A report on the recent progress of psychological medicine and mental pathology / by C. Lockhart Robertson.

A REPORT

ON

THE RECENT PROGRESS

OF

PSYCHOLOGICAL MEDICINE

AND

MENTAL PATHOLOGY.

BY

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"*Cordelia.* What can man's wisdom do
In the restoring the bereaved sense?
Physician. There is means."
SHAKESPEARE—*King Lear.*

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REPORT ON THE RECENT PROGRESS OF PSYCHOLOGICAL MEDICINE.

In the following Report our aim has been to present a view of the recent improvements and suggestions made in the department of Psychological Medicine.

This being the first Report on this department of medicine which has been made in the 'Half-yearly Abstract,' we have thought it advisable to devote a section (§ I) to the consideration of the forms of insanity, the which have been, and still are, variously classified. The simplest of the recent divisions of the subject is that contained in the Report of the Metropolitan Commissioners in Lunacy (1844), and is, therefore, the one which we have adopted throughout this Report.

Otherwise the only rule we have followed has been to sift all the recent writings on the subject, and rejecting false theories and common-place remarks, to present our readers with a summary of the recent adaptations of scientific research to the cure and alleviation of mental disease.

We would take this opportunity of drawing their attention to a recently established periodical, 'The Journal of Psychological Medicine and Mental Pathology,'* "a journal devoted exclusively to the consideration of the human mind in its abnormal state." We have received the first two numbers, which, in our opinion, reflect much credit on Dr. Winslow (the editor) and his coadjutors. The individual articles are, generally speaking, of considerable value in a scientific point of view, and have been written with much care.

We trust, however, in future numbers to see more regard had to the recent writings on this department of medicine contained in the contemporaries of the 'Psychological Journal,' viz. the American, French, and German journals of insanity. But as the Editor, with justice, observes, in the second number, "our readers will undoubtedly make every allowance for the deficiencies perceptible in the early numbers of the 'Journal of Psychological Medicine;' the difficulties inseparably associated with the first attempt made in this country to establish a periodical of this kind have been great."

* No. 1, January 1848; *to be continued quarterly.*

§ 1.—*Forms of Insanity.*

In the Report of the Metropolitan Commissioners in Lunacy, the various forms of mental disease are thus ably distinguished into—

I. Mania; which is divided into—
  a. Acute mania, or raving madness.
  b. Ordinary mania, or chronic madness of a less acute form.
  c. Periodical or remittent mania, with comparatively lucid intervals.
II. Dementia, or decay and obliteration of the intellectual faculties.
III. Melancholia,
IV. Monomania,
V. Moral Insanity,
} These three forms are sometimes comprehended under the term partial insanity.
VI. Congenital Idiocy.
VII. Congenital Imbecility.
VIII. General Paralysis of the Insane.
IX. Epilepsy.

A description of the disorders to which these terms are appropriated is likewise given, of which the following is the substance:

1. *Mania.*—This term is used to designate a particular kind of madness, as affecting all the operations of the mind; hence its synonyme, total or general insanity. Maniacs are incapable of carrying on, in a calm and collected manner, any process of thought; their disorder for the most part betraying itself whenever they attempt to enter into conversation. It likewise affects their conduct, gesture, and behaviour, which are absurd and irrational; their actions being characterised by great restlessness, appearing to be the result of momentary impulses, and without obvious motives. Mania is likewise accompanied by hurry and confusion of ideas, and by more or less excitement and vehemence of feeling and expression. When these last symptoms exist in an excessive degree, the disorder is termed—

Acute mania, which is the first stage of the disease, and often tends to a fatal termination, through the exhaustion occasioned by perpetual agitation and want of rest. It is also generally attended with considerable disturbance of the vital functions. The symptoms gradually abate, and the disease passes into—

Chronic mania, which is attended with less excitement of the passions, less rapidity of utterance, and less violence of action. In this stage the disorder of the mind is not always immediately perceptible; but it soon becomes apparent that the patient is incapable of continued rational conversation or self-control, and that his acts are the result of momentary caprice, and not governed by rational motives. A great proportion of maniacs labour under illusions or hallucinations, or false impressions as to matters of fact; but in these illusive notions there is no consistence or permanence. Patients labouring under this chronic form of mania are often tolerably tranquil and harmless, and capable of being employed in agricultural and other pursuits.

Intermittent mania (the third subdivision of mania) is a variety the existence of which has been much disputed, some medical writers of note denying the existence of lucid intervals altogether. As the Commissioners justly observe, the fact appears to be, that there are patients subject to occasional paroxysms of raving madness, but who have intervals of comparative tranquillity and rest. It generally happens, however, that after the alternations of raving fits and periods of tranquillity have continued for some time, the intervals become less clearly marked, and the mind is found to be weakened, the temper

more irritable, and both the feelings and the intellectual faculties more and more disordered.

2. *Dementia.*—Chronic and protracted mania is frequently the prelude to a decay and final obliteration of the mental faculties, which is termed dementia. In some few instances (generally the result of causes of a depressing nature, as sudden grief, &c.) dementia is the primary form of mental derangement. In those instances in which dementia is the sequel of protracted mania, it is not easy to determine the point at which mania ends and dementia begins. It differs from idiocy, in which the powers of the mind have never been developed, while in dementia they have been lost.

These two forms, mania and dementia, are the prevailing varieties of insanity in most large asylums, constituting, on the average, two thirds of the cases.

3. *Melancholia.*—Of this disease there are several degrees and varieties. Some patients display merely lowness of spirits, with a distaste for the pleasures of life, and a total indifference to its concerns. These have no disorder of the understanding, or defect in the intellectual powers; and, however closely examined, manifest no delusion or hallucination.

Another class of melancholics derive their grief and despondency from some unreal misfortune which they imagine to have befallen them. Many are convinced that they have committed unpardonable sins, and are doomed to eternal perdition. Others believe themselves to be accused and suspected of some heinous crime, of which they are destined to undergo the punishment; and of this they live in continual dread, &c. &c.

All cases of melancholia have more or less a tendency to suicide.

4. *Monomania.*—This term is given to cases in which the intellectual faculties are unimpaired, except with relation to some particular topic. A frequent illusion of monomaniacs is that they hold conversation with supernatural beings.

5. *Moral Insanity.*—This term is used to designate a form of mental disease in which the affections, sentiments, and habits, and, generally speaking, the moral feelings of the mind, rather than the intellectual faculties, are in an unsound and disordered state. Cases of this description were formerly looked upon as an unaccountable phenomena. They are, however, now regarded as a distinct form of mental disorder in nearly all the public asylums. They are characterised by a total want of self-control, with an inordinate propensity to excesses of various kinds.

6. *Congenital Idiocy and Congenital Imbecility.* — Congenital idiots are persons whose intellectual faculties have never been developed. Congenital imbecility is the result of some original defect which renders the mind feeble in all its operations, though not altogether incapable of exercising them within a limited sphere.

7. *General Paralysis of the Insane.*—This is a species of monomania in which the individual affected fancies himself possessed of vast riches and power, and which is always attended with a general paralysis, distinguished at its onset by an impediment in the articulation, and gradually progressing to total obliteration of the power of locomotion, with inability to attend to the calls of nature, &c. This specific form of insanity was first pointed out by French physicians.

8. *Epilepsy.*—This disease exists complicated in various ways with defects or disorders of the mind; with imbecility; with dementia; with mania; or it may coexist with perfect soundness of mind.

§ II.—*On the Present State of Lunacy, and of Lunatic Asylums.*

In an official document lately presented to both Houses of Parliament, by command of her Majesty, entitled 'Further Report of the Commissioners in Lunacy to the Lord Chancellor,' much valuable information regarding the condition, &c., of the insane is to be found. Indeed, the whole Report reflects the highest credit on the present Lunacy Commission. We proceed to make some extracts from the second part of that Report on the present state of lunacy and of lunatic asylums.

9. *Number of Insane Persons in England and Wales.*—"There are in England and Wales alone, according even to the returns, more than 23,000 persons of unsound mind. These returns, however, are notoriously imperfect, falling far short of the actual amount; and they do not, moreover, embrace the whole of a numerous class who are termed imbecile persons, having been so from birth, or become so from senility."

10. *Proportion of Higher and Middle Classes, and of Paupers.*—"Of the 23,000 persons before referred to, nearly 5000 belong to the higher and middle classes of society, and about 18,800 are paupers." About 15,000 of these are confined in the various hospitals, county asylums, and licensed houses; the others being in poor-law unions, or in private houses.

11. *Aggregate Number of Insane, and Persons engaged in their care.*—"The aggregate number of the insane and imbecile, together with their various committees, visitors, medical officers, attendants, and servants, cannot be fairly estimated at less than 30,000 persons."*

12. *Estimate of Annual Amount expended in the Maintenance, &c., of Lunatics.*—"On a rough estimate, it may be stated that the aggregate amount of money expended every year, for the maintenance of lunatic patients, or administered on their behalf, exceeds £750,000. To this amount must be added the expense of maintaining many families cast upon the parish by the parent's insanity, the expense of supporting many persons termed imbecile, and the interest of the large sums invested in the public lunatic establishments (some of which are paying interest on borrowed money)—which, together, will raise the expenditure to little less than *one million annually*."

The question of lunacy, therefore, is manifestly one of considerable extent, and, independently of its bearing upon the general liberty and welfare of the subject, of great public importance.

13. *Control and Jurisdiction exercised over the Question.*—"The expense incurred on behalf of pauper lunatics is intrusted to the justices of counties and parish authorities; the due application of the private property of the insane is subject to the especial jurisdiction of the Lord Chancellor.

"On the other hand, to ascertain that the patient is duly confined; that he has medical aid, fit attendance, and proper comforts during his confinement;

* According to a late report on the District Local and Private Lunatic Asylums in Ireland (p. 72), the total number of insane persons in that country (including wandering idiots and epileptics), amounts to 12,397; and the number of lunatic poor in Scotland, according to a late return, is 3413. Add to these the private patients in each country, and the various medical and other officers, attendants, &c., and the result will be that, *exclusive* of the families of lunatics, the total number in Great Britain and Ireland, who are directly or indirectly involved in the subject of lunacy, will be little short of *fifty thousand persons*.

that he is provided with employment and amusement; that his food is good, and his place of residence healthy, clean, well-ventilated, and in good order; that he himself is not ill-treated, neglected, or improperly restrained; and, finally, that he is liberated when fit for liberation—are amongst the duties imposed upon the various visitors, and, concurrently with them, upon her Majesty's Commissioners in Lunacy. These various duties are regulated by two Acts of Parliament (8 & 9 Vict., c. 100; and 8 & 9 Vict., c. 126); the one being for regulating the care and treatment of lunatics generally, and the other being for the provision and regulation of lunatic asylums for counties and boroughs, and the maintenance and care of pauper lunatics therein."

14. *Former Condition of Asylums for the Insane.*—"The enormities existing in asylums, public as well as private, previously to the parliamentary investigations of 1815, 1816, and 1827, can scarcely be exaggerated. They comprise almost every species of cruelty, insult, and neglect, to which helpless and friendless people can be exposed when abandoned to the charge of ignorant, idle, and ferocious keepers, acting without conscience or control."

Although, however, these investigations had been productive of good, the metropolitan licensed houses were found, in 1828, by the commissioners appointed under Act 9 Geo. IV, c. 41, to have been defective in almost every important particular. The apartments of the pauper patients were dirty, ill-ventilated, and altogether wanting in comfort. Personal restraint prevailed to a great and inexcusable degree. The number of attendants was, in almost every instance, inadequate to the proper care and control of the patients, &c. &c.

Even, in 1844, when, by the Act 5 & 6 Vict., c. 87, the metropolitan commissioners were enabled to inspect the condition of the various public and private asylums throughout England and Wales, they reveal, in their published Report,* a state of things existing in the private licensed houses, both in the metropolis and in the provinces, over which humanity would fain draw a veil; while the condition of several public institutions was but slightly better, that at Haverfordwest, belonging to the county of Pembroke, as bad.

Taste and want of space alike induce us to refer those interested in such chronicles of cruelty to the official Report in question.

15. *Present Condition of Asylums for the Insane.*—"Important benefits and comforts of various sorts have been obtained for the insane by the present system of inspection and supervision; and the amount of improvement which has of late years taken place in lunatic establishments have, her Majesty's Commissioners report, been great and general. "The dwellings for the insane are no longer the gloomy prisons in which they were formerly confined. Cleanliness, warmth, and ventilation are insisted upon; better diet, clothing, and bedding have been provided; personal restraint is diminished, and even where still employed its severity is greatly mitigated, and its application strictly watched; the health and mental condition of the lunatic are more carefully considered; occupation and amusement are more generally afforded to him; and in all respects better treatment is secured; whilst an opportunity is periodically given to him of representing any hardship to which he may have been subjected—an advantage which, as is found by experience, many patients fully appreciate."

Such a picture, and drawn, too, by those officially intrusted with the supervision of such establishments, forms a pleasing contrast to the view we above had of the *former conditions of asylums for the insane.*

* Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor. Presented to both Houses of Parliament by command of Her Majesty. London, 1844.

