that act primarily on the body, (such as excess in drinking, and other sensual desires,) the disorder, when produced, is identically the same, owing its origin to disease of the body, which is to be cured by means more immediately applied to, and acting upon, the body. It does not follow that every man who loses his fortune or meets with disappointment is to become deranged ; but, if either of these circumstances operate so powerfully upon the mind as to cause sleepless nights for any length of time together, the body necessarily suffers for want of its natural rest, and the health is hereby as much disordered as it would be after spending many nights in continued intoxication. In both these examples, the sufferers

are rendered incapable of attending to business; they alike become confused, restless, and irritable, and liable to be deranged, which refreshing sleep, in both cases, at an early period, might prevent. An attempt to cure such, however, by remedies which act solely on the mind, would be altogether vain. Were we to shut a deranged man up in a room, allow him no exercise, give him no medicine, and thus make no use of bodily applications, but of arguments and mere mental amusements, we should clearly leave the more effectual remedies untried.

That Dr. Hallaran's distinction did not lead to much practical good may be inferred from his own words; for, when speaking of the cases produced by terror and disappointed ambition, he says, "Sad to relate, but few of either of them have been permitted to witness the present decided proof of their temerity and improvidence."*

In order to be more particular with respect to the remote causes of this complaint, I think they may be divided thus, into two kinds: —

1st. Into those which act primarily upon the body.

* Vide Hallaran, p. 13.

2d. Into those which act also upon the body, but primarily upon the mind.

1st. Whatever acts so powerfully upon the body as to deprive it of its necessary rest and support, may, as we have remarked before, also weaken the mind, and render it incapable of attention, till, at last, confusion and misconception arise. Among such causes may be mentioned excess in drinking, typhus, continued, puerperal, and intermittent fevers, hysterical affections, copious blood-letting, a long course of mercury, especially in an irritable constitution, and frequent doses of opium. For these all tend to enervate the body.

2d. Every thing which, by its powerful effect upon the mind in the first instance, deprives the body of its natural rest, or by the suddenness of its application suppresses or excites the usual evacuations, may produce the same disease. Among these, might be enumerated the passions of the mind; sudden news, good or bad; enthusiasm in all popular commotions, and its consequences, as were evinced by the rebellion in Ireland (to which Dr. Hallaran alludes in the passage just quoted from him), and the revolution in France. In short, whether the mind or body be first affected, bodily disease takes place previous to any mental derangement.

As a strong illustration of the malady produced by a cause acting primarily on the body, I shall adduce the

following case of Charles Lynn, who had lived from his childhood in unceasing friendship with Abraham Hogg. They were both employed at a distillery, where they had the opportunity of indulging freely in spirituous liquors, from which Lynn, not being able to refrain, greatly undermined his constitution. From being happy in his situation, and attentive to his business, he became discontented, restless, and exceedingly hurried in his behaviour. He grew suspicious; fancied his fellow-workmen scoffed at, and ridiculed him; and so thoroughly impressed did he at length become with the conviction that they intended him some bodily harm, that he determined to leave his situation, and seek another at some distance; for this purpose, notwithstanding the entreaties and remonstrances of his family, he left his home under great excitement, taking with him only a small bundle of linen and an old gun. His friend, who had never been separated from him, and who had often heard him exclaim "that he should go mad" if he remained at the distillery, observing the unsettled state of his mind, unhappily, determined to accompany him as a protector. They had been but a few moments seated on the Liverpool coach, when Lynn began to be as suspicious of his fellow-travellers as he had been of his former companions; but, more particularly, of two sailors, who invited him to partake of their grog; and upon hearing them remark

to each other "we shall do him,"—meaning, "we shall make him tipsy," and not as, in his bewildered state, he was led to believe, "we will kill him,"—he became considerably alarmed; and, as he subsequently told me, secretly opened his knife with the intention of stabbing them, but from which he was fortunately diverted by the arrival of the coach at a public-house in Brickhill, where he got off, resolutely refusing to proceed a step further, although he had paid his fare to Liverpool. During the evening it was rumoured in the village that the body of a noted character lately deceased had been carried away by the Resurrection men. This tale so terrified him that, without a thought for his friend, he rushed out of the house, and sought protection at a neighbouring one, where the landlord, supposing him to be intoxicated, locked him up in a room alone. On the following morning the friends met; and, when the Liverpool coach arrived from London, they proceeded on their journey; but they had not travelled five miles, when Lynn was observed to become exceedingly restless, rising continually from his seat, until at length he suddenly threw his gun from the coach, sprung off himself, and took to his heels. He now thought he saw men dressed in smock-frocks crouching down under the hedges, and fancied he heard successive shots fired at him; converting several sheep, which were feeding by the road-side,

and the strokes of a woodman's axe, into the objects of his alarm. So persuaded, indeed, was he that there was a conspiracy to obtain his body for dissection, that when his friend overtook him, he considered him to be in league with the rest, and was heard to demand, as he passed a blacksmith's shop, "What do you expect for your share?" and, shortly after, the woodman's attention was arrested by a loud shriek, who, on running to the spot, saw Lynn furiously battering the body of his friend, whose brains he had dashed out with the but-end of his gun. Lynn, seeing the woodman approach, and, supposing him to be another plotter against his life, called out, "Blood money! you'd take your own father's life for sixpence!" This tragic event caused a great sensation in Aylesbury, where he was tried, and acquitted on the ground of insanity. It was believed by many that Lynn and Hogg had committed a robbery, and had quarrelled about the booty. Such an unfavourable feeling had been excited on the subject, that it was with some difficulty persons could be prevailed upon to believe that Lynn's expressions had reference solely to what was passing in his own mind, viz. the delusion, that a conspiracy existed to procure his body, and sell it to the surgeons for dissection, to prevent which he determined most resolutely to defend himself.

This case shows the insidious nature of the complaint; the presentiment of its approach, which is not uncommon; the restlessness and unsettled state of mind which usually occurs at the commencement; the suspicion that succeeds respecting the behaviour of others; and, lastly, a firm belief in an erroneous impression which wholly influences the conduct.

As an example of the disorder where the mind was first affected, though the bodily health became ultimately greatly deranged, I shall introduce Lear, who is represented by Shakspeare as having lost his reason on account of the ill behaviour of his daughters. Ingratitude naturally, and very justly, excited his anger. In speaking to his daughter Goneril, who, with a hope of increasing her own dowry, wished him to diminish the number of his household, and lessen his dignity as a king, he exclaims, —

“Darkness and devils!

“Detested kite! blasts and fogs upon thee!

“The untented woundings of a father’s curse

“Pierce every sense about thee!”

A shock of the whole frame must necessarily be expected to succeed to the violence of passion like this. It may well be supposed that Lear felt something extraordinary, so as to impress him with a presentiment, a consciousness that he should lose his reason, or

why does he afterwards thus feelingly express himself? —

“Oh, let me not be mad! not mad, sweet heaven!

“Keep me in temper: I would not be mad.”

The violence of Lear's anger in this instance, and in others equally strong, shows that his daughter's conduct had stung him to the quick, and had so enraged him, that his mind became ungovernable. Similar causes will, more or less, produce similar effects on all. Such mental disturbance cannot take place without occasioning a corresponding one in the body. But, though passion and anger are in this example of Lear at the height, no derangement has yet taken place. When he is shut out in the storm, we have another instance of his violence. He thus breaks out against the ingratitude of his daughters: —

“Blow, winds, and crack your cheeks; rage, blow:

“Crack nature's moulds.”

And again,

“I tax not you, you elements, with unkindness:

“I never gave you kingdoms, called you children.”

Under such paroxysms of passion, the poet well knew that neither mind nor body could continue any length of time in a rational and sound state. Lear,

accordingly, we observe, begins to be confused and incapable of connecting his ideas.

“My wits begin to turn.”

The alteration of feeling which appears previous to the derangement is also noticed by Shakspeare, as well as the incompatibility of the mind and body to be both equally alive to strong impressions at one and the same time.

Lear says to Kent, —

“Thou think'st 'tis much, that this contentious storm
 “Invades us to the skin; so 'tis to thee:
 “But where the greater malady is fix'd,
 “The lesser is scarce felt. Thou'dst shun a bear;
 “But if thy flight lay toward the raging sea,
 “Thou'dst meet the bear i' the mouth. When the mind's
 free,
 “The body's delicate: the tempest in my mind
 “Doth from my senses take all feeling else,
 “Save what beats there — filial ingratitude!”

In another part he says, —

“We are not ourselves,
 “When nature, being oppress'd, commands the mind
 “To suffer with the body.”

The ingratitude of his daughters continues uppermost in his mind; hence he is incessantly thinking and acting upon this one impression. We plainly

see, that to the shock first received by his mind, thence strongly affecting the body, is to be attributed the derangement which succeeds. Having appointed the Fool, Edgar, and Kent as his advocates, he proceeds, as he imagines, to bring his daughters to trial, exclaiming, —

“I'll see their trial first; bring in the evidence.
“Arraign her first; 'tis Goneril.”

As his disorder increases, delirium ensues; he talks wildly and incoherently, his mind being no longer confined to this particular subject, but actively employed upon many, which rapidly succeed each other. He is represented in this state, fantastically dressed up with flowers.

The poet, instead of supposing this an incurable malady, as some have conjectured, from the words in Macbeth, —

“Canst thou not minister to a mind diseased?”

has pointed out the necessity of seizing Lear before he is exhausted by the paroxysm: —

“*Cord.* Seek, seek for him,
“Lest his ungovern'd rage dissolve the life
“That wants the means to lead it.”

He has even laid down the principle upon which his

recovery is to be brought about, making the physician say,—

“ Our foster-nurse of nature is repose,
 “ The which he lacks ; that to provoke in him,
 “ Are many simples operative, whose power
 “ Will close the eye of anguish.”

Lear is proceeding favourably,—

“ *Phys.* Be comforted, good madam, the great rage,
 “ You see, is cured in him,”—

when the death of Cordelia, towards whom he had himself acted so harshly, is such a blow to a frame already worn out with disease, that he is unable to survive it. Had he not, however, been recovered from his state of frenzy, previous to the death of his daughter, that event would have made no impression on his deranged mind. It would have passed unheeded, and unfelt by him ; for his mind, under its delusion, was rendered incapable of any sober reflection. But, being restored by remedies, necessary to the body, “ Rest,” as the poet says, having “ balmed his broken senses,” and Lear having regained the natural feelings of a father, to the force of these, his frame being exhausted, he falls a sacrifice.

The proximate cause of the disorder, however, as far as it can be ascertained, appears of much greater im-

portance than the remote one; for it is to the removal of the former that our remedies are to be directed.

Those who contend that this complaint is exclusively a mental one, are not aware of any change in the health of the body, upon which it may depend; consequently, they can see no reason for the application of medical means. They vainly hope to remove, by reason and argument, what is principally to be effected by medicine. Those, again, who acknowledge that bodily disease is the cause, are at variance as to the nature of that disease. Dr. Cullen, as I have already shown, supposes it to depend upon a peculiar state of the nervous system: this likewise seems to be the opinion of Dr. Crichton*; for he says, “Upon the whole, I conclude that the delirium of
“maniacs, when it has the peculiar character of that
“which has been described, always arises from a
“specific diseased action of those fine vessels that
“secrete the nervous fluid of the brain.” Mr. Hill speaks to the same effect.† But Drs. Arnold, Cox, and Mayo, conceive a determination of blood to the brain, or an increased activity in its vessels, to be the proximate cause. “We are led,” says Dr. Arnold, “by a knowledge of this cause to very useful and
“important practical conclusions, and directed to a

* Vide Crichton, vol. i. p. 174.

† Hill on Insanity, p. 131.

“ rational method of cure ; since it points out to us
“ the great advantage which we may expect to derive
“ from evacuations, in almost every recent and violent
“ case of insanity ; and especially from topical evacu-
“ ations from the head, and from such other means
“ as can in any way divert the impetus of the blood
“ from the vessels of the brain, and abate their preter-
“ natural activity.”*

In proof of this theory and the efficacy of this treatment, what is brought forward ? A multiplicity of dissections, showing turgid blood-vessels, water effused into the ventricles of the brain, and thickening of its membranes ; one or other of which may be found every day in the brain of those persons who never were insane. Dr. Cox informs us, “ that in the ma-
“ jority of maniacal persons that have been opened
“ after death, more or less organic injury of the brain
“ has been discovered, and that the said organic injury
“ seems to be, for the most part, the consequence of
“ an inordinate determination of blood to the head ;
“ a fact,” he adds, “ of extreme importance in a
“ curative point of view.” † “ I know no collection
“ of appearances,” says Dr. Mayo, “ obtained by dis-

* Vide (vol. ii. p. 227.) Observations on the Nature, Kinds, Causes, and Prevention of Insanity, by Thomas Arnold, M.D.

† Vide (p. 29.) Practical Observations on Insanity, by Joseph Mason Cox, M.D.

“ section from the heads of insane persons, that can
“ be compared in accuracy and detail with the cases
“ of Mr. J. Haslam. These dissections illustrate
“ very fully the increase of action connected with this
“ disease, as well as the prolonged and continuous
“ nature of such vascular excitation.”*

That those symptoms which are usually termed symptoms of a preternatural activity, or an increased action of the vessels of the brain, such as pain and sense of fulness in the head, flushed cheeks, suffused eyes, and dilated pupils, are mostly present in those cases where delirium or derangement occur, I readily admit; that upon an examination after death, we find a turgescence of the blood-vessels, and much other deviation from the healthy state, I also admit; but that these, either separately or conjunctively, are the causes of the delirium, I should deem improbable. Does a hot skin, for example, produce a pain in the head? a pain in the head, a thirst? or a thirst, a quick pulse? All these bespeak a general affection of the constitution; confusion of ideas, derangement, and delirium, are also symptoms which mark an increased disorder of the system.

Does any one attribute the delirium of a drunken man to his quick pulse? his flushed cheeks? or glistening eyes? or imagine his death (knowing him to

* Vide (p. 12.) Remarks on Insanity, by Thomas Mayo, B.M.

have drank an immoderate quantity of spirits) to be caused by a turgescence of the vessels in his brain? Were we to starve a man to death, the brain must necessarily undergo some alteration; but would it be consistent in us to attribute his death to that alteration, when both the one and the other will admit of a much more rational explanation?

Of these different opinions, I apprehend that of Dr. Cullen to be nearest the truth; which supposes that a peculiar state of the nervous system is the proximate cause. In proof of this opinion, I shall not go into the dissecting room, and examine, whether a brain is hard or soft, dry or moist, loaded with blood or otherwise; because, having ascertained this, I should then have to learn, which of these conditions is best adapted to a sound mind; which of them is a cause, and which an effect, of derangement; and by what applications these states or conditions could be altered or improved.

Necessary as it certainly is for a physician to examine the dead body, and to make himself acquainted with the anatomy of the human frame, how much more requisite is it for him to acquire a knowledge of the living body and of its disordered functions, an attention to which can alone materially tend to any practical good. Dissection may lay open to his view many unhealthy appearances; but can it explain to him why ipecacuanha sickens, or aloes purge; why

wine intoxicates, or death follows starvation? or can it assist him in preventing these effects? Such information can surely never be obtained from a dead body. In confirmation, therefore, of the opinion of Dr. Cullen, I shall refer to the remarks I have previously advanced, as well as to the history and progress of the disorder, and shall conclude this chapter, by inquiring (in the very sensible words of an author before alluded to) whether it is perfectly reasonable to look for “such appearances as are entitled to be considered causes of a disease, which has been acknowledged to be so intimately connected as to its proximate cause with the state of the vital principle, when that principle is for ever departed?”*

* Hill, p. 153.

CHAP. IV.

ON THE CURE OF THE HIGH STATE. — ITS IDENTITY WITH
THE PHRENITIS OF THE ANCIENTS.

SINCE I have endeavoured to demonstrate that we are indebted to the nerves, as the agents through which our senses are imparted, I know not to what we can more reasonably attribute this disease, than to their disordered and unnatural state. It is upon this supposition that I proceed to the examination of the method of treatment usually recommended and adopted for the cure of a patient. In doing which I shall consider,

- 1st. THE PRESERVATION OF HIS LIFE.
- 2d. HIS IRRITABILITY.
- 3d. HIS GENERAL HEALTH.
- 4th. HIS MENTAL DISORDER.

