

Feigned insanity, how most usually simulated, and how best detected : an essay to which was awarded the gold medal in the class of medical jurisprudence in the University of Edinburgh, July, 1844 / by Henry Wentworth Acland.

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2

FEIGNED INSANITY,
HOW MOST USUALLY SIMULATED,
AND HOW BEST DETECTED.

AN ESSAY

TO WHICH WAS AWARDED THE GOLD MEDAL IN THE CLASS OF MEDICAL JURISPRUDENCE
IN THE UNIVERSITY OF EDINBURGH, JULY, 1844.

BY

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REPORTED INSANITY

HOW NOT EQUALLY PUNISHABLE

AND HOW BEST PREVENTED

IN GREAT

BY HENRY WESTWORTH WOOD

NEW YORK

A FEW copies of the following Essay have been printed for private distribution. The Author hopes that the digest of a subject, which in practice is rarely brought before the Medical Jurist, and which is recommended besides by having many difficulties, may not be unacceptable to some fellow-students, and legal friends. It need hardly be said that in these few pages is to be found only a sketch of the question.

12, *Queen-street, May Fair,*
December, 1844.

Contents.

	PAGE
INTRODUCTION	ix

CHAP. I.

ON the Motives for feigning Insanity	1
From the Laws of England—Scotland—France	2
From Circumstances in the Public Service	3
From Slavery, and other causes	4

CHAP. II.

Insanity inquired into—a disease that can be feigned	5
Is a disease unintelligible to ignorance	6
Can have no single test of its genuineness	7
Non-professional accounts of it	8
May be described generally, but not briefly—Mania— Dementia—Melancholia—Puerperal Insanity—the Species likely to be feigned	9

CHAP. III.

Characteristics of Mania	15
------------------------------------	----

CHAP. IV.

Characteristics of Dementia	30
---------------------------------------	----

CHAP. V.

Characteristics of Melancholia	36
------------------------------------------	----

CHAP. VI.

Characteristics of Puerperal Insanity	42
-------------------------------------------------	----

CHAP. VII.

PAGE

Aphorisms for the Consideration of a Student in this subject	45
--------------------------------------------------------------	----

CHAP. VIII.

On the means of distinguishing between Real and Feigned Insanity	51
-------------------------------------------------------------------------------	----

I. By Circumstances attached to the Suspected Person.

Class 1. (a) Sleeplessness	53
(b) Strength and Exertion	ib.
(c) Smell	54
(d) Effect of Medicines	55
(e) Physiognomy, Gesture, and Cra- niology	56
(f) Acuteness	61
Class 2. (g) Restlessness	69
(h) Irritability	70
(i) Pulse	71
(k) Violence	72
(l) Thunderstorm	73

II. By Circumstances dependent on the Investigator 74

(a) The time he requires for Investigation . . .	ib.
(b) Is to ascertain the history with care . . .	ib.
(c) Is to seek a resolution of the Case . . .	75
Aided by (α) Expostulation	76
(β) Severity	ib.
(γ) Artifice	79
(δ) Patience	80

CHAP. IX.

CONCLUSION—Hints on writing the Report of a Case . .	82
------------------------------------------------------	----

INTRODUCTION.

IN writing upon the subject of Feigned Insanity it appeared difficult to determine how far it was desirable to write upon *Insanity*; for if a treatise on that disease were introduced it would necessarily prolong the Essay to a most inconvenient and needless length. On the other hand, without it the subject would be imperfectly treated of. I have supposed, therefore, that I was arranging for the Use of an advanced Student in Medicine such circumstances as he would desire to have distinctly before his mind, if a case of supposed

feint were offered to him for diagnosis. Thus the principal, the broad features of some forms of Insanity, are briefly portrayed, and others, not needful for our purpose, are wholly passed by.

It is to be borne in mind that the subject of Feigned Insanity does not comprise those cases, which unhappily have of late attracted much notice; those of Homicidal Monomania. The question before us is, whether one acting as if insane be so in truth; not, whether one guilty of a crime, and apparently of sound mind, was irresponsible at the time of the said act. The feigner desires to be thought mad. The madman knows not, or strives to conceal, his misfortune.

The following Essay, therefore, begins by stating concisely the *Motives* for feigning

Insanity. In the second Chapter are some observations which tend to show that, if masters of our art, we ought always to detect an imitation of this disease. These are derived from some points in the philosophy of the disorder. The forms of real Insanity which are aped by impostors are sketched in Chapters III. IV. V. VI.; and before the discussion in Chap. VIII. of the special aids to diagnosis, three or four Aphorisms, suggesting topics for collateral study, are introduced in Chap. VII. The last Chapter contains heads for the construction of a report of any case we may have to determine.

FEIGNED INSANITY.

CHAP. I.

ON THE MOTIVES FOR FEIGNING INSANITY.

THE law of England, adapting, as it generally does, its tones to the attribute of mercy which pervades the economy of the Almighty Law-giver, ordains, "that if a man in his sound memory commit a capital offence, and before arraignment for it he becomes mad, he ought not to be arraigned for it; because he is not able to plead to it with that advice and caution that he ought. And if after he has pleaded, the prisoner become mad, he shall not be tried, for how can he make his defence? If, after he be tried and found guilty, he loses his senses

before judgment, judgment shall not be pronounced; and if after judgment he become of non sane memory, execution shall be stayed, for, peradventure, says the humanity of the English law, had the prisoner been of sound memory, he might have alleged something in stay of judgment or execution.”*

And the law of Scotland is not much otherwise: for, after an offence has been committed, a plea of insanity may be put in, in bar of *trial*, when it will be according to special circumstances whether the case be argued before the jury;† probably they will decide for themselves on the soundness or unsoundness of the prisoner’s mind: if the *trial* proceed, and insanity be proved, the fact will stay execution, but the jury will take care that he, the panel, will be properly confined:† for, to quote the words of Mr. Hume, “What if a capital convict shall fall into a state of furiosity after sentence? Is it to be imagined that the Court must allow him to be executed in this unhappy

* Comment. on Laws of England. 7th ed. vol. iv. p. 25. Cf. *ibid.* p. 395.

† Cf. Hume on Scotch Law, vol. i. p. 44. 3d ed.; and Alison on Crim. Law, vol. i. p. 658, *et seq.*

condition, which disables him from attending to his spiritual concerns, and where his death would so ill serve any of the purposes for which the spectacle of public punishment is designed ;” * Nevertheless, if he recover from his unsound state, he will be tried.† French law is not so explicit. Art. 64 of the Penal Code of France enacts, “ Il n’y a ni crime ni délit lorsque le prévenu était en état de démence au temps de l’action.” But practice and comment have amplified this statute, as may be seen by consulting the work of M. Marc on Insanity considered in its medico-legal relations.

It is clear, therefore, that *a successful* feint of insanity may, by the law of some countries, preserve a guilty person from trial, judgment, or execution.

In the army and navy have been found many cases of pretended insanity. This arises,

(1.) From a desire to be found unfit for service at the examinations made upon impressment for the navy, or the legalized modes of compelling service in the militia or army.

(2.) From a desire to escape special duties or unpopular stations, or to enter the hospital.

* Hume, vol. ii. p. 473. † Alison, lib. cit. vol. ii. p. 660.

(3.) To avoid punishment.

(4.) To obtain total discharge.

Slaves, also, in their wretchedness, that they may escape slavery, feign insanity.

And other causes may be imagined, of which histories moreover are to be found;* as of Ulysses, and Brutus, and others, among the ancients: as of David, "who changed his behaviour before them (in Gath), and feigned himself mad (demented) in their hands, and scrabbled on the doors of the gate, and let his spittle fall down upon his beard."†

Such are the motives for feigning insanity.

* Cf. several cases hinted at in the Cyclopædia of Med.; Art. Feigned Diseases.

† 1 Sam. xxi. 13.

CHAP. II.

INSANITY INQUIRED INTO AS A DISORDER
WHOSE PHENOMENA CAN BE FEIGNED.

PAINFUL is the contemplation of an insane mind! Painful the thought, that in the history of man's self-abasement, it is written, that he is willing to ape the total effacement of the Divine image in him. What we know, and what we feel, of our guilt and misery, accounts for *this*; but how to solve the problem of the existence of the phenomena simulated is past our reason; and we have humbly to confess that, as in much else, so also in this, from our reason we must pass on to our faith, lest we be overwhelmed in the darkness of the scene.

Doubtless it will be found that a disorder which was once held by ignorance and superstition as partaking of inspiration, is not easily counterfeited: doubtless it is already remarked,

that insanity, which is the disorder of *a mind*,* can be understood only by him who is instructed in the qualities of *a mind* in its most fair estate. And so it is : to feign insanity with success depends not more on the skill of the simulator than on the incompetence of the judge ; so, at least, have said excellent authorities of our own time. It must be so. The mind is made as variously as the body. Is the body fearfully and wonderfully made ? Much more the spirit : the spirit, which is the end of the body—the harmony of sweet sounds which the decaying instrument exists but to give utterance to.

And therefore it is, that insanity, in times of ignorance, was ever misunderstood. The vulgar thought it mysterious ; the half-informed (less wise) classed under one or two heads the multitude of phenomena, which they either saw not, or could not unravel, and by violence and ill-treatment drove into fury and fatuity some that else had reason to guide, and will to act ; therefore it was that, to counterfeit insanity was thought easy, to detect the shadow difficult,—

* I do not mean in the litigated sense ; not, that is, that insanity has not corporeal disorder as its cause ; it often has, it often has not, visible alteration in the structure of the body.

therefore that some impostors escaped, and some real sufferers were degraded, punished, and urged into self-destruction.