§ III.—*Statistics.*

16. *Results of Treatment in Hospitals for the Insane.*—The statistics of insanity have recently been carefully and ably investigated by Dr. Thurnam.* "The results of treatment, he says, "which it is the principal object of statistical reports of hospitals for the insane to enable us to compare, are two in number—*the proportion of recoveries per cent. of the admissions, and the mean annual mortality per cent. resident.*† With the important proviso, indeed, of circumstances being otherwise similar, the efficacy and success of these institutions may be regarded as in a direct ratio with the proportion of recoveries, and in an inverse one with the rate of mortality." As, however, in order to ascertain the precise proportion of recoveries in any particular asylum, the numbers "admitted" must be the same as those "discharged" when the period in question is completed—a method of observation which evidently cannot be attained—it follows that although the plan of calculating the recoveries upon the admissions affords a near approximation to the truth, "yet that it does not exhibit with precise accuracy the results of treatment in any hospital for the insane." On the other hand, the rate of mortality, when calculated on the average population of an asylum, not being liable to any such objection, "constitutes, for this and other reasons, our most important statistical means for estimating the success in treatment and the character of hospitals for the insane."‡

"The indiscriminating comparision of the aggregate results, however," as Dr. Thurnam well points out, "is nearly always very fallacious," yet it is particularly so when these apply to short periods, and especially when such periods are the *first* in the history of the institutions to which they refer. Indeed, upon a particular investigation of the statistics of a large number of hospitals for the insane, it appears that the proportion of the recoveries, in nearly every instance, has gone on materially increasing for a considerable period, often amounting to 30 or even 40 years from their first establishment; while, on the other hand, the mortality is generally more favorable during the early history of an asylum, continuing during the first 20 or even 30 years of its operations, to undergo a material increase which often amounts to 50 or 100 per cent. upon the mortality of the first 5 years. *A period therefore of the lowest, from 20 to 30 years, must elapse before we are authorized in concluding that the experience of an hospital for the insane at all fairly represents the average results of treatment which either have been, or will be, obtained in it.*

* Observations and Essays on the Statistics of Insanity. Simpkin, Marshall, and Co., London.

† Our limits forbid us following Dr. Thurnam in his consideration of the important sources of error connected with the terms used to designate the results of treatment, and with the methods of calculating the numerical value of such results. We here assume that, in asylums for the insane, the proportion of recoveries ought to be calculated on the admissions, the rate of mortality on the mean numbers resident, referring those of our readers engaged in such researches to the first four sections of the first chapter of Dr. Thurnam's 'Statistics,' and which are well worthy of a careful perusal.

‡ Although "the only STRICTLY accurate and unequivocal test of the sanitary state of any population, as established by its mortality, is obtained by a comparison of the deaths at each age, with the average numbers living at the same ages;" yet, as regards asylums for the insane, "it is probable that the difference in the numbers living at different ages, will rarely be so great as to render the inferences, from a comparison of the mean annual mortality at all ages, erroneous in any very material degree."—(Dr. Thurnam, op. cit. p. 16.)

In the following table, which is compiled from two furnished by Dr. Thurnam (Op. cit. pp. 20, 22), we have exhibited the comparative results of treatment in several of the principal hospitals for the insane at 20 years respectively from the dates of their establishment, the proportion of recoveries being calculated on the admissions, the mortality on the mean population.

Name of Asylum.	Number of Years from date of Establishment.	Proportion of recoveries, per cent. of Admissions.	Mean Annual Mortality.	
			At the End of Twenty Years.	During the Ten Years, 1835-45.*
Lancaster . . .	20 years.	38·56	18·25	14·94
Nottingham . .	20 years.	41·87	7·37	8·28
York, West Riding	20 years.	43·56	16·57	14·54
Lincoln . . .	20 years.	39·7	13·44	13·33
Retreat, York . .	20 years.	46·01	3·71	5·24
Dundee . . .	20 years.	44·21	5·84	6·05
Glasgow . . .	20 years.	42·72	8·31	10·02
McLean Asylum Boston, U.S.	20 years.	41·93	11·41	not given.

17. *Circumstances in the Character of the Cases admitted influencing the Results of Treatment.*—Admitted in any given case that the proportion of the recoveries and the rate of mortality be correctly calculated, there still can be no doubt, as Dr. Thurnam observes, "that the considerable discrepancy which is so often to be observed in the aggregate results of treatment in different asylums as frequently, or perhaps still more often, depends upon a difference in the previous circumstances and character of the cases admitted, than upon any differences there may be in the various influences and methods of treatment to which they have been subjected in the institutions themselves, and thus, in order to any fair comparison of the recoveries and mortality, we require considerable information as to these several particulars."

The following are the more important of these circumstances, though in the arrangement of these we deviate from Dr. Thurnam's method.

a. Duration of the disorder.—"Of all the circumstances which affect the comparison of the recoveries and mortality of the insane, the stage or duration of the disorder is, practically speaking, the most important. Dr. Thurnam states that, at the Retreat, the probability of recovery in cases brought under care within three months of the first attack, has been found to be as 4 to 1, whilst in cases not admitted until more than twelve months after the attack, the probability of recovery is less than as 1 to 4.

The duration of the disorder likewise exerts a material influence upon the mortality, as well as upon the proportion of recoveries. This influence is, however, of an opposite character, the rate of the mortality being greater in the recent and less in the chronic cases. Thus, during 48 years at the Retreat, the mean annual mortality has been 7·3 per cent. in cases admitted within three months of the first attack, and only 4·57 per cent. in those admitted of more than twelve months' standing.

The following table exhibits the proportion of recoveries per cent. on the

* In this column we have given the mean annual mortality for the ten years 1835-45, which Dr. Conolly, in the Appendix to his work on the Construction, &c., of Asylums (noticed in § IV), has adopted, without any qualification, as the standard of his statistical comparison of all public hospitals in Great Britain, both of recent and of longer duration, a method which would lead those unconversant with the statistics of insanity to draw most unfair conclusions as to the comparative success of many of these institutions.

admissions, and the mean annual mortality in cases of recent and longer duration when admitted at the Retreat 1796-1844.*

Duration of Disorder when Admitted.	Proportion of Recoveries per cent. of Admissions.			Mean Annual Mortality per cent. Resident.		
	Male.	Female.	Mean.	Male.	Female.	Mean.
First attack, and within 3 months	79·24	77·19	78·18	8·05	6·76	7·3
First attack above 3 and within 12 months . .	46·15	43·75	45·	5·14	4·06	4·37
Cases of 12 months' duration and upwards . .	14·65	23·38	19·16	5·24	3·98	4·57

b. Sex.—That the probability of recovery is greater in women than in men may now be regarded as established. Dr. Thurnam states, that in the Asylum, at Glasgow, taking the entire period of its operation, the recoveries in women have exceeded those in men by 4 per cent.; at Belfast by 5; at Lancaster by 7; at Armagh by 10; at the Retreat by 20, &c. A still greater difference, in the rate of mortality of the two sexes, is nearly always to be noted. As it is well known, there is an excess of 5 or 6 per cent. in the general mortality of this country on the side of males, but the relative difference is enormously greater in the insane. The excess of the mortality on the side of the males amounted to 72 per cent. at Hanwell; to 57 per cent. at Glasgow; to 56 per cent. at Lancaster; to 34 per cent. at the Retreat, &c.

It is, therefore, obvious that, in institutions receiving a decided preponderance of men, the aggregate results, both as respects the recoveries and the mortality, will, *cæteris paribus*, be less favorable than in such as have an excess of women.

c. Age.—Age exerts a very decided influence, both on the proportion of the recoveries and the mortality of the insane. As will appear from the following table, the probability of recovery is greatest in the young, and undergoes a very regular diminution as age advances.

Ages.	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	All ages.
Proportion of recoveries at the Retreat, 1796-1840 .	55·5	53·5	50·	47·5	44·8	35·6	20·	25·	47·3
Proportion of recoveries at the Asylum, York.1814-40	52·8	37·6	28·8	31·4	27·5	22·4	18·2		33·9

On the other hand, the mortality of the insane increases in proportion to the age much more rapidly than is the case in the general population. The following table exhibibits the mean annual mortality at different ages.

Ages.	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-97	All ages.
Mean annual mortality at the Retreat, 1796-1840 .	3·6	2·8	3·4	4·5	6·3	8·6	22·1	17·5	4·7
Mean annual mortality at the Asylum, York.1814-40	4·8	6·8	9·4	6·4	6·9	12·1	30·		7·4

* Thurnam, p. 56.

d. Rank and Previous Habits.— A very material influence is, doubtless, exerted by the rank in life and other external circumstances of the persons to whom asylums are appropriated, upon the average results of treatment; though in particular perhaps upon the mean annual mortality. Thus Dr. Thurnam states, that the proportion of recoveries at the Retreat, in those connected with the Society of Friends, has been at the rate of about 50 per cent., and the mean mortality only 4·7; whilst at the Wakefield asylum, which may be taken as a fair representation of an English county asylum receiving paupers only, the recoveries have been 43·6 per cent., the mortality 15·7 per cent. on the population.

These, together with one or two minor points, as the duration of residence, form of disorder, &c. constitute the circumstances in the character and prior condition of the cases brought under treatment, which, as Dr. Thurnam has the merit of showing in his treatise, "may more or less materially influence the proportion of recoveries and the mortality in hospitals for the insane; so that these results may vary materially from the average standard without reflecting any discredit on these institutions. Still there can be no doubt, and it would be a libel on these institutions to assert otherwise, that the management and treatment of the various influences, moral and physical, to which the insane are subjected in hospitals appropriated to their reception, do exert a material influence on the results which are obtained. And although we shall never be able to ascertain the exact numerical value which for good or for evil is to be attached to the observance, neglect or perversion, of the various particulars of such treatment in any given institution, we may yet be able to form some general notions on these points, which may approximate to truth, and which may furnish us with useful hints in forming our conclusions."*

18. *Influence of Insanity on the Duration of Life.*—The influence of insanity on the duration of life, is a subject on which authors have long been divided, and the opinion that mental alienation is not necessarily prejudicial to life is not even yet exploded. The researches of Dr. Thurnam, however, prove that insanity does materially shorten the duration of life. Of the total deaths which occurred in the Retreat from 1796-1840, "in those connected with the Society of Friends, less than two thirds, and in the others not more than one third of the expectation of life at the time of the attack was on an average realized." For further remarks on this subject, the reader must be referred to the work itself. (Part II, p. 100.)

19. *Causes of Death in the Insane.*—In the subjoined table, Dr. Thurnam draws a comparison of the several classes of diseases proving fatal at the Retreat (near York), with those which proved fatal through the whole of England and Wales, in the year 1838. The results furnished by this table are of great interest—

* It is almost superfluous to state that the three tables in the last page are adopted from Dr. Thurnam's treatise on the statistics, &c., chap. i. In a second chapter Dr. Thurnam traces, *seriatim*, the probable influence on the results which the several items of which the treatment of the insane consists may exert. Our limits forbid us entering into this part of the subject.

Causes of Death.*	England and Wales, 1838.	The Retreat, 1796-1840.
1. Epidemic, endemic, and contagious diseases	20·538	8·633
2. Diseases of the nervous system . . .	15·016	19·424
Including *convulsions*, (chiefly infants) .	7·879	
apoplexy	1·703	11·510
paralysis	1·505	1·438
epilepsy	·330	4·316
disease of brain . . .	·425	2·158
3. Diseases of the respiratory organs . .	27·484	24·460
Including *inflammation of the lungs* .	5·445	4·346
consumption	17·613	14·388
4. Diseases of the heart, &c. . . .	1·075	6·402
5. „ „ digestive organs . .	5·387	14·388
6. „ „ kidneys, &c. . . .	·493	·719
7. „ „ uterus, &c. . . .	1·007	·719
8. „ „ bones, &c. . . .	·635	
9. „ „ skin, &c. . . .	·126	
10. „ „ uncertain or variable seat .	13·389	13·669
11. Old age	10·781	7·913
12. Death by violence	3·617	3·597
Including *suicide*	·320	3·597

20. *Liability to Relapse or Recurrence.*—This is a question often put to the medical practitioner, and one which statistics alone will enable him correctly to answer. Dr. Thurnam concludes his calculations and inferences on this subject (which are of much interest and value) with this remark, "the liability to a relapse or recurrence of insanity after a recovery from a first attack, all things considered, can scarcely be estimated as at all less than 50 per cent., or as one in every two cases discharged recovered. . . . . In round numbers (according to the experience of the Retreat), of ten persons attacked by insanity, five recover, and five die sooner or later during the attack. Of the five who recover, not more than two remain well during the rest of their lives; the other three sustain subsequent attacks, during which at least two of them die.† But, although the picture is thus an unfavorable one, it is very far from justifying the popular prejudice, that insanity is virtually an incurable disease; and the view which it presents is much modified by the long intervals which often occur between the attacks, during which intervals of mental health (in many cases of from 10 to 20 years' duration) the individual has lived in all the enjoyments of social life."

21. *Relative Liability of the Sexes to Insanity.*—This question has been minutely analysed by Dr. Thurnam. "The proportion of men," he states,

* This table is read thus, of every 100 deaths in England and Wales during the year 1838, 20·538 died of epidemic, endemic, and contagious diseases, while of every 100 deaths at the Retreat, from 1796-1840, only 8·633 died of the same diseases, &c. &c.

† According to the experience of the Siegburg Asylum for 20 years (1825-45), of 125 cases which, during that period, were discharged cured, and who have subsequently died, 68 continued of sound mind during the remainder of their lives; 57 died insane; or, in round numbers, of every 11 cases of insanity which were there cured, six continued well throughout life; five died insane (the result of one or more relapses). This stands in the proportion of three remaining well to two and a half dying insane, and is therefore a more favorable view than that furnished by the experience of the Retreat.—Aerztlicher Bericht über die Wirksamkeit der Heil-Anstalt zu Siegburg, erstatted im December 1847. Köln 1847.

"admitted into asylums for the insane is, on the average, 13·7 per cent. higher than that of women, and as we know that the proportion of men in the general population, particularly at those ages when insanity most usually occurs, is decidedly less than that of women, we can have no grounds for doubting that the male sex is actually more liable to disorders of the mind than the female."

