

The lunacy question, or, The lunatic benefited and protected : with an inquiry into public and private asylums / by Joseph Williams.

Contributors

Williams, Joseph, 1814-1882.
Royal College of Surgeons of England

Publication/Creation

London : Simpkin, Marshall, 1852.

Persistent URL

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THE LUNACY QUESTION,

OR

THE LUNATIC

BENEFITED AND PROTECTED:

WITH

AN INQUIRY

INTO

PUBLIC AND PRIVATE ASYLUMS.

BY

JOSEPH WILLIAMS, M.D.,

&c. &c. &c.

Second Edition.

LONDON :

SIMPKIN, MARSHALL, & CO., STATIONERS' HALL COURT.

MDCCCLII.

[*Price Eighteenpence.*]

LONDON :

G. J. PALMER, SAVOY STREET, STRAND.

PREFACE.

THE first twenty pages of this Pamphlet, devoted to the analysis of the opinions of those representing the interests of Lunatic Asylum Proprietors, will afford considerable information as to some of the causes of the fearful increase of insanity in this country, and a careful perusal is strongly recommended. The inexpediency and wickedness of associating together numerous cases, such as now unhappily crowd many Lunatic Asylums, have been fully dilated upon in the next thirteen pages; the matter consisting of those extracts, taken from my work on Insanity, which have excited so much hostility from the organ of interested Lunatic Asylum Proprietors. The necessity of the Commissioners in Lunacy having entry *wherever* there are lunatics, is at page 33 proved to be necessary by a reference to the atrocities which have occurred at Bethlem Hospital, the difficulty being always great in investigating and tracing out those evils which may occur in public and private Asylums. The *temptation* to receive improper cases, or to keep in confinement those not only convalescent, but absolutely

cured, has been exposed, and the remedy suggested; it being highly inexpedient to allow lunatics to be made the subject of *profit*.

In the Appendix will be found some suggestions as to a change in the whole system for the direction and management of lunatics, it being considered essential that no individual should have a direct interest in either fostering or perpetuating insanity.

The authenticated details of much cruelty and of interested dishonesty, (perhaps some might even call it of complicated villainy,) having been already received from private individuals, and from members of the medical profession, and as correct opinions can only be arrived at by the due investigation of facts, the author hopes that those philanthropic persons who are themselves cognizant of any trying cases of oppression or of unjust detention, will favour him with full particulars. Should it subsequently be considered desirable to refer to such cases, the names of individuals will be invariably suppressed.

8, Tavistock Square, 28th October, 1852.

THE LUNATIC, BENEFITED AND PROTECTED.

FOR many years I have been convinced that the whole system regulating the interests of lunatics should be changed, and that the Government should assume a more direct control over the medical and general officers, both of public and private institutions.

The reasons upon which I had formed such an opinion were freely, fully, faithfully offered, more particularly to the notice of my professional brethren, and it is a source of satisfaction to me to know, that not only were my "observations and reflections" read with great interest, but to have been also assured, that they had a beneficial effect by inducing others to prosecute inquiries into a subject of such great importance; and I may also add, that many distinguished physicians and surgeons in this metropolis and throughout the country, unconnected with public or private asylums for the insane, agree with me in believing that an alteration should take place in the social, moral, and medical management of the lunatic; yet no one chooses to sound "the advance." Hence it was, in following up the object which I commenced five years since in the *Medical Times*, that I recently ventured to introduce the subject into a new edition of a work strictly professional, and I will now endeavour to show the animus exhibited by the reviewers of three of the medical periodicals—the *Journal of Mental Pathology*,* the editor the keeper of a private asylum! the *Medical Times and Gazette*, the editor the resident medical officer of a private lunatic asylum! and the *British and Foreign Quarterly*, the editor the confidant of both; in short, constituting a tripartite, tricorporate, and triquetric cabal, yet instigated by the same instinctive impulse, combined

* Called also the *Psychological Journal*.

and yet disjointed, concealed and yet exposed, proceeding 'onwards' by different routes, yet meeting in one "via mala."

Terra malos homines nunc educat, atque pusillos.

These three publications, in plain words, emanate from the same source, are published under the same roof, and two of them, if not the third, draw their nourishment from the same spring !

It is well known that about seven years ago, I published an essay "On the Use of Narcotics and other Remedial Agents calculated to produce Sleep in the treatment of Insanity;" the subject was difficult, the therapeutic treatment of the insane was even ridiculed by many who had the charge of lunatics, and some of our most distinguished physicians not only denied the utility, but attempted to prove the evil of exhibiting narcotics to the insane, even to procure sleep. It was under such circumstances I resolved to collect together all the opinions that had been formed upon this subject; I searched the whole of psychiatric literature, and this, together with former experience, enabled me to offer to the profession, the Lord Chancellor's Prize Essay.

That little volume was well received by the whole medical press,—in fact it was highly eulogized and strongly recommended to their professional readers. Having had my attention so directly drawn to the therapeutic treatment of insanity, it was not unnatural but that I should inquire into the moral management of the insane, and I was so shocked at disclosures which had been occasionally and sometimes accidentally revealed, I was so horrified at the iniquity, the vice, the oppression, the dishonesty proved to exist in lunatic asylums; I was so disgusted at the revolting and Augæan filth in which lunatics were but too often compelled to languish, that I resolved on publishing a series of papers to force upon the attention of my professional brethren, and of philanthropic and scientific men in general, the necessity of the Government undertaking the entire management and direction of all lunatic asylums. This is my *crime*, and for this *crime* it was decided by a faction, on the publication of a second edition of my former essay, that I must be put down at any cost. An attempt had been previously made to soften down my asperities, and to unite me under the banner of some of those who are now attempting to crush me, but I naturally felt unwilling to sacrifice either principle or conviction. On the publication

of the second edition several favourable reviews appeared, * and amongst others, *The Lancet* strongly and faithfully pointed out the practical value and utility of the work.

No author can be so absurd as to suppose that every person will agree with him in all his views, whether social, moral, political, or professional; opinions must ever differ, but still misrepresentation, mis-statement, misquoting, deceit, should never be even tacitly encouraged.

The Journal of Mental Pathology had the dishonour to lead the opposition van, and commences the campaign thus:—"A stern sense of critical justice compels us to withhold from Dr. Williams' volume the stamp of our approbation." The reviewer then states that he has "no right to complain" of the President and Fellows of King and Queen's College of Physicians having awarded me the premium placed at their disposal by the present highly distinguished Lord Chancellor, when presiding over the Irish Court of Chancery! but he does complain that I have re-written the prize essay, and published it under a totally different title; he says, "Sir Edward Sugden's prize was far [sic] the best essay on a specific form of treating insanity by means of narcotics; but he either carelessly or wilfully forgets to add, *and other remedial agents!* Dr. Williams' present volume is entitled, 'Insanity; its Causes, Prevention, and Cure, including Apoplexy, Epilepsy, and Congestion of the Brain!'" This he considers quite a misnomer, and that "much mischief to the cause of legitimate literature will inevitably ensue." He objects to it "on principle," and directs attention to that "fact."

My reviewer, had he been writing upon the point, would most probably have confined himself to the limits in which he would wish to restrict me; he appears to think that my subject was circumscribed; but hear what *The Medical Gazette*, one of the most scientific journals of the day, said: "The author has brought under consideration *the whole of the leading plans of treatment* which are at present adopted in the management of the insane: and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of narcotics, and his estimate of their comparative value, are remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its

* See end of this Pamphlet.

publication will add to the author's reputation as a diligent and acute observer."

And what says another reviewer,—“It may be considered as a contribution *to the treatment of insanity in general*, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience.”

These extracts show that the “Prize Essay” was not confined to the use of narcotics or of hypnotics. The fact is, that I brought general professional experience to bear upon a subject usually treated as a specialty, and when I undertook to write that Essay, I believe there was only one previous author who had advocated the systematic treatment of insanity by narcotics and sedatives. Dr. Seymour was in advance of his day, and his opinions, now proved to be matters of fact, were *not* generally received; and when my little volume appeared, I had the satisfaction of hearing “that the sedative treatment of insanity was all hum,” and “it was a regular take in.” However, I was not prevented by such criticism from investigating for myself, and found the views entertained by Dr. Seymour were correct; and having collected together many isolated facts, and collated the opinions of numerous individuals, although widely spread, upon the value of particular narcotics and sedatives, I was enabled, not only to *prove* the value of the use of narcotics and other remedial agents in producing sleep in the treatment of insanity, but also to *defend* the theory of preventing and curing insanity by the sedative treatment. I felt that “a system built upon the discoveries of a great many minds, is always of more strength than what is produced by the mere workings of any one mind.”

Now, I ask any candid man in the profession, what value was attached to the general use of narcotics in the treatment of insanity even eight years since? Nay, I do more, I ask what is the present opinion of numbers of “the heads” of our profession? I have no hesitation in saying, that, as a rule, the value of the sedative treatment of insanity was not only rejected, but actually denied; and it is now a source of the greatest satisfaction to me, from time to time, to notice the reports of the value of the sedative treatment, from India, from France, from Belgium, and that even one of my personal detractors has at length publicly given in his adhesion to the system. Had I been the physician to a large Lunatic Hospital, or the proprietor of a “first-rate

private Asylum," there would have been nothing inconsistent in allowing me to produce "a second edition," but "for a man in private practice, *and without even an asylum*, to attempt to teach us, is intolerable." Is an author not to be permitted to add to remarks previously given with "brevity and terseness?" Is he not to be allowed to strengthen his previous views, and to offer to his profession the details of valuable cases? Was *Hooper's Medical Dictionary* always its present size? Is not almost every book increased in its second, and third, and even fourth editions? *Is it right to keep back practical information from the profession?* This is the point! it has unfortunately happened, that one anxious to "advance the *status* of his profession," and to enlighten medical practitioners upon psychological subjects, has always kept back *the treatment*; there has been much of mysticism and folly, but nothing really *practical*. It would appear almost as though the desire was, not to bring prominently forward the benefits to be derived from particular remedies, not to enable medical men successfully to treat cases of insanity, but merely to draw attention to a name diurnally twice triply advertised! A precious "little self," so precious, and so valuable, *that the very names of those poor fellows who have talent only, but who really do the work, must not appear, they must remain unknown!*

The reviewer, in his deep regard for "legitimate literature," affects to believe that the reader will necessarily confound the present enlarged and illustrated edition with that smaller volume published now nearly eight years since; he forgets there is a *double preface* minutely explaining every particular, and having been at some pains to examine why he has been so afraid to draw attention to that preface to the second edition, I think I am not far wrong in ascribing it to the following paragraph:—

"An apology may be apparently demanded for the very frequent recurrence with which I have enforced *the inexpediency of sending incipient cases of insanity* to asylums, but it is a point which I hold to be of such importance, that I feel it to be unnecessary to offer any excuse for such repeated reiterations; again and again have I been the means of preventing the incarceration of fathers, of mothers, of sisters, and where these very individuals are now holding prominent places in their respective circles; and, were it not manifestly inexpedient so to do, I could point out in many spheres the incalculable advantages I have secured to these individuals, and the obvious social evils I have thus prevented."