My arrangement may appear strange to those who are not very conversant with this complaint, and who regard the mental affection as alone, and immediately demanding our assistance. But, looking upon this as a consequence of the disordered functions of the body, the necessity of first restoring the latter

will soon become evident. To what purpose should we reason with a drunken man? or attempt, by the most persuasive arguments, to change his ideas, however erroneous? A person in his sound senses we have seen cannot give his attention to the most trifling subjects, while labouring under bodily pain, or until the mental suffering, that accompanies that pain, is removed, and the mind becomes composed. How then can we expect a man, whose mind is deranged, to listen to our arguments? Again, an attempt to persuade a man, whose restlessness is such, that he cannot keep still for one moment, to compose himself and divert his mind, by reading, or by playing at some amusing game, is useless, until the irritability of his constitution be first diminished. Lastly, as this excessive irritability, which is a constant attendant on this state of the disorder, is continually tending to wear out the constitution, the life of the patient must claim our earliest attention. In many cases there is not the least danger of death, but in very many the danger is most imminent. This generally will be in proportion to the existing irritability. The patient who, naturally weak when in health, can now resist the force of two or three men, break from his confinement, and talk incessantly day and night, with a voice ten times louder than usual—such a patient, whatever his bodily symptoms may be, is in the greatest danger. Death, in fact, during

this unnatural state of exertion, is to be momentarily apprehended from exhaustion. But if to relieve this state, we employ means which tend to debilitate the constitution, how much greater reason have we to expect a fatal result!

Remedies which have a powerful tendency to weaken the body are sometimes, I fear, in the worst cases of delirium, unskilfully resorted to; whether the patient be old or young, strong or weak, whether labouring under the high or low state of this disorder, it is deemed a case for the lancet, or for cupping, and (erroneously I am persuaded) blood is copiously drawn from the patient. The advice of some authors concerning these measures betrays much inconsistency. While they extol blood-letting as most beneficial in the cure, nay, even as essential to the safety of a patient, they, at the same time, very forcibly demonstrate its impropriety and mischievous tendency; they show, in fact, that the nature of the complaint forbids its use.

“Bleeding to any great extent,” says Dr. Hallaran, “does not often seem to be desirable, and except in recent cases, does not even appear to be admissible. Unless, therefore, in young persons where the pulse stands at from 96 to 100, with a white tongue, hot skin, and suffused eye, it should not be resorted to. When these appearances are present, it will undoubtedly be found expedient, if not essential to the

“ SAFETY of a patient. But *the great tendency in all cases of insanity to change their type and form, the great inequality of the circulation, and the subsequent torpor even of the arterial action, accompanied at times with excessive debility in the most acute cases,* would establish the propriety of looking carefully for the unequivocal appearances, which would alone give a sanction to this antimaniacal remedy.”*

“ Where the patient is strong,” observes Dr. Haslam, “ and of a plethoric habit, and where the disorder has not been of any long continuance, bleeding has been found of considerable advantage, and, as far as I have yet observed, is the MOST BENEFICIAL REMEDY that has been employed. The melancholic cases have been equally relieved with the maniacal, by this mode of treatment. When the raving paroxysm has continued for a considerable time, and the scalp has become unusually flaccid, or where a *stupid state* has succeeded to violence of considerable duration, no benefit has been derived from bleeding; *indeed these states are generally attended by a degree of bodily weakness sufficient to prohibit such practice, independently of other considerations.*”†

“ As attended,” says Dr. Mayo, “ by increased

* Hallaran, page 50.

† Observations on Madness and Melancholy, by John Haslam, p. 313. Hill on Insanity, p. 65.

“ activity in the circulation of the brain, *mania* ap-
 “ pears to require DEPLETORY TREATMENT.—The
 “ approach of a paroxysm is notified by the eye, the
 “ pulse, the carotids, the flushing of the face, the
 “ augmented diurnal exacerbations of the patient;
 “ finally, by mental symptoms. Often in this dis-
 “ ease, as in apoplexy, the mental faculties seem to
 “ obtain activity, if not correctness, for a short period
 “ previous to the attack. A paroxysm is throughout
 “ to be resisted by medical means; but those adopted
 “ while it is impending seem most effectual to deter-
 “ mine its magnitude. On the question of depletion
 “ during the paroxysm, there are contra-indicants to
 “ be considered. *The patient is in danger from ex-*
 “ *haustion. Depletion has a direct effect in weakening*
 “ *him, AN INDIRECT EFFECT IN PREVENTING HIS*
 “ WEAKNESS by lessening excitation. These views
 “ are important, and render it very difficult to seize
 “ the point to which depletion may be carried during
 “ the paroxysm.”—“ Our means of cure may be
 “ briefly enumerated: they consist of occasional cup-
 “ ping or bleeding, of the use of issues or setons, of
 “ *continued* purgation, of nauseating medicines; finally,
 “ of the class of sudorific and refrigerant medicines.”*

The preceding extracts all concur in representing the liability of this disease to terminate fatally from

* Mayo, chap. 3.

exhaustion, independently of the use of such means as are AVOWEDLY calculated to hasten this end. Is it not then surprising, that they who are sensible of the evil consequences of venesection should still recommend it, and thus mislead those who have not the same opportunities of judging of its effects? “It is “an undoubted truth,” says Mr. Hill, “that in fifty “maniacs labouring under the highest degree of the “sthenic form, not more than from seven to ten of “them will require this most powerful means of re- “duction of the vital power; and let it never be for- “gotten, that *sudden* and profuse bleeding is always “(even in this form, however furious) highly dan- “gerous, and *never* necessary.”* “It frequently “happens,” says Monsieur Pinel, “that bleeding, “practised as it is without rule or bounds, is found “to exasperate the complaint, and to cause periodical “and curable mania to degenerate into dementia or “idiotism.”† Again, he says,

“What are we to think of the practice of repeated “blood-letting, which is so universally the fashion of “the present day, without attention to the distinctions “of the exciting causes, the varieties of sex or of indi- “vidual constitution, and the different species and “periods of the complaint? Let not the results of

* Hill, p. 287.

† Treatise on Insanity, by Ph. Pinel, translated by D. D. Davis, M. D. p. 252.

“ experience and observation be confounded with the
 “ errors of a doctrine, depending for its support upon
 “ prejudices, hypotheses, pedantry, ignorance, and
 “ the authority of celebrated names.”*

I should feel less confidence in questioning the propriety of this practice had I not the sanction of some eminent physicians of old †, and were I not in-

* Vide Pinel, p. 220.

† Sydenham, in his book on Intermittent Fevers, mentions a peculiar mania, sui generis, which would not yield to any kind of evacuants, and observes, that if patients survive a repetition of such measures, they most assuredly sink into an incurable fatuity : his words are,

Quamquam licet hic loci non contemnendum symptomatis genus referre, quod non tantum purgationibus, et evacuationibus aliis quibuscumque, venæ-sectioni præsertim, cedere dedignatur, verum et ab illis vires sibi acquirit. Illud autem peculiaris quædam est, ac sui generis *mania*, intermittentes diuturniores (quartanas præcipue) nonnunquam excipiens; quæ communem medicandi rationem aspernatur, et post evacuationes fortiores adhibitæ, in miseram quamdam *stultitiam* degenerans, non nisi cum ipsa *ægrorum vita terminatur*. Miratusque sæpenumero sum, nullam hujus rei mentionem ab auctoribus factam fuisse, quum non raro accidisse viderim. Cum reliquæ amentię species copiosis evacuationibus, et venæ-sectione, et catharsi, ut plurimum persanentur; *hæc neutram potest ferre*. Sed cum jam æger in sanitatis limine est, si vel enema ex lacte saccharato semel injeceris, statim de novo recrudescet malum. Et si reiteratis purgationibus, venæ-sectioneque, contranitamur, ejusmodi evacuationes morbi quidem ferociam possunt domare, *ægrum vero certissime, non tantum fatuum sed et incurabilem omnino reddent*. — Opera Univers. Thos. Sydenham. sect. prima, cap. v. p. 101.

debted to the experience and example of my relatives, whose success in the cure of these disorders arose from their decided conviction of the danger of the lancet, and from a thorough reliance on the salutary expediency of a very different practice, in those especial cases of delirium and derangement *cum febre*, which are the subjects of this treatise.

The ancients have accurately described the symptoms of this disorder, under the title of phrenitis.*

* Incipiam ab insania, primamque hujus ipsius partem aggrediar, quæ et acuta, et in febre est. Græci φρενίτιν appellant.

* * * * *

Phrenitis vero tum demum est, cum continua dementia esse incipit; aut cum æger, quamvis adhuc sapiat, tamen quasdam vanas imagines accipit; perfecta est, ubi mens illis imaginibus addicta est. Ejus autem plura genera sunt: siquidem ex phreniticis, alii hilares, alii tristes sunt: alii facilius continentur, et intra verba desipiunt; alii insurgunt, et violenter quædam manu faciunt; atque ex his ipsis, alii nihil nisi impetu peccant, alii etiam artes adhibent summamque speciem sanitatis in captandis malorum operum occasionibus præbent; sed exitu deprehenduntur. — Celsus, lib. iii. cap. 18.

Itaque *phrenitidis ratio formalis* in eo consistere videtur, quòd spiritus animales, imprimis in toto *cerebro*, plurimum irritati, in motus inordinatos, et valdè confusos, simulque impetuosos adigantur; proinde ut functionis cujusque animalis actus depraventur, et variè pervertantur; rerum ideæ simul plurimæ, è memoria suscitatae, veteres cum novis, aliæque aliis malè conjunctæ, aut divisæ mirè confundantur; phantasmata multiplicia, et penè innumera, eaque tantum incongrua, imaginatio suggerat;

Being well acquainted with its nature, they considered blood-letting as dangerous in the treatment of it. They have, it is true, recommended this remedy; but they have qualified their advice, by warning us to be careful how we resort to it, even in the early stage of the disease; “patients,” they observe, “are liable suddenly to sink.”*

sensibilium species distortas, duplicatas, aut incohærentes *sensorium commune* repræsentat; hinc ut mens et voluntas conceptus, et passiones non nisi ridiculas et impertinentes eliciant, atque corporis actiones ferè tantum irregulares edi faciant. Porro non tantum in *cerebro* sed etiam in *cerebello*, et ubique in *nervoso genere* spiritus, velut æstro perciti, tumultuantur; quare *phrenitici* non solum delirè loquuntur, sed inæqualiter respirant, vociferantur, pugnos cedunt, manus et pedes jactant, quin et membra quæque viribus intensis cumque impetu validissimo exerunt; reverà ut tota videatur *anima* in toto corpore furiosa excandescere. et debacchari, seu potius *incendio correpta* inflammari. Et quidem phrenitis nullo modo aptiùs definiri potest, quam quod sit totius animæ sensitivæ, sive spirituum animalium quoad totam eorum hypostasin, phlogosis sive inflammatio. — Willis, cap. x. De Delirio et Phrenitide.

* Ἀτὰρ καὶ φλέβα τάμνων, μὴ πολλὸν ἀφαιρέειν, κῆν ἐν ἀρχῇ τάμνης, φρενίτις γὰρ εὐτρεπτον ἐς συγκοπὴν κακόν. — Aretæus, Θεραπεία φρενιτικῶν.

Quapropter sedulo cavendum est, ne dum catharsi, aut crebriori sanguinis missione morbum eradicare facessimus, *functionem vitalem* subito debilemus. — Willis, cap. x. De Delirio et Phrenitide.

Phlebotomandi autem disciplinam, vel magnitudini passionis moderationem faciendi congruam, libris quos *de specialibus adjuvatoriis* scripturi sumus, docebimus; *principaliter monentes ne usque ad animi defectum*, quem Græci *λειποθυμίαν* vocant, adju-

Aretæus and Trallianus have pronounced “wine to be most efficacious in mitigating the fury of a paroxysm, and promoting tranquil and refreshing sleep.”*

I am fully aware that this disease has been commonly supposed to be the *mania* of the ancients; and has, indeed, been treated of under that title by modern authors, who have written upon mental disorder. It is not improbable, therefore, that the opinion I have just advanced may be received with some hesitation; yet, I feel assured, that all, who will enter upon the examination attentively, will ultimately concur with me.

The HIGH state of mental derangement has been traced to be a disease of the nerves; and, as I have before stated, is characterized not only by a disturbance of the mental faculties, but also by great bodily indisposition, which is most observable in the *præcordia*; where the heart, lungs, and diaphragm are in a state of the utmost disorder. Hippocrates, in

torium intendere nitamur. Timendum enim hoc sæpe est accidens quod Græci σύμπτωμα vocant: quamvis enim in omnibus passionibus, si sit mortuosum, plus tamen in phreniticis afficitur malè præacta nervositas. — Cælius Aurelian, lib. i. cap. 10.

* “Αλκαρ μούνον ἐστὶ οἶνος, . . . κραταιὸς δὲ στηρίζαι δυνάμιν ἐς ζωὴν ἄριστος δὲ μειλίξαι θυμὸν ἐν παραφορῇ. — Aretæus, Θεραπεία φρενιτ.

Μεταβάλλει γὰρ (videlicet, οἶνος) αὐτῶν τὸν θυμὸν καὶ τὸ ἄγριον ἦθος εἰς εὐθυμίαν. ὕπνον τε φέρει.—Trallianus, περὶ φρενιτ.

his description of phrenitis, observes, “That patients
“suffer an excruciating pain in the region of the dia-
“phragm, that fever succeeds, and they lose their
“senses.”* “The nerves of phrenitic patients,” says
Aretæus, “are principally affected, the fever is con-
“tinual.”† “It is indeed very likely,” says Willis,
“that phrenitis is occasioned by an excitement of
“the spirits, rather than by an inflammation of the
“brain.”‡

Mania was evidently considered by the ancients
similar in some respects, and liable to be mistaken for
phrenitis; in their writings, therefore, we find them
“distinguished by the latter being always accom-
“panied with fever, while fever is never present in
“the former.”§ Aretæus has further shown the

* Φρενίτιδες . . . τὰς φρένας ἀλγέουσιν, ὥστε μὴ εἶσαι ἀν
ἄψασθαι, καὶ πῦρ ἦκει, καὶ ἐκφρονές εἰσι.—Hippocrates, De Morbis,
lib. iii.

† Οὐκ ἦκιστα δὲ τῶν ἄλλων τοῖσι φρενιτικοῖσι τὰ νεῦρα πονεῖ
. . . συνεχέες γὰρ τοῖσι φρενιτικοῖσι οἱ πυρετοί.—Aretæus,
Θεραπεία φρενιτικῶν.

‡ Certè verisimilius est phrenitida hoc ritu à spirituum
phlogosi, potiùs quam à meningum aut cerebri inflammatione,
excitari. — Willis, cap. x. De Delirio et Phrenitide.

§ Μανίης τρόποι, εἶδεσι μὲν μυρίοι, γένει δὲ μῶνος εἷς· ἔκστασις γάρ
ἐστι τὸ σύμπαν χρόνιος, ἀνευθεν πυρετοῦ.—Aretæus, περὶ μανίης.

Διορίσεις δὲ καὶ ἀπὸ τῶν μαινομένων τοὺς φρενιτικοὺς, ὅτι ἢ μὲν
μανία ἀνευ πυρετοῦ θεωρεῖται, ἢδε φρενίτις, ὡς εἰρήκαμεν, ἀεὶ μετὰ
πυρετοῦ.—Trallianus, περὶ φρενίτιδος.