The original must be known before the copy can be criticized. We must study insanity before we can pronounce its symptoms feigned. We have half wished that Hamlet had never spoken the words which Sir Henry Hallford, in one of his classical Essays, called "Shakespeare's test of Insanity." Had we the papal keys, we should proscribe that Essay. It has tended to keep alive a notion that there is *a test for insanity*. We do not know that Shakespeare believed the test that Hamlet urged madness would gambol from. That Hamlet said it, does not prove the fact; nor is its truth attested by the successful application of it by Sir Henry. It showed that some insane men have bad memories. Mischievous, indeed, is an inference too frequently drawn, and warranted by the tone of that Essay, that they that have sane memories are not mad.

Let an inquirer into this subject of testing insanity reflect on the distinct forms of spiritual existence that we have within us, our

various moral and intellectual powers, our conscience, our will; let him superadd the complexity of the organism through which these primarily act upon, or are influenced by, the material part of us; and he will not be hasty to suppose that disorder in so complex and so fine an instrument will give rise to any common phenomena. And we hesitate not to affirm, that the more he inquires into the question, (in the present state of our knowledge,) the more decided will this be his opinion. Whether he follow the acute suppositions of Malebranche,* or of Antony Arnauld,† whose theories are as rational as any we now have, or whether he prefer “demonstration” to reasoning, and trace with Reil and others, the fibrous structure of the brain into its simple, but minute and infinite, articulations, he will return, having had much inquiry, and, as seems to me, reaped little fruit. To explain, indeed, the manner of healthy or diseased union between our animal and spiritual existences, whether in kind or in

* Recherche de la Vérité, ch. v. p. 109, (Ed. Charpentier,) and elsewhere.

† Art de Penser, Partie 1^{re}. ch. i. p. 37, *et seq.* (Didot); also Hallam's Literature of Europe, vol. iv. p. 212, *et alia.*

degree, has been impossible to either metaphysicians or physiologists, and, in our times, when justly nothing in things physical is believed, without proof, the search excites a smile not seldom. Experiment has taught little, and pathology has raised difficulties without clearing them, by showing, on the one hand, that probably an all but imperceptible change in the transparency of a delicate membrane may be the cause of derangement; and on the other, by revealing cases where enormous alterations of structure occur, with little mental disturbance. The conclusion to be drawn from such statements is, that if the phenomena of insanity were fully understood, they *could* not be simulated; and that, with the light we even now possess, it is nearly impossible for an impostor to escape. That light grows brighter as years pass by, and perhaps future ages, if it be so decreed, may obtain, by the study of insanity, and by our increased knowledge of the lower animals, a much deeper insight into the hidden parts of our double nature.

Besides, it is to be borne in mind, that it is not insanity that an impostor can or will imitate, but the popular idea of it; so that the

medical jurist requires but a touchstone to test that idea by ; having a good knowledge of insanity as a disease, he ascertains what points in it, or beside it, the feigner mocks ; and furnishes himself with tests for those parts which are the most likely to contain alloy.

There exist in many imaginative writers professed portraitures of insane persons. Had time and space allowed it, we had intended to have collected the descriptions of our modern authors for criticism. The greatest of Shakespeare's plays teems with his observation on this scene of man's career. Lear, however, written after Hamlet, is the more perfect study. The latter has left a yet and ever-to-be unsettled strife among commentators, who cannot decide as to his madness or madness "in craft." That no one can determine this, appears excellent evidence of the care with which the picture was drawn. No one doubts Lear's insanity ; or, do they doubt, let them read an article in the "Quarterly Review"* upon the subject, the night they desire to lie sleepless. But the medical jurist will never meet with feigned insanity under such finished forms. We have already noticed the

* Vol. xlix. A.D. 1833.

nature of the mental aberration which David assumed. The *one* verse quoted paints distinctly the popular idea, and the consequent effect upon the people. And the only other kind generally recognised, is derived, we suspect, not unfrequently from the Scripture account of the demoniac, "Whom no man could bind, no, not with chains; because that he had been often bound with fetters and chains, and the chains had been plucked asunder by him, and the fetters broken in pieces; neither could any man tame him. And always, day and night, he was in the mountains, and in the tombs, crying, and cutting himself with stones."*

The subject of insanity being so great, and so wholly without the limits of an Essay, we claim the privilege of *assuming*, for the present, that the popular idea of insanity is, or was till lately, based upon the two forms, Dementia and Mania. The next step is to trace the general characteristics of true insanity—our touchstone.

Now genuine insanity exhibits two distinct classes of symptoms—those of *excitement*—both in the bodily organs, and in the mental faculties—observed in mania and all kinds of fury,

* St. Mark v. 3—5.

and those of *depression* in idiocy, imbecility, and melancholia in their several kinds and degrees. Increased knowledge has added to the divisions of the disease, and not always with advantage to the administration of law. Our early lawyers were content with the general term, *non compos mentis*: and Lord Coke divided this into four classes, which unhappily were not exhaustive; and he thereby did some injury to the subject.* Although, since his time, some points have been made more clear in the legal view of insanity, yet *a* late answer of the judges to the House of Lords would show that the law of the land does not yet recognise any very certain nosological arrangement of mental disease. In fact, though some system has been attained by writers of the present century with much of truth in it, yet any of the classes of disease so mapped out are ever running the one into the other, a circumstance of great importance to the jurist. The will, the affections, the understanding, in any or all of their parts, may be disordered, and hence the word Monomania (comprising Kleptomania, Erotomania, Pyromania, Suicidal and Homicidal Monomania, and

* See Prichard on Insanity, chaps. i. ii. 1842.

others) has been deemed necessary as the symbol for certain phenomena; and, till lately, men were little prepared for the fact, that the moral powers may be disturbed without apparent lesion of understanding.

All these questions *may*, in the present day, be interwoven with cases of suspected feint, because counsel might be very apt to attempt to prove the existence of some of the obscurer kinds of disease in the previous life of the prisoner. Under such circumstances it may sometimes be more easy to show the responsibility of the accused, than his freedom from disease. A case, much worth notice, and elucidating this, is found in Marc, vol. ii. p. 275; and we hint here at these nicer points, only because they abut closely on some parts of the discussion of our Thesis.

In Chapters III. IV. V., that follow, are given the characteristic symptoms of Mania, Dementia, and Melancholia. These will be the characters, a vague notion of which the feigner impersonates: and in Chap. VI. is a brief account of Puerperal Mania. A female, convicted of a capital crime, might plead pregnancy in bar of execution, which proved, her execution would

be delayed; if now she became maniacal, she would be altogether reprieved. It would therefore, in so shocking a case, perhaps, be asked whether the insanity was real. I have seen two cases recorded where a woman was tried for the murder of her child, and acquitted on the plea of insanity at the time. It would therefore in such cases now be deemed necessary to prove the insanity, though probably in our courts much leniency would be shown in the whole inquiry. The one is related by Sir M. Hale of a woman tried in 1668; the other was that of a woman tried at Jedburgh in 1785;* and in this case the poor creature was sentenced to death, but the royal mercy interposed.

Nothing but study of the real disease can fit us for correct judgment of a case. Reading may convey much, and must be had recourse to: but it alone is insufficient. They are nice intervals that separate sanity, eccentricity, and madness; and it may be impossible to predicate of an individual that he feigns, is diseased, or is of sound mind, without close practical inquiry into the laws of health, and the laws of disease.

* Hume on Scotch Law, 3d ed. vol. i. pp. 41, 43.

CHAP. III.

CHARACTERISTICS OF MANIA.

To compare mania with a dream were to give a characteristic and popular idea of it. Various in form, in character, in intensity of pain or of pleasure; now, real in premises, and false in reasoning; now, true in reasoning and wild in axioms, uncertain in duration and in periodicity; both the dream and the maniacal disease are mental processes, creative of thought, reason, the chief ruler, the while not holding sway.

But it is necessary to discard all popular and erroneous notions, such as that favourite dictum of Mr. Locke, "that madmen put wrong ideas together, and so make wrong propositions, but argue and reason right from them."* Dr. Prichard justly speaks in strong language on the falsity of this.† One great objection to it

* Locke, "Conduct of Understanding," Book II. chap. ii. § 12, 13.

† Prichard, "On the Nature of Insanity," § 2.

is, that it has led men to look for the disease under a single and simple form, while, in truth, it is comprised under many. That there are madmen who reason rightly from wrong premises, (as rightly, at least, as most who pass for sane) is very true; but there are madmen, with whom the succession of ideas is so rapid, that they do not reason at all; their thoughts rush voluminously forward in tumult which bewilders him who strives to follow. A sane mind sinks powerless while endeavouring to trace the associations by which this tornado of the mental faculties is raised and whirled along. Beside these, there are madmen in whom the succession of ideas is so slow, and the memory so null, that even if apprehension exists, the power of comparison and ratiocination is gone.

It will be well for our main purpose to examine,—

I. The precursory symptoms of Mania, reserving to another place what is needful to state of its predisposing causes.

II. The actual symptoms; and of these, in order:—(a) The mental. (b) The mixed. (c) The bodily phenomena.

I. THE PRECURSORY SYMPTOMS OF MANIA.

Of all mental disorders this may begin the most suddenly: the more usual course of the complaint is a gradual and perceptible deviation from a healthy state of body and mind, noticed or not by the friends, but such as would excite suspicion in the mind of one familiar with the disease, until, on some occasion, the will of the patient being thwarted, he bursts out of smouldering excitement into violent fury. The deviations we speak of, are restlessness, excitement, or depression; a morbid state of the affections; busy energy in works of little worth, and these wrought to no purpose; excessive pleasure or excessive grief; irritability; false alarms and childish delights; increasing thoughts or increasing indolence in thinking, “*enfin il se livre à des actions d'autant plus affligeantes, qu'elle contrastent d'avantage avec sa manière de vivre ordinaire.*”*

This will be the fittest place to remark on some differences between the symptoms of mental disease and those of most other disorders that afflict mankind: and this by way of caution,

* Esquirol, *Maladies Mentales*, vol. ii. p. 145.

lest the details that follow be taken to be more regular in their appearance and course, and more systematic in the recurrence, than they really are. It is, indeed, in general views of this nature, that much of the distinctive evidence in cases of probable or possible simulation will be found.