To my versutiloquent reviewer this is no doubt highly unpalatable ! *it will not do to have empty houses !* and well indeed can I imagine his crying out "Our craft is in danger," and calling together those of like occupation, saying, "Sirs, ye know that by this *craft* we have our wealth."

Nunc cursu lampadem tibi trado !

Having at considerable length made several preliminary remarks, the reviewer says, he is compelled to withhold from the Essay his approbation, considering it to be composed of "vapid nonentities" and "common-place truisms." He then informs us that he "will not pretend to divine the motives which may have led Dr. Williams thus to rush into print," and states—

"I too can write ; and once upon a time,
I poured along the town a flood of rhyme,
A schoolboy trick, unworthy praise or blame ;
I printed — older children do the same."

He then, with ridicule, commends my "moral courage" in an attempt made to draw a distinction between mind and soul, and in giving my words, misquotes !

The reviewer next states that he never before heard that reflection, "or as Dr. Williams classically designates it, 'self-inspection,' was the highest faculty of the mind ;" he then, having attempted humour and witticism respecting "imagination," passes on to doubt whether a man is really insane "who has no control over his thoughts and actions ;" and because I remarked that persons predisposed to insanity were often fond of showing off, and reciting, and spouting, he bids his "amateur theatrical friends to bear this in mind."

The reviewer, in an extraordinary "manner" of "delusion," attempts to throw ridicule on my opinion, and in so doing couples me with Dr. Haslam, and with Henry, now Lord Brougham ; self "delusion," as in many other places, is here most manifest.

Page after page is thus wasted in similar frivolities, grave facts and important deductions being supplied with ridicule ;* indeed the folly is often such, that although appearing in a professedly scientific journal, it would not be tolerated in the lowest periodical of the day. Misquotations

* A friend writing to me upon this subject, states, "In point of fact the whole of this article is so extremely puerile, as would render it contemptible in one of the lowest periodicals of the day."

and mis-statements frequently occur, and the reviewer becomes so indiscreet, call it by no harsher term, as almost to sneer at, and throw ridicule upon those who terminate existence by their own hands. The same levity is exhibited even upon those subjects which a well regulated mind would always treat with the greatest delicacy.

The reviewer then alters his tone, and becomes indignant at what he terms "a gross and inexcusable libel upon the profession." My words are as follows:—

"It forms the exception for medical men to pay any attention to mental disease; and hence, when a case of insanity occurs in private practice, the individual so affected is either sent away at once to a lunatic asylum, or the medical attendant, being himself alarmed, restrains his patient by violent measures.

"The general ignorance of diseases of the mind, so prevalent throughout the profession, has frequently led to very unjust detentions; and if any medical man, so uninformed upon this subject, is requested to visit an alleged lunatic, he goes prepared to *prove* insanity; whereas his object should be to ascertain the exact state of the patient's mind, and to see whether there would be danger to life or property in allowing him personal freedom; but the very fact of seeing a person already manacled, has, alas! been to many sufficient proof of his insanity; and indeed, as Sir Henry Hallford has said, 'if already confined, his condemnation is almost certain.'"

This is directly opposed to the reviewer's opinion, he denies the fact, and considers the profession err on the *other side*, and speaks of the "*ultra* views on the subject of non-restraint!" and of the "*few over-zealous members* of the profession!!" He then talks of my "scandalous imputation," and because I have attempted to give faithful advice respecting the signing a patient's certificate of unsoundness of mind, he characterises as "twaddle" my offering "*such advice* to the profession," although it is well known that, even to this day, a very great number of certificates are irregular, not to call them illegal.

The reviewer appears to doubt whether irregularities can at the present time occur, because the erring individual "would expose himself to an action for misdemeanour." Why, I now hold in my hand the astounding statement of 105 patients being illegally confined in one single asylum!! Cases are not unfrequently now occurring where the liberty of the subject is unjustifiably invaded; close to my own

door, and even within the last month, has a patient been carried away, then manacled, and kept so night and day, because, when inebriated, he had quarrelled with his wife; this was represented to a doctor, who immediately on seeing the intoxicated individual, *and without the certificate of any other medical man*, ordered his immediate removal to a lunatic ward! My reply to the reviewer is, glad indeed should I be to find my opinion incorrect. The reviewer, however, says, "It is, alas! mortifying to be compelled to repel an arrow aimed at the members of an honourable profession from the hand of one of our brethren!" but in common with every upright man in our profession, I do not recognize as brethren those who *consciously* err so atrociously; I disown them.

The following "calumnious statement" excites in the mind or the pen of the reviewer great indignation:—

"The generality of medical men, when asked to see a case, go with the full intention of establishing insanity, not to disprove it.* The object should not be to look for the evi-
dence of insanity, or for that evidence which may furnish mere *suspicion*; but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations."

Probably the reviewer regards this also as "twaddle."

Passing by my being a "learned Theban," and my "generosity in laying down rules for guidance," with "the gratitude" of the reviewer, we arrive at the following:—

"How often (says Dr. Williams) is a man sent to an asylum by his friends because he is eccentric and irritable." The reviewer states, "We doubt the fact; nothing is easier than to make general statements and assertions of this kind; but as two medical men must certify not only as to

* The reviewer says, "Need we add a refutation of this calumnious statement? Perhaps Dr. Williams may yet have the satisfaction of hearing some distinguished member of the bar or judge on the bench *quote this very passage* to establish that the opinions of medical men relative to the subject of insanity are totally worthless. It is our duty to discountenance these attempts to depreciate the value of medical testimony, let them proceed from whatever quarter they may."

the presence of insanity, but to such a *kind* and *degree* of insanity as to justify confinement, we are disposed to consider the occurrence of which the author speaks, *extremely rare*; in fact, we do not think it possible, considering the character of the members of our profession, the vigilance of the commissioners, and the amount of surveillance to which private asylums are, in the present day, subjected." The facts to which I have adverted most unhappily altogether set aside the assertion of the reviewer.

The following sentence gives great offence: "How dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house." This critic, however, considers that "instead of being appalled at finding himself in "a mad-house" after his restoration to consciousness and reason, one would imagine that he would be grateful to those who, in the hands of a wise Providence, had been instrumental in restoring him to the healthy exercise of mental faculties." But curiously this reviewer never finishes one of my sentences, he quotes only a portion; for instance, the sentence thus proceeds—"to find himself in a mad-house! to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady? There is no rational person to whom he can unburden his mind; reason and sympathy are not within those walls; his half recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, 'the chances against his perfect restoration are fearful; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him.'"

And again, in private asylums, where £100, £500, £1,000 per annum are received for boarding and superintending an inmate, how great is the temptation to detain a patient, even when the mental faculties have been restored?

In speaking of the effects of associating with the insane, I have observed "that very few nurses or keepers live under such exposure many years without themselves becoming insane." The reviewer, however, states, "we never knew an instance corroborative of this assertion. The statement has no foundation in fact." Within two or three days after perusing this paragraph, a most respectable and well-educated nurse waited upon me; and, on my asking why it was she had not called before, she stated that she had herself been attacked with insanity since I last saw her, which had lasted more than three months, and

it was entirely attributable to her having nursed Miss ——. This patient, whom she had so carefully watched over for more than eight weeks, often had very violent paroxysms; and the continued vigilance, care, anxiety, and excitement, had quite over-balanced the mind of the poor nurse. If the reviewer will only take the trouble to prosecute his inquiries, he will find that many nurses, male and female, are obliged to give up their vocation, feeling, if they still continue to be associated with the insane, "that they will themselves go mad."

It would be idle for me to attempt to wade through all the folly supplied in this review of sixteen octavo pages; and passing by the fear the reviewer expresses, that he trusts "Dr. Williams does not feel unnecessarily alarmed for his own safety," we arrive at the following:—"In an incipient case of mania it is far better to treat it at the patient's own house." The reviewer adds, "particularly if the family should have the advantage of the author's skill and experience;" but he should have continued with my sentence, which runs thus—"better to treat it at the patient's own house; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. *It is always in early cases so much may be done; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.*" Why does the reviewer almost invariably commence or terminate in the middle of a paragraph? The real object in reviewing should be to show the author's views, to exhibit *honestly* and impartially the merits and demerits of a book, not to misquote and misrepresent.

Again, having stated, "that whenever a person's means will at all admit of his being treated at home, this is always preferable," the reviewer adds, "we might proceed *ad infinitum, usque ad nauseam*, in quoting analogous passages, embodying a wholesale and indiscriminate abuse of institutions for the treatment of the insane. But the selections we have made are sufficient to establish the *animus* as well as ignorance of the author."

The reviewer then proceeds—"We maintain, *that it is impossible to carry into effect any CURATIVE SYSTEM, of either medical or moral treatment, in cases of actual insanity, outside the walls of a lunatic asylum.*"* In answer

* It is thus printed in the Review.

to this I may state, my positive conviction is, that if incipient cases of insanity are properly attended to, at the patient's own house, more than 50 per cent. will be cured within the first six weeks ; and in private practice I should never feel justified in sending any case into an asylum within one month from the period of attack, unless the patient was in unsuitable apartments, or could not command proper comforts and attendance ; and, I also believe, if this rule was acted upon, and if the sedative treatment was efficiently carried out, that numerous private lunatic asylums in England would have to be closed within two years.

Our reviewer still proceeds : "As there must be lunatic asylums," says the author, "and as (mark the acute logician !) *the majority of them are densely thronged* (why so ?) *the importance of classification cannot be over-estimated.*" "Can our readers," says the reviewer, "trace any connexion—necessary connexion between the fact referred to in the *first* and the assertion contained in the *latter* part of this sentence?"