Cum plures sint modi, quibus *imaginatio*, et per consequens
mens et voluntas, aliæque superioris animæ potentiae, perverti,

effect of this fever on the mind, thereby pointing out the same diagnosis between phrenitis and mania, which has been already given to distinguish derangement from insanity. "Phrenitic patients," says he, "are mistaken in their perception: they see objects which are not present, as if they were present; things invisible to others are conspicuous to them: maniacs are correct in their perception of things, but wrong in their judgment."* Galen, moreover, has classed this disease with those of the thorax, and not with those of the cranium, as is usual in the present day: he has likewise explained why the term phrenitis was adopted. "The ancients," he says, "named the lower part of the thorax φρένας, from observing that a derangement of the understanding occurred when the diaphragm was inflamed."†

aut depravari solent, illæ omnes communi *desipientiæ* vocabulo insigniuntur. Hæc autem affectio distinguitur in *breviorem*, quæ *delirium* appellatur; ac *longiorem* seu continuam, quæ aut febre conjuncta est, et dicitur *phrenitis*, vel sine febre contingit, eique aut *rabies*, aut *tristitia*, aut stupiditas adjungitur; proindeque in *maniam melancholiam* et μώρωσιν dividitur. —Willis, cap. xi. De Delirio et Phrenitide.

* Οἶδε μὲν γὰρ (silicet φρενιτικοὶ) παραισθάνονται, καὶ τὰ μὴ παρόντα ὁρέουσι δῆθεν ὡς παρόντα, καὶ τὰ μὴ φαινόμενα ἄλλω, κατ' ὄψιν ἰνδάλλεται; οἶδὲ μαινόμενοι ὁρέουσιν μόνως ὡς χρῆ ὀρῆν, οὐ γινώσκουσι δὲ περὶ αὐτέων, ἅς χρῆ γινώσκειν. —Aretæus, περὶ μανίης.

† Τὸν δὲ κάτω τοῦ θώρακος ὄρον, οἱ μὲν παλαιοὶ πάντες ὠνόμαζον φρένας, εἰθ' ἀπλῶς ἐπελθὼν αὐτοῖς, εἰθ' ὡς τινες οἶονται, διότι φλεγμαίνοντος αὐτοῦ βλάπτονται τὴν φρόνησιν οἱ κάμνοντες. . .

Although we suppose the brain to be more especially concerned in all the mental operations, it is to the region of the diaphragm that we still refer all painful and pleasurable sensations of the mind; it is in this region that the agony of grief, the pangs of disappointment, and the excess of joy, are so sensibly felt. Nothing, indeed, can operate strongly on the mind without in some degree disturbing the regularity of the functions of the viscera in this region: hence, in palpitation, syncope, sighing, sobbing, and convulsive laughter, which are all natural consequences of mental emotion, the heart, lungs, and diaphragm are more or less concerned.

This did not escape Shakspeare in his beautiful delineation of Lear's disorder; who, previous to his derangement, thus complains, —

“*Lear*. Oh, how this mother swells up toward my heart!

“*Hysterica passio!* ———

“Oh me! my heart! my rising heart!”

Whether, then, we look upon the disordered functions of the thoracic viscera as symptoms of bodily

Ἐπ' ἄλλω δ' οὐδενὶ μορίῳ τὸ διηνεκές ἐστὶ τῆς παραφροσύνης, ὅτι μὴ διαφράγματι μόνω. πλησίον γὰρ πῶς ἤκει τοῦ διηνεκοῦς, ὡς δι' αὐτὸ τούτο δοξασθῆναι τοῖς παλαιοῖς, ἐπὶ τῷ μορίῳ τούτῳ φλεγμαίνονται, γίνεσθαι φρενιτικοῦς, ὀνομάσαι τὲ φρένας αὐτὸ διὰ τὴν αὐτὴν ὑπόνοιαν ὡς καὶ τῷ φρονοῦντι μορίῳ συμβαλλόμενόν τι. — Galen, lib. v. De Locis Affectis

Willis, cap. x. De Delirio et Phrenitide.

disease, or consider the extraordinary quickness of the imagination, the wild association of ideas, and the unnatural volubility of language, which occur in this complaint, as marks of mental disturbance, what term, I would ask, could be found more appropriate to designate this disease, than the one adopted by the ancients, which comprises the acute disorder both of the body and mind?

Dissection has certainly disclosed, that turgescence of the vessels of the brain, and thickening of its membranes, take place in this complaint; hence, the effect has been confounded with the cause, and hence, phrenitis and inflammation of the brain* have

* Dr. Sutton has noticed this error in the description he has given of the disease, under the suitable appellation of *Delirium Tremens*.

“But the disease,” says he, “termed idiopathic phrenitis, has been generally considered to be of the inflammatory kind, and most frequently to consist of active inflammation of the brain, attended with fever; and therefore to require the most powerful antiphlogistic remedies, such as copious blood-letting, active purgatives, vesicatories, &c. The investigations of anatomists have supplied us with numerous instances of the state of the brain under this disease, which have disposed the profession to entertain not only the most serious apprehensions for the event of such cases, but have stamped a confirmation on the practice which has been for many years pursued. Nevertheless, upon however strong a foundation this practice may appear to rest, it will be proper to point out, that misconceptions have prevailed respecting the nature and treatment of a disease, which has generally gone under the name of Phrenitis:” Dr. Sutton then very candidly ac-

become synonymous terms; but would it not be very remarkable, if the brain, the most delicate and essential organ in the body, exhibited no marks of disease after the constitution had suffered such agitation and disturbance as I have heretofore described.

From this short review of the opinions of some of the ancient physicians, I think it will appear, that while we have retained a title, the most comprehensive that could be selected for the disease under consideration, its original sense and meaning has been mistaken; and by this oversight, a complaint well known and accurately described by them, has latterly escaped that observation and attention, which, from its very nature, it so decidedly demands above all others.

1. Now, as to the preservation of the life of a patient, I signified that, in general, the more raving he is, the more death is to be apprehended from exhaustion. The irritability of a man in his sound senses may be allayed by means which tend to procure rest,

knowledges that he himself mistook both its nature and treatment. "The one party," says he, "with myself, considering the disorder to be active inflammation of the brain, or its investing membranes, conducted the treatment according to this supposition; the other, without pretending to any precise notions of this affection, in so far as the contents of the cranium might be concerned, were in the habit of using opium in large and repeated doses. I very soon perceived that the latter practice carried with it all the success."

Vide Preface to Tracts on Delirium Tremens, by Thomas Sutton, M. D.

and give support to the system; how much more necessary is it, then, that these same means should be prescribed when that irritability is greatly increased, and liable every moment to destroy life! For the purpose of explaining my opinion, and pointing out the principle upon which a cure should be conducted, but more particularly to describe the sort of remedies which experience has shown most likely to save a patient, when in imminent danger, I shall relate a case in point.

The patient was a young lady, of a naturally irritable constitution, who, having been in a very nervous state for many months, was, from domestic occurrences, thrown into a most violent delirium; on the sixth day from the attack of which she was placed under my care. With short intervals of cessation, she had been continually raving for four successive days and nights; labouring, at the same time, under such irritability, that four persons had been employed to watch and prevent her from getting out of her bed. While in this state, and previously to her becoming my patient, leeches had been applied to her forehead and temples, cupping-glasses to the back of her neck, and a blister to her head; purgatives also were given; barley water with weak broth had been the only sustenance allowed. Her state, as I found it, was this: she had ceased to rave, probably from exhaustion, having been wholly without sleep; she

had become obstinately silent, but was still in perpetual motion; her pulse was 130, her whole skin very hot, and completely parched; her face flushed and bloated; her eyes suffused with blood, and wide open, yet she could discern nothing; she was also unconscious of her evacuations; her tongue was brown, her lips and teeth covered with sores: in attempting to feed her with a spoon, she clenched her teeth; if we succeeded in putting any thing into her mouth, she spit it out after keeping it there a moment; so that it was impossible to administer any medicine without using force. Had the lady died in this state, and dissection been desired, a turgescence of the vessels of the brain, water effused into its ventricles, or some other deviation from the healthy state, would probably have appeared. Her death might then have been attributed to one or more of these circumstances.

Viewing this case differently, and, considering that she had been incessantly raving, till, from exhaustion, she could rave no longer; that she had not closed her eyes for five successive days and nights; that weak broth had been the only sustenance allowed her, I inferred, that although there might be some disease in the brain, either congestion of blood, or effusion of serum, the patient was necessarily nearly worn out, and her life in danger.

Under this impression, therefore, I immediately

ordered her two glasses of old port wine, and two hours afterwards three ounces of a decoction of bark with some of the tincture, as the only means of saving her life. In four hours, from my first seeing her, she was in a sound sleep, but only for a short time. Upon her awaking, the same quantity of decoction of bark was again given, when she slept three hours together. On the following morning her life was comparatively safe; although she was still unconscious where she was, and took no notice of persons in the room, she no longer clenched her teeth or spit; but, when breakfast was offered to her, she put the cup naturally to her mouth, and after obtaining more sleep from a continuance of these remedies, she was able to answer questions correctly: in short, her irritability began to subside, and her sense of feeling to return in some degree from the moment they were first applied.

This is a strong case, and by no means a solitary one in practice; as in this instance a change from a lowering to a strengthening plan brought the patient from a state of great danger into one of safety, is it not a fair conclusion, that Tonics, in cases of delirium, ought to be prescribed, and that medicines, which tend to enervate the patient, should be avoided? A greater or less quantity of tonic medicines than were here given may be required; musk, in large doses, is sometimes necessary to secure the life of the

patient in similar cases, but this does not alter the principle of cure.

We see, at least, that the stimulus, which many are so afraid to produce by prescribing bark and wine, gave the constitution, on this occasion, its proper tone and power. Instead of agitation or violence being thus created, sleep was the result; proving that, however dangerous these remedies may appear in theory, they are found to be far otherwise in practice.

2. As to the irritability of a patient.

Let us suppose a case, either one of mental derangement which had been attended with delirium, or one that had not. The latter has already been characterized, by the patient always acting upon an assumed idea, accompanied with apparent bodily indisposition; which, if the symptoms increase, may pass into delirium.

In mental derangement, then, unaccompanied by delirium, the irritability may be very great, yet no immediate danger apprehended. The medicines that are applicable to save the life of a patient advanced in delirium are alike useful, (though in a less quantity in this state of derangement,) to prevent him from falling into delirium. Wine, bark, and musk, therefore, with the addition of henbane, hemlock, tartar emetic, and foxglove, may all, or each of them, be given, in both states, to allay the irritability which

happens to belong to either. If this irritability proceeds from a weak state of the constitution, occasioned by blood-letting, puerperal fevers, or typhus, bark, provided the bowels are open, will be of the greatest service. In proportion to the quickness of the pulse, and increase of heat and irritability, the more is this medicine requisite. Is it not a mistake to suppose that a quick pulse and a flushed countenance necessarily preclude the use of tonics and stimuli? These symptoms appear more frequently than otherwise to be the consequences of debility. If a person, by shipwreck, or other accidents, be deprived of sustenance for many days together, shall we continue that deprivation, because we find a quickened pulse and a flushed face follow the reception of very small quantities of food into his stomach? Notwithstanding these apparently mischievous effects, which are but temporary, the constitution is hereby actually benefited, and gradually rendered capable of bearing its accustomed stimuli, whilst the consequent re-action becomes less and less perceptible. The just and practical inference to be drawn from this, is not that stimuli are themselves injurious, but that the patient is in danger from weakness; and that unless he be allowed to take that quantity which he can bear without feeling any serious inconvenience, the result may be fatal. Slight causes, whether applied to the mind or body, produce similar

effects in women during pregnancy, and after their accouchement. A man, who in health can drink a pint of wine without experiencing any sensible effect, might be intoxicated by a single glass when recovering from a fever. These cases alike evince debility and the necessity of support.

Although hemlock and henbane be valuable in allaying irritability, they are nevertheless dangerous if administered without due caution; while one dose will moderately sooth, another of greater quantity will stupify. In some cases, irritation is increased by very small doses, whilst the constitution is under the first and immediate influence of them.

Tartar emetic, another valuable remedy, in irritable cases, requires to be cautiously administered. Where a patient shall be in no danger, but incessantly talking, a quarter of a grain of tartar emetic, by nauseating, may restrain him; but if this medicine were injudiciously continued every hour for any space of time, he would probably become more irritable than ever, and weaker; while his voice and actions would deceive, and suggest the idea that he was stronger, at the very time he might be approaching to a state of danger. The same result would, in all probability, follow the use of antimony in any form, of digitalis, or of the spiritus mindererii, if given too often and in too large doses, without due attention to their effects.

I purposely omit to mention opium, because as it confines the bowels, and frequently produces watchfulness, I do not think it a desirable narcotic in this disorder.

We learn then that the knowledge of means abstractedly is not sufficient in the cure of this complaint. Judgment and experience are also required, to direct us as to the proper time when to apply these remedies, and when to omit them, in order to insure success; but I humbly conceive that it cannot be expected we shall ever be enabled to discover, by a view of the dead, however minute and close the inspection, any thing whereby to assist us in the cure of the disorders of the mind. This must alone be derived from the living; from a most attentive observation of the effects of remedies, both on the body and mind, watching their variety on different constitutions; till experience, though it may not render the application of remedies certain, teaches us where they may be safely administered and likely to succeed.

3. Suppose then that danger is passed and the irritability lessened, the general health must be attended to. A sense of fulness in the head, flushed cheeks, and suffused eyes continue, indicating, as is imagined, a preternatural activity in the vessels of the brain, still these symptoms are not the *causes* of the mental derangement; but, as I have attempted

to show, they, in conjunction with it, point out a general disorder of the system, which it should be our object to remove; not by taking away the blood, thereby weakening the constitution and creating irritability, but by encouraging an equal circulation throughout the whole frame by every means in our power.

Some very useful medicines, calculated to answer these purposes, are objected to, because they have been found ineffectual of themselves to cure this disorder; but is it not unreasonable to expect to find a *specific* for a complaint, that arises from such a variety of causes, and of which every part of the body more or less partakes? Having no *nostrum* to offer myself, nor having had any communicated to me by those of greater experience, I shall only remark in this place, that a combination of medicines, capable of acting mildly upon the whole system, and taken regularly two or three times a day for a considerable time, in addition to the use of baths, pediluvia, exercise, &c. as the case may require, will be found very efficacious in altering the morbid state of the constitution, and in restoring its natural and healthy condition. "When a physician," says Huxham, "knows what kind of medicines are required, he can be at no great loss to serve himself with proper drugs out of the vast *materia medica* with which we at present abound. He should

“ select a few of the most effectual for his use of
“ each sort, and stick to them, and not run into the
“ immense farrago which some are so fond of. By
“ so doing, he will soon be acquainted with their real
“ virtues and effects, and readily distinguish between
“ the symptoms of the disease and those caused by
“ the medicine, which is a thing many times of no
“ small importance.”*

This advice of Dr. Huxham is in no complaint of more consequence than in the one of which I am treating, where the effects of medicines on the mind as well as on the body should be particularly attended to. In those cases, especially, which partake more of insanity than derangement, the delusion being strong, and the bodily disease scarcely apparent, this knowledge is of the utmost importance. We must strictly attend to the changes of the mind and body, and endeavour so to apply our remedies to the one and management to the other, that they may both gradually improve together, lest we render the body apparently free from any disease, and leave the mental delusion more confirmed than ever.

4. We will suppose the bodily health improved, but the mind of the patient still wholly engrossed by some delusive idea, which directs all his thoughts and actions. With a view to the ultimate removal of this,

* Vide Preface, p. xiii. to an Essay on Fevers, by John Huxham, M. D.

we must persist in our exertions to complete the recovery of the general health, on which it may principally depend. Sound and refreshing sleep* is the greatest *desideratum* in the cure both of the body and mind. It not only strengthens the one, but composes the other, and prevents the patient from dwelling on, and brooding over his erroneous impressions. We should, therefore, endeavour to procure him a continuance of it for many nights together. Having by this means, in some measure, restored the tone of his nerves, it should be our next care to divert his mind from time to time, when awake, from its usual association of ideas, and draw his attention to other points.

The narcotics I have already specified. These, together with such bodily exercise as is calculated to produce a pleasant fatigue, will be the most appropriate remedies to accomplish our first object.