There is in Mania no one type which possesses all its victims: it has more phases than Hysteria, that Proteus past finding out. In one person it is an acute, in another a chronic complaint. Some constantly rave, their mind gradually breaking down into dementia: in another, there will be a paroxysm which shall have no fellow, for weeks, or months, for many years. Now it is complicated with bodily disease well ascertained; now with none to be discerned before death, with none after it. One has intermissions, another remissions: death is preceded by imbecility, or by general paralysis; hastened by inflammations; or marked by neither accession or decrease of the disorder. Some have one undoubted attack, called by nosologists Transitory Mania, which happily returns no more: and some, after disease of somewhat longer continuance than the last, do also recover wholly.

But there is one fixed point in Mania: "Toute-fois il excite chez les maniaques un symptôme commun—c'est un délire général, avec excitations plus ou moins grandes des facultés intellectuelles." *

II. ACTUAL SYMPTOMS.

(a) Mental Symptoms.

Considering Mania as typical of all its subgenera (for as mental disease has been more studied, so have many divisions been also made), it may be stated, first, to present a general *disturbance* of the mental faculties, as of the intellectual, so of the moral powers. Any, or all, of these may be impaired, not by obliteration, but by disturbance; not for a definite, but for a greater or less period.

The powers of Apprehension, Conception, and Memory, are less impaired than those of Abstraction and Reasoning. Imagination and Association are in excess, and morbidly active. From the Imagination, indeed, of the maniac, is the exciting cause of his paroxysm mostly derived, and from disordered Association increased;

* Marc, Médecine Légale, vol. i. p. 211.

the degree of the fury, and the capability of its being controlled by treatment, will therefore partly depend upon the extent of the disease in those passions most acted upon by the imagination.

The lesions of the Memory are described with difficulty. Since the integrity of that faculty depends most of all upon the Attention, it will be treacherous in about the ratio in which the faculty just named is dormant or otherwise. The maniac is for the most part absorbed in himself, and in mazes of his own planting: yet he is not necessarily nor wholly so. Besides Attention, Association is the other great guardian and foster-nurse of Memory. We have stated that that faculty is often specially diseased: where that is the case, and Attention flags also, the Memory will be deficient and unsound; but the argument does not tend to show that instances of great retentiveness will not be occasionally found. Now, a case has come under our notice which is readily explained by this rule. A man, we were informed, had two attacks of mania: of the first, he remembered every thing; of the second, nothing. We found, on inquiry, that which

was antecedently to be expected, that the former attack was not characterised by that self-absorbed state in which he lived during the second, seeing nothing, caring for nothing, hearing nothing but his own ravings.

The passions and desires, which, in a state of health, are opposed one to the other, are generally so deranged, that one shall predominate to the entire annihilation of the other, its normal antagonist,—or that one should be increased without disorder of the other,—or that one should be in excess or diminution only in respect of particular persons or things. Thus, some will unnaturally hate their relatives, and none other ; or will be homicides generally—very misanthropes ; bloodthirsty ; some will fear excessively, either real or imaginary objects, or demons in particular ; or as, poor creatures, they have said,—they fear ! These states often lead to the detection of organic disease. Nor is the gloomy part of our spiritual nature wholly predominant: Marc relates, that a sportsman, receiving an hyoscyamus pill, imagined himself a fox turned out for sport. We question, however, the pleasure he derived from this. Some conceive themselves to be all-powerful—or

beauty impersonate—or the centre of all things. To these, all is joy, save only when their ruling passion is thwarted, or doubt of it is shown or imagined. The ecstasy ceases, and rage supplants it.

(b) Mixed Symptoms of Mania.

Ever restless, like his thoughts, the maniac paces to and fro; now stops, now advances; meeting obstacles, he turns him on his heel, and rapidly walks another way; all is energy, bustle, regulated confusion: there is ever an object, but the object ever shifts. Now he speaks, is now silent: but his vacant countenance tells the careful observer that all this action is not of reason: though so much is said and done, the features, even when in motion, have not in them the fire of healthy life. Sir Charles Bell remarks on this. “I have observed,” he writes, “contrary to my expectation, that there was not that energy, that knitting of the brows, that indignant brooding, and thoughtfulness in the face of madmen, which is generally imagined to characterise their expression There is a vacancy in their laugh, and a want of meaning in their ferociousness.” This state

is typical of the ordinary condition of the maniac; the paroxysms will hereafter be more particularly alluded to.

There is nothing more remarkable about the functions in which mind and body are obviously and intimately connected, than the entire indifference to sleep which some maniacs show. They will endure for many weeks, nay months, (Esquirol) without it. How this should be is unexplained.

All the senses are more or less perverted. Much has been said of the capability of the insane to bear excesses of heat and cold, and of cold especially: but this has been exaggerated. There is no uniform law; for, as some will have a sense of inward heat as of burning pain, will rub themselves with snow in ecstasy, seek cold air, and the like, so will some crouch by the fire-side, as they know well who have seen the insane in winter; yet, on the whole, it may be said, that they are more regardless of temperature than are men in health. There are other more unequivocal symptoms, showing that the nerves of sensation are over the whole body in a morbid state, from the distressing complaints that the maniac sometimes makes of his being

pinched, beaten, or otherwise tortured in various parts of the body or limbs.

The nerves of vision may be affected either at the periphery, or their centre; in the former case, by illusions generally; in the latter, by hallucinations.* It would be out of place to enter into detail upon these two subjects, but one remark should be pressed for our present purpose, that the hallucinations and illusions of one truly insane are, to him, as realities; therefore, unless he be verging upon Dementia, his reasoning, as Mr. Locke and Mr. Erskine† have stated, may be perfectly accurate; nay more, subtle and ingenious; “their conclusions just, and frequently profound.”‡

The sense of smell may be perverted: hallucinations are more common with it than illusions: an attentive observer may be aware how very vivid are the mental associations obtained through this sense § in a state of health; but it is not very frequently disordered in mania.

* Esquirol, *Mal. Ment.* vol. i. p. 223; i. 159, *et seq.*

† Afterwards Lord Erskine. *State Trials*, vol. xxvii. 1314.

‡ Ibid. 1313.

§ The writer, walking through a London alley, after long absence from home, was much struck by the vivid manner in

I need not dwell upon illusions of taste further than to state their existence; they are very common, and form one of the causes why maniacs refuse their food. But no evidence could be obtained for our purpose by this means.

The auditory nerves are affected much in the manner stated of the ophthalmic, but at the central, probably, rather than at the peripheral extremity. In other words, hallucinations of hearing are more common than perversions of sounds heard; except in so far as vibrations striking upon the ear are suggestive of the hallucinations which at times of stillness also haunt the patient. This same phenomenon of false impressions conveyed by the auditory nerve, has been noticed in delirious persons, as is common in the "delirium tremens."

which "*parentes et domus*" rushed over his mind. Surprised at the intensity of the feeling, and desirous to ascertain the cause, he retraced his steps. Shortly he perceived the smell of new fustian emanating from a small shop door, where a piece was hanging. On one day in the year, clothes are distributed at his home to the poor, in large quantities. At that domestic scene he often had measured out many yards of the material in question. How mysterious and wholly unaccountable is the slender chain of association which this occurrence exhibits!

(c) Symptoms from the Animal functions.

Of the bodily state generally it may be said, that the hair is rough and dry, the face shrunk, the countenance inexpressive when compared with the energy of the body, the skin sallow, the muscles prominent.

The secretions are deranged: that of the skin has a smell not to be mistaken, so that it has been said that the odour of the bed alone will reveal the insane. This is not always the case. We know, however, that even persons in health, under some emotions, exhale from their skin offensive perspiration; and, considering how frequently the skin of the maniac is harsh and unnatural, the fact with them does not excite surprise, and should be carefully inquired after.

The saliva is often viscid.

The urine is not rarely scanty, and high-coloured.

The motions are irregular, sometimes dark and offensive; and generally, the bowels are costive: diarrhoea may supervene, and is a bad symptom.

The gastro-intestinal canal shows many unequivocal symptoms of irritation.

The tongue is furred; the appetite morbidly voracious, or its opposite, so that to refuse food

is very common with the maniac: else it may be depraved, so that all things are equally agreeable, or the reverse. Pinel, indeed, thought that derangement of the abdominal viscera was the general concomitant of insanity; and he was inclined to believe that malpositions of the intestines were constant; but no general law can be sanctioned on this head. Let it also be added here, that the catamenial discharge is frequently suppressed, and the mental disease aggravated at the menstrual period; that at child-birth the lochia are much disordered; that there is no failure in the power of sexual intercourse among men, but rather, often much desire.

In the paroxysms great muscular force is observed; and from a consciousness of power this is the more freely used. Resistance increases the fury, except an overwhelming force appear; then the cunning of the sufferer has the chief rule, and he generally remits efforts that must prove useless.

Concerning the circulation there is nothing distinctive that we can state. So variable, indeed, and so much past rule, are the physical changes, that, for fear of overstatement, we are

compelled to make negative, rather than positive statements. But the pulse is often languid, and slow; though Dr. Rush, and some observers, profess that it is so constantly accelerated, as to afford an excellent test of the disorder.* On the access of "furor" the pulse quickens, the heart beats furiously, the carotids bound, the jugular veins are distended, the eyes are blood-shot, the temporal arteries are full, and the rigid tension of the muscles of the neck place the swollen blood-vessels in frightful prominence.