22. *Liability to Insanity at Different Ages.*—"From 30 to 40 years the liability to insanity is usually the greatest, and it decreases with each succeeding decennial period; the decrease being gradual from 30 to 60 years, and after that much more rapid."*

§ IV.—*On the Construction and Government of Lunatic Asylums.*

At a period like the present, when nearly every county in England is building, about to build, or enlarging the asylum for their insane poor, and as after the 8th of August, 1848, it becomes obligatory by Act of Parliament (8 and 9 Vict., c. 126) on "all counties and boroughs, having no asylum, to erect or provide an asylum for the pauper lunatics of such county or borough;" the principles on which these buildings should be constructed, as likewise the form of their government, become matters of great moment. A recent publication by Dr. Conolly on the subject,† must be regarded by all interested in the question as a most valuable addition to our knowledge on these matters. We shall therefore endeavour to present our readers with a summary of his views and suggestions.

23. *Advantages of a County Asylum for the Insane Poor.*—"The insane poor are of necessity exposed in both such places (*viz. in private licensed houses, or small asylums, or lunatic wards attached to workhouses*), to innumerable disadvantages only to be avoided in larger public asylums. Their diet, their clothing, their lodging are all generally of the most wretched description; the means of occupation are very limited; space for exercise is wanting; means of recreation and amusement are unthought of or unknown, and security is only effected by confining the limbs of the violent or troublesome, or by buildings so contrived as almost to shut out light and air, and utterly to exclude cheerfulness. All these circumstances are manifestly unfavorable to the recovery, or even to the amendment of those thus confined; and whilst there is not any foundation for the assertion that the number of cures, in curable or recent cases, is greater in private licensed houses for paupers than in public asylums, the mortality in such houses has been shown far to exceed that of the public institutions."

24. *Greater Economy of Public County Asylums.*—"As regards the question of expense also, it appears that when once a county asylum is built and opened, the patients are maintained in it at less cost than in private licensed houses; the average charge per head in the licensed houses being 8*s.* 11½*d.*, and the average cost in county asylums 7*s.* 6¾*d.*; which in an asylum for 300

* These conclusions as to the liability to insanity of the two sexes, and at different ages, vary materially from those very generally adopted. Dr. Thurnam enters into the subject at considerable length to prove, as we think he does satisfactorily, that the opposite conclusions on these questions are really to be attributed, not so much to any error in the data on which they have been founded, as to the application of faulty methods of statistical analysis to these data.

† The Construction and Government of Lunatic Asylums and Hospitals for the Insane, by John Conolly, M.D., &c., pp. 183. London, 1847.

patients, would constitute a considerable annual saving to the rate-payers of the county. How much better the pauper lunatic is taken care of in any well-conducted county asylum, is easily to be ascertained by inspection."

25. *General Remarks on the Construction of an Asylum.*—"It is particularly necessary to observe that almost every desirable quality, both in the construction and government of an asylum, becomes more difficult to be obtained or preserved, when the size of the asylum is greater than is required for 350 or 400 patients." Next, "no part of the building ought to consist of more than two stories." As to form, "there is none so convenient as one in which the main part of the building is in one line; the kitchen, laundry, workshops, and various offices being arranged behind these central buildings. In this main line wings of moderate extent may be added at right angles, in each direction, in which case the building assumes what is called the H form." Farther, "we require that the building should be on a healthy site, freely admitting light and air, and drainage. Space should be allowed for summer and winter exercise, for various employments, and for all the purposes of domestic economy. Warmth must be provided for during the winter, light for the winter evenings, coolness and shade in the summer. Separate wards and bedrooms for the tranquil, for the sick, for the helpless, for the noisy, the unruly or violent, and the dirty; a supply of water so copious, and a drainage so complete, that the baths, water-closets, and building in general, may always be kept perfectly clean, and free from bad odours. There should be workshops, and workrooms, and schoolrooms, separate from the wards, and cheerfully situated; a chapel conveniently accessible from both sides of the asylum; as also a kitchen, a laundry, a bakehouse, a brewhouse, and rooms for stores, and all the requisites for gardening and farming; and also a surgery, and all that is necessary for the medical staff. All these are indispensable in every large public asylum." Lastly, as regards the external aspect of an asylum, the following remark is of much practical value:—"When it is remembered that many patients are sent to an asylum whose senses are as perfect, and whose feelings are as acute as those of sane people, and that from the moment they enter the outer gate, everything becomes remedial with them, or the reverse, the reason will at once be seen why the external aspect of an asylum should be more cheerful than imposing, more resembling a well-built hospital, than a place of seclusion or imprisonment. It should be surrounded by gardens, or a farm. . . . . The reception-room should be a cheerful and neatly furnished sitting-room."

26. *Galleries, Dormitories, Sleeping-rooms.*—"A public asylum is ordinarily a series of galleries, out of which almost all the bedrooms open on one side, whilst on the other, large windows and doors open on the airing grounds and gardens. The galleries should be spacious, doors wide. A width of twelve feet and a height of eleven, seems to be suitable for the galleries of a county asylum. They should be light and cheerful; several small tables and chairs should be placed between the windows; the windows should be low and large, affording a view of pleasant courts and shrubberies.

"Every one who has any personal experience of sickness and bad nights, must know how sleep is conciliated or repelled by the temperature, the tranquillity, and even the general aspect of the bedroom, and the appearance or quality of the bedding and bedclothes. These feelings must be remembered, when we have to make night and day arrangements for nervous and insane persons accustomed to the comforts of life, and there is no necessity for forgetting them even in an asylum for the poorest lunatics."

Much difference of opinion exists as to the comparative value of dormi-

tories and single bedrooms. We greatly prefer the latter, and entirely concur with Dr. Conolly in his remark, "that in favour of large dormitories I do not know one good reason that can be advanced. Those who sleep in them are generally discontented. One patient accidentally noisy, disturbs the repose of fourteen or fifteen; and out of that number there is often some one noisy. . . . . The violent patients *must, of course,* be in single rooms, and if dirty patients are herded together at night, a dormitory becomes perfectly disgusting; and as for the clean and orderly, and tranquil and convalescent patients, no complaint is so constantly on their lips, as that which arises from their not having a single room, and consequently not having a single moment, to themselves, or any place where they can be quiet, or, in their frequently uttered words, where they can even say their prayers without interruption. I would therefore have, at least, two thirds of the bedrooms single rooms, very few and small dormitories, and no large dormitories for any class of patients."

In a second chapter, Dr. Conolly considers in detail, *the various arrangements of galleries and sleeping-rooms,* into which, however, our limits forbid us following him, as also into the necessary arrangements for *airing courts and grounds,* which are considered in a portion of the third chapter.

27. *Employments and Recreations without and within Doors.*—"Among the means of relieving patients from the monotony of an asylum, and of preserving the bodily health, and at the same time of improving the condition of the mind, and promoting recovery, employment of some kind or other ranks the highest. Its regulation is proportionably important. The spirit in which it is conducted should be conformable to the general spirit of the asylum, and its abuse should be carefully guarded against. . . . . The regulation of the employment of the patients is the regulation of a highly important remedy, and should never be attempted without the physician's assistance. As regards county asylums, there is now a great disposition in the officers to set every patient to work as soon as admitted; sometimes very improperly so, when perhaps work has made the poor creature mad. In many cases of recent mania and melancholia, work is positively detrimental to the patient; and in chronic cases, it is sometimes much objected to, and becomes on that account useless, if not hurtful.

"Constant and regular work cannot properly be exacted from insane persons, and they should not be kept at work so many hours as sane persons. Those patients who are employed in the workshops, laundries, bakehouses, &c., should be induced occasionally to walk round the field or gardens. In general, there is no want of a disposition to be occupied in those capable of exertion, and many patients are wretched if not allowed to work. To stigmatise as indolence what is the mere result of a malady which immediately reduces the nervous energy, and is often the beginning of paralysis, is an error into which no medical man would fall, and from which his opinion ought to protect any of his patients. There are some who are really indolent, but few of them who may not be in some way or other encouraged to some kind of occupation."

With regard to *recreation,* Dr. Conolly's remarks are likewise of much practical value. "In devising out-of-door recreation, it is necessary to avoid such as would endanger heedless patients, or be capable of being turned to mischievous purposes. Swings, see-saws, &c., are on these accounts scarcely to be recommended. The large rocking-horses to be seen in all our airing-courts at Hanwell, are free from all objection. Five or six patients can safely ride upon them at once, or one patient can be amused by them; the free

exercise they afford relieves the excited, and the gentle motion which single patients, sitting in the seat at their ends can enjoy, often soothes them to sleep. Means of amusement out of doors are useful to the attendants as well as to the patients; they contribute to relieve the irksomeness of their duties, and act as inducements to their taking the patients out as often as they can."

"Within doors similar care should be extended to providing recreation for the patients during the winter days and evenings. Each ward in which the patients are generally tranquil, should be provided with books, journals, magazines,* illustrated papers, pictures, albums, bagatelle and draught-boards, dominoes, cards, puzzles, soft balls, and even some descriptions of playthings; and the supply of these means of amusement should be carefully kept up. If music is encouraged among the patients, kind people will be found to furnish instruments which could not properly be bought for a county asylum. Some of the attendants are tolerable musicians, and a small band has been formed which contributes much to the enjoyment of the winter evening parties. The female patients often have small parties for dancing, and there are some entertainments on a larger scale, which have often been described. For these there ought to be a large apartment in every asylum, which might be otherwise useful also. In ordering these entertainments, the object should always be to produce gratification to the patients, without hurtful excitement. This is admirably effected in the evening entertainments, and as much forgotten in the extremely objectionable publicity of what are called fancy fairs, which ostentatious amusements, however well fitted to the idle and frivolous who are at large, are quite inconsistent with the character of an asylum for those suffering from mental disorder."†

28. *Clothing.*—"Among the most constant indications of insanity are to be observed negligence, or peculiarity as to dress.

"As regards the clothing of the pauper lunatic in a county asylum, it is especially desirable that it should be warm both in the winter, and in the changeable weather of the autumn and spring, and cool and unirritating in the summer. Many of the insane also are predisposed to pulmonary consumption, and a flannel waistcoat or drawers are indispensable to them, as well as to those who become depressed and inactive in severe weather.

"When convalescence is commencing, the patient generally becomes more cheerful, if some assistance is given as regards the Sunday dress, and of this a neat or even a pretty cap, is an important part.

"Many private asylums are open to the charge of great neglect as respects the dress of patients of the classes far above pauperism. The rule should be in private asylums, that each gentleman should be encouraged to dress according to his station, and ladies should not be allowed to forget

* "At the suggestion of Her Majesty's Commissioners in Lunacy, we have caused three of the patients, schoolmasters, to amuse the others in the winter evenings by reading selected passages aloud; and the practice has been attended with the happiest effect."—Report of the Dunstan Lodge Lunatic Asylum (the asylum for the united counties of Cumberland and Westmoreland) for the year ending January 1, 1848, p. 8.

† These principles, thus ably laid down by Dr. Conolly, may be found variously illustrated in detail in many of the Reports of asylums for the insane. Of those which have reached us, we would specify, as being well worthy of notice, the Reports which for the last eight years have been published by Dr. Browne, of the Crichton Royal Institution for Lunatics at Dumfries; the Fiftieth Report of the Friends' Retreat near York; the Reports of the Dunstan Lodge Lunatic Asylum for 1846 and 7; the Reports of the Surrey Lunatic Asylum, 1843 to 6; the Report by Dr. Skae, of the Royal Edinburgh Asylum, for 1847, &c. &c.

that they are ladies. Their friends are sometimes more in fault than they, and the patients are disfigured against their will; but it is disadvantageous to them to be thus permitted to fall into a negligence characteristic of advanced and incurable forms of disorder."

On the *government of asylums*, and on the *appointment and various duties of the attendants* of different classes, we can, in a Report like the present, only refer in terms of commendation, to the 5th, 6th, and part of the 7th chapters of Dr. Conolly's treatise, the whole of which merits the most careful perusal by all in any way associated either as commissioners, visitors, medical officers, &c., with such institutions.

29. *Diet.*—"It is ordained that man should be capable of associating enjoyments with the mere partaking of food, which communicate satisfaction to the mind; and where the object is the restoration of mental tranquillity, attention to the diet, its preparation and serving, rank among remedial measures acting on the mind as well as on the body. All habitual physical discomfort is opposed to mental recovery, and a scanty, ill-cooked, unwholesome diet, creates a chronic uneasiness and dissatisfaction, impairs the health, and increases the mortality of an asylum."

The diet of the insane ought to be liberal, and, except where contraindicated (as in recent mania, &c.), of a more stimulating character than that of the population at large. A daily allowance of meat and porter is, in our opinion, indispensable. The dietaries of the county lunatic asylums, much though they have of late years improved, still err on the side of deficiency rather than of excess. Of those which have reached us, we would particularise the diet tables of the Suffolk County Asylum, as requiring amendment.—(Tenth Annual Report of the Suffolk Lunatic Asylum, p. 26, December 1847.)

30. *Religious Services and Instruction.*—"Into places of abode where words of kindness were once never heard, ministers of a religion of mercy have penetrated, and to those to whom tones of reproach or violent menace were once alone familiar, spiritual consolation has been successfully addressed, and lessons of instruction have been afforded with advantage."