My simple reply is, read the whole paragraph which runs thus, p. 119 :—"As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over-estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents ;* but the convalescents themselves require classification ; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind ? as Dr. Conolly says—'Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind ; they can hardly assist, and they may retard the recovery of one another.' How powerful is the effect produced on those who habitually associate with the insane ! how many keepers, both male and female, become insane !" The reviewer then draws attention to my opinion that, "A man who has once been the occupant of a mad-house seldom regains his social position ;" he says, "It would,

* Has not the diffusion of these opinions already effected a movement in the private asylums ? has not a decided change taken place ? are all the patients now so indiscriminately mixed up together as they were even six months since ?

indeed, be a sad and discouraging reflection, considering the amount of insanity, and the number of the patients under treatment, and discharged as 'cured' from both public and private asylums, if there were the slightest pretence for Dr. Williams' bold assertion.' WE UNHESITATINGLY DENY THE FACT. We have before us the report of the 'Massachusetts State Lunatic Asylum,' and in it we find Dr. Chandler, the physician, making the following remarks: 'I have known a few individuals, who were brought here insane, and who recovered to become better citizens than they were before. Their minds and feelings acquired strength and soundness by the disease, and by undergoing the process of cure, as some musical instruments are said to be improved by being broken and repaired again.' Such is the experience of all engaged in the treatment of the insane. It is a fact that in some instances the judgment appears more vigorous, the affections more easily balanced, the volition stronger *after* recovery than before the development of insanity. We readily admit that the mind cannot be subjected to frequent attacks of disorder without having its faculties impaired; but the assertion of the author that a man once having been confined in an asylum, 'seldom regains his social position,' is a perfectly *gratuitous*, [*sic*] and is in direct opposition to the experience of those whose practical opportunities for observation entitle them to form a sound and safe opinion upon the subject."

Perhaps the reviewer considers that a man's social *status* is raised by having been locked up in an asylum? I stated, that a man who has once been the occupant of an asylum seldom regains his *social position*; and the reviewer attempts to refute this by maintaining, *ex cathedrâ*, that the judgment in *some* instances appears more vigorous after the recovery, than before the development of insanity. Does this prove that a man who has been an inmate of an asylum generally regains *his social position*?

The reviewer having thus attempted to refute my allegation, resumes his levity, till again, warming with his subject, he gets excited, using unsparingly the epithets "consummate ignorance," "impertinence," &c. &c., until he arrives at one paragraph which completely overpowers him. After ridiculing it, he says, "It is certainly a fine specimen of pure and classic English composition. The only doubt we entertain is, whether it is not *borrowed* from the *Spectator*."

But enough. He winds up thus: "The author requires to be taught the necessary lesson that it is the duty of men

to *learn* before they attempt to *teach*, and that without long experience and great sagacity no man can by a hop, skip, and a jump, place himself in the professor's chair. In a medical point of view, the essay is of no value; as a piece of literary composition it is, we regret to say, contemptible."

Now can it be believed that an honest physician, sitting down to review a book, not written as an idle tale merely to amuse the passing hour—can it be believed that any doctor who had the slightest regard for the welfare of his fellow-creatures, would studiously keep back the *WHOLE* of the practical part of the work specially written to show the value of the sedative treatment of insanity; that the whole of that portion of the book which formerly obtained the prize should have been sedulously avoided, altogether neglected—that, in fact, the therapeutic treatment of insanity is not even touched upon; so that a reader of this long review, wishing to know what was in the treatise, would imagine there was nothing practical in the whole work, whereas upon every page, "*the direct value of therapeutic agents is clearly shown;*" and many most interesting cases have been given to illustrate the value of the sedative treatment.

A heavy responsibility rests upon every reviewer, but this responsibility becomes immensely increased, when the review is of a *medical* work; upon it may depend not only the mental and physical comfort, but even the life of thousands of his fellow-creatures.

I here take leave of the reviewer of the *Journal of Mental Pathology*, freely forgiving him for any *personal injury* he may have designed me, and with the full intention of endeavouring to repair the *public injury* which might have resulted from his error and indiscretion, by giving circulation to this reply.

————— Quippe minuti

Semper et infirmi est animi exiguique voluptas
Ultio.

*The Medical Times and Gazette** next follows, and the reviewer commences by informing us, that "Adversity makes us acquainted with strange bed-fellows." I do not wish to press too hardly upon any one, especially when in "adversity;" but it has been a problem to me, what the

* The editor, a resident medical attendant at a private lunatic asylum.

reviewer's feelings really were at the moment he penned that sentence! Cap it, with "Honesty is the best policy."

Cedere namque foro jam non est deterius, quam
Esquilias a ferventi migrare Subura.

It would be absurd for me to waste these pages by following this reviewer through all his gibes and sneers. Having announced that the "Captain is a bold man, but the Doctor is still more courageous," he asks, Who is this modern luminary thus dawning upon the ignorant and benighted psychological world? What are his "antece-dents?" (to use a phrase much in vogue). Let us be informed of the place of his nativity. Under what star was he born? Come forward, "most able judge," thou "second Daniel, come to judgment," and tell us "who's who in 1852!" Who is the man who, after thus pooh-poohing us jumps like a farm-bird upon its dunghill, flaps his wings, and shouts 'cock-a-doodle-doo?'"

The reviewer then desires the psychological physicians to "hide their diminished heads," to "prostrate themselves before this great luminary, and worship the psychological genius of the 19th century—the English Pinel, the British Esquirol, just glittering upon the horizon!" He then attempts to make it appear that I believe Dr. Conolly to be a humbug, that "Dr. Conolly is under a fearful delusion as to the proper moral management of the insane; his ideas respecting non-restraint are a fiction!"

My reply is to be found in p. 117 of the book reviewed:—"Nothing can be wiser than the example shown by the talented and benevolent physician at Hanwell, Dr. Conolly; he, in following out the humane system of Pinel, has proved that iron bars incite to mischief; that physical restraints augment and multiply the very evils they were intended to subdue; while the kindness shown by him personally to the patients, and diffused by him through the attendants, both male and female, prove that honesty, humanity, philanthropy, and talent, have, in a very few years, effected more for the comfort, safety, and even the cure of the insane, than has ever been accomplished by the advocates of intimidation, coercion, and secret and obscure treatment."

Perhaps this opinion regarding Dr. Conolly is not sufficiently explicit for the reviewer, who, immediately after, again attempts to entangle me with other illustrious men in our profession; but the *example* already given may suffice.

This gentleman then employs the words "ignorance," "conceit," "presumption," "false knowledge," attempting by ridicule to pervert what I have said, and *passes by all the therapeutical and practical part of the work*, until he arrives at p. 294, where tobacco is recommended as an occasional remedy for vigilantia, but especially to those accustomed to its use. This he regards as a "noble discovery!" and proceeds thus, "Great benefactor of the human race! Let us erect to his memory a huge monument,—not of stone,—not of brass, not of marble; let it be tobacco, and assume the shape of a hookah, a meerschaum, or a cigar!"

What can be thought of the medical literature of the day, that a subject of such gravity and importance, and involving consequences so serious, should be treated in this frivolous and unbecoming manner? What weight can be attached to any opinions so expressed?

Is it of no importance to combat vigilantia? does it not signify whether irritability be calmed and rest procured? Is it nothing to ward off insanity? Is a healthy mind no blessing?

This reviewer, so anxious that knowledge should be diffused, and that his brother practitioners, of whose honour he is so jealous, should be well informed upon every point, takes no notice whatever of the therapeutic treatment of insanity, and the difficulties of the subject; he neglects those cases which have been carefully and minutely described, and omits to mention what is said of bleeding, cupping, leeching, purgatives, diuretics, diaphoretics, and emetics; takes no notice of opium and its preparations, morphia, digitalis, hyoscyamus, conium, lactucarium, camphor, belladonna, hydrocyanic acid, colchicum, stramonium, aconite, the cannabis Indica, the lobelia inflata, stimulants, anti-periodics, warm baths, the semicupium and pediluvium, the ice-cap, cold-affusion, the cold bath, the cold shower-bath, the warm shower-bath, with exercise, travelling, music, light, darkness, and warmth. Passing by these *unimportant agents*, he arrives at what he in ridicule terms the "great remedy," alluding to the following sentence:—"Gently patting the back of an infant soon lulls it to sleep, and this is sometimes equally successful in some very nervous individuals." Such is the fact, however, even although the reviewer may be incredulous. He may never have seen a delicate irritable patient, whose nervous system has been shattered by unexpected calamity. He is possibly not aware of the comfort, of the assurance felt, in knowing that a protecting hand is near. But I forbear, and sincerely do I pity this

reviewer. In this nineteenth century what can be thought of the *Medical Times and Gazette*?

The last Journal for our notice is the *British and Foreign Quarterly*, like each of the preceding, published under the same roof, and under the same influence! can we, therefore, be surprised at the same tone and style?

Its editor, nourished from the same source, considers the calling "this book a second edition of the prize essay, is simply an absurdity." For further information upon this point, however, I must refer him to the publisher.

The reviewer says, "Dr. Williams wrote in 1848," (it should have been 1845,) "a prize essay on 'The Use of Narcotics, and other Remedial Agents calculated to procure Sleep in the treatment of Insanity.' He has recently enlarged this essay into a goodly volume, containing upwards of three hundred pages; the original grain of wheat contained therein (if it did contain a grain) being increased by nearly a bushel of chaff." Before my opinions *upon the inexpediency of allowing lunatics to be made* THE SUBJECT OF PROFIT were published, how did this same *Quarterly* review my work?

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession." The doubt now is, "If it did contain a grain of wheat;" and this reviewer affects to believe that I am in "utter ignorance of the psychiatric literature of the nineteenth century," when, by perusing the volume itself, he well knows that it refers to the opinions of almost every notable person who has ever written upon the subject. A "doubt" is attempted to be cast upon every page of the book, the reasoning and proof being as follows:—"Thus the modern treatment with morphia is likened to the ancient treatment with hellebore—the latter a drastic purgative, and used as such by the Greeks and Arabs." Now, with all due deference to this reviewer, who is evidently superficial and one-sided, I must here remind him, that, although I do not pretend to settle the disputed question as to what the *hellebore* of the ancients really was, yet the highest authorities in Britain consider it to have been decidedly *narcotic*. Our reviewer, however, wishing to be still more severe proceeds: "Again, Dr. Williams has caught at the modern doctrine which traces a close connexion between cerebral disease and imperfect renal action, especially as manifested in albumi-

nuria. He evidently has not the most remote comprehension of the theory; but he must needs take some notice of it, and he does it thus:—

“‘It is here worthy of inquiry, how does the albumen act upon the brain? does it, under such circumstances, exist more largely in the blood? and, if so, is it its tenacity, or gummy, or glutinous characteristic which causes obstruction and congestion, and subsequently inflammation? We all know the effect of injecting gum into the arteries and veins; it causes inflammation, and in this way pneumonia may be artificially induced.’” The reviewer here leaves off, but in the work itself the subject is still continued thus:—“It was upon such an hypothesis that I ventured to defend the theory suggested by Mr. Shephard, that the proximate cause of insanity is in the blood; as although this may at first be thought improbable, yet, when we consider the influence the mind has over the various functions of the body, how excessive rage causes biliary derangement, nay, even jaundice, that this very bile circulating through the brain, sometimes induces mania; that great fright, or passion, or disastrous news, often deranges the alimentary canal, and probably vitiates the chyle and blood, thus inducing fever; we shall hesitate before we finally reject Mr. Shephard’s theory. Again, how is drunkenness produced? in what way does spirit or the Indian hemp act upon the brain? It is well known that soda, given in full doses, is often useful in some cases of mania, and probably this is owing to the blood becoming more fluid: as soda possesses this power of liquefying crude or thickened blood; and so again when the blood is too fluid, we order the mineral and vegetable acids, which have the property of enriching and increasing the viscosity of this circulating fluid.” The reviewer adds, “after this scientific criticism is unnecessary.”