Such is, in outline, the typical idea of Mania; the jurist should specially gather from it—

That there are generally precursory symptoms, both mental and bodily;

That there is generally a gradual onset of the bodily symptoms, but that the first paroxysm may break out unexpectedly.

To describe the treatment, or mode of decline of the disorder, would here be needless; yet one remark is of pungent force for our present object; namely, that, with true maniacs, kindness and firmness are, to a certain extent, specific remedies; always, also, of more or less avail,

* See p. 71 for our opinion upon this test.

we say not to cure, but to control or alleviate the disease : that it is so, is proven by the fact, that, in the large Asylum of Hanwell, there are times, we have heard, when not one is found under bodily restraint. The maniacs may truly say, "*Tempora mutantur et nos mutamur ab illis.*"

There is, however, one class of maniacs whose symptoms vary much from the above, not only in intensity, but in kind; men whom, if love or hate could apply to such sufferers, one would hate; men who are as inferior in character to the true maniac "as the fiends in Milton to the great monarch of darkness;" mean, slinking creatures, irritable, mischievous, perverse, violent, loving evil apparently for evil, cowards, liars. Alas! alas! to pen such words of those whom the hand of our Heavenly Father permits, in His good will, to wander abroad sorrowing, and causing sorrow upon the earth

CHAP. IV.

CHARACTERISTICS OF DEMENTIA.

IF a methodical account of Dementia, wherein the lesion of each mental and bodily organ were described in order, could be written, a learner would, after much toil, reap an ill notion. So different from Mania, so complex and so irregular are its symptoms, that in relating them it is well to profess no order, but to use silently that which will best impress its character.

The word *démence*, in French, *dementia* in Latin, and *fatuity* in English, have been used in far too wide a sense. Pinel defined Dementia, "abolition of thought;" Esquirol spoke more distinctively of it, characterising it as weakening of "perception, understanding, and will;"* and says, elsewhere, that the *disorder* of

* Esquirol, *Maladies Mentales*, vol. ii. p. 219.

the ideas, affections, and will, is characterised by weakness, by loss, more or less complete, of the perceptive and intellectual faculties, and of the will.*

Dr. Prichard expands this last more copious definition into the following fourfold arrangement, each stage of the disorder characterised by the loss of some important mental faculty. In the first, the Understanding is little impaired, though the Memory is injured. In the second, the Reasoning powers generally have undergone morbid change. The third betokens absence in the power of simple Apprehension; and with the fourth the Animal instincts and appetencies are fled. And to this I am bound to add a remarkable phenomenon, of which I have seen one example: a man who, to use the expression of a friend with whom he lives, is an hybernating animal; he never speaks for nine months, but sits quietly and contentedly, having apparently no discomforts: for three months he thaws, and then, though certainly not wise above other men, is agreeable and good-natured. A case not much dissimilar is related by Dr. Prichard.†

* Esquirol, *Maladies Mentales*, vol. ii. p. 232.

† Prichard on *Insanity*, p. 239. 1842.

Be these divisions as they may, it has been truly said, that the varieties and complications of Dementia* render it more difficult to define than the forms of insanity to which Pathognomonic symptoms may be assigned. Esquirol finds it necessary to offer the following genera and sub-genera: namely, Simple, and Complicated Dementia. The first, comprising Acute, Chronic, Senile, and Intermittent; the second, Monomaniacal, Maniacal, Convulsive, and Epileptic. The account of Esquirol, and the definition of Pinel, are excellent:—When we have added the remark, that as Mania is intellectual lesion by excess, so Dementia is intellectual lesion by default, or ideas in plus and minus quantities respectively, little more need be said by way of general explanation, save only to enter the caution, that Dementia is neither idiocy nor imbecility; the former being arrest in the mental development (?), and material structures thereto belonging, in the foetal state; the latter, subsequent arrest of the intellectual faculties from accident, sickness, bad education, no education, organic, or unknown causes.

Mania frequently precedes Dementia, but not

* Marc; De la Folie, dans ses Rapports, ch. vii. &c.

necessarily; sudden fright, mental “shocks,” are not infrequent causes. Suppression of natural secretions and excretions, other forms of insanity, some diseases, age, vice, sorrow, disappointed love, precede and produce it. The causes, both mental and physical, are here arranged in about the order of their frequency.

Since the power of attention is diminished, memory and judgment are necessarily impaired; thoughts and ideas are no longer formed; and there is a partial or total wreck of the whole spiritual man.

Unable to comprehend, he that is demented yet lends his ear, hangs upon the words uttered, and cannot comprise, in his enfeebled grasp, words that shall make the briefest sentence; he begins an answer to that he had not understood, and ideas failing, he looks him down and laughs, half-sensible of the weakness and sorrow that have stricken him.

And with such a failure of the understanding the passions and the will become powerless also. Since apprehension and memory are so faded, with him the benevolent affections have no impulsive existence. His malevolent desires, if they yet remain, are too transient for revenge :

for resentment he is too impotent. If his spirit rise, and a storm gather, a kind hand may dispel it; for he is led whithersoever another will. Passiveness is comfort to him, and to be disturbed in that, is his torment. Toys and shining bodies delight, and his own senseless noises occupy him.

I speak of him who is truly and hopelessly demented: for, as we have said above, there are various stages of the malady, though they partake more or less of the type here described.

As to moral faculty in this fallen state, it is not wholly defaced; they are frequently aware when they have done wrong, though they cannot exert themselves to do right.

Sensation is weakened; but the motor nerves are frequently in a state of irritability. To be deaf and dumb is sometimes superadded; and general paralysis, with inevitable death, follows. Some will sing incoherent words, and upon one note, the whole day long; others murmur, ever babbling sounds; while a few write upon the ground. All that is done, is done listlessly. The sense of heat is very variable. Some suffer injury, not avoiding it, and will play with hot coals; but more derive comfort and pleasure

from moderate warmth. The sphincter muscles are not relaxed, but most are nevertheless dirty, and some grossly obscene. The Catamenia are frequently irregular or suppressed, and when maniacal paroxysms accompany the demented female, they probably supervene at the menstrual period.

The temperament of the demented being generally lymphatic, (phlegmatic,) they are often to be recognised by obesity, by a pallid, and "muddy" countenance, or that which is observed in some sufferers under "Bright's disease."

All is characteristic of degeneration, bodily and mental; and the animal functions seem as though they had lingered on beyond their appointed period. "The keeper of the house hath trembled, and the strong man hath bowed himself." "The silver cord is loosed, the golden bowl is broken. The pitcher is broken at the fountain, and the wheel is broken at the cistern."

CHAP. V.

MELANCHOLIA, LYPEMANIA OF ESQUIROL.

ESQUIROL, finding fault with the application of the word Melancholia, that among some authors comprised every partial, chronic, and non-febrile disorder of the mind, adopted for them the term Monomania, and joined with Dr. Rush in dividing Melancholia into two species;—the one he calls Amenomania, where the predominant delusion is of an agreeable kind; the other, Lypemania (λύπη), where the general symptoms are those of depression, and the mental state is one of grief or distress. Since the appearances which are observed in melancholia, or lypemania, are well marked, and some of them may be feigned with ease, we shall describe in order the characteristics belonging to it.

The onset of Melancholia is not sudden, and the temperaments in which it should be expected to occur are limited. The circumstances

of life which predispose towards it, or may be to it for exciting cause, are *not* found with those who are likely to simulate it. Neither a sudden shock nor apprehension are apt to induce it. Indolence, operating on a bilious temperament, sedentary and solitary life, imagination uncontrolled by reason, or by the cheerful discharge of social duties, much sensibility, labour of mind rather than labour of body, dissipation or excitement acting upon a frame too weak to sustain the one or the other, may be expected to precede it.

The mental faculties, apart from the special delusion, and excepting the special moral principle that is distorted, are unaltered. Esquirol says, even “*toutes leur déductions sont conformes à la plus sévère logique.*”^{*} In some instances the previous character is retained, and the delusion or excess of passion has arisen *directly* out of bygone habits of thoughts; in others, inversely.[†] Thus, “he that has been froward, will be froward still,” or “he that has been unclean, will be unclean still;” or, inversely, he that has been brave, is now a coward;

^{*} Esquirol, *Malad. Mental*, vol. i. p. 422.

[†] Beautifully described by Esquirol, *ib.*

or industrious, a hater of employment; and both are wretched, generally quarrelsome, and always querulous. This is specially worthy of notice, that where the *attention* of the unfortunate man cannot be gained, the cause is to be found not in the loss of that quality, but in its pre-occupation. The power of attention is actively engaged; but not for man, nor for truth, but in imaginary ills, apprehended dangers, self-created sufferings: and, perchance, of this he is himself cognizant. Some sudden wrench may unbend the faculties now morbidly clenched round a fictitious object; and then one has been heard to cry out in agony, in the words of St. Paul, when mourning over the complex law of man's fallen state, Οὐ γὰρ, ὃ θέλω, ποιῶ ἀγαθόν· ἀλλ' ὃ οὐ θέλω κακόν, τοῦτο πράσσω ταλαιπώρος ἐγὼ ἄνθρωπος· τίς με ῥύσεται ἐκ τοῦ σώματος τοῦ θανάτου τούτου.*

So also with a powerless will, their understandings yet not much darkened, do some believe themselves (when recalled from their self-created world), under the stern compulsion of a strange existence, that at one age of the

* Romans vii. 19 and 24. A touching case in Esquirol, Mal. Ment. vol. i. p. 421.

world wrought good and evil with a superhuman power. They believe themselves guilty of crimes they never committed, and suffering the just punishment, and pursued by the torments which such crimes would have deserved.