As to the second, we know that a man of sound mind, when absorbed in thought, or deeply engaged in business, is insensible to what is passing in his presence; we can hardly hope then, by the introduction of friends, the exhibition of pictures, the representation of plays, or similar amusements, to make any useful impression upon one of unsound mind;

* Omnibus vero sic affectis somnus et difficilis et præcipuè necessarius est, sub hoc enim plerique sanescunt. — Celsus, lib. iii. chap. xviii.

but since we have seen the former capable of being roused by any thing that suddenly alarms his mind, or irritates his body, it is reasonable to infer that any shock which the latter shall receive, be it from what cause it may, will produce in a degree a similar effect, that may in his state prove of use to him. What then is likely to be better calculated for the purpose than an emetic? It not only cleanses the stomach of much viscid matter, and thus assists in restoring the general health, but by the nausea it creates, and the disturbance it occasions, rouses the patient, and dissipates his thoughts. Moreover, by its action upon the whole frame, it excites perspiration, produces fatigue, promotes sleep, thereby conducing to the restoration of the tone of the nervous system, and to a probable return of that state, which is requisite for the steady and healthy operation of the intellectual faculties.

“The evacuation by vomiting,” says the late Dr. Monro, “is infinitely preferable to any other, if repeated experience is to be depended on. — I never saw or heard of the bad effects of vomits in my practice, nor can I suppose any mischief to happen, but from their being injudiciously administered. — The prodigious quantity of phlegm with which those abound who are troubled with this complaint, is not to be got the better of but by repeated vomits; and we very often find that purges have not their right effect,

“ or do not operate to so good a purpose, until the
 “ phlegm is broken and attenuated by frequent
 “ emetics.” *

The opinions of Dr. Cox and Mr. Hill †, coincide with that of Dr. Monro. But Dr. Hallaran observes,
 “ I cannot too forcibly resist the practice of adminis-
 “ tering emetics to insane patients, in 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 arterial blood, and when the
 “ danger of over-distension is to be apprehended.” ‡

Dr. Haslam, too, considers vomiting to be mischievous in some cases, and has never seen any benefit arise from the use of emetics.

“ However strongly this practice,” he observes,
 “ may have been recommended, and how much so-
 “ ever it may at present prevail, I am sorry that it
 “ is not in my power to speak of it favourably. In
 “ many instances, *and in some where blood-letting had*
 “ *been previously employed*, paralytic affections have,
 “ within a few hours, supervened on the exhibition of
 “ an emetic, more especially where the patient has
 “ been of a full habit, and has had the appearance of
 “ an increased determination to the head.” §

My experience leads me to agree with Dr. Monro,

* Monro, p. 50.

† Hill, p. 295. Cox, p. 105.

‡ Hallaran, p. 52.

§ Haslam, p. 328.

Cox, and Mr. Hill, both as to their advantage and safety. Some cases, I conceive, could not be cured without them. In many of those from which I have drawn my opinion, the pulse was 100, and the patient similar in appearance to that described by Dr. Haslam. Blood-letting, however, did not precede the emetic, and some mulled wine was given after its operation.

A blister at a distance from the head by the irritation it produces, and by other effects also, is one of those very serviceable remedies which may be recommended to accomplish our second object. The opinions of Dr. Hallaran, Cox, Haslam, and Mr. Hill, coincide on this point; but Dr. Monro says, “I never
“saw the least good effect of blisters in madness, un-
“less it was in the beginning, while there was some
“degree of fever, or when they have been applied
“to particular symptoms accompanying this com-
“plaint.”* Hippocrates has taken notice of the advantage of a counter-irritation in mental disorder, where he observes, in an aphorism, that “hæmorrhoids
“occurring in phrenitic and melancholic patients is
“salutary.”†

After a judicious application of such means as are suitable to the restoration of the bodily health, we find the stomach and bowels begin to answer the usual

* Monro, p. 47.

† Τοῖσι μελανχολικοῖσι, καὶ τοῖσι φρενιτικοῖσιν, αἰμορροΐδες ἐπιγι-
νόμεναι, ἀγαθόν.—Hippocrates, Aphor. sect. vi.

doses of medicine ; the excretions and secretions to be more healthy ; tranquillity of body and composure of mind to take the place of hurry and confusion ; the natural sense of feeling to return ; and the patient sensible of his delusions, or at least in a fit state to listen to such arguments as may tend to convince him of them.

Gaubius has evinced, in his treatise on these complaints, a greater knowledge of the method of treatment in the cure of them than any other physician, ancient or modern. His remarks apply so closely to this part of my subject, that I shall offer no apology for quoting him at some length. “ If experience
“ teaches us,” says he, “ as I have shewn above, that
“ the mind perceives differently according to the va-
“ rious conditions of the body to which it is joined,
“ and that she may be disturbed by the body in her
“ operations, and at some times be hindered from
“ thinking as she would, and at other times be com-
“ pelled to think according as the body commands ;
“ doubtless a physician making a proper use of the
“ power which their intimate alliance affords him, can
“ by his medicines so act on the body as to give re-
“ lief to the mind, though he pay no regard at all to
“ the causes or effects which are in, or are feared to
“ be in, the body.

“ He hath such things at hand which his art fur-
“ nisheth him with, that can compose the mind

“ though ever so violently agitated, that can divert
“ her from thinking upon what she is ever so closely
“ bent upon, that can oblige her to keep holyday by
“ erasing for a while all her ideas, and introducing a
“ kind of general oblivion. An opiate, by laying the
“ body fast asleep, can perform all these things.

“ The physician hath auxiliaries at his command,
“ which may recall the mind again when she hath
“ ceased to think, or at least after she hath lost all
“ consciousness of thought, which can interrupt her
“ too attentive and close reflection; finally, which can
“ dissipate ideas that have been too long present,
“ and substitute others in their room. Such is the
“ power and virtue of those remedies which stir the
“ humours, irritate the nerves, or give pain.”*

Although I have now treated of the method of cure under four heads, I do not mean that we are strictly to confine ourselves to the rules or advice contained therein in every case indiscriminately. I do not contend that wine and bark are always to be given in the first instance; that an emetic is never to be prescribed until the bodily health is restored; or that blood is on no account whatever to be taken away. There may be cases of this disorder in which

* Gaubius, p. 108.

blood-letting may be required, and prove serviceable; but such I believe to be very rare. To give wine and bark when the stomach and bowels are loaded and confined, would, doubtless, be injurious. Emetics and purgatives would at this time be the most necessary and useful remedies.

My object in making this division has been rather for the purpose of laying down more clearly the principle upon which we should attempt the cure of a disordered mind; of explaining why we must not look for its restoration until much improvement has taken place in the health of the body; of pointing out the effects, both advantageous and injurious, that may happen to arise from our remedies; and of demonstrating that we must be directed in our practice, not by the dissection of the dead, but by an attention to the living; by an examination of the symptoms, not only both past and present, but also of those which are to be apprehended from the countenance, behaviour, irritability, and disordered functions, both of the mind and body. By such symptoms must we be always guided in our practice, bearing in mind that patients, from the very nature of this disease, are, as we have before observed, likely to sink suddenly unless supported. Where we think it necessary, therefore, to employ such means as have any tendency to weaken or lower the system, we should do it with caution, watching their effects, both on the

mind and body, lest a state of danger should surprise us when least expected.

It is hardly possible to describe the various alterations the mind and body undergo during the progress and amendment of this disorder. The patient is seldom in the same mood two days together; sometimes he varies two or three times in one day. There are particular symptoms of recovery that often mislead those but little conversant with this complaint, such as pain in the head and a general aching and soreness, which patients complain of after remedies have been applied for some time. These symptoms are generally strong proofs of a return of natural feeling; they rather show the propriety of the means that have been used, than the necessity for others. Relapses are always to be expected; but in favourable cases an increased amendment may be looked for after each till the cure is effected. The progress towards recovery should be judged of from the symptoms, not of the mind only, but also of the body. Daily improvement, however, must not be hoped for in either; we must draw our conclusions from the occurrences of a week or a fortnight. The pulse will not fall from 130 to 70 as rapidly as in other complaints; it may continue about 100 for some weeks, without causing any alarm, provided the patient be sup-

ported. As irritation subsides, the pulse gradually diminishes.

If a patient, after having been perpetually restless, can sit quietly in his chair, even for half an hour, we may judge favourably of him, though his delusions are equally strong; but when he remains composed for whole days together, proving thereby a great subsidence of irritation in the nervous system, we may look for a return of reason. This, it may be necessary to state, takes place very gradually. As the bodily health improves, and the nerves recover their tone, the mind also gains strength. From being unable to give his attention to any thing, the patient can now read and converse like any one else; he begins to feel his situation, to reflect upon his delusions, to doubt as to the truth or fallacy of them; and, after supposing that he may possibly be in error, he ultimately becomes so satisfied of the absurdity of his ideas, that he wonders how he could ever have believed them to be true.

Many imagine, that when a patient can converse quietly and rationally upon general subjects he is a sane man; hence, this state is sometimes denominated a *lucid interval*; no man, however, can be considered sane, until he freely and voluntarily confesses his delusions. Every physician acquainted with the disorder, knows that a patient may be capable of conversing correctly upon many subjects, and even of

restraining himself for a time from alluding to that upon which his delusion turns; if, however, this particular subject be accidentally brought to his attention, he will give evident proofs of his derangement. This state is not, therefore, properly an interval of sanity; for though we see the patient capable of being clear and lucid on many subjects, still finding him at the same time lost and bewildered on one, he cannot, with any propriety, be deemed in his senses, or of sound mind.

The prognosis of a patient's return to reason is the more favourable where bodily disease is most apparent. His life, however, may be in greater danger. Still, provided we aim to support the constitution, and the patient survives, his restoration to sanity may be reasonably expected. But if we are deceived by the preternatural strength of the patient, and endeavour to subdue this state by means calculated to reduce it, we shall add to a weakness which is already sufficient to wear out some constitutions; and if it does not, we run the risk of producing a fixed insanity in the forms of idiotcy and imbecility.

In those cases where there is, apparently, but little bodily ailment, and the mind does not improve, when that little is corrected, the probability of its restoration becomes less, and the case approaches nearer to insanity.

Thus far I have attempted to show what may be done by medical means towards the restoration of a patient; but medicine, I fear, will mostly be found insufficient of itself without a due co-operation of management. Few patients, in the early part of their illness, will acknowledge that they are indisposed, and therefore they will not listen to the advice of their friends. The malady increases, and they become, at length, so convinced of the truth of some erroneous idea which has taken possession of their mind, that nothing but restraint can prevent them obeying the impulse of their imagination. Hence it becomes absolutely necessary to remove them from their own home, from the presence of those accustomed to attend upon them, and place them under the care of strangers, who have made this malady their particular study.

Of all the moral means most useful in the cure of mental disorders, restraint must be considered pre-eminent.

Lunatics, or those whose minds are incurably unsound, and those persons who labour under delirium or derangement of mind, accompanied with bodily ailment, must not be confounded together, the treatment required being very different. The majority of lunatics may, by method, be rendered tractable. In them there is no perceptible constitutional disturbance. They are quite alive to what is passing around

them. The very knowledge that the physician has the power to put restraint upon them, if they indulge their humours to the annoyance of others, is generally a sufficient check; and this knowledge operates as strongly upon a lunatic as the presence of the master does upon a schoolboy. But the patient who is in a fever, who is restless and irritable, without sleep, insensible to what is said to him, yet bent upon doing what his disordered imagination urges him, is neither to be soothed nor frightened into obedience. Here we must use restraint. If we neglect it, we must be prepared to expect one of two consequences — either a fatal termination, or hopeless insanity. How without restraint are we to obtain that quiet which is so essential to the patient? How give food and medicine? How prevent him injuring himself and others? * In vain shall we prescribe, if mistaken philanthropy can throw obstacles in our way. If we would effect a cure, our experience must be uniformly opposed to the patient's insensible and ungovernable state. Such restraints must be adopted as the case requires. None

* Ex his autem eos, (videlicet phreniticos,) qui intra verba desipiunt, aut leviter etiam manu peccant, onerare asperioribus coercionibus supervacuum est. Eos vero, qui violentiùs se gerunt, vincere convenit; ne vel sibi vel alteri noceant. Neque credendum est, si vinctus aliquis, dum levare vinculis cupit, sanum jam se fingat; quamvis prudenter et miserabiliter loquatur, quoniam is dolus insanientis est. — Celsus, lib. iii. cap. 18.

is more beneficial than the waistcoat, none more safe, and none more humane. I should speak more reservedly on this point had I not seen persons rescued by its use from a worse state, into which they must otherwise have fallen. It has often occurred to my family, and to myself, to be called to a neighbouring village to see a person, who had been without sleep for many nights, in a state bordering on delirium, struggling with those in attendance to leave his bed, and pursue the dictates of his disordered mind; and we have scarcely ever failed, in recent cases, to subdue this restless state by applying the waistcoat, and then administering Peruvian bark. I was called to three similar cases in the course of a few months. Many nights had elapsed without sleep; and those in attendance had a difficulty to keep the patient in bed. The waistcoat was put on. Decoction of bark was administered every three hours. Their involuntary and uncontrollable efforts soon began to subside. A profuse perspiration ensued; they fell asleep and awoke tranquillised; and all three gradually proceeded to convalescence without any relapse.

Few cases recover so rapidly as those last-mentioned, because the same measures are seldom as quickly enforced. Weeks and sometimes months are suffered to elapse in vain attempts to reason a patient into his senses, or in applying means but ill adapted to the end in view; the fever increases; the delusions

become stronger; agitation, violence, and obstinacy successively ensue. Sleep alone is now insufficient for the cure; it is likewise obtained with greater difficulty; and much is necessary before the mind receives any benefit. It may indeed require many months to accomplish what we have seen the possibility of effecting in a few days.

Whilst I am treating upon the probable termination of the HIGH state of mental derangement, I cannot select, I conceive, a more appropriate occasion for correcting a misunderstanding of the author* of "Observations on Madness and Melancholy," respecting the general answers given by my late grandfather†, before the Committee of the House of Commons, appointed to inquire into an exalted case of this description. ‡

Anxious, however, as I am to take this opportunity of bringing the subject before my readers, I should certainly have abstained from it, if the name and experience of the author did not give a stamp of validity to his assertions, whether made in prejudice or in error. As there seems to be an intention to throw discredit on the skill and practice of him whose repu-

* Observations on Madness and Melancholy, by J. Haslam, 1809, p. 251.

† Francis Willis, M. D.

‡ Vide Report of the Examination of the Physicians, dated Dec. 1788.

tation it is my duty to vindicate, I am solicitous that his professional character should be made to stand or fall, not by mistaking his meaning, but by fairly examining and interpreting his answers. He was the last man to be satisfied with a reputation obtained at the sacrifice of truth and honour. But, as Mr. Pitt well observed in the House of Commons in 1789, "The severe cross-examinations he experienced were calculated to puzzle simplicity, and leave the coolness, which ought always to accompany the delivery of evidence, too unguarded."* The author says, "it was deposed by that reverend and celebrated physician, that of patients placed under his care within three months after the attack of the disease, nine out of ten had recovered." Upon this he adds, "that he should have been more satisfied as to the truth of that assertion, had it been plausibly made out; but he required some other evidence than *bare assertion of the man pretending to have performed such cures.*"†

Mr. Hill, in his very intelligent and useful work, has been induced to animadvert on this extraordinary and illiberal insinuation. His observations upon it are the result of great good sense and feeling; whilst, at the same time, he fully corroborates my grand-

* Vide Debates in the House of Commons, Jan. 16. 1789.

† Vide (page 251.) Observations on Madness and Melancholy, by J. Haslam.

father's statement by his own practical knowledge. "Increasing years and considerable attention," says he, "do not appear to have convinced Mr. Haslam, " that the assertion which the able physician just " mentioned made upon a solemn occasion, in the " year 1789, was the absolute undisguised truth, viz. " that of patients placed under his care, *within three* " *months* after the attack of the disease, nine out of " ten recovered. Without feeling," he adds, "any " apprehension of being found guilty of the pre- " sumption just deprecated, the writer of this Essay " is enabled to corroborate the affirmation of Dr. " Willis from the sources of considerable expe- " rience."*

I cannot help thinking, that had the author more attentively and minutely looked into the answers, he would not only have been spared the trouble of some of his remarks, but would have since regretted the spirit in which they were made, by discovering this eminent physician clearly to have meant, instead of nine out of ten indiscriminately, that nine out of ten of that species of the disorder, namely, *delirium and derangement cum febre*, under which the exalted patient more particularly laboured, had recovered if brought under his care within three months after

* Vide (pages 203—206.) An Essay on the Prevention and Cure of Insanity, by George Nesse Hill, Medical Surgeon at Chester.

the attack of the disease. For it is to this that, in his answers, he is alone referring. Such must appear to every reasonable and candid inquirer to have been the sense and meaning intended to be conveyed by the answers in question. He did not comprehend in them that determined and settled case of insanity, where the mental faculties alone are distractedly engaged, exclusively of any participation with the body. He did not intend, when he delivered this opinion, to comprise the *mens insana in corpore sano*.