I can scarcely conceive the reviewer to have been honest when he states, that he believes I have “not the most remote comprehension of the theory” of cerebral disease produced by imperfect renal action. He cannot believe that any man who had regularly and systematically, for many years, followed Dr. Bright in Guy’s Hospital, taking his cases, writing his prescriptions, listening publicly and privately to his opinions, and verifying their accuracy in the dead-house, this reviewer, I say, cannot believe that such a man could be ignorant of the theory of renal affections producing cerebral disease. No; it served the purpose of the reviewer so to write, but if he will take the pains to read the whole book through, he will have abundant proof that

the ignorance he designs to show exists only in his own imagination. My object throughout the work was to render it essentially practical; I could not however refrain from penning the eight lines in question, to express a theory I was nursing and hoped to rear, respecting the causes of puerperal convulsions and puerperal epilepsy.

I did not, however, like my single-minded reviewer, rest satisfied with finding one symptom, but I searched for other signs of disease, and having found them, considered the symptom on which he has stumbled, as one of the concomitants, rather than the sole cause, of puerperal convulsions.*

But as it is often desirable to arrive as much as possible at the intention and object of a writer, I will now give a few extracts to be found in another part of the same Journal:—

“It is too much the fashion to depreciate the management and efforts of private individuals in the treatment of the insane; in some particular instances, we believe, they have been much calumniated, and both their feelings and property most unjustly injured. While it is true that abuses may and do exist in private asylums, we cannot forget that by far the greater number of improvements in the condition of the insane were proposed and partly carried out long before the Commissioners in Lunacy existed as a body; and that it is probable that the same spirit will continue to actuate the generally estimable class of psychiatric practitioners. There may be exceptions to the rule of good and kind management, *but we must not forget that there are exceptions to the rule of able and conscientious Commissioners*; and that if the public confidence be misplaced in this direction, an arbitrary, dogmatic, and tyrannical board may take the place of the private practitioners in lunacy, with great detriment to the public service, and with greater detriment to the unfortunate lunatic.

“The intrusion of almost irresponsible public boards into the management of matters wholly within the legitimate sphere of the profession, is a growing evil, and may eventually inflict serious mischief on society. The great danger that such boards will be charlatanic in their principles and practice is obvious; with such principles, and an immense power over private interests and conduct, they require to be

* The theory is, that in one class of cases there is great excess of fibrin and albumen in the blood, during the latter weeks of gestation, capillary obstruction coincidentally occurs in every organ and tissue; the minute capillaries being incapable of transmitting such a tenacious, glutinous fluid, the consequence is capillary obstruction, general congestion.

narrowly watched, and rigidly subjected to the salutary control of public opinion."

Here and here alone I agree with this reviewer. Everything relating to the lunatic requires to be narrowly watched and rigidly subjected to the salutary control of public opinion.

Short Extracts from a few of the reviews *before* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums; and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1845-6.

"Dr. Williams is already well known to the profession by his able 'Treatise on the Ear,' which obtained the Thesis prize of the University of Edinburgh. The work before us is decidedly an addition to his reputation. It is written in a spirit of modesty, and abounds in good sense. We can commend his work to the favour of the profession."—*The Medical Times*.

"In following out his argument, the author has brought under consideration *the whole of the leading plans of treatment which are at present adopted in the management of the insane*; and although his remarks are given with much brevity and terseness, they evince very careful research, and sound practical knowledge. His observations upon the effects of the various kinds of Narcotics, and his estimate of their comparative value, are remarkably good, and may be consulted with advantage as well by the practitioner as the student. We strongly recommend a perusal of this interesting and able Essay; its publication will add to the author's reputation as a diligent and acute observer."—*The Medical Gazette*.

"Dr. Williams has bestowed great attention on his subject, and presents us, in a small compass, with a large amount of practical and judicious observations on the various remedies employed in the treatment of insanity. We commend his little volume to the members of the profession."—*The British and Foreign Medical Review*.

Extracts from the three Reviews* *after* the Author published his opinions respecting the inexpediency of sending incipient cases of insanity into lunatic asylums, and also as to the impolicy of permitting the lunatic to be made the subject of TRAFFIC and of PROFIT:—

1852.

"What would be said if a prize or a distinction of any kind could be awarded for such a piece of egotistical presumption and for so scandalous an imputation upon the intelligence and honour of the profession."—*The Medical Times and Gazette*.

"Let us offer Dr. Williams a little advice. We strongly urge him to devote the next ten or fifteen years of his life to the patient, continuous, and unwearied study of healthy and disordered mental phenomena; to read carefully the productions of the recognised authorities upon this class of affections; to be more deferential to the opinions of others; to entertain more humble views of his own knowledge and judgment; to watch carefully by the bedside the operation of remedial agents, and then he may be somewhat fitter to write a book calculated to elevate him in the estimation of the profession."—*The Medical Times and Gazette*.

"This comprehensive slander must surely have been penned in utter ignorance of the psychiatric literature of the nineteenth century."

"He has recently enlarged this Essay into a goodly volume, containing upwards of 300 pages, the original grain of wheat (*if it did contain a grain*) being increased by nearly a bushel of chaff."

"Scientific criticism is unnecessary."—*The British and Foreign Medical Review*.

* Refer back as to the influence over these reviewers to page 2.

BEFORE THE AVOWAL.

"The matter is handled so judiciously that no one accustomed to attendance upon the insane or nervous can fail to profit by its perusal."—*The Athenæum*.

"It may be considered as a contribution to the treatment of insanity in general, with great prominence given to the important object of inducing sleep. The question is handled by Dr. Williams with considerable ability, and his Essay exhibits a large amount of the results both of reading and experience."—*The Spectator*.

"This work recommends itself with powerful claims to the attention of that profession for which it is more particularly intended. The importance of the subject cannot, indeed, be over-estimated: to induce sleep in every stage of insanity is most desirable; to procure it in incipient cases is often to effect a cure, many cases of insanity being entirely prevented by procuring sound and refreshing sleep. For the physician, Dr. Williams has furnished a suggestive guide-book, and a valuable practical manual."—*The Literary Gazette*.

"Within the compass of a small number of small pages we have here, well set forth, some most valuable practical considerations. The author shows the high importance of inducing sleep in the insane, as well as in those who have previously had any symptoms of mental disorder.—Practically and soundly handled. We commend this book to our readers."—*Edinburgh Journal of Medical Science*.

"This Essay presents a succinct and very neat exposition of the various remedies that have been recommended for the purpose of soothing the excessive irritability and sleeplessness in the different forms of insanity. Bleeding, purgatives, emetics, narcotics, the warm bath, &c., are severally discussed, and the value of each is very fairly and judiciously stated."—*Medico-Chirurgical Review*.

"The volume before us contains a good deal of useful information . . . and the language is correct and appropriate throughout."—*Dublin Medical Press*.

"There has, a short time ago, appeared a most interesting work by Dr. Joseph Williams, 'On Procuring Sleep in Insanity,' this gained the Lord Chancellor's (of Ireland) prize on the subject of insanity. Such a prize is indeed a monument to the honour of the Lord Chancellor!"—*Seymour on Severe Diseases*.

AFTER THE AVOWAL.

"We opened the volume with the assurance that we should find in its pages a record of both novel and valuable views relative to the pathology of the brain, and the therapeutics of insanity.

"We regret to say that we have been grievously disappointed; . . . but a stern sense of critical justice compels us to withhold from Dr. Williams's volume the stamp of our approbation! It is composed of vapid nonentities, and common place truisms.

"It has given us much pain to be obliged, in duty to our numerous readers! to speak in such disparaging terms of Dr. Williams's work. The author requires to be taught the necessary lesson, that it is the duty of men to *learn* before they attempt to *teach*. In a medical point of view, the Essay is of no value; as a piece of literary composition, it is, we regret to say, contemptible."—*The Journal of Mental Pathology*.

For other opinions respecting this Second Edition, the reader is referred to the end of this pamphlet.

Having now shown the animus which has directed the opinions of those who enlist under the banner of the *Journal of Mental Pathology*,* I will shortly endeavour to offer a few opinions respecting the general treatment and management of the insane.

When a medical man is requested to visit a patient, who is alleged to be insane, his object should not be to look for the evidence of insanity, or for that evidence which may furnish mere *suspicion*; but the great point is to ascertain whether the individual is dangerous to himself or to others; and in some instances whether partial surveillance is necessary to prevent a waste of fortune or of effects. If, on visiting a person, he is at once found to be evidently of unsound mind, the question to be decided is, what degree of restraint may be necessary; and this must depend upon a variety of circumstances, all of which should be ascertained, particularly respecting his hallucination, or instinctive wish, his habits, actions, and inclinations.

When examining the patient, take care he is not agitated; gain his confidence, and endeavour to ascertain that he has not been previously excited; always remembering that kindness will do more than subtlety or deceit.

It is very important to ascertain the exact state of the pulse and the various functions, to observe whether the patient is excited, and whether any ill treatment has been practised or threatened. The most monstrous means have been adopted to intimidate weak-minded individuals; and fraud, conspiracy, and intimidation must be met by perspicacious sagacity, and by the most unflinching and uncompromising honesty and honour.