In the impressions wrought upon particular faculties or passions, it is observed, that fear of aggression most usually occupies the melancholic; ordinary objects are to them a source of vexation; impending evils that might have been a cause of alarm to them when in health, alarm them now; the police, the anger of the elements, or mystic art, or the greater forces of nature, electricity, and the like, are about to destroy them.

The malevolent passions are generally inactive unless roused against those who are, or who are thought to be, the cause of their sorrows: the benevolent affections are frequently in extravagant excess, begetting suspicion, jealousy, and sorrow; sorrow that they have injured parents they never wronged; jealousy of the lost affections of him who is still their own; suspicion that they are objects of hatred, where, indeed, the love they mourn for has never fled.

Nor do the melancholic patients rest passive

under their sufferings; not resting hopes in religion, their minds being disordered, suicide is frequently their chief aim, and death their only desire.

As with the maniac, so with the melancholic, sleep is impaired: sad dreams oppress, and nightmare awakes him; he rises in the morning haggard, dreads the day that is before him; and yet more the night that is to follow. But this state is not universal.

The senses, as will have been gathered, are generally unimpaired; nay, often acute. Both hallucinations and illusions may, and frequently do, attend Melancholy, but these are rather of complication than of necessity. Sight and hearing are active, and the other senses present nothing distinctive of this class of mental disorder.

It is common that food should be wholly refused, whether from loss of appetite, from dread of poison, or from hope of starvation. The fœcal excretion is scanty, and the bowels confined, while the urine is generally copious, and of the hysterical character, though sometimes loaded with lithates, and febrile. Menstruation is probably suppressed, or irregular;

and at the proper period of uterine action the disorder increases.

The pulse is feeble, for the circulation is languid and tardy: the skin, generally dry, is sometimes parched, and rough; for the exhalants perform their function in an abnormal manner, perspiration being suppressed, partial, or scanty.

Finally, the bodily motions of such an one, unlike the active attention of his mind, are languid. The expression of the countenance, though still, is not vacant; the general carriage of the body, though it betoken little action, though no word is ever spoken, is far removed from the lifeless laxity of the imbecile frame:—

—— “ Like a ghost,
Day after day, year after year, he sits
Gazing on vacancy, and now, anon,
Starting, as from some wild and uncouth dream.”

Though the mind is depressed, and sorely troubled, it yet lives; though it never gives utterance, there is yet hope: “*occupat artus.*”

CHAP. VI.

ON PUERPERAL MANIA.

PASS we in review the course of Mania in pregnant women. It is less frequent, indeed, during pregnancy than in the puerperal state; but in both it is so well established that the occurrence of such a complication with a pregnant woman under sentence of death should excite no surprise: since, indeed, distress of mind, a frequent predisposing cause, is then in fearful action.

The mental disease may be either of the maniacal or melancholic kind: Dementia is never superinduced.

Whether in Mania or in Melancholy, the mental or the bodily symptoms may predominate. Mania, supervening after confinement, rarely appears before the third day, sometimes not until two, or even several weeks have elapsed. Fear and imbecility are marked upon the

countenance. The patient starts suddenly from sleep with raving and wild delirium, or with illusions. The pulse is rapid, and in the paroxysms is yet accelerated; the tongue is generally coated, the secretions little altered from those of her previous state; the bowels are costive. There are, in most cases, lucid intervals with return of entire reason. Then the fever, which for the most part is present, subsides; or, in other words, with the paroxysms there is much febrile excitement, increased heat, and, as was said, more rapid pulse.

The duration of the disease varies from twenty-four hours to a year, beyond which period it seldom continues.

The melancholic form of the disease does not differ in the puerperal state from lypemania unattended by complication.

Into other varieties of this addition to the dangers of child-birth we need not enter, as being from their nature not to be feigned.

Though there are no pathognomic symptoms to be relied upon, it will be evident that the starting from sleep, the exacerbation and remissions in the fever, the varying pulse, the expression of countenance, the previous con-

duct of the patient,—if it be not her first confinement, the history of her previous labours, added to the general rules of detection hereafter to be given, will prove our best guides. Above all, we are to suspect Dementia, or unusual forms of Melancholia.

Having thus attempted to sketch the distinctive phenomena of mental disease, as many, that is, as are needful to meet the cunning of impostors, we propose in the following chapters to point out what aids to detection the jurist may add to an accurate knowledge of Real Insanity.

CHAP. VII.

THE Analysis of mind is to the disease of the mind as Anatomy to disease of the body. The Science of mind is to disease of the mind as Physiology to disease of the body. Both mind and body may be treated empirically, but the wise student will prepare for "rational treatment."

In the study, and in the treatment of mental disease, Therapeutics, commonly so called, are no less necessary than the science of moral treatment.

More men are insane than themselves or the world know. More persons can and ought to control their tendencies to eccentricity, which is a form of madness, than do so. Drunken men are accountable by law for their actions—so also should be some monomaniacs—probably maniacs are so oftentimes. Moral insanity and a

diseased will exist: but he who determines questions connected with them without having graduated in the Courts of Morals and Religion, and taken honours there also, may like enough adjudicate to the satisfaction of the world, but not with much certainty to the eliciting of Truth.

Knowledge of Physiognomy materially aids Diagnosis. Do many study it? or know its meaning? "It is a science," said a great master of it, "which teaches the relation of the interior to the exterior, of the visible surface to its invisible contents, of the living and visible matter with the invisible principle that imparts the life, of the apparent effect to the hidden and efficient cause." If there were any science that effected this, man would have an instrument for analysis of his fellow-men of no mean power: there *is* a science, or, at the least, an art available to her votaries, and able to vindicate to herself much of the qualities proposed by Lavater's definition. Does not the knee of Moses in San' Pietro in Montorio, does not the Torso of Hercules in the Vatican, or the Bronze Arm dug out of the sea at Naples,—do not each and

all of these tell their own story? Nay, you grasp a friend's hand, and do you not feel tubercular pthisis as if you saw it? And will not the limbs of a girl, in hysterical paroxysm, often tell you, without other inquiry, the disease? But if we desire this power we must, like the poet in *Rasselas*, "be acquainted with all the modes of life observe the power of all the passions in all their combinations—trace the changes of the human mind as they are modified by various influences—from the sprightliness of infancy to the despondency of decrepitude."

Aristotle, in the "*Rhetoric*," states thus some inducements to crime: "Οἷς ὑπάρχει κρύψις, ἢ τρόπος, ἢ τόπος, ἢ διάθεσις εὐπορος—καὶ ὅσοις μὴ λαθοῦσιν ἐστὶ διώσις δίκης, ἢ ἀναβολὴ χρόνου, ἢ διαφθοραὶ κριτῶν . . . καὶ οἷς τὰ μὲν κέρδη φανέρη, ἢ μεγάλα, ἢ ἐγγύς, αἱ δὲ ζημίαι, μικραὶ ἢ ἀφανεῖς, ἢ πορρώ . . . καὶ ὧν μὴ ἔστι τιμώρια ἴση τῇ ὠφελείᾳ." These words contain the principle, as it were, of the circumstances where we may expect to find Insanity counterfeited.

An inquiry into the past history of a suspected person should afford one of the greatest clues to the solution of the desired question. In this, be careful not to allow individual eccentricities to have much weight: (Eccentricity is a degree of Insanity—a form of “*folie raisonnante*,” but it may exist to a great extent without a risk of further advance:*) some may perform intellectual somersets without causing well-founded alarm; some women may murder, in transitory mania, with a headach for warning.† Nothing requires more tact than judging the history as a means of diagnosis. Dementia would be proved in A, by his talking for five minutes as B always does. I have read that some person proposed that questions should be asked on the Nature of the Deity. How ignorant must he have been of the knowledge and habits of thought of men! Your requirements must be regulated by the most moderate knowledge, or ordinary condition of thought in classes; for instance: examine the actions and

* See Quarterly Review, “On Insanity,” vol. xlii. : not that we consider that a very fair article.

† Marc, vol. ii. p. 481. A very instructive case; one of amenorrhea.

motives of women rather than their reasoning ; the truth of their conclusions often depends, not on the correctness of premises, nor argument, but on a keen sense of right and wrong with which they are blessed—do not condemn a seaman for holding absurd superstitions—nor those who have no occupation, for incapacity to follow argumentation—how knowledge of this (so to say) extra-professional kind is to be gained, is not to be discussed here. We have opportunity enough ; no class of men have such excellent means in their reach. Sympathy with distress, kindness for the failings of others, humility in the study of our own, *within* us ; the works of poets, who observed life ; of moralists and writers, who are not engrossed by contemplative to the exclusion of active duties ; works of fiction, written by those who have known poverty and sorrow ; incidental writings on female character, and the works of distinguished women, now both many and valuable ; some of the trifling literature of our own and former days—these should *help* to train his mind who seeks to study, and decide upon the reality of mental aberration.

Craniology has not hitherto furnished much instruction of a practical nature. Persons demented need not have low foreheads; though idiots have. The inquiry into the lesions of investing membranes in the brain is not complete. Is the neurilemma in the minute fibres disordered in insanity? Is there hope of our determining phrenological regions by *post mortem* examination of the insane?

CHAP. VIII.

ON THE MEANS OF DISTINGUISHING BETWEEN
REAL AND FEIGNED INSANITY.

THERE are two methods to be pursued in testing the reality of mental disease existing, or supposed to exist, under suspicious circumstances. The former of these consists in a just appreciation of the symptoms; the latter, in testing their truth.