"There can be no doubt," continues Dr. Conolly, and the observation embodies our views of the general extent to which the services of the church can be rendered available in the treatment of the insane, "that the arrangements made in an asylum for the observance of Sunday, may be such as to assist the general plan of a physician, whose endeavours are understood to be directed to curing his patients by tranquillizing the excited, and soliciting such faculties as are disordered or oppressed to ancient and customary exercise."*

Instruction, i. e. mental exercise, is *beginning* to occupy the place it ought to do in the treatment of mental disease. Dr. Browne, of Dumfries, has done more than any one of whom we are acquainted, in carrying into practice an intellectual treatment of intellectual disorders. It has been well observed by him,† that "while self-analysis is destructive, while the contem-

* Did Dr. Conolly's subordinates but imitate his moderation, the following remark would never have been put in type. "Were we to take an equal number of sane persons, from the same rank of life, with characters and habits such as those of the generality of persons brought to this asylum, I do not think we should find a greater portion of them likely savingly to receive the truths of religion than is actually met with among my afflicted charge. And this is very remarkable," &c. &c. (which, if true, it certainly would be).—*County of Middlesex Pauper Lunatic Asylum. The Chaplain's Report, presented to the Committee of Visitors, January 12th*, 1848.

† Seventh Annual Report of the Crichton Royal Institution, &c., p. 26. 1846.

plation of one idea or class of ideas is itself disease, and while the cultivation of the feelings tends to exaltation of sentiment, excitement, and extravagance, the operations of the intellect are discursive, and induce the application of the faculties to matters external to the mind, or foreign to its sources of disquietude, and incompatible with perturbation or uneasiness."

We would earnestly direct the attention of those of our readers engaged in the treatment of the insane, to the illustrations of the manner in which he carries out these views contained in the Report we have just quoted from, as also in the monthly notes of the 'New Moon,' a periodical written entirely by his patients, and most interesting to the pyschological student.*

§ V.—*Restraint.*

Unconnected with all the improvements which we have been considering, stands the subject of restraint. On the one hand, Dr. Conolly most strenuously opposes its employment in any shape or form;† on the other, Dr. Thurnam, and those connected with the Retreat, as also Dr. Browne, Sir Alex. Morison,‡ &c. &c., while equally condemning the cruelties which formerly were practised on the insane, and while freely admitting that the use of restraint requires the most careful medical supervision, and is as unfit an agent to intrust to superintendents or other servants as ever opium would be, still assert that instances of furious or suicidal mania do occur from time to time in which the employment of mechanical restraint is attended with less injurious effects than are the struggles which, without such means of prevention, do occur between the attendants and their patients; struggles sometimes terminating fatally.§

In this latter view we concur, and have recently placed our opinion on record,‖ and so likewise do her Majesty's Commissioners in Lunacy. We cannot better elucidate our views on this subject than by quoting the following passage from the Fiftieth Report of the Retreat, containing as it does the well-sifted experience of half a century.

"It would be a very great and dangerous mistake to suppose that the measure of real liberty and comfort prevailing in hospitals for the insane, is at once to be estimated by their having entirely abandoned or otherwise the use of mechanical restraint. Those who are acquainted with the interior economy of these establishments must know how rare it is to meet with attendants who really possess the admirable power of moral suasion: we fear also it must be admitted that brute force is the means by which, in one form or another, a large majority of mankind seek to accomplish their purposes in

* "Periodical. In resuscitating correct and healthy habits of thinking, in developing powers hitherto unknown or lost in the confusion consequent upon disease, and in giving a sphere of activity to minds which are only partially impaired, the 'New Moon' has proved most beneficial. As a pecuniary speculation, it has been fortunate. The proceeds have been scrupulously applied to enlarge the happiness of those by whom they are created. Allowances have been granted to patients on their discharge from the asylum; even public charities have assisted."—Report, 1847. Such an undertaking deserves the patronage of all interested in psychological medicine.

† See the various Reports of the Middlesex Lunatic Asylum; Clinical Lectures, &c; Lancet, 1845-6; Construction, &c., of Lunatic Asylums. Appendix.

‡ Dr. Thurnam, Statistics, &c.; Reports of the Retreat, Dumfries and Surrey Lunatic Asylums, &c. &c.

§ See Report on the inquest of John Cottingham, 'Times,' Oct. 25, 1847, quoted in the Appendix to the Report of the Dunston Lodge Lunatic Asylum, 1847.

‖ See letter to the Editor of the Times, Oct. 15, 1847, quoted in the Report of the Dunston Lodge (Cumberland and Westmoreland) Lunatic Asylum, 1847.

their intercourse with the weak; and it cannot be conceded that the exclusion of straps and strait-waistcoats necessarily banishes every form in which that vulgar power can be exercised. Few indeed are the cases, if there be any, which can be said to be entirely without the range of moral influence, or to be wholly unaffected by the manner in which whatever is required to be done, is accomplished; but there doubtless are cases in which full liberty of action cannot be allowed with safety to the patient or to others: cases of violence, which no charm of thought, or eye, or voice, or manner, can sufficiently control, and to which physical power in one form or another must be temporarily applied. The question is not between moral suasion and vulgar force, but between different modes of outward constraint; and there are certainly other means than ligatures for the prevention of dangerous action by which the unhappy maniac may be at least equally tormented and degraded. . . . . There can be no doubt, however, after the satisfactory experiments which have been made, that the use of mechanical restraint should be considered as a serious deviation from the general practice of management, and that it should not be resorted to but on extraordinary emergencies, and under the personal inspection, if possible, of the (*medical*) superintendant of the establishment."

The editor of the 'Medico-Chirurgical Review'* likewise expresses himself in favour of a modified system of restraint.

Mr. Labatt has recently published an essay† on the use of restraint, which is, however, but confusedly written, and throws no new light upon the subject.

That distinguished veteran psychologist Jacobi has lately asserted the occasional necessity of mechanical restraint in the treatment of insanity.‡

§ VI.—*Diagnosis.*

Delirium tremens, hysteria, and phrenitis may, and have been, mistaken for insanity. Dr. Steward, in a recent work, has some excellent remarks on this subject.§

31. *Delirium Tremens.*—"The disease," he says, "most likely to be confounded with insanity is delirium tremens; but the bustling, agitated manner, the intense expression of anxiety, generally about matters of business, the unequal enunciation, the tremulous tongue, the shaking frame, supported by the fact of the attack having succeeded a fit of hard drinking, are ample for the purpose of right judgment."

32. *Hysteria.*—"Hysteria, in some of its forms, resembles insanity. There are, indeed, some cases of hysteria which present little or nothing of the hysteric character, and yet are purely so; and in these cases the diagnosis is not so easy as we might wish, considering the nature of the responsibility. In the absence of the hysterical paroxysm—which, in difficult cases, we may wait for hours without witnessing—the symptoms which best mark the distinction between hysteria and mania are the variableness and incongruity of the symptoms in hysteria; the peculiar coating of the tongue—something like

* The Medico-Chirurgical Review, No. 89, July 1846, Art. IV.

† An Essay on the Use and Abuse of Restraint in the Management of the Insane, &c., with copious notes, pp. 76. Dublin, 1847.

‡ Ueber die gänzliche Beseitigung körperl. Beschränkungsmittel, &c.; von M. Jacobi.—Allgemeine Zeitschrift für Psychiatrie. Erster Band, Viertes Heft.

§ Practical Notes on Insanity, by John Burdett Steward, M.D., pp. 122. London, 1845. These notes are the production of a thoroughly practical man, and contain in a short space much valuable matter.

the silver paper covering a macaroon when cracked; the low muttering delirium; the closed eyes; the peculiar subdued and hardly visible smile, sometimes observed creeping, as it were, over the countenance; above all, tranquil sleep, succeeding generally about the evening. These distinctions might be sufficient, but there is one other more certain than any, but which experience alone can appreciate, and that is the general appearance of the patient. Chorea could only deceive the ignorant and inexperienced."

33. *Phrenitis.*—"Insanity may be distinguished from the delirium of phrenitis by the absence of fever in the former, and the state of the pulse, tongue and surface; all of which, in phrenitis, mark increased action in the circulating system, as well as great functional disturbance. At the same time, we must not forget that that form of symptomatic mania, accompanied by increased circulation through, or congestion in, the vessels of the brain or its membranes, not only resembles phrenitis, but very often ends in it. In such cases we can only become acquainted with the true state of our patient when, simultaneously with the removal of the functional derangement, subside also the maniacal symptoms. If, however, we see the case in its commencement, we ought to have no doubt as to the character of the approaching evil; and if our measures be prompt and active in this stage, the mischief may generally be arrested.

"The delirium of fever, and that often present in the last stage of phthisis, is attended in each by concomitant symptoms, sufficiently marking its origin."

"The diagnosis, therefore, in insanity, is easy enough."

34. *Feigned Insanity.*—Besides having to discriminate insanity from diseases simulating it, the medical practitioner may be called upon to decide how far, in any given case, the symptoms present are those of insanity, or are assumed for the purpose of simulating that disease. Now, while the diagnosis of real disease, as phrenitis, hysteria, &c., from insanity is easy enough, the discrimination between real and feigned insanity must always be a matter of great difficulty. We had occasion to discuss this subject in an essay in the second number of the 'Journal of Psychological Medicine,' from which we extract, with some slight abbreviation, the section on the diagnosis:—

"Section 5. *The Diagnosis.*—Seeing, then, that the diagnosis between real and feigned insanity is attended with so great difficulty, it becomes o importance to endeavour to discover rules which may guide us in the examination of any supposed case of feigned mental disease.

"There is only one broad and simple rule—viz., *an intimate acquaintance with the varied phases of intellectual and moral disorder which may affect the human mind;* and, in proportion to the extent of his knowledge of this subject, will be the physician's success in deciding on suspected cases.

"Certain distinctive marks which are likely to exist between a case of real and one of feigned insanity may, however, be deduced from this knowledge.

"A few such diagnostics, I have, in the following section, endeavoured briefly to present, under the heads of mania, dementia, (including chronic mania,) monomania, melancholia.

"*a. Mania.*—Although mania might be simulated, so as readily to impose upon those not acquainted with the symptoms of the disease, I feel satisfied that any one conversant with the treatment of insanity would detect the imposter.

"It is a physical impossibility for a person of sound mind to present the *continued* watchfulness, excitement, and resistance to the influence of medicine, which characterise this disorder.

"Again, the premonitory symptoms, as diseased action of the moral feelings,

disorder of the digestive functions, headache, sleeplessness, &c., will, in a case of feigned insanity, be absent.

"A careful consideration of this point, together with the continued watching of the suspected person for a day or two, and the administration of an ordinary dose of opium, tartrate of antimony, colocynth, &c., would go far to aid in forming a correct diagnosis. Farther, the insensibility to all external impressions, as hunger, thirst, &c., which pre-eminently distinguishes mania from the other varieties of mental disease, as also the total absence of all sense of decency and care for cleanliness, will not readily be for any period simulated.

"Violence and incoherence of thought are the only indications associated in the public mind with mania, which being present while the above-noticed premonitory and accompanying symptoms are absent, would readily enable us to detect the impostor.

"The frequency of the pulse has been much insisted on as a diagnostic of mania, particularly by Drs. Rush and Foville, and the late Sir H. Halford:

> "My pulse, as yours, doth temperately keep time,
> And makes as healthful music: it is not madness."—*Hamlet.*

"The following table would, however, lead to the conclusion that frequency of the pulse cannot be considered as diagnostic of mania. I extract it from Professor Guy's 'Principles of Forensic Medicine.' The observations were made on eighty-nine insane females by Leuret and Mitivié, and on fifty healthy persons of the same sex by Dr. Guy. The results are expressed in per centage proportions of the whole number of observations, and show that *in forty-two per cent. in healthy females the pulse was above ninety, while in insane females, in only nineteen per cent. did it exceed ninety.*

State of Pulse.*	Leuret and Mitivié.	Professor Guy.	
		Standing.	Sitting.†
Above 100	8 per cent.	30 per cent.	12 per cent.
80 to 99	11 "	12 "	18 "
80 to 89	43 "	24 "	20 "
70 to 79	33 "	22 "	32 "
60 to 69	4 "	12 "	14 "
Under 60	1 "	0 "	4 "

"*b. Dementia, (including chronic mania.)*—This disorder would be more readily feigned than mania.

"Although here there is present partial incoherence of thought, the patient going off at a tangent from the subject of conversation, he generally, when questioned, is enabled to fix his ideas, and give a pertinent answer to a question put to him. Again, the perfect state of the memory of long past events, as compared with that of recent, is a striking feature of the real disease, not

* Those farther interested in the state of the pulse in the insane may consult, with advantage, an elaborate paper on the subject by Dr. Earle.—American Journal of Medical Sciences, No. xviii, art. 4.

† It being just possible that Leuret's observations were made in the sitting posture, Dr. Guy has given a column to that position also, which latter observations render the relative proportions above 90, in healthy females 30 per cent., in insane females 19 per cent.

likely to be simulated. The impostor, in his anxiety to impress his hearers with the perfect disorder of his intellect, would, in all probability, overact his part, and give to every question an absurdly false answer.

"Still, in the more aggravated forms of this disorder, the power, even for an instant, of fixing the ideas, and the memory of even past events are so entirely lost, that these points would not fail in establishing the diagnosis.

"In such instances, the previous history of the case would aid much in deciding as to the reality or simulation of the disease, the symptoms of confirmed dementia not generally presenting themselves but as a sequel to mania, monomania, or some other form of mental disease. Again, such persons are insensible to the operation of the passions of hope, fear, anger, &c., the emotions of which may, in those feigning dementia, perhaps be produced. Shakspeare, who evidently must have studied insanity from nature, notices this in that beautiful delineation of feigned dementia or chronic mania in the character of Edgar:

> 'My tears begin to take his part too much,
> They'll mar my counterfeiting.'—*King Lear.*

"Foderé, in his 'Traité de Médecine Légale,' mentions having thus detected an impostor, simulating this variety of insanity, viz. by ordering the application of the actual cautery.

"*c. Monomania.*—The simplest form of this disease is characterised by the presence of a false idea, or hallucination, which hallucination might with considerable success be simulated.