There can be no doubt as to the necessity of placing under control a furious maniac, who would be constantly injuring himself or others; the greatest care and precaution being directed to those who are suicidal, or who, suffering from instinctive madness, are homicidal; and, indeed, equal vigilance is necessary where hallucinations prompt the possessed to injure life or property. Now, in any of these cases, no one, however humane, would wish to see such dangerous lunatics allowed perfect freedom of action; but at the same time, although they require control, they need not be treated

* The reviewer in one part having thanked me for "extremely satisfactory advice," does so "in the name of those associated with the treatment of the insane." Is he authorised to represent the names of others? Does any society exist to protect the interests, *not of lunatics*, but the interests of lunatic asylum *Proprietors*?

as felons ; but extra attendance and increased caution must supply the place of iron bars or iron hobbles.

There cannot be a doubt that numbers now the occupants of lunatic asylums ought never to have been subjected to such imprisonment. Dr. Conolly says, "The crowd of most of our asylums is made up of odd but harmless individuals, not much more absurd than numbers who are at large."

How often is a man sent to an asylum by his friends because he is eccentric or irritable, whereas by removing him from home to some suitable and cheerful residence, and by having an experienced servant to wait upon him, he might, by temporary change and care, again in happiness return home to resume his usual duties ; but he is sent to an asylum, and Dr. Conolly says, "This is the worst place for an eccentric or irritable man, as here this eccentricity, this irritability increases ; whereas in general society these failings would be checked. Confinement renders it permanent, and ripens eccentricity or temporary excitement or depression into actual insanity ; and this is not the worst part of the evil, for even when a patient has suffered no aggravation of his disorder during its greatest severity, the danger is not passed ; nay, it is increased as his convalescence advances ; for, when that otherwise happy change commences, the sights and sounds of a lunatic asylum become, if they were not before, both afflicting and unsalutary."

As previously stated, how dreadful for a patient just becoming conscious, with reason dawning upon him, to find himself in a mad-house !—to hear the dreadful ravings, to see the grotesque exhibitions, to be greeted by the idiotic laugh—are not these sufficient to confirm his mental malady ? There is no rational person to whom he can unburden his mind ; reason and sympathy are not within those walls ; his half-recovered reason bends under such affliction, and he relapses, and, as Dr. Conolly wisely says, "The chances against his perfect restoration are fearful ; and most powerful causes of returns and aggravations of his mental malady are accumulated upon him."

Although classification may effect a good deal, yet where the patients are numerous, as they always are in county asylums, no system can be made so perfect as to place such convalescents together as that they may not impede each other's recovery. The opinion is not of ancient date, when it was declared, that a lunatic saw his own errors more clearly when associating with those who held opinions equally ridiculous with his own !—and yet we know how

vivid and active is the power of imitation, and we also are aware of the restraint general society imposes upon most of the insane, and it is well worthy of inquiry how such opposite views can be reconciled. The fact is, so powerful is the effect produced upon healthy and sound minds by being constantly in the presence of lunatics, that very few nurses or keepers live under such exposure many years without themselves becoming insane !

It is of the greatest advantage for persons at all singular or eccentric to associate with others free from these peculiarities, and hence it is that cheerful society is so advantageous in many cases of insanity. Man is fond of imitation ; it pervades all classes ; and, therefore, to mix up a number of weak-minded persons together is to confirm silly habits and false ideas. It is imitation which causes hysteria to run through a female ward ; it is imitation leads a number of men in succession, as at the Hôtel des Invalides, to hang themselves on the same spot, within a few days of each other ; it is imitation which tempts nervous persons, especially women, to murder those helpless babes whose innocent smiles even form no protection ; and it is imitation which often induces romantic and foolish lovers to terminate existence in one common act. I feel it were impossible to describe the various proofs of imitation ; I see it in every thought, word, and action. How few can be original ; how much must a man imitate before he is in a position to form a sound judgment, even upon the daily occurrences of life.

If, then, imitation plays so important a part in the economy of man, can it be said that a mad-house is the place where one who is becoming conscious, who begins to reason, who recommences to reflect, that this is the place for him ? That here, amongst the irrational, he is to obtain reasonable answers to the queries he makes ? that the perverted conceptions, the distorted ideas, and their oft repeated reiterations, will be more likely to aid him in the recovery of mental vigour, than a calm, dispassionate, and judicious manner, which can only emanate from one of sound mind ? How much more reasonable to suppose that in a happy family, where harmony united all, and where judgment, reason, and affection guided every sentiment and wish, that here irritability would be soothed, eccentricity would be restrained, and insanity prevented ?

Many persons, not predisposed through hereditary transmission, may be eccentric to such a degree as to be on the very verge of insanity, and yet never become insane if al-

allowed to mix in general society ; although it is not unusual to find where there is predisposition, that the mind ultimately gives way and the patient becomes irrational. A mad-house is not the place for persons of merely weak mind, nor for the milder cases of insanity, nor of incipient mania ; in all such instances the symptoms are almost invariably aggravated by such indiscretion—they become chronic, and disease is confirmed. To send a puerperal patient to such an asylum is most reprehensible. Dr. Conolly says,—“I well know that patients labouring under puerperal insanity have sometimes been sent to lunatic asylums ; such a step in such circumstances is so inconsistent with every feeling prevailing in social life, that whenever it is taken, the whole responsibility and the whole odium of it must rest with the medical adviser.”

Even to remove such a patient from home is indiscreet in the first instance ; but if the presence of her infant, or her husband, or her friends irritate and annoy her, they should be excluded ; if, a month subsequently to her confinement, no improvement has taken place, change of air and scene should be recommended, and more especially if she appear dissatisfied with home ; where this is not the case, she will be more likely to get well at home than elsewhere ; but where there is much irritability, and this continues daily increasing, change of air, especially at the sea-side, is highly desirable.

Delirium is frequently attendant on fever, and it does occasionally continue for some weeks *after* the febrile symptoms have subsided ; and it has happened that such cases have been removed to lunatic asylums, both during and subsequently to the attack. Nothing can be more reprehensible ; it is the very way to render chronic those symptoms which are only temporary, and the patient may by such treatment be driven mad. During the convalescence of fever it is delightful to watch the mental vigour increasing day by day, and to see the individual, who so shortly since was perfectly imbecile, now able rationally to converse. How different might the result have been if placed within a lunatic asylum !

It is of great importance to distinguish accurately between delirium and insanity ; for to send a person to a mad-house who is delirious from fever is an indiscretion so terrible, and may prove of such disastrous consequences, that the greatest circumspection and precaution should be exercised.

So long as a man manages his property with discretion,

and neither injures nor threatens to injure himself or others, however eccentric in other respects he may be, yet he is not a fit object for control or for confinement ; for many men, who are in other respects very ridiculous, can take good care of their money, and even by their own industry and talent realize large fortunes ; and to confine such a person, or take out of his own power the management of his affairs, is unjustifiable, and not unfrequently, in such cases where the friends send such a person to a lunatic asylum, it is for the sole purpose that they should themselves assume the regulation of his affairs.

In an incipient case of mania it is far better to treat it at the patient's own house ; this is infinitely preferable to removal. The patient can at home be placed under control, and the degree of restraint which may be necessary can be properly adapted by having one or more attendants. It is always in early cases so much may be done ; and more persons recover during the first six weeks after being attacked, than in the aggregate of all other subsequent periods.

In treating such cases at home much must depend upon the attendants, who should be selected by, and placed under the strict orders of, the medical man. The room should be kept quiet, often dark, or at any rate avoiding a strong light or sunny exposure, no noise whatever being permitted ; the attendants must be firm but respectful, always showing deference where this is possible—no patient should ever be insulted. When however conversing, he must not be permitted to wander, but must be again brought back to the point whence he strayed ; great care being taken that nothing is said which is likely to excite him. It is the same in treating monomania, or partial insanity, the patient must not be allowed to talk of his delusion, it being rarely advisable either to advert to, or allow the individual to speak of, his point of error.

A person may be highly eccentric in dress, manners, and ideas, but still is not a subject for restraint ; but if his conduct interferes with the comfort of others, if he walks and annoys passengers, or threatens them, this must be prevented, or he must be put under control. So a woman may wear a bright red dress, yellow bonnet, and green boots, all made in the most grotesque style, she may appear in many other respects ridiculous, she may give a hop at every fifth step, yet she ought not consequently to be restrained ; but if, in addition to this, when walking in the public streets, she screams, shouts, and holloas, and in that way frightens

others, this, being prejudicial to the interests of society, demands interference, as it may indirectly cause the death of an individual, as by fright to a pregnant woman, in this way possibly even sacrificing a double life.

It is certainly more prudent to remove idiotic or highly eccentric persons, especially if noisy, from public gaze in large towns, as the less such cases are exposed, the fewer examples may be reasonably expected; we are much the creatures of imitation, and there are at all times many hysterical persons who would soon outrival any absurdities they may have witnessed.

When it is found that a person cannot control his feelings and actions upon any particular point, it is very necessary that this deficiency should be supplied by the control of others; the degree of restraint must depend on the degree of defect or of danger. In some instances where intemperance is habitual, and where the patient gets maddened with drink, it may be only necessary to prevent a repetition of inebriety; but whether rich or poor, to cause mere drunkards, however degraded in society, to associate with lunatics is most wicked, and ought not to be tolerated; consequently, if confinement is essential, it should not be in a mad-house.

So, in the case of a man of fortune, where there is extravagance, where this gentleman is ruining himself and his family, daily wasting his wealth, the question is, is it not proper to restrain such a person from inevitable ruin, and to remove him into the country, and place him in such circumstances that he cannot lavish his wealth? perhaps, a few weeks after such seclusion, this very person may feel deeply grieved at his follies, and be grateful that he was prevented from getting rid of more of his fortune. But when a patient thinks himself inspired, that he holds a commission from heaven to take away life, or where, as a general, he imagines he must despatch a victim for the sake of example to his soldiers—where, in fact, there is danger to life, active surveillance, and even active restraint, are sometimes indispensable.

Removal from home and separation from friends, may often be necessary when it would be very inexpedient to confine such a person in an asylum; the *degree* of necessary restraint is the important point to determine. Separation from friends, and change of residence, and of servants, will often be justifiable, when to remove such an individual to a lunatic asylum would be most criminal. A patient rarely

enters a mad-house without knowing where he is ; and, in an incipient case, for an irritable man to wake up and find himself in a lunatic asylum, may render him more irritable, more suspicious—it may aggravate every symptom.

Directly a person, whether rich or poor, entertains erroneous impressions, and often when only eccentric, away he is hurried to an asylum, where the chances of his cure are as remote as is the love which has not unfrequently dictated his removal. “Many individuals,” says Dr. Conolly, “who conduct themselves rationally in the society in which they are restrained by the habits of social life, and by the necessity of paying some regard to the feelings and wishes of those about them, would, if freed from these restraints, become guilty of many extravagances and eccentricities.”