Since doubts, and even misrepresentations, unaccountably arose regarding the education, degree, and practice of Dr. Willis, when he was called to the late king in 1788, I shall give a plain and concise history of him, which will afford a full and complete answer to all the mis-statements which ignorance or wilfulness has fabricated to the prejudice of his name and memory.

He was designed by his father for the church, and with that view was sent to Oxford, where, when of proper age, he entered into holy orders. But so strong was his natural inclination in favour of physic, that even while an under-graduate, his time was especially employed in the study of it. He became a FELLOW, was some time Vice-Principal of Brazen Nose College; and in 1759 took the regular degree of Doctor of Physic in the same university, having before this period practised for several years.

During his residence there he had the good for-

tune to obtain the acquaintance of the celebrated Dr. Alcock, from whom he received every encouragement and assistance that friendship could suggest toward the attainment of his favourite pursuit. This eminent and skilful physician, who had studied under Boerhaave, Gaubius, and Albinus, was permitted, on account of his superior talents and acquirements, to read lectures on anatomy and chemistry in the Museum, without the appointment of Regius Professor.* A constant correspondence was maintained between them after Dr. Willis's removal to Dunston, in the neighbourhood of Lincoln, where he was first called into general practice, which in a few years became so extensive as not to be confined to his own county. Richard Dalton †, Esq. of Knaith, in Lincolnshire, having left a considerable sum for the foundation of a general hospital at Lincoln, my grandfather in conjunction with others took a very active part towards its establishment, and in 1769 was appointed, in concert with Dr. Petrie, physician to the hospital.

* Vide Life of Nathan Alcock, M. D., in Chalmers's Biographical Dictionary.

† It is due to the memory of Mr. Dalton to state, that his benefaction upon the whole amounted to 1050*l.*, and that upwards of 14,000 patients have been admitted into the hospital since its first establishment. If the nature of my treatise would permit, I could here gladly enlarge in commendation of those to whose unremitting superintendence and care its general success is so much to be attributed.

For the six following years he never ceased his regular attendance at it twice a week, although at the distance of nearly ten miles from his residence. Having very early succeeded in the cure of a decided case of derangement, and been equally fortunate in other similar cases, his name became so eminent for restoring the disordered mind, that patients were brought to him from great distances. Requiring, in consequence, a larger house, he removed to Greatford, near Stamford, in 1776. After having devoted his life to the study of his profession, he had the happiness, at seventy years of age, by that union of skill, firmness, and urbanity, for which he was so justly celebrated, to restore his beloved monarch to his reason.

This event so greatly increased his fame, that, not being able to receive under his own roof the numerous patients who were brought to him, he built the residence called Shillingthorpe for their reception, within a mile of his own dwelling, in which I have been for many years established. He might now have resigned the labour and fatigue of his general practice; but being of a peculiarly active turn of mind, and a lover of his profession, it ended only with his death, which happened in his ninetieth year.*

I will now subjoin a few of those cases to which I have alluded, and will first mention that of a hand-

* He was born in 1718, and died in 1807.

some young man, who became passionately enamoured of a young lady who had married a gentleman very considerably older than herself. Circumstances, over which he had no control, threw him constantly into her company. He could not conceal his attachment, and the lady, flattered by the conquest she had made, not only gave him encouragement, but showed a readiness to comply with any wishes his ardent love might suggest. Being a young man of strict morality, he was not easily to be led from the paths of rectitude and virtue; but his principles and passion had so severe a struggle, that though, happily, his better feelings prevailed, it was at the sacrifice of his reason. He became fully impressed with the painful delusion that he had destroyed the domestic happiness of the old gentleman; and he dared not leave his house from the idea that he was pointed at wherever he went, and from the consequent suspicion that the circumstance was well known to his friends. He had been in this distressing state more than two months when I was called to see him. I found him fast approaching to delirium, pacing incessantly across the room in extreme agitation. His pulse was 130, tongue white, countenance wild and suffused, pupils very dilated, and his vision so confused that he could not read. He refused to reply to my inquiries respecting his health, assuring me he never felt better in his life; a common expression in

this disorder, though very far from the truth, for this very patient, upon his recovery, described his sensations in the region of the thoracic viscera to have been almost insupportable. He eat his food hurriedly and voraciously, dashed away his medicine, and resisted control. In the space of one month he improved so rapidly as to be able to employ himself rationally, and by the end of the fourth month, he returned home quite well, and perfectly satisfied that the cause of his great mental suffering only existed in his own imagination.

A second case is that of a young lady, of a naturally romantic turn, whose mind had been so seriously worked upon by the doctrines she had heard preached in a dissenting chapel, which she was in the habit of attending, that she became quite bewildered, and sleep forsook her. Being impressed with the idea that she alone, of all her relations, was one of the elect; she held them in contempt as unworthy to hold intercourse with her, and so entirely set them at defiance, that their only alternative was to place her under medical care.

This case was accompanied with the usual symptoms of the high state, great restlessness, loud and incessant talking, spitting, great obstinacy as to food and medicine, a very quick pulse, and white tongue. Restraint, for a time, was most essential. In about three months she had regained some control over her-

self, and began to resume her usual employments. Her recovery went on steadily, and was established in about three months more.

On one occasion, a gentleman was brought to us shouting and singing, fully impressed with the idea that he could live without food or sleep, and had not partaken of either for many days and nights. He was in a high fever, and in exuberant spirits. A basin of broth was soon offered him, which he kicked out of the servant's hand, and at the same time gave way to his uncontrollable feelings by breaking the furniture in his room. Restraint was now put upon him, and another basin of broth taken to him. He had sufficient consciousness remaining to perceive, that, if he refused it, we could give it him; therefore after a little persuasion he took it, and also his medicine.

For the first few nights he continued at times to shout, supposing he was following the hounds, and then sang a jolly song, gradually lowering his voice until sleep overtook him, and, waking after a short dose, renewed his ejaculations.

The excitement under which he laboured very soon subsided. He had no relapse, and at the end of three months returned home.

Another gentleman, whose derangement had been brought on by excessive study, was brought to us exhibiting very marked symptoms of the high state.

He was too irritable to be still a moment. He was talking incessantly and incoherently. He considered himself "The Saviour," and said his word was law." Believing he could live without food he refused all nourishment as well as medicine; and having entirely lost all government of himself, set at defiance, by spitting at them, those who attempted to give him either. Without restraint we could neither administer food or medicine, or even give his body that rest which was essential to his existence. This state was accompanied with a very quick pulse and white tongue. Six months elapsed before his excitement subsided sufficiently to allow of his being entirely unrestrained; he then, by his own desire, attended church, where he strongly manifested his delusion by standing quite erect and self-satisfied, supposing himself to be the object of the reverential obeisance made by the congregation in the Apostles' creed at the name of Jesus Christ. He continued to carry himself very high for three months longer, expecting much that could not be granted, when by degrees his ideas began to relax, he regained the proper knowledge of himself, and with it his former mildness and humility.

A year and a half elapsed before this patient was perfectly restored.

CHAP. V.

DESCRIPTION, CAUSES, AND CURE OF THE LOW STATE. — ITS
IDENTITY WITH THE LETHARGUS OF THE ANCIENTS.

THE low state of derangement is characterised by an unusual depression, sometimes amounting to despair, and frequently accompanied with the desire of self-destruction.

The symptoms which precede this state are very different from those which precede the high state. In the place of hurry and violence we find great apathy and profound listlessness; the patient neglects his ordinary occupations; shuns society; seeks solitude; disregards his dress; has no desire for food; is averse to exercise; he is even unwilling to move from his seat — if he does, it is with a slow step; he will sit in the same posture, or stand on the same spot, for a length of time, without seeming to be capable of motion; he seldom speaks; is in short quite regardless of every thing excepting the subject on which his mind is wholly absorbed.

This inactivity of mind is accompanied with a corresponding want of action in all the organs of the body. The pulse is often below 60. All the secre-

tions and excretions are scanty. The process of digestion is scarcely performed; and dyspeptic symptoms distress the patient. Restless nights succeed, and low fever comes on, in which the skin is hot, the pulse quick and small, and the tongue and lips white. Should his nights continue disturbed, his fever increases; his countenance betrays great alarm and anxiety; he grows suspicious of his dearest friends; and is surrounded with imaginary horrors. At length his mind is impressed with some false idea, such as believing himself to be ruined or disgraced; the dread of which impels him to seek relief from his mental agony by meditating self-destruction. If not already in a delirium, he is rapidly approaching towards it.

The remote causes may, as in the high state, be considered under two heads, according as they primarily affect the body or the mind.

Under the first division we may include whatever, by immediate application, so offends the stomach and other abdominal viscera as to create indigestion, the distressing symptoms of which are well described by M. Daubenton:—

“Most people,” says he, “who lead a sedentary life, and are not obliged to exercise some active employment, complain of their digestion: they perceive the food lie heavy on their stomach after a meal. This uneasy sensation is accompanied with a sort of torpor, which impedes the functions of the

“ body, and obscures the mind. This state of uneasi-
“ ness gradually subsides, the corporeal powers resume
“ their energy, and communicate to the stomach suf-
“ ficient force to overcome the obstacle opposed to it.
“ The progress of its action manifests itself by the
“ quantity of air it causes to be discharged from the
“ mouth, the escape of which is often accompanied with
“ noise. The effort made by the stomach to expel it
“ is frequently indicated by a painful sensation, which
“ ceases the moment it escapes; after its escape, the
“ indigestion terminates, and the stomach recovers its
“ natural state: but if the stomach be incapable of
“ disencumbering itself of the air which oppresses it,
“ the indigestion is more violent and of longer dura-
“ tion: if it continues till the time when the body
“ becomes tranquil, and is extended in bed, the air
“ then escapes from the stomach with more difficulty;
“ its quantity augments to such a degree, that it acts
“ not only on that organ, but on other parts of the
“ body by nervous sympathy. It produces heaviness
“ or giddiness of the head, a sense of oppression and
“ of heat in the chest, palpitation of the heart, trem-
“ bling of the knees, cold in the legs, and a sweat to
“ break out over the whole body; in one word, a
“ state of sensation so very uncomfortable, as to com-
“ pel a frequent change of position, and of even en-
“ tirely quitting the bed. These movements promote
“ the escape of the air from the stomach and procure

“ relief. When the quantity of the air is diminished,
“ the stomach is more at liberty to pursue its proper
“ mode of action: the air escapes by degrees, and the
“ indigestion terminates. If the uneasy state of the
“ stomach is not sufficient altogether to prevent sleep,
“ the repose is troubled by frightful dreams, repre-
“ senting horrid spectres, from whose fangs it is im-
“ possible to escape, or situations of distress with
“ which it is in vain to contend, while deep groans and
“ inarticulate sounds alone issue from the labouring
“ bosom of the unhappy sufferer amidst his struggles
“ to implore assistance.”*

Unless the preceding symptoms are early attended to, they harass the patient till the uneasiness they occasion induces him to suppose himself poisoned, or that evil spirits within are tearing him to pieces. It is hardly to be credited to what an extent of inconsistency patients are led; but the following case strongly exemplifies the irresistible impulse occasioned by those painful sensations which arise from flatulence and other dyspeptic symptoms.

A young lady was suddenly attacked while at dinner with a sensation of a burning heat at the pit of the stomach, which increased till the whole of the upper part of her body, both internally and externally, appeared to be in flames. She rose up sud-

* Daubenton on Indigestion, translated from the French by Alex. P. Buchan, M. D.

denly, left the dinner table, and ran out into the street, where she was immediately followed, and brought back. She soon came to herself, and thus described her horrible ideas, "that she had been very wicked, and was dragged into the flames of hell." She continued in a precarious state for some time. Whenever she experienced the burning sensation, of which she first complained, the same dreadful thoughts recurred to her mind. She seized hold of whatever was nearest, to prevent her being forced away, and, such was her alarm, she dreaded to be alone.

Under the second division of remote causes, we must place those which primarily affect the mind, of which the following cases are examples.

A gentleman, about sixty years of age, holding a responsible situation in a banking concern, became so extremely enervated as to be unable to fulfil the duties of his office. It seems that one of his clerks had been in the habit of purloining money from time to time, and that upon this gentleman detecting the fact, the offender hung himself. This melancholy occurrence distressed him greatly, and the reflection that, had he not made this discovery, his employers might have doubted his integrity, preyed heavily on his mind day and night, and contributed to increase his distress. Business harassed him; he grew diffident of his abilities for his situation; felt unable to pursue his usual avocations; canvassed the propriety, or wisdom of all the

preceding acts of his life; looked at every thing indeed with a morbid feeling, which ended in his becoming impressed with the idea that he and his children would be reduced to poverty, although he was in affluent circumstances. Eighteen months elapsed before any steps were taken for his restoration. Business having brought me into the neighbourhood in which he resided, his friends gladly availed themselves of the opportunity of entreating him to allow me to call upon him. At this time he was a melancholy picture of despair and woe, worn down by mental agony, and unable to speak on any subject but that all absorbing one of his poverty, and the helpless condition of his children. He was much out of health. An unnaturally slow pulse, a white tongue, great thirst, disrelish of food, broken rest, with a dread of going to bed, and an unwillingness to get up, were the most prominent symptoms. He received me with a pleasing countenance, and gentlemanly manner; but very soon, with an altered demeanour and melancholy voice, gave me a history of his past life, representing every transaction in which he had been engaged as unworthy of him, and attributing to his own misconduct the poverty to which he fancied himself reduced. He then calmly listened to me, and I had not much difficulty in explaining to him, how useless it would be to attempt to benefit him at his own residence, where his present state of morbid feeling was kept

alive by the presence of his children, whose misery he foresaw with so much distress of mind. Although he had for such a length of time resisted advice, he evidently was not displeased at having it thus unexpectedly thrust upon him, being fully aware that he was not himself. He, in fact, returned with me to my house, and put himself under my control. He was quite capable of dining at my table, and was always invited when he could restrain himself from dwelling on his delusions. As he was fond of society, he was thus led to exert himself to refrain from the forbidden subject.

In about three months his health visibly improved. His countenance became more free, his step more alert. He was able by degrees to employ himself, to see his friends, and his children, and at the end of six months he returned to his own home.

A gentleman about forty years of age, owing to a reverse of fortune, fell into such a deplorably low state as to excite in his family an alarm for his life. The conviction that, if he put food into his mouth, he should be condemned to everlasting perdition, was so strong on his mind, that he dared not attempt it, and forcibly resisted all endeavours to administer it. The small quantities of food that could be got down scarcely nourished him, and he consequently became very much emaciated. His pulse was below fifty, and his countenance too truly depicted the dread he felt

at the bare mention of food. He had been in this state about three months when I was called to see him; he appeared almost too weak to bear the remedies which I thought calculated to benefit him. It was certain, however, if no attempts were made to draw him from the distressing ideas which influenced his conduct, that he would rapidly sink. I therefore prescribed for him, and shortly had the gratification to see him gaining strength, and striving most earnestly against his delusions, which he happily overcame in the space of four months.

A young lady, who was about to be married, suddenly became fearfully dejected without any evident cause. Her disorder first showed itself by her expressing a doubt as to her suitability, in point of education, to be united to the individual to whom she was engaged, which was very naturally not treated seriously until her conduct too evidently showed the perverted state of her mind. Instead of being happy, as heretofore, in the company of her intended husband, and anxious for his presence, the reverse took place. She became silent and thoughtful; if spoken to, made no reply; and at her meals even was too abstracted to masticate her food. Her distressing feelings prompted her to meditate self-destruction; and so irresistible was the impulse, she attempted it in various ways. Three months elapsed before she was placed under my care. At this time, so great was her

depression, the powers both of her mind and body seemed to be paralyzed; for although a great proficient with her needle and pencil, she was unable to use either better than a child of six years old. There was equally a want of action throughout the whole frame. Her pulse was not more than forty-five, and the sluggishness of the circulation was strongly marked by the blueness of her face and extremities. The usual doses of medicine had not the slightest effect. As she continued bent on self-destruction, it was necessary to keep a very rigid watch over her. For three months we could not trust her at night without the waistcoat; but towards the close of that period she had become perfectly sensible of her situation, and so fearful was she then of yielding to the horrid thoughts which she could neither prevent nor control, that for many weeks longer she would not pass the night unrestrained. At the end of the sixth month she returned home, and shortly afterwards married.