"The most marked difference between a real and feigned case of monomania is in the condition of the power of reasoning. A real monomaniac cannot be reasoned out of his false ideas; and in the maintaining of them will set all the principles of logic at a defiance which the impostor would not, from a fear of discovery, venture to do. 'In real monomania, the patient never troubles himself to make the subject of his delusion square with other notions with which it has more or less relation; and the spectator wonders that he can possibly help observing the inconsistency of his ideas, and that when pointed out to him, he should seem to be indifferent to, or unaware of, this fact. In the simulator, on the contrary, the experienced physician will detect an unceasing endeavour to soften down the palpable absurdity of his delusions, or reconcile them with correct and rational notions.' (Ray, op. cit.)

"Again, the impostor, will endeavour to force his delusion on the notice of observers, while the real monomaniac rarely recurs to his false ideas, unless when questioned, or when the conversation bears upon the subject.

"These two points appear to me to be the safest grounds on which to endeavour to form a correct diagnosis between real and feigned monomania.

"The more complicated form of monomania—viz. that preceded and accompanied by perverted action of the moral powers, and in which the delusion is but a symptom of the existing moral disorder, is not likely to be feigned—still less likely to be successfully so.

"*d. Melancholia.*—The simplest form of melancholia, viz. that unattended by bodily disease, and exhibited chiefly in an obstinate refusal to answer questions, and in a total disregard of all that is passing on around, might be successfully simulated. A case of this nature occurred to me, which I had under my observation for several months, and where I did not even suspect that the disorder was feigned.

"In suspected cases, the endeavouring, as is recommended above, to excite one or other of the mental emotions, and careful observation, are the only diagnostic marks that occur to me.

"It is a disorder with which the public are not so well acquainted as with general or partial mania, and which is not, therefore, so likely to be feigned."

§ VII.—*Incubation.*

Dr. Forbes Winslow* has recently directed the attention of the profession to the period of the incubation of mental disease.

35. *Urgent necessity of attending to the Early Signs and Symptoms of Disordered Mind.*—"I have no hesitation in asserting," says Dr. Winslow, "that a large proportion of the 8736 incurable lunatics confined in the asylums o England and Wales, are reduced to this melancholy state by the neglect to which they were subjected in the incipient stage of the malady. . . . Incipient insanity, provided it be not the result of severe physical injury to the head, or has not a congenital origin, or is not associated with a strong hereditary predisposition, yields as readily to treatment as incipient inflammation or other ordinary diseases with which we have daily to combat. . . . . The value of the symbols of incipient cerebral mischief is often not sufficiently, if at all, estimated until it is too late to repair the injury done. The storm has come on; we have neglected to take the necessary precautions against the threatened hurricane, and the consequence is inevitable and irreparable loss—not of life, but of all that made life desirable! And then, as Dr. Burrows observes, 'comes the bitterness of self-accusation, and the unceasing regrets of the near connexions of the lunatic, because they have persevered in their wilful blindness till the calamity they deprecated has occurred.'"

36. *Duration of the Period of Incubation.*—"With reference to the average period of incubation, my experience accords with that of Esquirol and other distinguished Continental and British psychological authorities, who have maintained that this stage may last for months, and even for years, before the explosion takes place. Pinel has related the history of a case in which the disease must have been in this stage for no less a period than fifteen years! I have often been consulted by patients who have voluntarily confessed to me that for some considerable time they have heroically struggled against the encroachments of this disorder, and this contest has been carefully concealed from those most nearly related to and associated with them. The duration of this premonitory stage must of course greatly depend upon the intensity of the exciting cause and the strength of the predisposition."

37. *The Stages of the Period of Incubation.*—These Dr. Winslow divides into three.

1st. *The stage of consciousness.*—"As far as I can ascertain," he says, "from the confession of patients, from an attentive examination of the numerous cases which have come under my observation, and from a careful investigation of the history of other individuals, I am induced to believe that for a long period prior to the actual development of insanity the patient is conscious of the existence of cerebral disorder, and of a deviation from mental health. . . . . During the stage of consciousness, the friends of the patient sometimes perceive an alteration in his manner or temper, but these changes are seldom attributed to their proper cause—cerebral irritation. . . . . In cases of insanity, accompanied by suicidal impulse, the stage referred to can usually be detected; but, alas! how seldom is it noticed until after an attempt, and often an effectual one, has been made upon the life! Reports of coroners' inquests, which daily

* The Incubation of Insanity, by Forbes Winslow, M.D. London, 1846. (*For private circulation.*)

appear in the ordinary channels of communication, contain ample evidence of this fact. It is almost invariably stated that the party who committed suicide had for some time previously been much depressed in spirits—had exhibited an irritability of temper—that his habits had become changed—that he had neglected his ordinary duties, and had been apprehensive of some approaching calamity. Yet these well-marked symptoms of cerebral disease had passed unobserved, nothing being done to save the individual from the fearful abyss into which he was about to be precipitated!"

2d. *The stage of weakened volition.*—"Following the stage of consciousness, we have that of weakened volition. . . . . If, for example, the mind be allowed to dwell on any great loss which it has sustained, without an effort being made to rouse it from its torpid condition, strange unnatural fancies crowd upon the imagination. Conscious of the existence of these ideal creations, the individual may make an effort to dismiss them from his mind, and for a time he may succeed. The power of volition at last becomes lessened in strength, until all efforts to control the train of thought cease, and the individual abandons himself to the predominant morbid idea."

3d. *The stage of moral incoherency.*—"Among the earliest signs of approaching insanity is an alteration in the affections, the aversion being frequently in the direct ratio with the former attachment. . . . . This tendency to take dislikes and aversions is not, as Dr. Conolly observes, confined to individuals. He refers to a case in which the patient, at the commencement of mania, complained of the difficulty he experienced in guarding against dislike to particular parts of a room or of a house, or of particular articles of furniture or of dress."

38. *Characteristic Symptoms of the Period of Incubation.*—1st. *The mental symptoms.*—"In this stage of cerebral disease, the patient manifests an earnestness about and a disposition to magnify trifles—to be inordinately depressed or elated by circumstances and feelings which would produce no effect on a properly-balanced and well-regulated mind. This is often followed by an excessive sensibility to impressions. The patient neglects his ordinary business, avoids the society of those with whom he has always associated—becomes suddenly extravagant in his habits—is subject to violent fits of passion—quarrels with his best friends about the most insignificant matters—becomes, without any cause, extremely jealous, and manifests a peevishness of temper and an impatience of contradiction; he has either a very exalted or low estimate of his own self-importance. A peculiar restlessness is one of the striking characteristics of incipient insanity.* A patient, not higher in rank than a keeper of a small country inn, and who was in the habit of consulting Dr. Conolly when he found his melancholy fits approaching, used at such times to complain of insufferable restlessness, without relief by day or night; and, striking his hand on his forehead, would express his misery by saying, with all the energy of morbid excitement, 'I am overwhelmed with a *sea* of thoughts.'"

2d. *The physical symptoms.*—Dr. Winslow calls attention to the premonitory symptoms of approaching insanity, evinced by a sense of tightness or constriction across the forehead, sometimes attended by noise in the ears, flashes of light, flushing of the face, &c.; by a state of watchfulness by night, and restlessness by day; by costiveness, by gastric and hepatic derangement. "The inability to sleep," he says, "is a symptom which ought never to escape careful

* The patient appears to realize the conceptions of the poet:

"I would not if I could be blest,
I want no other paradise but *rest*."

observation; I consider it one of the most valuable indications we possess of approaching insanity; it has never yet deceived me. Whenever I see this state of watchfulness by night, and restlessness by day, I feel that not another moment is to be lost. The *pulse* is the pulse of excitement; it is sometimes quick, and then the reverse. In incipient insanity it is an uncertain sign."

§ VIII.—*Pathology.*

I. MORBID ANATOMY.

39. The idea that the pathological cause of all cases of mental derangement, or even of the majority, consists in morbid alteration of the structure of the brian, and in the presence in the same of some one of the products of inflammation, is beginning to be doubted by those best qualified to judge in the matter, and insanity is being regarded more as a functional than an organic disease. Indeed, it may be asserted, without fear of contradiction, that no pathologist could in nine tenths of the cases of mental derangement* which prove fatal, take upon himself to say, from an examination of the brain, whether the person had during life been of sound mind or not.

Dr. Seymour has well pointed out the unsatisfactory relations in which morbid anatomy and mental derangement at present stand.

"I go on," he says, "to speak of the little advantage hitherto which morbid anatomy has contributed to our improvement in the understanding of cases of mental derangement, and hence in the art of *curing*—the first great object of every physician's inquiries.

"Sir Benjamin Brodie told me that he had examined very accurately with Mr. Tatum, surgeon to St. George's Hospital, the brain of a gentleman who had been confined for many years, nor could he ascertain any apparent alteration from ordinary structure. Many, many cases of a similar nature have occurred, but, above all, the numerous and permanent cures which have arisen from allaying functional disturbance, prove that mental derangement does not necessarily depend on organic disease of the brain. If a lunatic advanced in life dies of apoplexy, the effusion of blood or fluid into one of the ventricles of the brain, or, at least, the condition of the arteries which produced it, is considered quite enough to explain the preceding malady. In another case the blame is laid to the vesicles found in the choroid plexus; the observer forgetting that such cases occur in very large numbers, without any degree of mental aberration ever having been observed. At another time, adhesion of the membranes dependent on age, or complete ossification and obliteration of the sutures, have been quite enough to satisfy the observer, even though he finds the same appearance next day in a patient who has died of carcinoma of the rectum, or stricture of the bowel. And this was still more the case, when all disease was considered to be the result of inflammation, acute or chronic; any appearance of thickening or increased vascularity, however old the former or recent the latter, accounted, in default of other appearances, for the mental aberration of the patient. For example, several cases of post-mortem examination are related in the early part of the work of the late Sir W. Ellis. Now I feel satisfied that in no one of these cases are there any appearances which I have not seen in patients who have died of disease wholly unconnected with disordered mind."

Under this category must be included the recent investigations of Dr.

* We here use the word *mental derangement*, as including all departure from the healthy manifestations of mind, and as opposed to fatuity and paralysis, where the mind is not so much deranged as destroyed, and its manifestations entirely suspended. In these latter instances organic alteration of the brain is generally present.

Boyd (Edin. Med. and Surg. Journal), and of Dr. Hitchman (Lancet), into the morbid anatomy of insanity.

"Another circumstance," says Dr. Burnett,* "which has not a little contributed to retard success in the treatment of insanity, and to divert the attention from this great object, has been the very conflicting evidence furnished by pathology, but especially by morbid anatomy. While one declares that the disease is inseparable from organic lesion of the brain, however local in its sphere, or microscopic in its character, another asserts that he has made autopsies without number upon the bodies of those who have died insane, not only in which no manifest alteration, either in character or consistence, could be detected in the brain, but in which he has found a great variety of morbid changes present in the organs remote from the supposed seat of the affection."

40. *Gangrene of the Lungs in the Insane.*—Dr. Fischel, of Prague,† has drawn attention to the frequency of gangrene of the lungs in the insane of that city. From an extended series of observations he concludes that this condition is found in 1·6 per cent. of all those who die of sound mind, and in 7·4 per cent. of all cases of insanity terminating fatally. Such is not the case in this country, nor, according to the experience of M. Guislain, in Belgium either. We have only seen one case of gangrene of the lungs in the insane, and M. Guislain‡ met with only five cases during a period of fourteen years, in which he enjoyed most extensive opportunities of observation.

II. CHEMICAL PATHOLOGY.

A reasonable hope may, we think, be entertained that further researches into the chemical composition of the fluids in the insane will at last throw light on that obscure subject, the pathology of insanity. The established fact of the hereditary transmission of insanity would at once point out an analogy between it and other hereditary blood-diseases, as gout, rheumatism, and scrofula. Again, the influence which certain medicinal agents,§ as opium, alcohol, the laughing gas, tobacco, &c.—agents which we know to act by combining and circulating with the blood—exert on the mental manifestations, would likewise tend to demonstrate the dependence of a healthy mental con-

* Insanity Tested by Science, and shown to be a Disease rarely connected with permanent Organic Lesion of the Brain. By C. M. Burnett, M.D. London, 1848.

† Vierteljahrschrift für die praktische Heilkunde, 1847; quoted in the Gazette Médicale, Fevrier 1848.

‡ Gazette Médicale, 1836 and 1838.

§ See a most interesting paper "on the Psychological Effects of Certain Medicinal Agents," in the second number of the Psychological Journal. We regret that our limits prevent us from liberally extracting from this valuable essay.

A recent writer in the 'British and Foreign Medical Review' (January 1847), with reference to this subject, says, "Whatever opinion we may hold in regard to the much-vexed question of the connexion between mind and body, there can be no doubt of the influence which the condition of the latter exerts over the operations of the former; and there are no more striking examples of such an influence than those which are presented by the introduction of alcohol, opium, hachisch, nitrous oxide, or some other intoxicating substance into the current of the circulation. That the presence of a minute portion of any of these substances—a portion almost too minute to be recognised by ordinary chemical processes—in the blood which is passing through the capillaries of the brain, should so alter its relations to the nervous substance as to produce results which manifest themselves in an entire change of the ordinary course of psychical phenomena, must always be included, we apprehend, as a fundamental fact in any theory that may be framed by philosophers who please themselves with speculating on this mysterious question."—P. 219.

dition on a healthy, i. e. normal state, of the fluids of the body. Such also is the inference to be drawn from the effect of the retention of urea in the system exerts over the mind. It is, therefore, with peculiar satisfaction that we draw the attention of our readers to recent investigations into the chemical pathology of insanity.