The same process is followed when we form a diagnosis in obscure cases of the morbid state called Hysteria, a disease bearing analogy to Insanity, inasmuch as a disordered will may be considered as necessary to its constitution. To put these methods into practice the physician requires—

1st. The power of determining by its distinctive characters the nature of the case, if genuine. To gain this power there is no royal road: as in

other diseases so in this, observation, reading, and oral instruction, will obtain it. We have endeavoured, in the Chapters on Mania, Dementia, Lypemania, and the madness of the Puerperal state, to sketch outlines of this knowledge: the wards of an asylum, and the works of authors, now numerous, will fill them up.

2dly. The means of testing the genuineness of the symptoms have been in some sort hinted at in the preceding chapter; but they will be here given in detail, and interwoven with cases that have occurred. The heads that follow are arranged according to their diagnostic value, into two classes—

I. The circumstances that belong to the suspected person alone; and,

II. Those mainly dependent upon the investigator.

In the first class are found six which (to speak broadly) cannot be feigned, and five which may be easily counterfeited, and not easily detected. Of the physician's part hereafter.

I.

(A) CIRCUMSTANCES BELONGING TO THE
SUSPECTED PERSON.

(a) Now, there is one symptom which it is *impossible* to feign — sleeplessness. To the sleeplessness of the maniac there is nothing akin but the pervigilium of fever: it is a morbid state which health cannot enter; and if any means could be devised for procuring it, serious disease would inevitably follow, and a solution of the imposture be obtained. “A sailor enacted the part of a furious madman,” says Mr. Marshall, “but on the second night he fell asleep.” Maniacs often remain awake for several weeks, and months.*

(b) The tonicity of the voluntary muscles, as well as their actual contracting force, is greatly increased in Mania; a fact noted in other morbid states where the reason and will is temporarily obscured. It has been said that few men could follow the motions of a child through the day: this may be said with truth of the maniacal paroxysm. The true maniac never

* Esquirol.

rests for rest's sake ; he is never exhausted : if violence be his mood, never-ceasing violence, without exertion or fatigue, will characterize his motions, seen or unseen, heard or unheard.

Thus is one of our best tests afforded. If, after violent efforts, a suspected person sits as if for repose or from languor, the suspicion is increased. The "character" of the maniac's violence was successfully observed by Dr. Corkindale at Glasgow, in the case of a prisoner. This man feigned insanity admirably, and it was difficult to detect him. He was known to be passionate. It was preconcerted to throw him into a rage, that his movements might be watched. The gaoler threw a basin of water in his face : the prisoner attacked him immediately, and enacted the part of "a man of science," with so much dexterity, that Dr. Corkindale was satisfied of the feint. The event proved the correctness of this decision. We are bound to add, that such a test is liable to fallacy. The subtlety and skill of madmen, in anything they undertake, is often beyond that of their natural state.

(c) We have already stated that there is an odour not to be imitated about the insane ;

that is, where the odour is perceived, insanity may be safely assumed to exist. The converse is not to be inferred when it is absent.

(*d*) The effect of certain classes of medicines on the insane deserves marked attention. Beck rests more on this fact than other writer. Whatever assistance can be thus afforded let it be used. "Where a common dose," says Beck, speaking of tartar emetic, "takes a full and powerful effect, deception may be suspected, as it is stated that this never follows its administration in any stage of approaching or actual insanity." We think he speaks too generally; Esquirol and Marc do not write thus. Cathartics are often slow in their operation, and, as would be expected, this is the case especially where the nervous energy appears to be impaired. Much more reliance is to be placed upon the action of opium. What large doses may be taken by those labouring under mania from drink ere sleep be induced is well known; the same obtains, but in a far greater degree, in true Mania. But experiments with this or any other narcotic are much to be deprecated. Often with a maniac there is no quantity but will

be futile for obtaining rest: and, as in the delirium of fever, irreparable mischief *may* ensue from their employment. A curious case is related by Monteggia, of a felon on whom opium was tried, when he was apparently in a state of dementia. Six grains of solid opium had no effect upon him. On one day, therefore, about noon, they gave him six grains in soup, and nothing being observed six hours after, the dose was repeated. Neither the night nor the day following did he sleep, but after one on the second night he rose in his bed, and cried out that he was dying. Emetics, which acted largely, were administered, and thenceforward he recovered. It seems certain, that at this time he was demented; when he became so is not as clear, nor whether the opium effected his cure.*

(e) Physiognomy (following Lavater's definition of it, already quoted, and the real etymological sense of the word) should bring to us evidence from the countenance, gestures, gait, and the general habitudes of the patient. It is, however, to be borne in mind, that all persons

* Cf. Beck, vol. ii. p. 574.

insane have not a distinctive cast of countenance.* Such cases (those of joyous monomania) are not likely to be feigned; and in those who are neither far advanced in the disease, nor present strongly marked examples of it, there is nevertheless mingled, even with their rage, an air of apathy or unconcern neither to be mistaken nor described. He who can draw a lip, said a great observer, is an angel; he who shall describe in words, we would add, the melancholy fear, the subdued and touching air of grief that speaks in entreaty not to be disturbed, or that short feverish turn of the head, by which the melancholic avoids questions and betrays his state, may perhaps have skill to paint a passing sound. Indeed, too much attention cannot be given to these details. How much is intuitively learnt by them in hysteria; for instance, in the hysterical paroxysm, in the forms simulating Epilepsy! With respect to gesture, the imbecile, the idiot, and the demented, offer appearances much akin to each other. Yet neither does all Dementia resemble idiocy; nor do all cases of Dementia bear *the typical characters* of its class. Extreme caution,

* Cf. Marc, vol. i. p. 333.

therefore, must be used before deciding that a case is feigned because it presents material deviations from a preconceived and correct standard. Mania passing into Dementia is at various stages unlike both Mania and Dementia, just as the transition styles of architecture are unlike the types that precede and follow them. *Συνέτοισι φωνῶν*, the hybrid condition, is a proof of the position to be assigned to the individual case,—a point much to be noticed, lest, in a legal case, we were tempted to say, unjustly, “This man is feigning, because he shows evidence of both Mania and Dementia.” In Mania passing on to Dementia the paroxysms annul, as it were, the more passive symptoms, and these have their representative only in incoherence of speech; whereas, in the more tranquil intervals, the tokens of Dementia would be more markedly displayed.

The rapidity of gesture, and the violence of action in the maniac and in the demented must be distinguished by the characters drawn in Chapters III. and IV. The monomaniac has attitudes expressive of the dominant idea that rules him. In Mr. Marshall's work * four cases

* Hints to Medical Officers, &c. p. 139, *et seq.*

are recited in which there is no doubt but that soldiers were treated as "malingerers," who were truly insane. We admit the great difficulty of all the cases, but they ought not to occur now. The two first were not punished corporeally, but being in confinement they became permanently insane. The third was five times flogged for feigning insanity with a view to obtaining his discharge. The particulars of the fourth are instructive. He was under treatment in December, 1825, for a slight bodily ailment, but on his discharge, in January, 1826, he refused to do duty. He had a good appetite, but complained of pain *in the right hypochondrium, and was very taciturn*. He was punished, in March, with 175 lashes for declining to do duty: subsequently, he was punished by one month's solitary confinement, and was employed in occupations hateful to him. In July, four eminent surgeons signed a certificate, stating, that no disease, mental or physical, could be detected in him. He returned to his regiment. In a few months he showed unequivocal symptoms of insanity, and on that account was sent to the General hospital, in July, 1827. Mr. Marshall asks whether he was of unsound

mind in February, 1826? or should we consider the mental disorder as a result of frustrated hope since that period? Our answer is, that probably he was in an early stage of mental alienation when he first entered the hospital, a stage then curable, but by subsequent treatment rendered incurable. He was a temperate man; in education, above his apparent position; and there was entertained suspicion that he was a gentleman by birth. How much care would not these circumstances suggest! We shall presently quote a case where much of the evidence turned upon the early history of the patient.

It rarely happens that feigners are guilty of venereal excesses, or other dirty conduct; but with regard to the latter, there were horrible instances among the French prisoners in this country during the late war, who not only bedaubed their cells and ate their own excrement while feigning, and under inspection, but they did so when they were not seen, lest possibly they might be overlooked. Against such misery, and so great determination, we have no means to offer but the study of the individual case.

It has been remarked by Hennen,* that they,

* Military Surgery.

who feign, hesitate "to look the physician in the face." The contrary obtains with all madmen. That melancholics turn away, or that some maniacs dislike to be looked at, does not invalidate this.

On the Craniology of the insane there is nothing definite to be said. Future years will extend our knowledge in this direction. It is however certain, that in many madmen there is a want of correspondence between the forms of the cranium on either side of the mesial line, amounting occasionally to a strange want of symmetry, and very marked distortion.* Of the heads of idiots and the imbecile we are not speaking. The paucity of their hemispherical ganglia is well known. Any wounds, even of very old standing, marked elevations or depressions, any want of symmetry, in the skull, throw their weight "valeant quantum valent" into the side unfavourable to deception.

(f) We have ventured to class the quickness and acuteness of the insane among the points which are not to be counterfeited. It has been observed that "feigners generally overdo their

* But this is the case also in persons not insane.

part," are more violent, more foolish, than they need be. Maniacs and melancholics would be ashamed to answer as impostors have done. Let the following instances illustrate our meaning:—

"Janette," said the physician of —, in our hearing, addressing a young and timid melancholic, "how are you to-day?"—"Very well, sir, thank you."—"I am glad of that; you have seen nothing to disturb you."—"You know better than that, sir; you know that I must have seen them, for they were there."—"What! were the cats in the passage?"—"Certainly, they were."—"Now, Janette, you cannot believe that the floor is covered with animals?" She answered mildly, but solemnly—"I know they are not animals, for I have felt all about me for them—they are spirits—*God is Almighty.*"

We met, at the Asylum of —, a furious maniac; his clothes were torn, and he had on no shirt, it had been rent into shreds, which he held in his hand. "Why," said Dr. —, "do you tear your clothes in this manner?"—

“ Because, Doctor, I love you and your institution ; I wish to make you wealthy, sir ! *Labour is wealth ! I’ve been at it all day.*”

Mr. G——, a maniac, liable to frequent accessions of furor, was told by the physician, on his rounds, that he had better have his head shaved. To this he raised many sufficiently curious objections : but (the assistant-physician and the keeper standing by) the order was definitely confirmed.