This low state of derangement, with the deplorable condition and melancholy appearance of the sufferer, is very truly delineated by Shakspeare, in his character of Hamlet, whose malady arises from disappointed love.

Ham. "I have of late (but wherefore I know not) lost all
" my mirth, foregone all custom of exercises; and, indeed, it
" goes so heavily with my disposition, that this goodly frame,
" the earth, seems to me a sterile promontory."

Pol. “ And he, repulsed, (a short tale to make,)
 “ Fell into a sadness ; then into a fast ;
 “ Thence to a watch ; thence into a weakness ;
 “ Thence to a lightness ; and, by this declension,
 “ Into the madness wherein now he raves.”

Oph. ——— “ As I was sewing in my closet,
 “ Lord Hamlet — with his doublet all unbrac'd ;
 “ No hat upon his head ; his stockings loose,
 “ Ungarter'd, and down-gyv'd to his ankle ;
 “ Pale as his shirt ; his knees knocking each other,
 “ And with a look so piteous in purport,
 “ As if he had been loosed out of hell,
 “ To speak of horrors — he comes before me.”

The following cases are examples of the malady, in which neither the continual excitability of the High State, nor the insuperable depression of the Low State, forcibly arrest our attention.

From great neglect both in regard to taking advice, and even common care of herself, a young lady caught a severe cold. As her constitution became in consequence considerably disturbed, the circumstance preyed upon her mind. She took to her bed, became excessively peevish and irritable, and refused her food. As opposition to her wishes threw her into paroxysms of violent rage, her relations gave way to her, and she kept her bed so long, and took so little nourishment, that at length her limbs became contracted, and her emaciation so great as to excite alarm. She naturally grew weak and attributed the

incapability she now felt, in moving or in sitting upright, to an injury in her back. The advice of many physicians was sought, and she underwent several examinations ; but all in vain. After the lapse of two years, she was placed under our care, and at that time was in such an irritable and obstinate state of mind, that it was with the greatest difficulty she could be dressed, or prevailed on to take food, as she fought and scratched those in attendance upon her. She was likewise so much reduced that her nurse carried her with ease in her arms.

Six months elapsed before such improvement took place as gave hopes that she might ultimately recover. At this time her excessive peevishness had greatly subsided. She no longer refused her food or medicine, and her health was much improved. She was still, however, irritable, and persisted that her inability to move was owing to the injury she fancied she had sustained. At the end of the ninth month she frankly avowed herself obliged to acknowledge that she had long been in error on this point. All her peevishness and dissatisfaction vanished. She became very mild, full of regret at her past conduct, and of gratitude to those who had borne with her infirmity. At the end of twelve months she returned home quite restored both in body and mind, having regained the use of her limbs as well as the control of herself.

○ A young man, whose education had been neglected

and whose mind had never been directed to any pursuit, grew up wayward and unsettled. After a time he showed such strong symptoms of derangement, entertaining the erroneous notion that, in all he did and said, he was acting under the direction of some unseen Being, that medical advice was sought for, and ultimately he became an inmate of our establishment. Several weeks passed without our attention being attracted by any peculiarity of conduct, when suddenly he greatly distressed me by saying, that the Almighty had desired him to "bite out his tongue," repeating it with such earnestness, regardless of my remonstrance, and urging that "God's word was to be obeyed before man's," that I feared I should hasten the catastrophe if I took any steps to prevent it. The day passed off well; but in the middle of the night he thrust his tongue out of his mouth and made his teeth meet through it; and, had he been alone, he might have succeeded in his attempt. It became now not only necessary to use restraint, and deprive him of the use of his hands, but also of his teeth. For this latter purpose, a piece of wood after the manner of the bit of a bridle was placed in his mouth. In feeding him we were obliged with great care to draw this out on one side, as we put a spoon in on the other; for we could not allow him to close his mouth. He was propped up with pillows for fourteen nights; at the expiration of which, owing

to his fatigue, we were constrained to put him to bed, but still, so bent upon fulfilling the command he had received, that, by a determined effort during the night, he loosened our contrivances, and thrust his teeth into the same wounds. A more difficult case could scarcely have occurred. He fortunately made no farther attempts ; and, surprising as it will appear, he recovered and returned home : but, the following year, he again showed symptoms of derangement, and became imbecile.

A young gentleman, being disappointed with his success in life, took it much to heart, and secluded himself from society. Unfortunately his friends and relations, instead of attempting to rouse him, pitied him, and coaxed him. This suited his humour, and encouraged him to indulge it. From not mixing in society, he became in his own imagination unable, fancying every slight exertion affected him : one thing created headache, another a rush of blood to his head ; he was too weak to walk, or even to sit upright, and could only find ease in the horizontal posture. When he did not obtain his own way he fainted, or feigned to do so. He naturally baffled his medical attendants, because they could not enforce their advice, and he was at length brought to our establishment. At first he required two attendants to support him while he walked, not having sufficient strength, he said, to take many steps without resting ;

when, in fact, he exerted great power in opposing, and endeavouring to overset his attendants. Finding it impossible to deceive us, he quietly submitted to our directions, and soon grew stronger; was content to take one arm instead of two, and then a stick; and, before the lapse of three months, was not only able, but heartily enjoyed following the hounds.

A lady had contracted the habit of making vows from her youth, and suffering real distress of mind when she found herself unable to fulfil them; believing that her everlasting happiness was irretrievably endangered, although many of her vows were of such an absurd nature that it was not possible for her to perform them.

For many years, owing to the watchful care of her family, her peculiarities did not prevent her entering into society, and conducting herself with so much propriety as to conceal them from all but her most intimate friends; but, upon the occurrence of a very severe domestic affliction, her mind became a prey to dejection, and her vows took a more serious turn, viz. that she would neither eat, speak, employ, or even assist herself for her own personal comfort in any way whatever, and they were now accompanied with a determined resolution to fulfil them, under the impression that they were necessary to her salvation. Her family, with the aid of medical advice, in vain attempted to combat these aggravated symptoms, and

ultimately brought her to my house. Six weeks elapsed before I overcame her obstinate resolution not to speak, although, from the dislike of being fed, she took her meals regularly in a shorter space of time. Being naturally fond of society her mind was readily diverted by associating with my family, and by degrees she resumed both her usual occupations and former cheerfulness.

After the lapse of twelve months she was sufficiently restored to return to her friends, but her deep-rooted habit of making vows does, and I fear ever will, remain.

An alteration in the healthy state of the nervous system is, apparently, the PROXIMATE cause of both the High and Low State of mental derangement, it being, in the one case, unusually sensitive and excitable; in the other, unnaturally torpid and insensible. But, why such opposite disorders should arise from similar excitement, it may be difficult to determine; this appears to depend more upon the constitution and natural disposition of the individual, than upon any thing else. We may instance the case of Lear, whose irritable nature was manifested by his behaviour to Cordelia, and his hasty banishment of Kent.

Lear. "Peace Kent!"

"Come not between the dragon and his wrath."

—— "Kent, on thy life, no more."

——— “ Out of my sight ! ”

Gon. “ The best and soundest of his time has been but
“ rash —— ”

The ingratitude of his daughters threw him at times into violent bursts of passion ; and thence, by degrees, into a paroxysm of the High State of derangement. Had he been, by nature, cool and thoughtful, not easily ruffled, but always able to suppress his feelings, he would, probably, have fallen into the Low State from the same circumstance.

In pointing out the curative treatment of a case in the Low State of derangement, I shall make the same arrangement as I did when treating of the cure of a case in the High State. Our efforts must be directed to these four objects.

The preservation of life.

The depression.

The general health.

The mental disorder.

As the patient is often bent on self-destruction, and resists all nourishment for the purpose of starving himself, it becomes absolutely necessary to administer it by force in order to save his life. While he obstinately refuses to eat, we must administer nourishment in a liquid form, as beef tea, or sago and wine, or both. It is obvious that such a person ought not to be left alone. He ought not even to be allowed the use of his hands, because he will assuredly aim to

deceive those who are set to watch him, that he may fulfil his intentions; whereas positive restraint not only puts it out of his power to do harm to himself, but it checks his continual anxiety to deceive, and gives time for those feelings to subside which have provoked the lamentable desire.

In order to rouse the mind from its depressed state, and break in upon the thoughts that overwhelm and influence it, we must have recourse to means that disturb and irritate the body.

“ When the mind’s free,
“ The body’s delicate,”

and is very sensible to the effects of medicine; but in the Low State of derangement, the reverse happens in a remarkable degree, the nervous system being, apparently, without sense or feeling. Two and three emetics have been taken without creating nausea. Blisters have been applied without seeming to give pain; and purgatives have been administered without producing any effect. These remedies, however, are not only calculated to withdraw the mind from the points upon which it is deeply absorbed, but they prepare the way for the exhibition of such medicines as shall, in the judgment of the physician, be best suited to promote the general health in each case. It is justly observed by the late Dr. Monro, that “the
“ only cautions necessary for those unacquainted with

“ this complaint, are not to be too hasty in their
“ evacuations, nor to carry them beyond the strength
“ and constitution of the patient; never to lose a
“ proper authority over him, which they will always
“ find necessary for his management; not to be im-
“ posed upon by his cunning artifices; nor to give him
“ up too soon as an incurable. As to medicines there
“ can be no particular directions, all that are proper
“ in other distempers will be found of use in this
“ when applied with judgment.”*

When we find the body more sensible to the effects of medicines, we may hope to find the patient more free from depression, his countenance less fixed and dejected, his step more alert, and himself more attentive to his person and dress. As his health still further improves, we shall find him less influenced by his delusions; more easily induced to notice things around him; then able to interest himself upon past and passing events, till, at length, but very gradually, the strange ideas that had possessed his mind vanish away, and leave him capable of acting as he did previously to his illness.

These cases bring with them very great anxiety, and require unceasing attention. We have to contend throughout the illness with so much obstinacy, that I can only compare our exertions, in a patient's behalf,

* Monro's Remarks, p. 59.

to pushing a heavy load up a long hill, as both are sure to retrograde if we relax our efforts.

The Low state of mental derangement appears to have been known to the ancients by the name of *Lethargus**: for the latter is described by them as a disease in which great apathy of body and mind, together with fever and indigestion, are the characteristic symptoms. Aretæus particularly mentions the accumulation of flatus, and its consequent incessant change of position †: I am inclined to this

* *Intelligimus lethargum ex obstrusione, atque hebetudine sensuum, pressura etiam, atque febre acutâ sive jugi, sive dimissionibus intercapedinata, pulsu magno, tardo, inani, et inflato. Sine his enim neque esse intelligi lethargus potest.*—Cælius Aur. lib. ii. cap. 3.

Erit præterea *tacitus* is, qui natura, atque sanitatis tempore fuerat multiloquus, tunc *piger*, ac non sponte *initians* loquelam sed alienam prosequens: *suarum tacitus querelarum*, aut non digna ratione referens: *multo* etiam veluti *somno affectus*, nec *quicquam somnians*, aut eorum quæ somniaverit memor: *schema* jacendi frequenter *supinum*, contra solitam consuetudinem: *oscitatio jugis*, *extensio crurum*, tanquam è somno expergescentis. — Cælius Aurel. lib. ii. cap. 2.

Hujus morbi symptomata, quæ nunc ordine explicanda veniunt, præcipua sunt somnus, et oblivio functionis cujusque alterius cognoscentis aut spontaneæ cessatio, respiratio inæqualis, et tarda febris, et non rarò affectu in pejus eunte, spasmi, tendinum subsultus, ac demum convulsiones universales ac lethiferæ. — Willis, De Lethargo.

† Οἱ ληθαργικοὶ, τρομώδεις ἀπὸ χειρῶν, ὑπνώδεις, δύσχρωτες, οἰδηματώδεις, σφυγμοῖσι νωθροῖσι, καὶ μετάρσια τὰ ὑποφθάλμια, καὶ

opinion, also, from finding it contrasted with phrenitis*, and more especially from the observation of Cælius Aurelianus, “That lethargic patients sometimes fall “into phrenitis previous to their recovery, and those “afflicted with phrenitis oftentimes become lethargic.” † The same thing happens between the HIGH and Low states of derangement: the most violent patients are almost certain to become Low, previous to their cure; and those who are at first Low, and lost to all sense of feeling, will have a better chance of recovery if they fall into the HIGH state and become irritable. That it is not *melancholia* is clear,

ἰδρωῶτες ἐπιγίνονται, καὶ κοιλίαι χολώδεις καὶ ἀκρατεῖς. — Hipp. Coacæ. Prænot. 192.

Φυσέων γέ συναγωγὸν λήθαργος, καὶ ἐν τῆσι κοιλίησι, καὶ ἐν τῷ ὄλω σκηνεῖ ἀργίη, καὶ νωθίη, καὶ ἀψυχίη. Διαπνευστικὸν δὲ κίνησις, ἢ δὲ ἐγρήγορσις — Aretæus, Θεραπεία Ληθαργικῶν.

* Ὁ Γνήσιος λήθαργος, ὡσπερ ἡ φρενίτις, ἔχει μὲν τόπου ἐγκεφάλου, ὕλην δὲ ἐναντίαν τῆ φρενίτιδι. — Trallianus, περὶ Ληθαργ.

Alter quoque morbus est; aliter phrenitico contrarius. In eo difficilior somnus, prompta ad omnem audaciam mens est: in hoc marcior et inexpugnabilis pene dormiendi necessitas. Λήθαργον Græci nominarunt. Id quoque genus acutum est, et, nisi succurritur, celeriter jugulat. — Celsus, lib. iii. cap. 20.

† Denique *vehementi stricturâ phrenitici sæpissimè in lethargiam* venerunt, ut, *declinante lethargiâ*, aliquando è contrario lethargi *in phrenitim deciderunt*. — Cælius Aurelian. lib. ii. cap. 1.

Aliqui denique è *lethargo* liberati, absolutam *phrenitim* incurrunt, ac deinde ad sanitatem perveniunt. — Cælius Aurelian. lib. ii. cap. 3.

because melancholia is a disorder *sine febre**; and the one under consideration is always attended *cum febre*.

In the treatment of lethargus the ancients prescribe bloodletting and cupping: Aretæus, however, warns us against the use of these remedies, if lethargus is the consequence of phrenitis; and proposes castor to expel the flatus and strengthen the nerves.† Trallianus and Celsus direct castor to be given, combined with scammony.‡ Willis observes, that the prognosis is very unfavourable, and that no time ought to be lost in opening the jugular vein; after which he recommends blisters and sinapisms to be applied to the legs and feet, and the second day a vomit or cathartic to be given.§

* Ἔστι δὲ ἀθυμία ἐπὶ μῆ φαντασίῃ, ἄνευ τῆ πυρετοῦ.—Aretæus, περὶ Μελανχολίης.

Melancholia vulgo definitur *desipientia sine febre aut furore, cum metu, et tristitiâ conjuncta*.—Willis, De Melancholia.

† Ἦν μὲν ἐξ ἐτέρης νόσου, ὁκοῖόν τι φρενίτιδος διαδέξεται ἢ λήθη, φλέβα μὲν μὴ τάμνειν, μηδὲ ἀθρόον ποθὲν κενοῦν αἷμα. — Συκίῃ ἤκιστα χρέεσθαι, ἢν ἀπὸ φρενίτιδος ἔωσι. — φύσας γὰρ ἄγει (καστόριον) ἄνω τὲ καὶ κάτω μετεξετέροισι δὲ καὶ οὔρα καὶ κόπριον. ἢν δὴ ποθὲν εἰς τὸ πᾶν διαθέον ἦκη, ἄτρομα, ἢδὲ κραταιὰ τὰ νεῦρα γίγνεται.—Aretæus, περὶ Ληθαῖ.