41. *Chemical Pathology of the Urine.*—"Some attention," says Dr. Burnett,* "has been lately paid to the urine of the insane by Erlenmeyer,† Heinrich,‡ Sutherland and Rigby,§ Bird,‖ Jones,¶ &c. The most remarkable feature is the excess of the ammonia in the form of carbonate, urate, hydrochlorate, or the ammoniaco-magnesian phosphate. It must not be overlooked that the condition of the urine in these cases may take its character from the low degree of organization in the bladder, which accompanies, more or less, all nervous affections. Mr. Blizard Curling** has alluded to this fact, and he calculates that the alkaline state of the urine owes itself, in some instances, to a loss in the natural sensibility of the bladder, or to a secretion of alkaline mucus from inflammation set up in that organ from the same cause."

Dr. Bence Jones†† has recently investigated the amount of earthy and alkaline phosphates in cases of insanity. "The variation of the phosphates in insanity," he says, "requires a very extended investigation; and this paper is a slight sketch or beginning of a subject which must be filled up and completed by those who have time and means at their disposal."

The following tabular view represents the results of Dr. Jones's researches:—

	Earthy phosphates.	Specific gravity.	Alkaline phosphates.	Total.
Cases of General Paralysis:				
Case 1 . .	1·50 per 1000 urine	1028·6	5·40	6·09
Same case . .	1·17 „	1023·3	2·97	4·14
Case 2 . .	·79 „	1022·0	1·23	2·02
Case 3 . .	·41 „	1016·6	5·36	5·77
Case 4 . .	— „	1018·3	—	1·30
Case 5 . .	— „	1006·7	—	1·35
Cases of Mania:				
Case 1, during attack	1·32 „	1029·3	7·58	8·90
Ditto, convalescent	·67 „	1020·0	2·44	3·11
Case 2 . .	·42 „	1023·3	4·28	4·70
Case 3 . .	— „	1025·9	—	1·26
Case 4 . .	·74 „	1015·3	·38	1·12
Ditto . .	·72 „	1015·9	·46	1·18
Cases of Melancholia:				
Case 1 . .	·67 „	1024·3	3·36	4·03
Case 2 . .	— „	1011·3	—	2·71
Case 3 . .	·71 „	1025·9	3·08	3·79
Case 4 . .	1·47 „	1027·9	2·34	3·81
Case of Senile Dementia	·71 „	1021·0	2·10	2·81

* Op. cit. p. 48. † Observat. Physiol.-Pathol., &c. De Urina Maniacorum.
‡ Haser's Arch., vol. vii, 2; also Zeitschrift für Psychiatrie. Dritter Band. Erstes Heft.
§ Medical Gazette, June 1845. ‖ Urinary Deposits, p. 168.
¶ Medico-Chirurg. Transactions, vol. xii, p. 21. ** Medical Gazette, 1536.
†† Lancet, September 11, 1847.

The conclusions which he arrives at are thus stated:—

"From the five cases of 'general paralysis of the insane,' no very certain deduction can be made. In four of the cases the disease was in an early stage. In two of these four the total amount of phosphates is diminished; in the other two the phospates are about the natural quantity. As regards the earthy phosphates there is certainly no increase in their amount in the four analyses here given. The fifth case had been for many years in St. Luke's Hospital. The decomposition of the urine was probably the cause of the low specific gravity; but this would not have altered the amount of alkaline phosphates, which are certainly much below the healthy quantity.

"The amount of the phosphates varies in the different cases remarkably; far too much to admit of accurate deductions from so few analyses. General paralysis being a chronic disease, I do not expect that even a very extended inquiry will give any positive results; and it is on this account I would rather direct further directions to those cases of insanity in which acute paroxysms occur, such as cases of mania. Of the four cases of mania in which I examined the urine, the first is the most interesting, because in it I think there is evidence of that increase of the amount of phosphates excreted during a paroxysm, which I hope further researches will confirm; when the patient was convalescent, the amount of phosphates is found to be much diminished.

"In two other cases of mania, in which there were no acute symptoms, the amount of phosphates is so much diminished that it approaches closely to that diminution of the phosphates which I have observed in some cases of delirium tremens. This point also requires a far more extended inquiry. Are there two states of mania—one, in which the phosphates are increased; the other, in which they are diminished? In delirium, I shall show the probability of the existence of two such states. In mania, it seems reasonable to expect that the phosphates would be increased during the paroxysm; but the diminution of their amount, if proved, would be of equal interest. At present, however, the facts want to be proved; and it is desirable to do no more than notice the distinction, for the purpose of directing inquiry to the subject.

"The four cases of melancholia on which my analyses were made give no marked results: all were recent cases. The contrast between the amount of alkaline phosphates in the last case of melancholia and the first case of mania is, perhaps, worthy of observation."

42. *Chemical Pathology of the Blood.*—Dr. Burnett,* in his treatise on 'Insanity tested by Science,' &c., states the blood to be the seat of insanity. "Insanity," he says, "is not and ought not in the first instance, and often to the very last, to be regarded as a disease of the brain; but as a disease float-

* We cannot withhold the expression of our most unqualified surprise that Dr. Burnett should appear to regard himself as the originator of this theory, and that no mention is made in this work of the earlier publication by others of a similar opinion. Common justice induces us to extract the following passage from the 'British and Foreign Medical Review' for January, 1847: "The marked correspondence which may be traced between the phenomena of insanity and those which are induced by the introduction of such substances (alcohol, opium, &c.) into the blood, must not be overlooked in any attempt to arrive at the true pathology of the former condition, or to bring it within the domain of the therapeutic art. *We believe that Mr. Sheppard may claim the merit of having first prominently directed attention to this method of viewing the phenomena of insanity;* and we would take this opportunity of stating our present feeling, that in our unfavorable criticism of his little work 'Insanity a Blood Disease,' (see vol. xvii, p. 526), we had rather too strongly before our eyes the *demerits* of his hypothesis, than its positive value." (p. 219.)

ing in the blood, having no fixed or local character, but producing the morbid phenomena which are comprehended under the title of insanity; it arises from a derangement or mal-assimilation of those particular materials of the blood—carbon and phosphorus—which constitute the bulk of the elementary tissue of the brain and nervous system generally. When therefore we say we believe the disease to be in the blood, we consider it to exist there in the form of either deteriorated or wrongly constructed chemical compounds. In this sense it must be the *seat*, although Fletcher and Broussais consider it only in the light of the *vehicle* of disease."

"There is," he continues, "much experience and no slight argument to induce us to direct our inquiry to the condition of the blood in mental diseases. And from close observation, we are convinced that the disease called insanity, though unavoidably connected in some instances with organic lesion, and even destruction of the brain, as after many mechanical injuries, is in four cases out of five, in the first instance, a functional disease, quite unconnected with any morbid alteration or change of structure in the brain; and in many of these four cases it continues through a long series of years still a functional disease, kept up by mal-assimilation. It is, in fact, according to strict pathology, a disease of the blood, but pre-eminently so from its non-inflammatory character preventing the morbid alteration of structure, more or less quickly consequent on inflammatory diseases. We believe that insanity in such cases is immediately caused by the deterioration of the fatty matter of the blood, by which the carbon and phosphorus are unable to combine in healthy proportions, which substances in a normal state, it is known, form the elementary tissue of the brain and nerves, and which chief constituents fail to make that part of the organism of the body amenable to the operation of the vital and mental principles conveyed in the blood.

"Whether this may arise from causes immediately connected with the processes of primary and secondary assimilation, or whether it is consequent upon a particular state of the venous circulation in the head, is uncertain; but the fact made known by Braconnot and Chevreul, that the fatty matter united with phosphorus, which constitutes the essential substance of the brain and nerves, has been found by them in the blood, thus combined, favours the idea that the original fault is in the process of secondary assimilation, by which the carbon and phosphorus unite with other matters to form new and abnormal compounds. We, however, incline more to the belief that the true separation of cerebral and nervous matter, however essentially dependent upon healthy secondary assimilation, is, nevertheless, only finally completed in the blood-vessels after they have entered those tissues."

The happy results following Guggenbuhl's exertions on behalf of the cretins,* illustrate, as Dr. Burnett has pointed out, the truth of this theory. The marked improvements following the removal of such cases from within the influence of the exciting causes of their disease, viz. deteriorated air and food, "put to silence any hypothesis that assumes that the organization of the brain was malformed in the common sense of the word." Again, argues Dr. Burnett in another chapter, "the success which attends the efforts of many enlightened physicians to restore in some degree the mental powers of the idiotic and imbecile, is again a verification of the same principle we are contending for. If these poor creatures had organic disease or malformation of the brain, they would manifest no improvement when exposed to the action of those second causes which have been so long denied them; but if the natural organization of the brain has only been arrested, there is both reason

* See Twining on 'Cretinism.'

and hope that human efforts may partially, though not entirely, restore them. This is precisely what has taken place."*

Dr. Burnett has, in the first three chapters of his treatise, with considerable ability developed the theory of mental derangement, being primarily a blood disease, and has thus done much to forward the pathology of insanity. We are, however, tempted to conclude this paragraph with a continuation of the passage we have already in part quoted,† from the 'British and Foreign Medical Review,' for January 1847, and which, we think, in a measure applies to Dr. Burnett as it does in the reviewer's opinion to Mr. Sheppard, the originator of this theory, that insanity is a blood disease. "His (Mr. Sheppard's) notion," says the writer, "was, we are ready to admit, quite correct in regard to a certain class of cases of insanity: and his fault was that which is so common with young writers, namely, hasty generalization; the same idea being most unwarrantably stretched, so as to include *all* forms of this disease. There can be no doubt that the properties of the blood may be perverted by abnormal changes going on within the system, as well as by the direct introduction of poisonous substances from without; and its due relations to the nervous structure may be thus completely changed, so that psychical operations are seriously interfered with, and a form of insanity develops itself which is capable of being removed by the adoption of measures calculated to eliminate the morbific matter from the blood, and to restore it to its pristine purity. And we have little doubt that a part, at least, of the phenomena of those forms of insanity which are brought on by what are commonly termed *moral* causes are referable to the same agency; for every physiologist well knows how much the excitement of the passions and emotions involuntarily and, indeed, unconsciously affects those organic functions by which the blood is prepared and renovated; and how speedily any affection in the depurating actions (those of the liver and kidney more especially) is manifested in the abatement or irregularity of the functional powers of the nervous centres. We believe that an attentive study of the etiology and phenomena of insanity will gradually lead to the establishment of well-marked distinctions between this class of cases and that in which diseases of the cerebral structure itself is the proximate cause of the disordered psychical manifestations; and that in proportion as this difference is kept in view will be the clearness of our prognosis and the efficiency of our remedial measures."

III. MENTAL PATHOLOGY.

43. *Double Consciousness.*—Of the many suggestions hard to solve, which the symptoms of insanity present to the mental philosopher, there are none more so than those which arise from a contemplation of that most remarkable of mental phenomena, double consciousness, a condition in which the individual has a double existence, retaining while in the one no recollection of the transactions of the other.

Dugald Stewart‡ defines consciousness as "the immediate knowledge which the mind has of its sensations and thoughts, and in general of all its present operations. From consciousness and memory," he adds, "we acquire the notion, and are impressed with the conviction of our own personal identity." Now, in the diseased state we are considering, there are *two distinct* con-

* See notes on the Parisian Lunatic Asylums, by Dr. Stubbs, 'Journal of Psychological Medicine,' No. 1, January, 1848.

† See foot-note, page 403.

‡ Outlines of Moral Philosophy.

sciousnesses apparently unconnected one with the other; as it were the manifestation of a double mind in one body.*

Two such cases have lately been recorded, one by Dr. Skae,† the other by Dr. Browne.‡

In Dr. Skae's case, religious melancholia, alternated with a sound state of mind. "From an early period in the history of this case," says Dr. Skae, "it was observed that the symptoms displayed an aggravation every alternate day. On each alternate day the patient will neither eat, sleep, nor walk, but continues incessantly turning the leaves of a Bible, complaining piteously of his misery, &c. &c. On the intermediate days he is, comparatively speaking, quite well, enters into the domestic duties of his family, eats heartily, walks out, transacts business, assures every one he is quite well, and appears to entertain no apprehension of a return of his complaints. What is chiefly remarkable and interesting in the present features of the case, is the sort of double existence which the individual appears to have. On those days on which he is affected with his malady he appears to have no remembrance whatever of the previous or of any former day on which he was comparatively well, nor of any of the engagements of those days; he cannot tell whether he was out, or what he did, nor whom he saw, nor any transactions in which he was occupied. Neither does he anticipate any amendment on the succeeding day, but contemplates the future with unmitigated despondency. On the intermediate days, on the other hand, he asserts that he is quite well, denies that he has any complaints, and appears satisfied that he was as well the previous day as he then is. On that day he transacts business, &c. &c., and distinctly remembers the transactions of previous days on which he was well. He appears, in short, to have a double consciousness—a sort of twofold existence—one half of which he spends in the rational enjoyment of life and discharge of its duties; and the other in a state of hopeless hypochondriacism, amounting almost to complete mental aberration."

Dr. Browne's case appears to partake more of the cameleon hues of hysteria, consisting of "trances of two hours, occurring repeatedly during each day," and yielded to a moral impression, to the apprehension of being removed to the vicinity of a lunatic asylum, and to the suspicion of being regarded as of unsound mind.

44. *Criminal Insanity.*—The various cases of presumed mental derangement which have recently been the subject of criminal prosecutions, have led to the frequent discussion of *the question of responsibility and irresponsibility of the partially insane.* Our limits will only permit us to name the recent publications on the subject, to which we would wish to refer our readers for an exposition of this most intricate question.