Shortly after, we saw Mr. G. in great altercation with the keeper. He rushed towards us ; and endeavouring to be very cool, “ I appeal, sir, to you,” he said ; “ Is it to be endured that Mr. Ross (the keeper) should venture to propose to shave my head ? It cannot be ; indeed it cannot. Did Dr. —— order it, I ask you ? ” — “ I am afraid, sir,” we answered meekly, “ he did. Perhaps it will do you good. ” — “ I know *my* duty, sir,” said he, proudly ; “ Mr. Ross does not know his. The Doctor was joking with me. He often does. He told *me* three times that I was to be shaved. He *thinks that I am mad*. I dare Mr. Ross to say the order was given to him. ” — “ He said it in my pre-

sence," said Mr. Ross, most incautiously. "And you are FOOL enough to think that the Doctor, who is a man of common sense, would order a madman to have his own head shaved while his keeper was standing by!" Then, triumphing in his argument, he cried out, "Unto Cæsar I do appeal!—Till Cæsar come, I resist." We confess that it is our belief, that many a rogue has been "Not Guilty" on worse argument than that.

To those familiar with the ways of the insane, these instances may appear not worth the record. They serve, however, to illustrate three things worthy of especial notice on the part of an inquirer into our subject. The subtle mode in which illusions are justified by the insane; the shrewdness of their arguments; and the memory, discernment, and perception of their own advantage, which maniacs will show and glory in. We add, by way of contrast, a famous examination taken from Marc;* that of Pierre.

* Originally from Georget. Cf. Marc, *Sur la Folie*, &c. vol. i. p. 277.

Pierre, aged forty-three years, a notary, and man of bad character, on his arrest for forgery and incendiarism, answered correctly all that was asked of him. After a month, he became incoherent; and ere long, furious. That he was not really insane was suspected on several grounds. A fire was raised in the Bicêtre, where he was confined for better observation, and he escaped: there were full grounds for believing that he was the incendiary; and an accomplice, who had feigned and was detected, made inculpatory confessions concerning Pierre. The following are the questions and answers as related by Marc.

1. "What is your age?" — "Twenty-six."
(He is forty-three years old.)

2. "Have you transacted business with MM. ———?" (two of his victims.) — "I do not know them."

Had he been insane he would have remembered these persons or not. If he had remembered them, in all probability, nay, with almost certainty, there would have been some illusion, or some distempered association in connexion with them: and on this perverted view he would have answered. A madman would never

answer quietly of any special name, "I do not know them:" had he forgotten the persons in question, his memory would have been otherwise proved to be treacherous, and this was not the case.

3. "Do you acknowledge the pretended document which you gave to witness?"—"I do not understand this."

A most suspicious answer, for similar reasons to Answer 2. Had he not understood it, he would not have said this; or he would have said more; and it would imply dementia in a lawyer to ignore the meaning of a document. Dementia he certainly had not.

4. "Before the Commissary of Police you acknowledged this act?"—"It is possible."

This was an unwise answer, we conceive, for this reason: had he been anxious, being truly insane,* to conceal his insanity, he might have given this answer; but he was not so anxious to conceal his insanity. Cf. Answer 10.

5. "Why, on the day of your arrest, did you tear up a bill of 3,800 francs?"—"I do not remember!"

* Cf. the anecdote told by Lord Mansfield to Lord (then Mr.) Erskine. See the State Trials, vol. xxvii. pp. 1220, *et seq.*

6. "You said, in your former examinations, that it was because the bill had been paid?"—"It is possible."

Cf. Comment, fourth.

7. "Do you know that witness?" (the portress of the house he lived in.)—"I do not know that woman."

One feels vexed with a man who plays his part so ill.

8. "Can you point out any one who was with you in La Force, and who can give account of your state of mind at that period?"—"I do not understand that."

This answer alone might have closed the trial. A madman is aware he is thought so, and he always comments upon, or resents allusion to it. He had associated with a man who pretended insanity, and acted as insane. He must have thought that man mad; and this was sufficient to furnish him with theme for dilating on his own case. Had he been demented, or had he been maniacal, it was impossible for him to make the answer, and it was inconsistent.

9. "You escaped from the Bicêtre?" —
"Were you there?"

An impertinent answer, full of cunning, and designed to foil the examiner, in a manner not probable with the insane. Alluding to his own escape, the fire, and the circumstances necessarily fresh in his mind, would with an insane man have called forth more or less detailed egotism.

10. "At what time did you escape?"—"At midnight; one o'clock, two o'clock."

He professed to have lost his memory, which he might have done as a maniac; but he here retains it, and gives withal an answer that a maniac would despise; or, if demented, he would not have assented so distinctly to the association of time.

11. "Which road did you take?"—"That of Maux en Brie." (He went that of Normandy.)

A mere falsehood: and the character of falsity, described by us under the head of Mania, was not that which he had.

12. "Can you say who set the Bicêtre on fire?"—"I do not understand you."

13. " You wrote a letter the day after you left the Bicêtre to * * * *?"—" I wrote no letter." (It was in his handwriting.)

The above examination, with the hints appended to the greater number of the answers, affords an excellent contrast to the conversations recorded above ;* a contrast that cannot fail to be perceived by one in the slightest degree acquainted with insanity. We might quote other instances of a similar kind, but we already trespass beyond the proper bounds allotted to an Essay, and many important particulars remain.

(1. B) CIRCUMSTANCES BELONGING TO THE SUSPECTED PERSON ALONE, EASILY FEIGNED, OR PRESENTING SPECIAL OBSTACLES TO A CORRECT DECISION ; YET REQUIRING CAREFUL ATTENTION.

(g) Dr. Beck† quotes a statement of Dr. Willis, that we may look for recovery if a patient, previously restless, be still for an hour.

* P. 62.

† Vol. ii. p. 568. (American edition.)

In mania, any circumstance tending to show a less excited state of the nervous system would deserve attention; and doubtless some slight evidence might be thus obtained in a very difficult case, though, as coming in the decline of the disorder, it would be nearly valueless. But we have before stated, that if a furious and suspected person appear to rest after his paroxysm for rest sake, and then speedily return to a state of violence, this would be wholly at variance with the symptoms of real disease; while yet the cessation of paroxysm and a comparatively tranquil state is not in itself to be admitted as a shadow of proof against the reality of the attack. Note the restlessness of the patient at night. Feigners are at times so skilful as to be very troublesome and noisy at several periods of the night, and to sleep in the intervals; this calls for the utmost suspicion. On referring to what we have said of sleep with the insane, it will be seen that neither the melancholic nor maniac are affected in this manner.

(*h*) The maniac is irritable, and easily provoked. A very slender cause will throw him

into a paroxysm of fury : as for instance, doubting him, smiling at his delusions, not entering into his schemes ; generally each has his specialty in this matter, besides the constant hastiness and susceptibility of his class. There would be great difficulty in counterfeiting this sudden burst of rage, even if the feigner were acquainted with the fact ; yet one well acquainted with the insane might : the servants of an asylum, for instance. But such, alas ! under suspicious circumstances would have all predisposing causes in favour of genuine disease.

(i) Since Dr. Rush has remarked that the pulse of the maniac is always accelerated, writers gasping for evidence gladly seize the straw. Truly, no reliance can be placed upon it. M. Marc, who had ample opportunities of judging, and availing himself of the researches too, of MM. Seuret and Mitivié, comes to this conclusion. It is true that Dr. Rush decided rightly in the case of a condemned criminal, resting much on the fact that the pulse of the person in question was quicker by 20 beats than that of a fellow-sufferer.

Now the best writers do not pretend that the

pulse is much accelerated in Mania : if it were, we have seen cases enough to make us discredit the statement, as diagnostic. The mean of many observations by Marc is about 84. But in cases of this kind, statistical observations, and averages deduced from them, are highly mischievous. Men then argue from the universal to the particular ; whereas the knowledge of a mean renders no assistance for the determination of a particular. It may be at any distance above or below the average : we have known the pulse of a healthy man rise from 46 to 120 in a few hours, and then go down again to 50 ; a game at chess, for instance, will, with the person in question, raise the pulse to the high number stated. The most excitable man we know has always a pulse of 60. We have seen maniacs in a state bordering on furor with a pulse under 80 : rejecting all other considerations, the unknown and unsuspected disorders of the insane render any criterion from this quarter highly delusive.

(k) We stated that a characteristic of the demented was, that " he was led whithersoever another would." We did not make any such

statement concerning the maniac : but, bearing in mind the object of every remark here made, the eliciting of truth, let it be remembered by the inquirer, that idiots, the imbecile, and demented, are each and all not unfrequently obstinate, violent, and troublesome ; but the passion, if it occur, is not long, is transitory, and follows rather the general habitude of the mental phenomena known in the individual : and also no less, we may expect of the maniac that he will be docile under gentle and kind treatment, submissive under awe of his physician ; frequently disarmed in his fury by the exercise of authoritative conduct from those who have right to assume it : as was emphatically declared by the man possessed with a devil, in the matter of Sceva the Jew.* The impostor will be most violent before him whom he most desires to convince.