A man may be poor and insane, and yet may not require to be confined or restrained ; he works for his daily bread, and in doing so, is placed in the very best circumstances for preventing a more decided development or aggravation of his delusion. Shut him up in a mad-house, his case becomes worse ; so long as his mental error does not involve his personal safety, or the safety of others, he should not be interfered with ; but if he be unable, or unwilling to work, and, more especially, if he in any way disturb or annoy his neighbours, or if they constantly annoy and oppress him, then removal to some place of protection is indicated, and, inasmuch as his friends cannot support him, it is necessary that he should be kept at the expense of the county in which he resides ; and in many instances it would be far better that some other place should be selected for him than a county lunatic asylum, because, however perfect the system of classification, yet the very associating daily with others holding deluded opinions, is very injurious to any case where there is a chance of cure.

The mistake seems to be, that a person is considered a fit subject for a lunatic asylum merely because he holds fictitious or erroneous ideas, and this appears to apply both to the rich and the poor ; but a man may think he can sail *through* the earth from pole to pole, and yet is not consequently incapacitated from circumnavigating the world ; or another may not know whence his intellect springs, and may attribute it to the effects of “*caloric*,” and yet in other respects may be highly gifted ; indeed, so far as my observation extends, I find very clever men often exhibiting very glaring inconsistencies. A man may imagine he is tortured by *mysterious agents* with *pneumatic aid*, but

surely to send him to detail his ills and misfortunes to a number of monomaniacs, is not so likely to remove such hallucination, as to engage him in healthy occupation, and to point out to him the beauties of creation ;—to gain the confidence of such a person, to lead him on by successive gradations, to draw off his attention from himself, to keep him constantly occupied—these constitute the rational manner and plan of treating such a patient. So in many cases where there are false views upon religion,—religious hallucination ; travelling and kindness, and withdrawing the mind from the source of error, these are the proper means to be resorted to.

Nothing is worse for the poor patient than to allow him to talk upon his point of error, and the constant endeavour of the medical and general attendant should be to tranquillize and not to irritate. To introduce the subject to him is really wicked, and the more incipient the case, the more injurious will such indiscretion be ; the attention must be drawn off from the hallucination. Of course, the milder the delusion, the less necessary is removal or restraint. Some monomaniacs are so violent in their actions, and altogether so extravagant, that confinement is absolutely necessary, while others again exercise considerable self-control.

Moral insanity does not always require either separation or seclusion, especially where a patient does not feel injured by, or an aversion to, his friends, this should be the great test ; if the motives of friends are mistaken, separation is always necessary, although seclusion may not always be indicated. When it has been considered necessary to order seclusion for a patient, care should be taken not to protract it any longer than is essential ; the time must of course vary, and in some instances even half an hour or an hour may be sufficient.

The presence of strangers is often agreeable to the insane, when that of their own family occasions them the greatest irritation ; and it often happens that a man who has been most violent at home, becomes quite tranquil when removed to some other residence ; the *change* produces the effect, and in many cases it may be necessary to select new and faithful and experienced servants.

Throughout Europe physicians are agreed that separation and seclusion are of the greatest benefit in the treatment of insanity, and although early seclusion is often of the greatest service, yet, after a time, when benefit has not resulted, it should not be persisted in, and this is a point which requires

the nicest discrimination and the soundest judgment. To admit friends too soon is very injurious, but this has certainly not often been *a fault* at private lunatic asylums. There may be particular reasons why a patient should not be disturbed on some special occasions, when these should be duly explained by the persons in charge, but when friends consider it necessary and essential to see an afflicted relative, contrary to the wishes and experience of the medical attendant, it is considered better to have the wish expressed in writing, simply to exonerate the medical man from responsibility. There are occasionally particular periods when the introduction of a friend may prove of the happiest effect.

Agreeable, pleasant, and useful occupation, with plenty of exercise in the open air, should be constantly employed in the treatment of insanity; the farmer in the north of Scotland, who derived so high a reputation for his success in curing mental disease, trusted entirely to physical labour in the field, which was often of a most laborious character. Mere irrationality does not require restraint; control or guidance may be necessary, but how wicked to confine a person merely because he is irrational!

It may often be necessary to remove a patient from home—he is irritable, perverse, inconsistent—it may also be advisable that this removal shall absolutely separate him from his friends, but then, how much better that all this arrangement should take place as the suggestion of his ordinary medical attendant.

It is a great point to induce patients to keep up self-respect; a harsh and tyrannical nurse may soon do irreparable injury to sensitive and irritable persons; their mental power and vigour fails; they become prostrated by such treatment.

The physician should always be placid and dignified; his conduct regulates that of the attendants; and the conversation and actions of the patient himself much depend upon his observation of what transpires around him. It is rarely advisable to allow a patient to speak of his delusion; it is far better to converse with him, when not in a state of excitement, upon general subjects, but always with composure. Contradiction can do no good, and a kind and conciliatory manner should always be exhibited towards the insane. The delusive opinions they hold, however absurd, are to them realities; and a greater degree of irritation is produced by laughing at them than we should ourselves feel if our word were doubted, or we were jeered at by others. A concilia-

tory disposition, with a manner sufficiently authoritative, is the great desideratum.

It is considered advisable that whenever a person's means will at all admit of his being treated at home, that this is always preferable, and especially in the first instance ; for to send an incipient or slight case to mingle with lunatics, or persons holding deluded opinions, is very likely to aggravate and confirm those symptoms already present, or even by imitation to cause him to assume those fictitious ideas or characters which are so powerfully and so perpetually impressed upon him.

As there must be lunatic asylums, and as the majority of them are unfortunately densely thronged, the importance of classification cannot be over estimated. And it is not sufficient to separate the rich from the poor, the noisy from the quiet, the dirty and offensive from those who are clean, or to keep the dangerous either separately or by themselves, or to remove the paralyzed and imbecile from convalescents, but the convalescents themselves require classification ; and who presumes, for one moment, that a patient recovering from erroneous ideas and perceptions is more likely to be favourably impressed by another convalescent than by those of sound mind ? as Dr. Conolly says,—“ Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind ; they can hardly assist, and they may retard the recovery of one another.” How powerful is the effect produced on those who habitually associate with the insane ! how many keepers, both male and female become insane ! Classification is, of course, of the utmost importance, the greatest care being taken that dangerous lunatics are not mixed up with the placid and contented. The noisy and restless should be put together, and those who are dirty and offensive should be kept apart from those who are clean. It is not only necessary that the dangerous be separated from the quiet, but in some instances they should be kept quite alone ; the greatest precaution and surveillance being exercised towards epileptics, who should always be placed by themselves ; so those who are desponding only augment each other's depression and melancholy, and may even in this way encourage suicide. It is also very advisable that the young should be kept separate from the old, and never allowed even to see those who are becoming decrepid or imbecile. So, again, those who are educated almost invariably become worse from mixing with the illiterate ; and great care should be

taken to put those of the same rank and acquirements together.

These few remarks will serve to show the difficulties which have to be overcome in classifying the patients of a large establishment, and as many patients must ordinarily be congregated under one roof, the greatest judgment will be required to prevent the least possible amount of mischief; and this can only be effected by the most patient investigation and selection, and by the constant supervision of an active, intelligent, responsible, and humane superintendent. Lunatic asylums should be exclusively such; for to admit merely nervous, imbecile, or dejected persons, to associate with lunatics, is to aggravate and confirm their symptoms, and will, indeed, often render them themselves lunatic. To receive persons as *boarders* into an asylum is so objectionable, and may tend to so many abuses, and to so much iniquity, that it should be treated as a criminal offence, and should be most severely punished.

The insane should never be mixed up with criminal lunatics, who should always be confined in separate buildings by themselves; and, as at present, they scarcely exceed four hundred and fifty in number, throughout the whole of England, it would perhaps be advisable to have all criminal lunatics confined in one building; and, as it might be thought somewhat dangerous to place so great a number together, it would be quite practicable so to arrange, without any additional expense to the State, that the barracks necessary for quartering troops should be so near the asylum as that an efficient guard should be always on duty; their assistance would never be required unless the keepers were likely to be overpowered, while the moral effect produced by their contiguity would alone be sufficient to effect the object intended.

Early treatment is of the greatest importance; a few days neglected, and the case may be irremediable; whereas, had attention been at once directed, and proper remedial and general means adopted, such a person might in a short time be again fitted for his usual avocation, and possibly be never again so afflicted throughout life. To send such cases to a lunatic asylum is not to be recommended; where persons can afford it, they should be visited by their ordinary medical man, who can, should he think it necessary, avail himself, not only of judicious and experienced nurses or attendants, but also of the opinion and advice of physicians who have devoted considerable attention to this particular sub-

ject ; but in the case of poor persons or parish paupers, they should either be attended at their own houses by the parish doctor, or a special room should be set apart as an infirmary in the workhouse, a great object, however, being never to designate it by a term which might prejudice the recovery or the feelings of those who occupied it ; consequently it should never be called the mad-ward, or the lunatic-house, and it would be much more discreet in medical men, when speaking to non-professional persons, to call such cases those of preternatural excitement or morbid irritability, or cases of inflammation of the brain ; the fact being that many persons never regain their social position when once said to have been insane ; whereas, where excitement has depended upon inflammation, the evil or injurious tendency is scarcely remembered after the patient has convalesced.

To show how important early treatment is, turn to the late deplorable condition of the insane in North and South Wales, where the unfortunate pauper lunatics were shamefully neglected ; in North Wales there was not a single public or private asylum,* the lunatics being *imperfectly* and *badly* boarded out, their worst cases being sent to the Liverpool Asylum, the governor of which formerly stated that he never remembered an instance of recovery in an insane pauper from Wales.

From a general survey of what has been already stated, it will be evident that, although it is very necessary and highly desirable in every possible way to cure insanity when present, yet it is even of still more importance to prevent its occurrence at all, thus making true the old adage, "Prevention is better than cure," and therefore how essential is it to remove all predisposing causes. And as a man who has once been the occupant of a mad-house seldom regains his social position, therefore it is of the greatest possible consequence to place him under proper treatment at home.

If madmen must be mixed up together, and for the greater number of them, I do not see how it can be avoided, the most complete system of classification should be established, but where the circumstances of a patient will admit of it, he will be placed in a far better position when mixing with those who are rational, rather than with those who are insane. If classification be important in all stages, it is doubly so when convalescing, for, as was previously stated, how dreadful for a convalescent to see madness in every form around him.