1. 'Clinical Facts and Reflections;' also 'Remarks on the Impunity of Murder in some Cases of Presumed Insanity;' by T. Mayo, M.D. Lond. 1847.

2. 'The Consciousness of Right and Wrong, a Just Test of the Plea of Partial Insanity in Criminal Cases;' by C. Lockhart Robertson, M.D. Edinburgh, 1847.

3. 'Criminal Insanity;' a review of these two essays. 'Journal of Psychological Medicine,' No. I. January 1848.

4. 'British and Foreign Medical Review;' July 1847. Article 16.

5. 'The Plea of Insanity in Criminal Cases;' by Forbes Winslow, M.D.

* See a curious book, by Dr. Wigan, 'The Duality of the Mind, &c.' which our limited space forbids us noticing.

† Case of intermittent mental disorder of the tertian type with double consciousness. 'Northern Journal of Medicine,' No. 14.

‡ Case of double or diseased consciousness. 'Phrenological Journal,' July, 1847.

§ IX.—*Medical Treatment.*

Considerable attention has lately been devoted to the medical treatment of the various forms of mental disease.

Her Majesty's Commissioners in Lunacy, in the Appendix to their last Report (1847), have collected much valuable information on this subject; and several authors, particularly Dr. Seymour and Dr. Williams, have recently treated of it in their published works.

"If," observes Dr. Seymour, "there is no evidence of morbid growth or change existing, marked by palsy (especially of the lower extremities), fits, loss of memory, impaired vision, deafness, &c., we may fairly believe that the mental derangement is the result of disturbance of the functions of the brain, either originally or secondary to disease of some important organ at a distance; and we are bound by every sense of duty, by every reason which ought to direct the conduct of the physician, to apply the resources of our art to its cure.

"As a prefatory remark to speaking of treatment," says Dr. Steward, "I would wish to impress upon the minds of my readers the fact too often lost sight of, that insanity, generally speaking, in its early stages is a curable disease; that the first period of its approach is the time when treatment is most effective; and that the want of proper management at this critical moment, and, as is too often the case, the total absence of medical treatment, constitute the true cause of that great proportion of incurable cases which has made insanity the opprobrium of medicine. . . . . In laying down a plan for the medical treatment of the insane, it should always be borne in mind that in the majority of cases we have difficulties to encounter, not present where the mind is perfect. Not only are generally closed against us all the usual sources of information, but having formed our judgment and decided our plan of treatment, we have still, with few exceptions, to overcome the difficulty of determined opposition to the administration of remedies. Nothing is more easy than to prescribe; the difficulty is to ensure compliance with our prescriptions, and this difficulty contracts within narrow limits our list of remedies. Still there remain to us ample means, if judiciously employed, of answering every useful indication. . . . . In insanity, not only must we depend in great measure upon our own unaided judgment as to the nature and state of the disease, but we must so select our remedies, and so choose our mode of exhibition, as to ensure the expected result without consulting the will of our patient; and as the difficulties to be overcome are always regulated by the form of the maniacal affection, it stands to reason that, to ensure success, experience is equally important in this as in any other branch of medicine." (Op. cit.)

We shall, in the present section, endeavour to present a condensed view of the remedies which have lately been suggested or discussed for the medical treatment of the various varieties of insanity.

I. MANIA.

45. *General Bleeding.*—Her Majesty's Commissioners in Lunacy state that "the medical men who have replied to our inquiries are nearly uniform in condemning the practice of venesection, or general bleeding, in ordinary maniacal cases. . . . . General bloodletting is resorted to only in cases of a peculiar description, viz. in cases displaying plethora, which threatens apoplexy, and never for the purpose of quieting a paroxysm of excitement." (Report, 1847.)

In mania, however, as Dr. Williams has well observed,* "*irritation* is often confounded with *inflammation*. The maxims so ably taught by Mr. Travers are forgotten; the object being to calm the action, not to diminish from the power—this nervous power being much more easily depressed than raised. Should this advice be neglected, and bleeding be ordered, stupor, or coma, or confirmed mania may be the consequence. In many cases where there is the most ferocious delirium, with great muscular power, yet the pulse is very quick, weak, and fluttering, and even the slightest depletion at once knocks down the powers; but even if the patient should again rally, there is great danger of his becoming idiotic. As Dr. Marshall Hall has so truly stated, under *irritation* exhaustion is sooner produced than in health; while under *inflammation* the system bears loss of blood with less exhaustion than in health. . . . . No one was more anxious than the late Dr. Abercrombie to point out the impropriety of depleting in many affections of the brain, even where there is wildness, excitement, and incoherency with great restlessness."

46. *Local Bleeding.*—There are but few cases of mania, whether depending upon irritation or on a congested state of the brain, which are not more or less benefited by judicious local depletion; and the more recent the case the more marked will be the advantage derived from the same. Almost every physician of any experience, who may lately have recorded his opinion on the value of local bloodletting in the treatment of mania, recommends its employment.

Leeches may be applied to the shaven scalp, or to the temples; or else the cupping-glasses may be had recourse to, applied either to the temples or to the nape of the neck. The former situation is to be preferred. Again, as Dr. Williams has well observed, "a very efficient way of relieving head symptoms, when dependent on visceral congestion, more especially of the liver, is applying leeches to the rectum, and, if considered necessary, subsequently placing the patient in a warm bath. A large quantity of blood may be lost in this way without producing much prostration." (Op. cit., p. 32.)

47. *Purgatives.*—In almost every case of mania the bowels are very torpid, the secretions vitiated, and there is generally a large accumulation of fæcal matter in the intestines. The bowels therefore require, in the first instance, to be freely evacuated. "Where no opposition is made by the patient," says Dr. Steward, "the choice of remedies is regulated by the same rules which guide us in the treatment of the sane. Where there is difficulty in giving opening medicine, croton oil is valuable, because its bulk is small, and its operation generally certain; and should circumstances compel recourse to administration in food, it is not easily discovered. Calomel is a convenient purgative, on account of its being tasteless; but it is not a safe one, unless we can follow it by fluid medicine; for it very often produces its specific instead of its purgative effect. Jalap, being tasteless, is also a useful purgative. If all our efforts to give medicine fail, we must have recourse to small doses of the antimonii potassio tartras, which will soon act upon the bowels."

[In our opinion, the latter means of acting upon the bowels is the most valuable we possess for the treatment of the generality of recent cases of mania, reducing, as it does, alike arterial and nervous excitement, and producing copious fluid and bilious evacuations.]

The vitiated state of the secretions generally demand the *continued* use of some mild laxative.

* An Essay on the use of Narcotics and other Remedial Agents calculated to produce Sleep in the Treatment of Insanity. By Joseph Williams, M.D. London, 1845.

48. *Emetics.*—"Much difference of opinion," says Dr. Williams, "exists with respect to the advantages or disadvantages of emetics in the treatment of the insane. . . . . The objection often made to the employment of emetics is, that congestion of the brain caused by the violent expulsatory efforts; but Sir William Ellis found the temporary inconvenience more than counterbalanced by the subsequent good effects. Many cases of vigilantia, dependent on monomania or even furious mania, will yield to ant. potass. tart., and often, on the vomiting ceasing, refreshing sleep will follow. . . . . There are cases of excitement where, although injudicious to bleed in any form, yet, administering an emetic will be found most useful. Patients who have not slept for several nights will often obtain many hours' sleep after vomiting has ceased." (Op. cit., p. 45.)

[In recent cases of mania there is generally an accumulation of phlegm, bile, &c., in the stomach, the evacuation of which is often attended by the happiest results.]

49. *Sedatives.*—Dr. Steward entirely condemns the use of sedatives in the treatment of the insane. "Sedatives with the insane," he says, "act generally, if not invariably, as stimulants. They exercise little or no influence over the insomnia of mania, which seems as it were a part of the disease, which resists all remedies, and which yields only when Nature, fairly tired out by long exertion, sinks exhausted, or when sleep comes, the harbinger of returning health. In what dose opium, conium, hyoscyamus, &c., might each produce its sedative effect in the delirium of mania I know not; neither should I dare to press the medicine so far, lest its sedative effect might be fatal." In this sweeping condemnation of the use of sedatives in the treatment of mania we cannot concur. Our limits forbidding us to enter minutely into the value of each and every sedative, which, by different recent writers, have been recommended for the treatment of mania, we feel assured that we cannot better supply this omission than by quoting the following practical remarks on the use of anodynes in the treatment of mania, recently placed on record by so distinguished a physician as Dr. Alexander Sutherland.

"*Anodynes.* These remedies are, according to my experience, of essential service in those cases of insanity which border closely upon delirium tremens; in cases of puerperal mania in the acute stage, and particularly in the paroxysms and sleeplessness of mania; in cases where there is great nervous irritability from poverty of blood; and in cases combined with cachexia from starvation and other causes. They seem to me to be contraindicated when there are symptoms of incomplete general paralysis and congestion of the head. Prescribed merely because the case is one of insanity, without taking into consideration physical symptoms accompanying it, or not in proper doses, or not given sufficiently often during the day as well as during the night—these remedies disappoint the practitioner. They keep up irritation, and add to the excitement, instead of allaying it. I have sometimes seen a very simple case converted into a very complicated one by the excessive use of anodynes. There is an idiosyncrasy, as every one knows, in some constitutions which does not admit of the exhibition of narcotics, especially morphia, even in the smallest dose. One eighth of a grain has been known to produce such incessant vomiting as to endanger the life of the patient. Great care should also be taken, even when the use of opiates is indicated, not to continue them too long; for if narcotization is produced, much harm will follow. The evacuations are hard and black, and the irritation is extreme. At St. Luke's, I have been in the habit, since my appointment to the hospital, of prescribing the acetate of morphia in solution with distilled water; in private practice I often combine it with distilled vinegar (a very old remedy in insanity). The hydrochlorate is

combined with advantage with dilute hydrochloric acid. I have found the meconiate of morphia very serviceable in cases where the two former preparations have not agreed with the patient. Hyoscyamus and conium are also very serviceable. I am in the habit, often, of prescribing the former in those cases where it is essential that the bowels should not become constipated; and as it also acts upon the kidneys and skin, it is likewise useful when we wish the increase of the secretions of those organs. Combined with the potassio-tartrate of antimony, henbane is useful also in paroxysms of furor. I have seen considerable lassitude follow the administration of f. ʒj tinct. hyos. with a quarter of a grain of the former repeated three times in the course of the day. This is, of course, in some cases, not to be desired. Combined with camphor, opium allays the irritability of those suffering under mania complicated with delirium tremens; and in the incipient paralysis of the insane tartar emetic is the remedy I place most confidence in. Conium is very useful either given alone or in combination with hyoscyamus and opium. The boasted effects of camphor have not been realised to the extent, at least, which some of its advocates have insisted upon. I think, however, its effects in allaying uterine irritation cannot be doubted. The combination of hop, camphor, and henbane is valuable in such cases. Stramonium is a remedy which has not succeeded in my hands, although I have tried it in large doses. Belladonna and aconite may be placed in the same category with stramonium. I obtained some good effect in the employment of aconite in a case of intermitting mania, where every other remedy had failed. The combination of narcotics is highly advantageous, but, of course, this is well known. I am not in the habit of prescribing narcotics as heroics; but it is material that they should be given in sufficiently large doses. A patient labouring under mania from drink requires large and often repeated doses of morphia or tinct. opii. Hydrocyanic acid is a very useful sedative, and is specially useful where there is pain and a sense of weight about the præcordia; it may be combined, according to circumstances, with an alkali and digitalis; which combination I have obtained benefit from in cases of great nervous excitement, with acid eructations and palpitations of the heart. Cannabis indica I have prescribed in many cases, I am sorry to say, without effect; the preparation, possibly, was not good, although I took great pains in procuring it. The difficulty of obtaining it, &c., and the uncertainty of its effect, must, I think, render the remedy inferior to others whose virtues have been long tested." (Appendix to Report of Commissioners in Lunacy, 1847.)

50. *Counter-irritants.*—"No set of remedies," says Dr. Stewart, "are more useful in symptomatic and organic mania than these. The cases in which counter-irritants are more particularly indicated are those where evident determination of blood to the brain warns us of approaching danger; or where mischief has been done to the brain by a previous attack of apoplexy, and future evil is apprehended. In these cases, as adjuvants to depletion, counter-irritants are of the greatest use. Also, they are useful in cases of symptomatic mania, where some accustomed evacuation or secretion has suddenly ceased." (Op. cit., p. 61.)

51. *Tonics*, accompanied with a liberal diet, and a moderate allowance of stimuli, are of great service in the more protracted cases of mania—an opinion recent experience has tended more and more to confirm.

52. *Baths.*—"In no persons," observes Dr. Steward, "is the circulation more unequal than in the insane. In none is it of more importance to preserve its equilibrium, and to produce and maintain a healthy and vigorous action in the superficial vessels."

In recent cases of mania, the *warm* bath, with cold lotions applied to the head, is often of great value in procuring sleep. "It will generally," says Dr. Williams, "be found a very powerful means of diminishing cerebral congestion, and allaying irritation in maniacal cases. . . . . In some cases the *cold* bath, if judiciously used, may prove very serviceable; and many patients who have suffered from partial or complete vigilantia have enjoyed profound sleep after immersion in the cold bath."

53. *Chloroform.*—"This remedy," says Dr. Skae,* "was used by me immediately after the discovery of its anæsthenic agency; and a number of observations were soon afterwards made with it—some of them in the presence of Professors Christison and Simpson. We found that it produced the same physiological effects upon the insane as upon the sane; and that the most violent and excited were almost immediately put into a state of calm and profound repose by its influence. As a curative agent, it has, as yet, been of no benefit in the treatment of the cases in this asylum, although I am not without hopes that in a certain class of cases it may be of use. I have, however, found it extremely serviceable for many minor purposes; such as the administration of food † by means of the stomach-pump, and of enemata, and in the performance of various necessary operations." [We recently saw the application of this agent in a most violent case of mania, in the Bethlehem Lunatic Hospital. It had, in this case, on several occasions, been had recourse to, but in each the previous symptoms recurred as soon as the physiological effects of the drug passed off.]