(1) It has been stated that thunderstorms have a specific effect in alarming the insane, and in aggravating their morbid states generally. This is by no means to be relied upon ; and it is important to a legal inquirer, that

* Acts xix. 13, *et seq.*

erroneous notions, such as this, should be entirely overthrown. We know that a thunderstorm of considerable violence may pass over or near an asylum without disturbing the insane as much as their keepers.

II.

INQUIRIES SPECIALLY DEPENDING UPON THE INVESTIGATOR.

(a) A physician, appointed to determine upon the reality of a suspected feint, should, before undertaking the duty, require that no limit of time should be prescribed to the investigation. Some cases *cannot* be determined but after long observation.

(b) The most rigid inquiry is to be made into the previous history of the suspected person. The predisposing causes must be calmly and carefully considered, especially if there be any hereditary tendency, any previous eccentricities, any change of moral views, any religious anxieties.

The general manner and bearing of the per-

son, and nature of his conversation, will at once determine whether his disorder be Melancholia, Mania, or Dementia, if real.

We are to be prepared for complications of all these with one another, and with Monomania.

Should neither of these diseases be detected by us, we may presume that the disease is real, on the ground lately stated. We proceed with caution, judging carefully, as in an unsuspected case.

(c) The salient points for diagnosis, as the characters of sleeplessness, restlessness, and those enumerated above, are to be especially noted. If we conceive the disorder real, we defer stating our opinion, that time may confirm us: if we incline to the opposite opinion, we desire a resolution of the imposture, which is sought for in a four-fold manner, or by any one of the following:—

(a) By expostulation; by appeal to the person.

(β) By severity.

(γ) By artifice.

(δ) By spontaneous resolution on the part of the impostor.

(a) He who is competent to undertake a task of this delicacy will not require any suggestions in aid. Much will depend on the manner, the tact, the knowledge of mankind (falsely called human nature) in its truest sense, which the inquirer possesses: much on his gentleness, goodness, knowledge of good and evil, sympathy with sorrow and suffering, and with men, like himself, sinners. Disappointment is not to follow from the failure of this attempt. From his probable character an impostor would be callous to any such means. If the case be genuine, the kindness evinced will be soothing and useful to the patient. Young recruits may thus perhaps be won over.*

(β) It has been suggested (and in the case of other feigned diseases we have so heard it) that in the military and naval services it is well to flog persons under suspicion of feigning insanity, on the principle that if sane, the punishment will "bring them to a sense of duty;" and if insane, that "it will act as an excellent derivative." There is nothing in the nature of

* Cf. Marshall. Hints, &c. p. 138.

inflicted punishment (flogging) that would induce a man to confess; he might, to avoid the repetition, appear slowly to recover: the infliction of a moderate flogging makes no special appeal to a hardened soldier or sailor who has his discharge in view. It is true that in Zacchias's case it did succeed; but even if it did succeed, and that with certainty, it is unjustifiable, unless we grant the whole postulate, that "it is a good derivative;" *i. e.* a correct mode of treatment in insanity. Rigour increases, kindness soothes, mental suffering. The age we live in, the character of our naval and military officers, the increasing knowledge of our medical men, render the question now hardly worth notice.

But corporal punishment is not the only means of rendering the life of an impostor painful and irksome. Are there means which can be useful to the diseased and be odious to the impostor?

The actual cautery, blisters, offensive medicines, have all had their advocates. Some such means are used in hospitals against malingerers. We have always held the opinion expressed by Marc on this subject. There is a spurious humanity which is not true mercy, and is injurious

to the public weal: and this age is not free from it. In this thing we oftentimes say, with Coleridge, "We want thinking souls, we want them." The sword is not yet forbidden to the hand of justice; οἱ ἄρχοντες οὐκ εἰσὶ φόβος τῶν ἀγαθῶν ἔργων, ἀλλὰ τῶν κακῶν.* In barbarous ages there are many, in civilized times there are some, with whom persuasion is a sign of weakness, and compulsion is alone counted law. Further: a criminal condemned to death has our compassion, but to law and justice we owe duty. Duty and compassion both do enjoin us to discriminate the truth, by any means not absolutely repugnant to humanity. There was a villain named Gérard, who murdered a woman at Lyons in 1829. After his apprehension he appeared to be demented, and to be affected with general paralysis. After a while, his medical attendants agreed to apply the actual cautery, since where there was no sensation it would inflict no pain; it might be useful in the treatment of the complaint, if real; and would probably expose the ruse if it existed.

Accordingly the cautery was applied to the feet without effect; but when, for the third

* Romans xiii. 3.

time, preparations were making to place it on the neck, he complained that he was thought a fool, and declared his innocence. Thus he proved that he had no paralysis of the nerves of the tongue, and the feint was revealed. Pagan relates a case where the shower-bath succeeded after the cautery had failed.* Other cases are related in medico-legal works: as one in Marc, where a feigner confessed his sanity upon being pinioned preparatory to confinement in a straight-waistcoat, a course which his violence rendered necessary.

(γ) But, without any severity, artifice may be used. We may threaten severity in the presence of the patient. A person feigning deafness recovered instantly when it was said, that piercing his ears with a red-hot iron would be the only remedy, and should be tried. The same was had recourse to with an epileptic. A soldier spoke when reviled in the guard-room, though every means had been previously tried to induce him to break silence. Also such severe artifices as these may be useful. It was related to us by one formerly assistant-surgeon in the——,

* Pagan, Medical Jurisprudence of Insanity, p. 272.

seventy-four, cruising in the late war, that a sailor, suspected of feigning Mania with Hemiplegia, was permitted, after some defeated attempts on his part (he never attempting when not observed), to jump overboard while in a paroxysm. He swam with both legs admirably, and called for help. Similar cases have occurred to others. We should strongly deprecate sending a soldier or sailor to a lunatic asylum without his insanity were clearly established; but to remark before one under suspicious circumstances, "that in a fortnight, or in a month, he must be confined in an asylum," might prove with that class of persons a very efficacious mode of arriving at the truth. According to Aristotle's aphorism, this would fail with a criminal, who preferred life in an asylum to the gallows.

(δ) As to spontaneous resolution, the case of the prisoner at St. Ange, who recovered after the opium, may have been of that kind. This method requires patience on the part of all concerned; and though the suspected return to reason under kind treatment, no proof need ever be received that shall bear on the fact

whether he had feigned, or had been really diseased. Probably he himself, if the appearance of insanity had long continued, would, least of all concerned, be able to answer this.

CHAP. IX.

UPON THE MANNER OF REPORTING A CASE
OF SUSPECTED SIMULATION.

THE mode of procedure in inquiring into a medico-judicial case, such as that proposed, differs in some particulars from that followed in forming an ordinary diagnosis. It will be a fit conclusion to this Essay to hint at the course which a medical man should follow when he is called upon by legal or other authority to give his opinion upon a supposed feint.

Let us imagine that we are required to state in writing our belief in the genuineness of disease in a convict supposed to be insane.

On reaching the place of confinement it is adviseable to overlook the prisoner, if there be the means of doing so before he is aware that he is submitted to examination: if there be no such means, he should be placed in a more

fitting situation for future observation. Inquiry is to be made of the governor and attendants as to his conduct on first arriving, his general behaviour, his habits, peculiarities, the time and mode of his first attack. The same inquiries should be made of his associates, each examined singly, and subsequent intercourse with one another interdicted. All the points of his previous history, occupation, accidents, diseases, hereditary predisposition—unless then and there ascertained—to be obtained, if the means appear, from his relations. He may then be visited. His conduct on our entry, or on his knowing the object of our visit, is to be particularly noted, and the general character of the individual, his physiognomical characteristics observed, on the principles laid down above. His general bodily health, if he be tranquil enough, may be now inquired into, especial attention being paid to the points suggested in the last chapter.

His mental state is to be considered of as if he were certainly insane; the various parts of his mind considered, and tested, illusions or hallucinations inquired into, questions of a simple nature being used, and having relation to simple facts.

This visit will take a considerable time. All facts connected with it should be committed to writing immediately ; those derived from the patient, if our memory be trusty, not before him ; those from others, before them. No opinion on the question at issue is to be given to any : it will be adviseable to have a consultation with another physician, if that be allowable, who shall pursue precisely the same course.

The prisoner should not be debarred intercourse with others : judgment should be exercised in the choice of his associates. His conduct with them to be particularly noted. Subsequent visits will complete all the inquiry that can be had without recourse to the means suggested at pages 74, *et seq.* Observation has been extended for many months by Marc and others.

The report, when completed, specifies the authority under which we acted, is particular in its dates of time and place ; and states the facts observed, first of all ; and afterwards, a summary of our deductions from them. Whenever an inference is drawn, unless the course of argument it rests upon is obvious, it is stated ;

all is done with brevity and perspicuity. Language peculiar to medical men is discarded. Pascal's rules and argumentation are remembered and followed; especially these:—

Leave no obscure or doubtful term without definition.

Employ, in defining, no words not well known or not already defined.

Lastly, we sum up our opinion under two or three heads, having taken care we have omitted to apply no test that could be useful in evidence. It may be convenient to conclude our opinion under the state of the prisoner before trial, since trial, and at the present time; thus obtaining naturally and consecutively predisposing and exciting causes, and his present state.

If special questions have been submitted to us by authority, they are answered. They are often difficult and beside the mark; often their division is not exhaustive, as we remarked of Lord Coke's division of *non compos*, &c. nay, persons unacquainted with medical questions so ask, that to answer is impossible; but this is rare with lawyers.

If we see real difficulty in the form of the

questions, let that be stated, and their deficiency supplied.

And here we may conclude. To condense into the limits of an Essay a subject of this nature is difficult. Practical writings are seldom undertaken with success in early life; and the Author sees good reason for offering with diffidence these pages to the reader.

THE END.