* There are now one or two Asylums open, and others are being built.

Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present usually met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary, and I would never send a person to an asylum, where he could afford to live out of it, unless he was dangerous to himself or to others, and not even then, except when the symptoms had become chronic—the disease confirmed.

The disclosures which have recently taken place as to the medical and general treatment of the insane, in the first Lunatic Hospital in this country, have sufficiently opened the eyes of the public, and it is now impossible but that important changes must be made. The medical attendance must be more systematic, more regular, more scrutinizing; therapeutic remedies must be more constantly employed, and when actually prescribed must be more regularly administered; the nurses, both male and female, must be under more perfect inspection.

The horrible treatment of those poor lunatics placed in a public establishment with the hope of their receiving the *best* advice and the kindest care, is now so thoroughly known throughout the kingdom, that I shall not harrow up my own feelings, nor those of my readers, by detailing any of those atrocities which appear to have been so commonly practised in the Royal Hospital of Bethlehem.

Placed in this metropolis, and with such funds at their disposal, the governors had the power of making this Hospital a model establishment. They could not only have commanded the best medical and surgical aid, but they might have ascertained that it was duly given; and as a working committee, and holding such a responsible trust, it was their duty to see that every office, however menial, was properly discharged. Such has not been the case, the governors of Bethlehem Hospital have not done their duty; the patients confided to their care, have been shamefully neglected, tyrannically, "brutally" treated, and, alas, but in too many instances, have been persecuted to, shall I add,

mocked in, the hour of death. I will not here attempt to describe the terrible effects of the garotte, nor that fearful state of a gorged brain, necessarily so highly congested by the diurnal strangulating twist, as that the blood would burst from every pore; I will not allude to *mopping*, in a state of perfect nudity, with frigid water, and on the cold flag-stones, those delicate and daily emaciating females, who from their disease could even less resist the ordinary inclemency of winter than other women, and who, when dragged from beds of littered straw were subjected to such indecent, degrading, and barbarous ablution, and then left on these cold stones to dry!—and then were dressed!—It needs not the pen of a physician to say that this is not the way to treat the lunatic, to cure insanity, nor to describe what must result from such atrocities! A child replies, “’tis certain death!”

The mortality at Bethlem has indeed been great; greater far than meets the public eye! Dying patients are discharged to die at home! and thus the registry of “deaths” is smaller than it should be; and it must never be forgotten, that all the patients received in Bethlem are picked cases. Even before these painful disclosures, it struck me that disease ran a very rapid course in this Royal Hospital for curing the insane.

It is not long since a lady called and informed me that her brother-in-law, whom I had previously visited three times professionally, had by his friends been sent to Bethlem, feeling that he would there have the benefit not only of good advice, but excellent attendance. Scarcely had a fortnight passed, when she again called, and told me her poor brother was dead. Amazed, I could not help exclaiming, “disease has indeed been rapid!”

Aware of many of the enormities practised towards the patients in public and even in private asylums, in 1846, when pleading for an alteration in the whole system regulating the lunatic, and recommending that the Government should assume direct control over all asylums, I was induced to offer, amongst numerous other suggestions, the following remarks:

“The abuses existing, both in public and in private institutions for the insane, have been but partially known; *the difficulty is very great in arriving at a correct detail of all the horrors attending lunatic asylums.*

“The system of admitting patients, and of mixing them together, even in those asylums where there is the best classification, is very defective; but some establishments

can only be considered as 'magazines and reservoirs to perpetuate insanity,' or 'nurseries and manufactories for madness.'

"There can be no doubt that, owing to the public attention having been strongly directed towards the treatment of lunatics, several of the abuses which were so common are being gradually removed: and those unfortunate creatures whose very helplessness demands increased care, comfort, and sympathy, are not so commonly treated as brute beasts. Indeed, in some of the County Asylums, those patients who formerly slept on straw, now have comfortable flock beds, and their happiness and comfort have been studied in various ways; and the benefits resulting from this change are at once manifest. There is less noise and more personal cleanliness, the patients are more cheerful and much less violent, insubordinate, and dangerous, while the attempts at self-destruction, or at escape, have been wonderfully diminished. There is now more confidence placed by the patients in the medical and general attendants; they are no longer regarded as tyrannical enemies, and their instructions and wishes are often at once obeyed with cheerfulness; the consequence of all this is, that while there are fewer deaths, there are more recoveries, and the health of all the patients is materially improved.

"Lunatic asylums should no longer resemble gaols; the iron barriers must be removed, and these, together with the handcuffs, manacles, and hobbles, must be melted into lamp-posts, that the light which they will transmit may not only add to the comfort of the patients by night, but will give an additional means of security, by enabling the attendants to see everything that is going on around them. The very fact of nervous and timid persons knowing that outside their rooms, in the corridor, the dreaded darkness and gloom are dispelled by cheerful light, has a very beneficial effect in calming and preventing their fears and apprehensions.

"No lunatic asylum should be built except upon the most approved principles, and in which air and light can freely enter; for although, in incipient cases, it may often be necessary to modify the light, or even to partially darken a room, yet, upon the general mass of patients, light is now well known to be of essential benefit.

"Buildings for the insane should be specially constructed; the mere adaptation of a house, however large, can never be rendered sufficiently commodious, and the attention of

Government should be directed particularly to this subject ; indeed the commissioners have already suggested that houses should be suitable, convenient, and well adapted, to *comfortably* receive the numbers for which they are licensed, especial care being taken that they are well aired, ventilated, and warmed ; also, that the patients should be suitably clothed, and sleep on comfortable beds, in properly furnished rooms ; and that the rooms in which they pass the day should be different from those in which they sleep at night ; a place being also set apart for exercise during wet weather."

"There can be but little doubt that errors will prevail, however strict the surveillance, *while lunatics can be made the subject of PROFIT ; remove this temptation, and you take away the chief source of the evil.* While *private* asylums are open for the reception of patients, and while the large sums gained by confining their unfortunate and helpless inmates can be realized, dishonesty will exist. It is for the interest of the proprietor to have as *many* inmates as can pay the required board, and also to detain them in his establishment as long as possible ; and there is reason to believe that numbers of persons who have convalesced, lapse into confirmed error, and subsequently become imbecile, because they have been unnecessarily mixed up with others holding more erroneous errors than themselves, and because, when actually recovering, instead of associating with those who are sane, they find themselves surrounded with everything irrational.

"When convalescent and requesting to return home, they are refused, and friends even then are often denied them. It would be impossible for me to detail the anguish without, and the despair within !—the friends pining to see their nearest relative ; that relative quite conscious, and feeling the ties which bind her to her friends, is wasting her strength, until hope departs, and despair at length weighs her down to the most desponding and depressing melancholy. Friends may now come, but 'tis too late—the thread is broken, the balance is outweighed, she walks in madness. Had hope been kept alive, she might have journeyed on some few months more in distant expectancy ; but to her soft appeal, too oft repeated for the rude ears it met, whether she might soon see her mother ? the cruel answer of a heartless keeper, disclosed in terms too plain its utter hopelessness, and with one loud shriek her cry goes up to heaven.

"All lunatics should be placed under the control of the Lord Chancellor ; and if everything connected with the

insane, even as to its minutest detail, were subjected to the authority, regulation, or approbation of the high functionary appointed by the Crown, a great improvement would soon take place.

“To have lunatic asylums supported by Government, under its immediate control, and with medical officers and attendants receiving their emoluments from the same source, no one connected with the establishment deriving any interest whatever from the patients—here all *temptation* to detain a convalescent, or to receive an improper case, is at once removed; and, in the event of any irregularity occurring, the officer whose duty it was to prevent it should be liable to be at once dismissed: this power of dismissal, to a certain extent, explains how all the formalities and punctilios connected with various offices under Government are so rigidly exacted and sustained.”

And early in the following year I again resumed the subject as follows:—

“I cannot conclude without again drawing attention to the importance of at once putting a stop to the TRADING IN LUNATICS. I wish strongly to urge on all who are philanthropically inclined the vital importance of this subject. Malice does sometimes cause an individual to be improperly detained in an asylum, but this is not of frequent occurrence; whereas selfish motives—interest—have caused the incarceration of thousands. Remove the *temptation*, take away the PROFIT, and the evils will be at once diminished a hundred-fold.

“Let all lunatic asylums be under the direction of Government, paupers being paid for by their respective counties, and those in humble or more affluent circumstances paying in proportion to the accommodation, the comfort, or the luxuries required; let no fee or emolument whatever be given to any of the establishment, as they should derive their income or salaries from the Government, to whom they should be responsible

“A certain number of attendants or nurses, both male and female, should be educated at these establishments, who would be ready, on proper application, to go out and attend those cases for which their assistance was required. Even here it would be unwise to allow these attendants to derive their means of support directly from the patient, but they should receive a reasonable allowance for their services from the State; it being only just, and at the same time judicious, to increase their salaries for good conduct or prolonged service.

“Responsible attendants are very much needed, and persons of some education, and of a higher grade than those at present to be met with, are very necessary. I am persuaded that moral means are much more useful than even the apprehension of physical intimidation or coercive restraint, and I am equally certain that confinement in a mad-house is often apt to render chronic those symptoms which would otherwise be only temporary; and I would never send a person to an asylum, when he could afford to live out of it, unless he was dangerous to himself or to others, and not even then except when the symptoms had become chronic—the disease confirmed.

“It may be said that there would be great difficulties to overcome before the public would be sufficiently enlightened as to enable or urge the Government to undertake the responsible charge of superintending lunatics; but, if the evils connected with the system as it exists were more minutely detailed and more diffusively circulated, the public mind would soon be alive to the necessity of a speedy alteration. We, as Englishmen, are humane; we, as Englishmen, are rational; we can hear reason, we are anxious for the investigation of truth; we are most desirous to see justice, happiness, and contentment pervade all classes; and it is a characteristic—a grand characteristic of this country—to shake off anything like oppression. Freedom is our watchword; if, then, so anxious that we should ourselves have liberty, why should we allow a lunatic to bear a heavier yoke of oppression than is to be met with throughout the land? Why should we permit those from whom Providence has in wisdom removed a portion of their reason to be treated worse than brutes, degraded more than felons? Those who demand our greatest sympathy, who are unable properly to take care of themselves, are but too frequently left to the tender mercies of hirelings, who, having been accustomed to such scenes of woe and of ill treatment, are doubly hardened.