II. DEMENTIA.

The medical treatment of dementia resolves itself into an application of the principles of medicine to the physical symptoms of the case.

III. PARTIAL INSANITY.

54. *Melancholia.*—Dr. Seymour has devoted the third chapter of his recent work‡ to a consideration of the medical treatment of this variety of partial insanity, which he regards "as the most usually amenable to remedies." The remedy which Dr. Seymour lauds so highly in the treatment of melancholia is morphia. "During fifteen years," he says, "I have been anxiously watching the result of cases of melancholia treated on this system; upwards of seventy cases have recovered during that period of time, and I consider no case to be called a recovery unless two years, at least, of unabated health have elapsed since the treatment concluded. In nearly twenty cases the treatment has failed, or only given temporary relief . . . . . The preparation (continues Dr. Seymour) which I have preferred, and, with two or three exceptions, I have always used, is the acetate of morphia. The mode of preparation—the solution: forty drops of the solution which I have generally employed contain one grain of the alkaloid salt. It has generally been, in mild cases, my practice to begin by a quarter of a grain every night in solution; then, after a

* Physicians' Annual Report to the Managers of the Royal Edinburgh Asylum, 1847.

† In all probability the loss of sensation which accompanies the use of chloroform might greatly mask the ordinary symptoms which would indicate the passage of the œsophagus tube into the air-passages; and without great precaution a fatal accident might happen, which has taken place in careful hands without chloroform—the injection of the nutriment into the air-passages.

‡ Thoughts on the Nature and Treatment of several Severe Diseases of the Human Body. By Edward J. Seymour, M.D., &c. vol. i. London, 1847.

week, to increase this to half a grain. It has rarely, in such cases, been necessary to increase the dose beyond half a grain. In severe cases, I begin with half a grain, and increase it speedily to a grain—rarely, most rarely, beyond this dose. The medicine is given at bedtime, and only at bedtime, the period which is intended for sleep; but it must be repeated, *without the intermission* of a single night, for several weeks in mild cases, for at the least three months in the most severe ones. In some of these cases, at first, sleep is not produced; in very few *rest* is not produced. Slight nausea and disturbance of the head are felt the first few mornings, but in these cases almost always at first, and *always after a short time*, but sleep is procured, and the waking hours are free from pain.

"The effect of the medicine is in precise analogy with what follows. Suppose a man toiling with professional anxieties, and with domestic cares, returns home after a larger proportion than usual of the annoyances of his profession or calling, fatigued beyond his powers, wearied in mind. He returns to rest unhappy, discontented, inveighing against his lot, and what he considers to be his peculiar cares. He sleeps sound, and when about to rise in the morning, the sun streaming in at the windows, after a sound sleep, how does he look upon the evils of the preceding day? Do they not lose a large portion of their affliction? Does he not look in a totally different point of view at the very causes of distress which afflicted him the night before?*

"And this is precisely what the effect of morphia, properly applied, effects in cases of melancholy mental derangement, but not once or twice, as would be the case in trifling distress. Hence it must be repeated regularly every night, until the nervous system is soothed. Thus it requires weeks for the medicine to be repeated regularly, even without a single intermission, and the cure is the result. . . . . If the dose were constantly to be increased, then, indeed, a vicious habit would be incurred; but it is to be used in small quantities, regularly repeated, and *never increased beyond a certain point*, whether taken for six weeks or six years!"

[Dr. Seymour then proceeds to detail several cases in which this treatment proved successful, and then continues to remark on the other means of treatment to be adopted thus:]

"In the cases hitherto related, no remedy was, in the great majority, employed except the morphia, and taking the precaution of keeping the bowels open every alternate day. This is necessary, as in the first administration the morphia constipates; but after some days this disagreeable consequence disappears, and there are no longer white evacuations, or difficulty in the functions of the bowels. In two or three of these cases, in the first place ice was applied to the head; but this remedy is better adapted to the determination of blood to the organ of the brain in mania, where bloodletting cannot, without danger, be had recourse to. It undoubtedly exists where melancholy intermits with paroxysms of violence. There is another remedy which may

* This is beautifully referred to by the great poet of truth and nature, Sir Walter Scott. In 'Quentin Durward,' he draws the distinction between the feelings of fatigued and refreshed nature with all his wonderful power. Thus, after weariness and despair, he adds—

"Yet unwelcomely early as the tones came, they awakened him a different being in strength and spirit from what he had fallen asleep. Confidence in himself, and his fortunes returned with his reviving spirits, and with the rising sun, he thought of his love no longer as a desperate and fantastic dream, but as a high and invigorating principle to be cherished in his bosom, although he might never propose to himself, under the difficulties with which he was beset, to bring it to any prosperous issue." (Quentin Durward, vol. ii, p. 145.)

be employed,—though I have less often used it, from the inconvenience of its adoption *regularly*, day by day, in this large town—the *tepid bath*. It is, however, very useful in melancholy, especially in that arising in the puerperal state, and in women generally.

"On the first attack of this malady, *purgatives* may be used actively, to remove any obstruction in the bowels, and promote a free flow of the secretions; but in fixed cases, in my experience, purgatives (so called) do harm; they disturb the system, and lower the health of the patient. Hence they may be confined to regulate the state of the bowels, so that they may be relieved, at the least, every alternate day."

[In addition to the above remedies, we place great reliance on the occasional employment of emetics at bedtime, in the early stages of melancholia.]

IV. PUERPERAL INSANITY.

From an elaborate paper by Dr. Read* on this form of mental disease, we extract the following remarks on the treatment.

"The opinion," he says, "of the great majority of those who are in the habit of seeing puerperal mania is, that it does not depend on inflammation of the brain, but that its origin may be fairly traced to *cerebral irritation*, combined with great exhaustion of the nervous system generally."

55. "*Bleeding.*—From what experience I have had on this subject, I fully adhere to Dr. Gooch's opinion, that 'bloodletting is not only seldom or never necessary, but generally almost always pernicious.' I cannot recollect a case of *uncomplicated* puerperal mania in which the lancet was used; and in the most violent forms of the complaint, a few leeches to the head have been alone employed for the purpose of local depletion. Cases have been narrated both of this disease and of delirium tremens, in which a small bleeding from the arm has been followed by speedy dissolution."

56. "*Emetics* have been strongly recommended when the tongue is loaded and the breath foul, at the commencement of the attack. A combination of ipecacuanha, with antimony, appears to be the best form when there is not great debility or anæmia."

57. "*Purgatives.*—Every obstetric practitioner of experience must be aware how frequently a whole train of alarming symptoms occurring a few days after childbirth, and resembling the primary ones of puerperal fever, is at once subdued by an active aperient or by a turpentine enema, which rids the patient of copious and vitiated dejections; the same good result has often been found from their employment in puerperal mania. Large evacuations of this kind are in fact sometimes the first symptoms of recovery in the patient. Even in cases of unusual exhaustion, constipation should at least be avoided, and the bowels may be unloaded by means of gentle aperients and enemata of warm water. The form of the aperient will, of course, vary according to the nature of the case and the condition of the patient. I have found ʒj of the pulvis jalapæ compositus, given in treacle as an electuary, answer the purpose very well in several cases, and this may be repeated at intervals if required. Dark fetid evacuations are often dislodged; and many instances might be cited in which great improvement was immediately a consequence. Should there be a wish to get rid of the secretion of milk as soon as possible, the hydragogue aperients will be best adapted for the purpose."

58. "*Anodynes.*—Almost all authors on this subject recommend the em-

* The Journal of Psychological Medicine and Mental Pathology, Nos. 1 and 2, Art. Puerperal Insanity. January and April, 1848.

ployment of this class of medicines, taking the precaution previously of properly evacuating the bowels.

"Opiates seem peculiarly adapted to puerperal cases, especially when combined with some diffusible stimulus, such as ammonia, and more especially with camphor. *Small* doses of opium will, in many cases, increase irritability instead of allaying it; and it is a better plan in general to administer a large dose at night, and the effect may afterwards be kept up by repeated but smaller doses. The acetate or muriate of morphia in quarter-grain doses may be given at intervals; but I have frequently known half a grain, and even one grain, given at short intervals, in otherwise intractable cases, with good effect; and this has been increased by combining with the morphia half-grain doses of the antimonii pot. tartrat. Dover's powder is another form of similar combination, which often proves a valuable remedy. An occasional change in the anodyne is advisable in those cases which require the daily exhibition of such a remedy. Thus half a grain of muriate or acetate of morphia may be administered at one time, a drachm of tinct. hyoscyami at another, and ten grains of Dover's powder on a third occasion; thus varying the form when the repetition of the same medicine seems to diminish its effect. There are instances in which opium, in any shape, gives no relief in procuring sleep, but, on the contrary, appears to aggravate the insomnia and irritability. In one such case, I found the employment of the hydrocyanic acid attended with the most beneficial effects. Five-drop doses of the diluted acid in camphor julep, at intervals of four hours, were administered to the lady, and gradually procured a calm state of mind, and some refreshing repose. The cannabis indicus, or Indian hemp, has been known frequently to succeed in procuring rest, after the different preparations of opium had failed; the tincture is the best form, and is employed in doses of from twenty to sixty drops. As it is a great object to break the continuance of the sleeplessness, in such cases the continual use of the chloroform vapour will be found valuable. I have had an opportunity of seeing more than one case in which it not only induced sleep, which had previously been absent for four or five nights and days, but the patient on recovering from its effects was found to be quite tractable, and free from violence. I am bound, however, to add, that in some cases in which it has been tried by other practitioners, no beneficial effect was produced.

"As a sedative application, the employment of the *warm* and *tepid bath* has been found of great service in cases of puerperal mania; it allays the great irritability, causes the skin to perform its functions more healthily, tends to restore the secretions to a proper state, and soothes the patient. Iced lotions to the heated scalp may be applied at the same time. Many authors speak most highly of the effects produced on females by the use of such baths, especially when any suppression has occurred. In some cases, the cold bath, the shower-bath, and the practice recommended by Dr. Currie, viz. placing the patient in an empty bath, and pouring water on the head, have been attended with marked benefit. In all these forms it is better, however, to commence with the water tepid, and gradually to lessen the temperature in the succeeding applications. Numerous instances exist in which the tonic effect of the shower-bath has produced excellent results, but it has been employed at a period some weeks after parturition. When the patient exhibits great watchfulness and inability to sleep, notwithstanding the employment of all sedatives, and this is combined with unusual irritability of manner and quick pulse, the case requires our most anxious attention, and every method possible to allay such excitement should be in succession tried. The room should be darkened, and kept perfectly quiet and cool; the covering on the bed should not be more than is sufficient; a mattress should be substituted

for the feather-bed, if the latter be used; and it is most essential that a nurse endowed with good sense and experience should be in attendance."

59. "*Counter-irritation* is sometimes of considerable advantage under such circumstances, and a blister to the spine or dry cupping over that part will sometimes produce excellent effect. Esquirol speaks very favorably of blisters in the later stages of this form of insanity, when applied between the shoulders.

"In the *adynamic* form, attendant upon *undue lactation*, it is especially requisite to avoid any depletion or low diet. Sedatives are as important as in the other cases; and in addition to these, the use of tonics, such as quinine, bitter infusions with the mineral acids, the various preparations of iron, the moderate use of wine and beer, and, if possible, after a time a change to the invigorating breezes of the sea-side or a quiet village, will be advisable. One of the best means of lessening the irritability of the brain and the want of sleep, is shaving the head, and a persevering employment of refrigerant lotions to that part."

V. GENERAL PARALYSIS OF THE INSANE.

60. "General paralysis," say the Commissioners in Lunacy, "has been almost invariably thought to be hopeless of recovery, and its victims usually perish within two or, at least, three years from the commencement of the disease. . . . . Most of the medical officers who have had great experience in the treatment of general paralysis recommend, especially in the early stages, the use of all those means which are generally adopted with the intent of reducing too great vascular fulness in the head. They advise shaving the head, the application of leeches to the head or neck, cupping-glasses to the neck, repeated blisters on the head or neck, setons in the neck, and the use of mercury and purgative medicines. Patients labouring under general paralysis are well known to be liable to paroxysms which resemble epileptic fits, and which often terminate fatally. In these instances recourse is generally had to topical bleeding by cupping-glasses. [In all cases of general paralysis, even while these depletory measures are being used, a stimulating diet will be found necessary.]

"In the later stages of general paralysis, there is not only a loss of the powers of animal life, locomotion, articulation, and of command over the sphincters, but the tone of the blood-vessels and the vitality of the solid parts are greatly reduced, a great tendency to sloughing, especially over the sacrum, exists, and extensive ulcerations further undermine the strength, and tend to bring on dissolution. To obviate these evils in some degree care is requisite. The use of hydrostatic beds is often resorted to."

[These Reports will be continued as occasion demands.—Ed.]

Note to § VIII, No. 41, '*Chemical Pathology of the Blood*,' (p. 403).—Since writing this Report, we have received Mr. Sheppard's 'Observations on the Proximate Cause of Insanity,' London 1844; the perusal of which has increased the surprise we have already expressed (foot-note p. 403) that Dr. Burnett, in his essay 'Insanity Tested by Science,' &c., London 1843, should appear to imagine himself to be the originator of the theory that insanity may be a disease seated in the blood, and that his work should contain no mention at all of Mr. Sheppard's *earlier* publication on the *same subject*.

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