‡ Trallianus, περὶ Ληθαῖ.—Celsus, lib. iii. cap. 20.

§ Willis, De Lethargo.

CHAP. VI.

ON LUNACY.

IN the preceding pages I have, as I proposed, attempted an explanation of the nature, origin, and causes of derangement generally. I have given the history and progress of its two extremes when attended by fever, with the principle and means which experience has proved to be peculiarly beneficial in the cure of them. I have shown the efficacy of medical science combined with proper management. If however, notwithstanding our exertions to restore the mind with the body, the fever ceases, the bodily health improves, whilst reason does not return, the case then partakes more of insanity than derangement.*

Insanity, like mental derangement, may be divided into two states, the one characterised by violence, the other by dejection and a desire of death. Both are apparently free from any bodily disease, and

* *Phrenitis*, aut brevi tempore in salutem, aut mortem, cum *febre* terminatur; aut diu protracta, et post *febrem* superstes, demum vel sanatur, vel in alios morbos, nempe *Lethargum*, aut *Maniam*, aut *Melancholiam* transit. — Willis, cap. 10.

liable to pass one into the other.* These two states are, I conceive, the MANIA and MELANCHOLIA of the ancients.†

An opinion was formerly entertained, that persons of disordered intellects are influenced by the moon, and that symptoms of their state are more clearly manifested at the full and quarters of it than at other periods. This idea is now pretty generally exploded; nevertheless, the word lunacy, which was derived from it, has remained, signifying that confirmed unsoundness, from whatever cause it arises, which prevents a man managing himself and his affairs.

Besides the furious maniac and desponding melancholic, whose conditions are too evident to be mistaken, there are a variety of shades in the disorder from the most violent to the most harmless, so that no two lunatics are alike. The minds of some seem more acute than when sane, and these are led on, by their disordered imaginations, to the ruin of themselves, their families, and their property, in wild and

* Post *melancholiam*, sequitur agendum de *mania*, quæ isti in tantum affinis est, ut hi affectus sæpe vires commutent, et alteruter in alterum transeat; nam diathesis *melancholica* in pejus evecta *furorem* accersit; atque *furor* deferbens non raro in diathesin *atrabiliariam* desinit.—Willis, cap. xii. De Mania.

† Γίνονται μὲν οὖν καὶ μετὰ πυρετοῦ βλάβαι τῶν ἡγεμονικῶν ἐνεργειῶν, ὡς ἐπὶ ΦΡΕΝΙΊΤΙΔΟΣ τε καὶ ΛΗΘΑΡΊΓΟΥ, γίνονται δὲ καὶ χωρὶς πυρετοῦ, καθάπερ ἐπὶ ΜΑΝΙΑΣ τε καὶ ΜΕΛΑΝΧΟΛΙΑΣ.—Galen, De Locis Affectis, l. iii.

imaginary pursuits, in maintaining the dignity of a self-created title, or in flying from supposed persecution; and these will pertinaciously adhere to some delusive idea, in opposition to the plainest evidence of its falsity, and endeavour, by the most ingenious arguments, however fallacious they may be, to support their opinion. In these, also, we may observe that retention of memory, display of talents, enjoyment in amusing games, and an appearance of rationality on various subjects, are not inconsistent with unsoundness of mind. Others are morose in their disposition, and callous to a just sense of affection, decency, and honour: they hate, without a cause, those who were formerly most dear to them. Others again are bereft of any reasoning faculty, and are lost to all sense of propriety; but, whatever character may strictly belong to each, they all exhibit a perversion of intellect, which disqualifies them from taking care of themselves and their affairs, and renders them fit objects of protection, as well for their own comfort as for the good of society.

Besides these persons whose infirmity may be traced to bodily disease, there are those whose minds have been unsound from their birth, and who, as regards their incapacity of taking care of themselves, or as being fit objects of protection, are in the same state as those of insane mind from disease. Although both of them entertain delusions, yet the latter, never

having been capable of understanding things in their true light, put the strangest and most irrational construction upon what they hear and see; suffer themselves to be treated as children, and can be made to believe the grossest improbabilities — to lay them aside and take up others. Such characters, prior to the institution of county lunatic asylums, might have been seen wandering about in almost every village, fantastically dressed, objects of pity, ridicule, and terror; and usually known, from their extraordinary behaviour, by the names of “Mad Tom” and “Tom of Bedlam.”

Edg. “The country gives me proof and precedent
 “Of Bedlam beggars, who, with roaring voices,
 “Strike in their numb’d and mortified bare arms
 “Pins, wooden pricks, nails, sprigs of rosemary;
 “And with this horrible object, from low farms,
 “Poor pelting villages, sheep-cotes, and mills,
 “Sometime with lunatic bans, sometime with prayers,
 “Enforce their charity.—’Poor Turlgood! poor Tom!”

King Lear.

Hence we see, that, although the cause of their condition differs, the effect is the same: one has lost what the other never possessed — a sound and perfect understanding.

We may compare a person who has lost his reason to a child who has not attained to it. Both are liable to be excited by bodily ailment, and to regain their usual placidity by the removal of the cause: as nei-

ther can explain their feelings, it is only by observation and experience that we can hope to tranquillise them. Both would, if they were not thwarted or restrained, follow their own inclinations, regardless of the anxiety and annoyance they might occasion others; for both are utterly selfish. Selfishness is indeed a characteristic feature of the complaint. One patient deliberately assails you with gross and violent language, but is highly indignant if you vary from what is becoming in your speech or behaviour towards him. Another indulges in the most filthy habits, but exhibits peculiar sensitiveness if he is served with what he considers unclean or unwholesome. A third puts himself to torture, but complains bitterly if others inflict a slight pain. A fourth does not hesitate telling a falsehood to gain his own ends, and he does this with so much ingenuity and such plausibility, as to convince the inexperienced of the truth of his statement.

I have already stated that the greater number of the insane are sensible of what is passing around them, and are deterred from resorting to personal violence by the knowledge that restraint would in such case be imposed; and here again the love of self prevails. But the impulses of some are too urgent and irresistible to be thus checked. I knew a patient who could not refrain from striking or kicking whomsoever he came in contact with, and breaking whatever he

laid his hands upon. He was aware of this frightful propensity, and though at liberty in his room, he would not leave it unrestrained. As he grew older this painful excitability subsided, and during the last ten years of his life he was harmless, took his exercise when and where he liked, unrestrained and unattended.

Lunatics are, however, subject to paroxysms, in which they lose their self-possession, and then require more or less restraint according to their violence. We know how quarrelsome and fractious the best behaved children occasionally are, and how soon a peevish and fretful state is removed by a little medical discipline. We are aware that we ourselves are not uniform in our tempers, sometimes in exuberant spirits, at others listless, feeling our business irksome, and at others again irritable without being able to assign these changes to any mental cause; but we can with greater certainty ascribe them to some bodily derangement. The insane are liable to the same variations. From being deprived of reason they give way to their feelings instead of controlling them. Some become more mischievous than usual. Others more boisterous, despising remonstrance, and threatening vengeance. Others, again, become speechless and motionless. Experience is here of importance, that we may not confound these states of excitement and lethargy arising from bodily ailment, and re-

quiring medical treatment and perhaps restraint, with the ebullitions of temper which will shortly subside without the application of any remedy,

The legislature, as well as some benevolent individuals, have been actively engaged in devising means for the better care of the insane; and their attention has been particularly directed to promote a more watchful attendance over them in preference to the application of any bodily restraint; a step which has, in various instances, been attended with the desired effect. Some persons, however, have gone so far as to suppose that all insane persons might be managed without restraint, a conclusion not warranted by reason, nor confirmed by experience. The system, indeed, of non-restraint has been so strongly advocated, and the public led to consider all restraint as cruel and unnecessary, and that a system of kind and watchful treatment is only required, that I cannot refrain from expressing my opinion, that, agreeable as this method would be to all humane and considerate persons who have the care of these unfortunate individuals, it will not *alone* avail. The minds of the insane must be operated upon by control, either in fact or in idea. The greater number may, and certainly ought to be, rendered tractable without bodily restraint; but we must attribute the orderly beha-

viour, we are able to produce, to a consciousness of being under restraint, which all patients feel when placed under the care of those, whom they soon find they must obey, by being obliged, from the first, to take their meals and their exercise, to go to bed, and to get up at the appointed hours; and, but for this fortunate circumstance, we should have great difficulty in keeping an otherwise ungovernable patient in a state of quiet subjection.

Those patients who consider themselves sane and unjustly confined, as many do, use all the cunning they possess to elude our vigilance. The kindest treatment is no compensation to them for the loss of their liberty; and, unless they are restrained, or taught to restrain themselves, would assuredly not remain in confinement. It frequently happens, that the very threatening a patient with any particular restraint or discipline supersedes the necessity of its enforcement, and it is humane and prudent that this should first be tried; but, if positive restraint is required, it is for the ultimate benefit of the patient that the waistcoat should be used in preference to such half-measures as I have seen recommended, viz. that "two persons should hold a patient in his paroxysm," which is neither more nor less than inviting him to struggle for the mastery. I have witnessed the inutility and mischief of this method, by having had patients brought to me covered with

bruises, in consequence of the struggles that had daily occurred between them and their servants, all which would have been prevented by the more merciful restraint of the waistcoat, which is a most salutary remedy, as it at once puts the body into a comparative state of repose, and, by subduing the spirit, forces the mind to reflection, and leads to tranquillity, while the other creates contention and increases the excitement.

It is more than a century since my grandfather first turned his attention to this branch of the profession. The non-restraint system, now so highly extolled, as if it was but recently introduced, was carried out by him to a great extent in the cure and management of the insane. He had every sort of amusement for them. Many associated entirely with his family; some even hunted with him; but if any patient lost the government of himself, he never hesitated to use restraint: and let it be understood that chronic cases, or those whose disease is confirmed, are subject to exacerbations of their malady, and liable to lose all control over themselves, to become, in short, delirious; requiring in that state the same treatment, both medical and moral, as is required in a case of recent occurrence. It is to the early and prompt adoption of restraint that his very great success is to be attributed; and to following the same mode of treatment I feel myself indebted

for having been equally fortunate: indeed, so convinced am I, not only of the efficacy, but of the necessity of it, that, notwithstanding the sweeping censures cast upon all modes of restraint, and more particularly upon those beneficial auxiliaries, the waistcoat, the chair, and the belt and gloves, I do not shrink from upholding them, believing it is the abuse of these, and not the use, which ought to be condemned. I could detail many cases in confirmation of the opinion I have expressed; but those who will dispassionately peruse the following, must perceive how utterly useless all advice would be without the means of enforcing it.

The patient had been for many years deranged; he possessed a very irritable temperament, but an active mind; and, believing himself to be gifted with more talent and sense than any other individual, was always occupied in reading, writing, drawing, or some such employment, with the acknowledged view of proving his sanity. Whether his mental exertion, or a disappointment in having failed to convince his friends or myself that he was fit to have his liberty, was the cause of his attack I know not: it is sufficient to notice that he suddenly relinquished all his employments, and paced his room in a very agitated manner, talking loudly and incoherently, sometimes shouting; heedless of any one who entered, and regardless of food; when spoken to, he answered

sharply, or not at all; if advised to sit down, or take his meals, he obstinately refused, threatening every one who dare approach him; added to this, his head and face were bedewed with perspiration, and he tottered from the fatigue of standing. I foresaw, with considerable anxiety, that, unless these symptoms were arrested through the influence of medicine, there was a fearful probability of his dying in a raving state. I have elsewhere observed that persons in delirium exhibit a strength quite disproportioned to what they possess at other times. This patient exhibited surprising cunning and force in his resistance; but, having succeeded in putting on the waistcoat and placing him in the chair, I offered him the following draught, which he so determinedly resisted, that I was obliged to resort to the means I fortunately possessed of administering it.

℞ Decoct. Cinchon.
Mixtur. Camphor. āā ʒvi.
Tinct. Cinchon.
Spirit. Ammon. aromat. āā ʒi.

In an hour's time I repeated the draught, which, with a little persuasion, he took; at the expiration of two more he had a third; and then, after the lapse of three hours, he had a fourth dose, with the addition of the following aperient:—

Extr. Colocynth. Compos. gr. x.

He had now regained some consciousness, some feeling of self, and, not having had any food through the day, gladly eat a basin of sago for his supper, went to bed quietly, and had sufficient sleep. My anxiety was greatly relieved on the following morning by his improved state, although he was yet too irritable to sit quietly unrestrained, or to refrain from talking loudly at times. The draughts were continued every three hours. He gradually obtained more command of himself; and, after the lapse of ten days, he was able to resume his usual employments.

In describing the above restraints, as merely beneficial, I have greatly underrated them, for, in the treatment of a case, such as I have related, they are invaluable. The public, surely, cannot know what these restraints are, against which so much prejudice is attempted to be raised. A strait-waistcoat is only a sort of jacket, made of any strong material, as stout drill, with very long arms and strings. When applied, the arms are folded over the chest, and tied behind. It takes full possession of a patient in the most lenient way possible, enables us to give him food and medicine, and prevents his doing mischief to himself, or to those who attend upon him; and, if judiciously applied, may be worn by the most delicate female without the slightest injury.—As to the chair, any strong chair with arms, so contrived that a patient cannot upset it, may be designated, “the chair,”

and is more particularly required when the patient is too restless to sit down, and would otherwise exhaust himself by standing. The belt and gloves, or the gloves alone, are a very useful as well as a very mild mode of restraint, and a good substitute for the waistcoat in those idiotic cases, in which the patient has a propensity to pick holes in his flesh, or pinch himself, or pull to pieces whatever he can put his hands upon. The minds of these patients are not merely deranged, but also impaired; we cannot reason with them: neither remonstrance nor watchfulness are of any avail; they are impelled by their sensations to certain actions, and restraint can alone prevent the indulgence. We may be sure that a feeling of distress or irritation is the exciting cause, which we should attempt to discover, and remove by medicine; but, in the mean time, we should check the patient fulfilling his desires, by the gentlest method we can adopt, and I know none better than the "gloves," which are nothing more than hollow balls of leather, into which the hands are placed, and which are fastened round the wrists. The patient is thus prevented seizing his object, or injuring himself. Now really, would it not be equally just and reasonable to cast invectives on a surgeon for placing a man with a broken limb in a fixed posture, and rail at splints and bandages, as censure all restraint in the management of the insane, or those whose duty it is to em-

ploy it? May I not truly say that, upon this subject, humanity itself has exceeded the bounds of reason? The numerous cases of suicide, daily recorded by the press, and the painful recollection of the many eminent individuals who have fallen a sacrifice to the neglect of due caution and timely restraint, ought not only to check the present mania for its abolition, but carry with them a perfect conviction of the urgent necessity of its requirement, and should lead us to extol it as a mercy, rather than denounce it as a degradation.

Having attempted to show that restraint cannot be wholly dispensed with, I must repeat that it often may be, where a watchful care and superintendence can be provided. Our efforts indeed, in the treatment of incurables, should constantly be directed to keeping them tranquil, by allowing them to indulge their fancies without interruption, if they are neither detrimental to their own health, nor injurious to others; and we should ourselves avoid, in our behaviour towards them, whatever we find either in word or action irritates and excites them. By pursuing this method, I have seen the most excitable lunatics pass their days in perfect tranquillity and apparent happiness.

Although it is manifest the conditions of lunatics will be ameliorated by the exertions lately made in their behalf, I cannot but anticipate their numbers

will be considerably increased, for, actuated as the framers of the late legislative enactments doubtless are by the most benevolent motives, they are evidently not practically acquainted with the subject. They make no distinction between the incurable lunatic and the man who, from some misfortune or over-exertion of intellect, has become deranged for a time; but all are to be exposed to the same scrutiny by visitors and commissioners. Now the feelings of these two classes of insane persons are very distinct. The lunatic has mostly lost that sense of delicacy and right feeling which the other in his progress to recovery daily evinces. Among lunatics, he, who thinks himself sane, will look forward with anxiety to their visits in the hope of proving his sanity, and regaining his liberty; and, when he finds himself disappointed, will be more unsettled and enraged, and will vent his anger on those who have the care of him. Another may be pleased, take the visit as a compliment to himself, and hope it will be repeated. A third may be so excited by the interruption, as to attack them with such a volley of abuse, and show such a determination not to listen to them, as to cause them to think themselves fortunate, if they escape from his presence, without further aggression than violence of language and gesture; so that these visitations, even to some lunatics, are an ever-recurring cause of irritation. Those persons, who have officially visited

lunatic asylums, must be able to bear testimony to the annoyance and agitation provoked by their presence.

But, granting that the surveillance of lunatic asylums will generally improve the condition of the incurables, how does it operate upon those recently attacked? These patients are grievously pained by the visitation, perhaps so seriously affected, as to have their recovery retarded or prevented altogether. What can be more heart-rending to a delicate mind than to be exhibited as a madman to these appointed inquirers?

It is not unworthy of remark, that as long as disease is confined to the body, advice may be sought for, and be prescribed without any interference; but, when the mind suffers with the body, and the disease becomes tenfold more lamentable, and the necessity of advice more urgent, impediments are met with, seriously operating against a recovery; as, however alarmed the friends of an individual may become for his safety, from the daily increasing dejection they witness in him, they cannot pursue the method experience has proved most conducive to the removal of this state of mind, until he has first been certified to be mad, registered as mad, and liable to be visited as a madman by five or six total strangers five or six times a year, if his malady continues so long; when, perhaps, a few weeks or months might suffice to restore him; and he might pass the rest of his life without

any return of his depression, though not without a painful recollection of this heartless exposure.

The framers of these laws can never, I conceive, have contemplated the mischief they are likely to produce on this class of patients. A delicate female, even in a sound mind, could scarcely see four and five strange men enter her room without feeling some alarm; and can it be supposed that persons, whose nerves are already shaken, and who require to be kept free from excitement, can receive these strangers with impunity? The annoyance to those who are conscious of their state is more painful than I can describe. To speak even leniently of this measure, it is a cruel interference with the domestic affliction of private life.

On the one hand, these legislative enactments deter persons, in order to escape this inquisition, from taking early and proper steps for the recovery of a patient. On the other hand, the prejudice excited in the public mind against all restraint induces the disuse of it, even where it is essentially required, and would be particularly useful. The result will be, that, although chronic cases will obtain more freedom by the introduction of a more watchful superintendance, many who might otherwise have been restored to their families in a sound state of mind, will meet a premature and lamentable death, or be added to the list of incurables.

The public mind having lately been agitated by the melancholy case of Mr. Drummond, and a discussion having been raised, in consequence, how far a lunatic who commits an atrocious crime ought to be held responsible for his act, and made amenable to the laws, I cannot leave this subject unnoticed. When we see a man, rational on most subjects, arming himself with pistols, and coolly waiting for an opportunity to slay his victim on account of having received from him some fancied ill-usage, we are led to suppose, as this man seemed to premeditate the act, and was sane on other subjects, that he should be held responsible, and I was once greatly disposed to yield to this opinion; but upon looking more closely into the subject, I am now satisfied of the incorrectness of it. Speaking of a sane man, we can justly say he *premeditates* the act he has planned to perform, but this word does not express or embrace the intentional conduct of the madman; nor can I explain my sentiments more clearly than by saying that he is *haunted* by such a constant and irresistible impulse to fulfil the object on which his mind is bent as to overcome every healthy and natural feeling, and shut out from his consideration all regard for the consequences, however serious they might be to himself or to any one else. Whatever be his all-absorbing idea, the lunatic cannot rest, cannot obtain what he calls his peace of mind until he has accomplished his purpose. This irresistible impulse is strongly exemplified in

the case of the patient, who so determinedly strove to bite out his tongue.* He was regardless of the torture he put himself to so that he could accomplish what he conceived to be his duty. A similar state of feeling leads to suicide, and I am persuaded, if restraint was had recourse to when it is first observed, we should have fewer to lament over.

The intellects of these persons, although greatly deranged, are not impaired; they are not ignorant of the sinfulness of their conduct, but they are, as it were, compelled to yield to the dictates of their disordered imagination.

As many persons who interest themselves in the welfare of the insane are strongly impressed with the idea, that, by introducing a system of religious instruction and discipline into lunatic asylums, much improvement may be effected in their condition, and as they have with this view been instrumental in appointing chaplains to some, I am led, before I conclude, to make a few observations on the subject; for it is surely a strange anomaly that it should be deemed useful to introduce into a lunatic asylum, for the daily attention of insane persons, a subject which is itself a very common cause of insanity.

We have been in the habit of allowing those patients who could conduct themselves orderly to attend

* See p. 104.

church, but we never perceived any further benefit to arise from it than the preserving a habit of obedience, quiet demeanour, and regularity; for we must not attribute this behaviour to the act of attending church, but to a remaining sense of the propriety of behaving decently when there, or to a feeling of restraint when in the presence of those under whose care they are. These very persons are equally orderly in their conduct at other times and in other places.

However desirable it may be, either for the sake of example or for the sake of preserving an orderly behaviour among the insane, that they should attend Divine worship, I am of opinion that the system of religious discipline should cease with that attendance. I think that all attempts at religious instruction are not only useless, but often injurious; and this opinion is fully corroborated by experiments which have been made on the subject. I learn from the report of these that those patients who had control over themselves behaved decently, those who had not showed the want of it; some by exhibiting marks of impatience and irritation, others by laughing, talking, quarrelling, assenting to what they heard, or giving utterance to their own ideas; but these reports contain no evidence that any patient was restored to his senses either by public or private religious instruction. The unreasonableness of expecting such a result may be easily shown.

Let us suppose, for instance, that a person of known irreproachable character imagines that he has been guilty of the worst crimes (a common case), and is unhappy from the fear that the Almighty will never forgive him; he surely can never repent of what he has never committed; but if, nevertheless, by religious instruction he becomes happier in the belief that he shall obtain forgiveness of the sins he has never committed, he would then be more strongly confirmed in his original delusive ideas, which it should be our object to convince him are erroneous, and make him disbelieve. Religion, instead of alleviating such a person's miseries, must add to his distress, by forcing his attention upon his imaginary crimes.

Again, let us imagine a person beloved by all who know him to consider his best friends as his most inveterate enemies, and that they have persecuted him, and blackened his character. Religion, which might teach a sane man to forgive his enemies, must add to the miseries of the insane if it teaches him to do the same, because he must become more than ever convinced that his friends are his enemies. Religion, in this case, by bringing his attention to dwell on his delusions, will, instead of composing him, excite his anger and hatred against all whom he believes to be his enemies.

Great stress is laid upon the advantage that those patients who are restored to their senses derive from

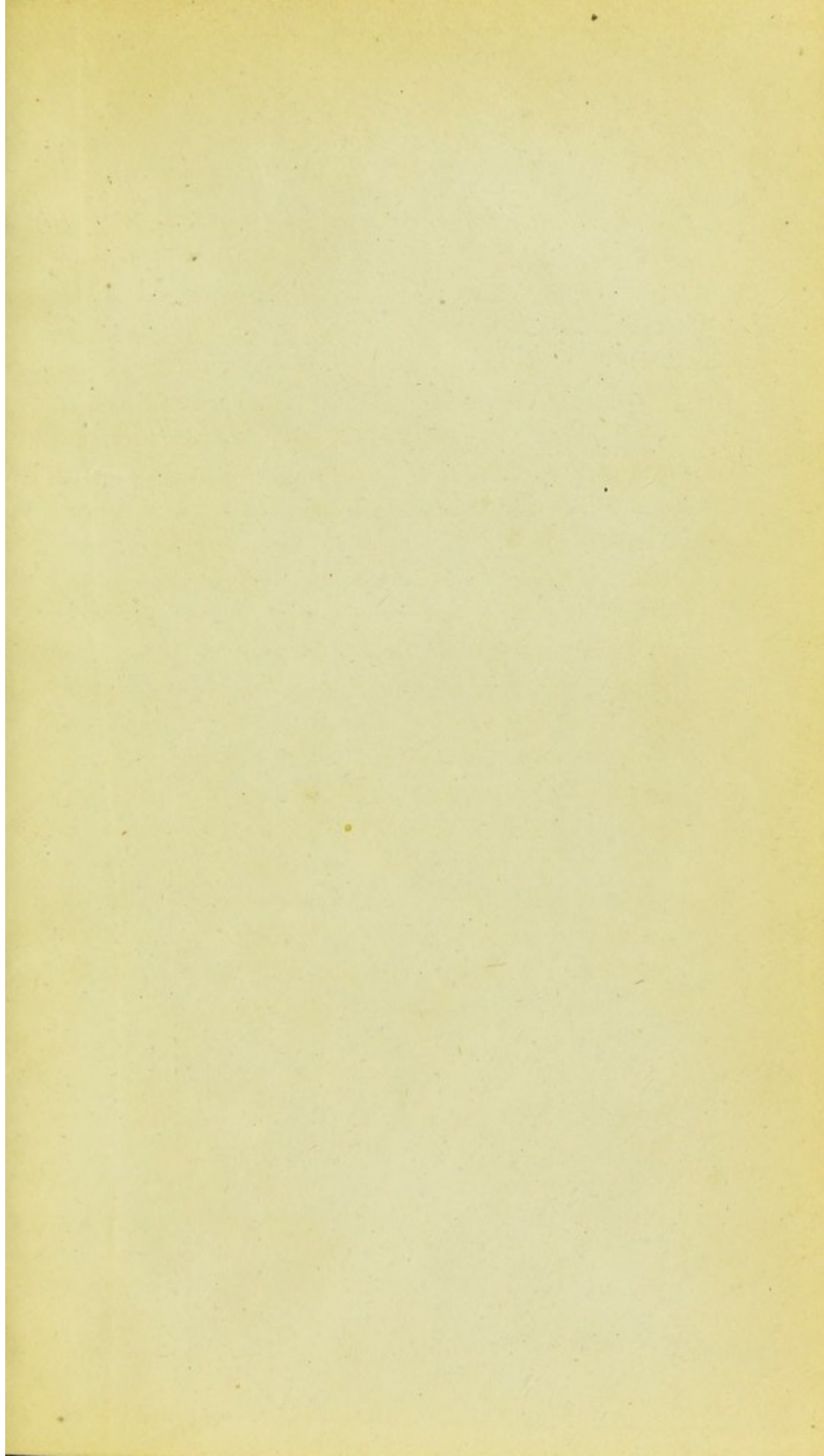
religious instruction. Convalescent patients, it is true, derive the greatest comfort from it, and here arises the mistake, as if religious instruction had been instrumental to their recovery; instead of this being the cause, the desire of it is the happy result. Their convalescence is made manifest by their showing a proper sense of their religious duties, and by their seeking consolation by attending to them, of which I cannot mention a more excellent and laudable example than that of our late revered King, George the Third, who, on recovering from his severe affliction, went, by his own desire, to St. Paul's Cathedral, and returned thanks to Almighty God for the blessing he had received. Convalescent patients are, indeed, the only patients who can derive comfort from religion. Reason and experience show how utterly impossible it is for an insane man to obtain it. In conclusion, I may observe that those who are not conversant with the management of insane persons, and read the strictures now advanced against all restraint, must naturally infer that all insane persons are alike in their conduct, and all equally manageable by moral means and by moral means alone, for no distinction is shown to exist among them, and medical means are altogether unnoticed. Judging from the number that are so managed, they have no difficulty in supposing that many more might be, readily fall into the idea that all can be, and soon after conclude that all modes of restraint ought to be abolished. My object has been

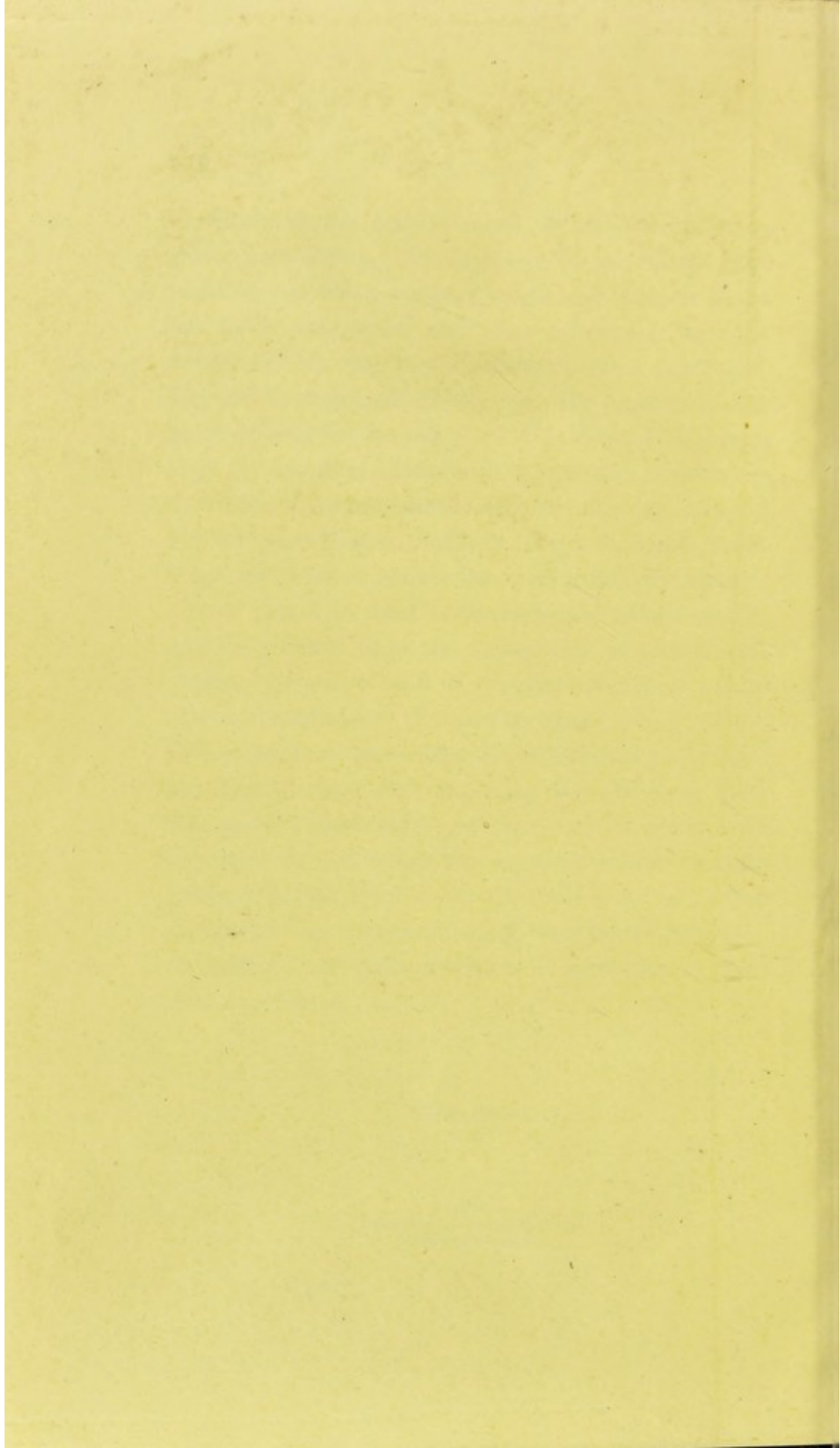
to disabuse the public mind of this preposterous notion by showing the variations of the malady, and pointing out when restraint ought and when it ought not to be employed, and thus to expose the utter fallacy of believing that all insane persons can henceforward be managed without it. My practice having been principally confined to the affluent, I cannot urge my adoption of restraint to the want of means in providing adequate assistance in carrying out the most vigilant surveillance; but it is from a thorough knowledge and decided conviction of its peculiarly salutary effects that I do most conscientiously recommend it, and strenuously urge the superiority of positive restraint over every kind of superintendence or watchfulness whatsoever. I am aware that I cannot expect by my observations to remove deep-rooted prejudices; but I may hope that reflective and judicious men, who are not themselves practical, and are anxious for information, will weigh the arguments here brought forward before they suffer themselves to be carried away with the stream and yield their better judgment to theorists and philanthropists in opposition to practical experience.

THE END.

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