“To this day it is but too common, that, when a patient becomes maniacal, an application is made to an asylum, two or three keepers are sent, who would themselves be more than sufficient to restrain the excited man, if they possessed prudence or judgment; but they prefer the easier mode of coercion, intimidation, and force, and place a strait-waistcoat with sundry straps to guard against the occurrence of any danger, which might have been equally well prevented by increased vigilance.

"I feel convinced that it is only necessary for the people of England to know of the evils connected with the treatment of lunatics, to know of the abuses connected with the system, to know of an effectual way not only of checking but of almost altogether preventing the many enormities which have been detailed, and with such knowledge, possessing such information, and with philanthropic zeal, they would as with one voice demand not only the inquiry, but the remedy for so much abuse.

"This is no party question; it is for the benefit of the community at the expense, or probable loss, of the proprietors of lunatic asylums. It is a question from which no senator should shrink, for he himself, ere a few months more have passed away, may be numbered amongst those who require protection. But, should the members themselves feel any apathy respecting this momentous question, the information which may be spread by faithful and well-digested articles, and by lecturing at the various scientific institutions throughout the country, will so stimulate the people that they will cry out aloud for justice; and be it remembered that such an appeal is never made in vain. And here there is no prejudice to remove, no weakness to combat; all that is wanted is to afford *information*, for there is a general ignorance throughout the country upon everything connected with lunacy. And this arises from the fact, that persons who have lunatic friends never speak of them; they—shall I say it?—banish them; and so it happens that even those the most interested in such inquiries utterly neglect them. But because friends leave their suffering relatives to the tender mercies of keepers, or those having no special interest in them, that is a double reason why the Government should take care that efficient aid and kind treatment are ensured to those helpless beings who are so much neglected.

"I very much prefer that these institutions should be under the control of Government, rather than be directed by a committee of Proprietors; and, without at present going farther into the matter, I content myself with stating that, if for no other reason, yet it is desirable on account of the uniformity of system and regulation which would then result, for I very much question whether it would be possible within twenty years to establish proprietary institutions universally throughout the land; but the moment a bill had passed, enabling the Government to assume the control and direction of all lunatic asylums, then the amelioration would

very soon commence, and, within a short time, the poorest lunatic pauper would begin to benefit."

Now, in recommending that the Government should have the control and direction, I do not mean that all the medical and general officers should be by them selected, or that the buildings, and financial matters in general, should be arranged and carried out by them, but I do think it highly desirable that reports of proceedings should be made to the Lord Chancellor, or to the Home Secretary. This, however, is not the point upon which I am at present most urgent; what I require to know is, are lunatics to be made the subject of PROFIT? Is the temptation of detaining a convalescent in a lunatic asylum *longer than is necessary* to be tolerated? Are we ever, even to be able to hold one moment's suspicion that a person can be improperly received into an asylum, when not insane? Is it right to allow such a temptation to dishonesty? The details can be easily carried out and arranged, when it has once been settled, once decreed, THAT NO LUNATIC SHALL BE MADE THE SUBJECT OF PROFIT. I know very well there are proprietors of private asylums in this country who would be an ornament to any society, who are really honest, upright, conscientious, and humane men, but I also know there are exceptions—I know what human nature is—I know also what it is to touch the pocket of a man.—Let those who doubt, interfere with the *interest* of any man, or of any class of men, and they will soon be convinced that money is but too often man's dearest possession, more coveted even, than fame or honour.

Again, I can imagine a proprietor stating, "It is impossible now to receive into an asylum an improper case;" to him I would reply, HAVE NOT THE COMMISSIONERS WITHIN THE LAST TWELVE MONTHS RELEASED MANY SUFFERERS FROM CONFINEMENT? And, *are* THERE NOT AT THIS MOMENT NUMBERS OF LADIES AND OF GENTLEMEN, PERHAPS NOT EVEN ECCENTRIC, SHUT UP AND KEPT IN PRIVATE HOUSES, AND COMPELLED DAILY TO ASSOCIATE WITH THOSE ACTUALLY INSANE?

Again, how are private patients treated in these asylums? Think you that ample grounds, a noble hall, that drawing-rooms adorned with every elegance, that bed-rooms furnished with every comfort, that these necessarily ensure kind, humane, and scientific treatment to a patient? I believe there is often as much cruelty in such an establishment as that so recently exposed at Bethlem Hospital.

A short time since, a distinguished surgeon in this metropolis, holding some of the highest official positions, re-

quested me to accompany him into the country to see a friend, who, I believe, was also a distant connexion, then in confinement; the patient not having progressed, but rather retrograded, the relations were becoming uneasy. We found him in a very spacious and well furnished room, highly excited, and in a state of frenzy. Immediately I saw him, I was convinced that he was not properly managed; there not being efficient moral control—and on pressing my inquiries, I was dissatisfied also with the medical and hygienic treatment. I then inquired, what is that mark upon his nose? And how is it, he has that black eye? The keeper replied, he had knocked them against the bed-post! I re-requested to see his arm, it was bruised all over! I then examined both his legs, and found general ecchymosis. This was accounted for by his violence when in bed! Having prescribed for the poor sufferer, we left, and while returning home, and talking over the case, I said to my friend, *If you do not remove that patient he will never recover*; and I advised him to recommend the relations to send him to the care of a most humane physician, whom I have never seen, but whose name I well know. What was the result? The patient was sent to the place suggested, *and within two months returned home to his friends, CURED*. I can have no interest in saying it, but my firm, positive, honest, conviction is, that had that poor, afflicted, injured patient remained where I saw him, that he would have been to this day a maniac! or by this time might have lapsed into a paralytic imbecile, and been then regarded by the proprietor of the asylum, AS AN ANNUITY!!

No one can estimate the joy, and pride, and pleasure I felt when informed that the patient we had left, was now again restored to his family in health and reason. I had received no fee, and would accept of none. I had no pecuniary interest in the matter, but I experienced that delight which no money can purchase.

Why are these facts mentioned? Not for the sake of occupying a few moments' passing interest, but that every one may be induced to inquire into the subject. All lunatic asylums must be subjected to CONSTANT SURVEILLANCE; those containing the poor as well as the rich, *the lunatic must be specially protected*; but, in addition, it will be essential to DO AWAY WITH PRIVATE ASYLUMS; no man must be permitted to have a direct interest in either fostering or perpetuating insanity.

I do not agree with those who consider it to be sufficient

to remove the civil responsibility of a proprietor in receiving an improper case, or in retaining a patient when convalescent too long, by simply transferring the onus of *reception* and *dismissal* upon the commissioners, because a door is here left open for fraud. The commissioner has no pecuniary object in the matter, and therefore cannot be supposed to err willingly ;—but how different is the position of the proprietor ?

Hear what a recent writer upon this subject, Mr. Dickson, states, himself the resident medical superintendent of a large lunatic hospital :—

“On visiting the patients in an asylum, there is often great difficulty in discriminating between the appeals of the insane and the sane, and even of judging if the absence of complaint is the result of insanity or imbecility, or of fear, or of the apathy induced by lengthened confinement in the same place, and the necessary dependence upon the unattested and uncontradicted entries and verbal statements of proprietors—clearly showing, that orders and certificates once signed, the only chance of release for the confined, whether then or subsequently sane, rests upon the examination of commissioners or visitors, and it is quite possible, notwithstanding their visits, for the sane to remain hopelessly confined.”

What a statement, and yet how true !! *Rests upon the examination of commissioners or visitors, and it is quite possible, NOTWITHSTANDING THEIR VISITS, FOR THE SANE TO REMAIN HOPELESSLY CONFINED !*

I feel so unwilling to add anything to these remarks which may for one moment draw off the attention from the main point in question, that I have resolved to place in an appendix a few ideas and hints respecting lunatic asylums, and the laws regulating their management and control, and I do so because I know how gladly interested persons would avail themselves of the opportunity of blinking the real question ; and the two points I wish to force upon their attention, and upon the attention of every other individual, are these,—

1st. That the Commissioners in Lunacy should have the power of entry wherever there are lunatics, and that their visits should be *frequent*, vigilant, searching.

2nd. That no lunatic should be superintended and boarded *for PROFIT* ; and that no proprietor of any house or of an asylum should have a direct interest in either fostering or in perpetuating insanity.

APPENDIX.

It is essential that the Commissioners in Lunacy should at all times have the right of entry and of surveillance, *wherever* there are lunatics.

Each county should have, for the reception of incipient and of curable cases of insanity, one or more Pauper Lunatic Hospitals; the number depending on the size of the county, and on the proportion of lunatics. The buildings should be specially constructed with every modern improvement; if built to accommodate more than 100 patients, the edifice should consist of so many different wings, perfectly detached from each other; there being two wings for 200 patients, three wings for 300, five wings for 500.

That each wing should, in addition to nurses and attendants, have a resident physician or surgeon; it being impossible that any medical man can efficiently attend to more than 100 patients daily.

That a minute registry be kept of the medical, general, and hygienic treatment of each patient, who should be visited by the medical officer twice at least in the twenty-four hours.

That a resident clinical clerk be allowed to each medical attendant; this would afford a future supply of well educated and experienced medical superintendents.

A chapel should form a central building, connected by a corridor with each wing; and the patients, who were able so to do, should daily attend morning and evening service; this having been found, by experience, to be of great benefit in curing the insane.

That a portion of the building should be specially appointed for the reception of old, chronic, incurable, and paralytic cases.

In addition to these Pauper Lunatic Hospitals, each county should possess Private Establishments for the insane, also constructed upon the most scientific plans, and with every accommodation; and as the classes of patients would vary very much as to rank, it is desirable that these Asylums should not be so large as the Hospitals for the poorer order of patients. Twenty, thirty, or forty inmates would be sufficient; there would consequently be several establishments throughout the county; the accommodation of some of these might be so adapted as to permit of patients being received at £50 a year, perhaps even less, others at £100, and so progressively advancing to £1,000 per annum, which would of course command proportionately greater comforts, luxuries, and extra attendants and servants.

Let it not be thought the counties would be saddled with extra expenses and increased rates; the establishments would amply pay, and yield even a handsome profit, so that after a few years the charges might be considerably diminished.

I have heard it said that the friends of insane patients would not then "feel it to be so private, that their family afflictions would be more exposed, more known." This is chimerical; in fact, greater order, regularity, and privacy would exist under the new system.

It might also be urged, that the friends of patients might not like to confide their relations to the care of those medical attendants resident in their own county; or at any rate, that they might place more confidence in some other physician or surgeon in another county; such opinions and wishes would not ordinarily occur, because each resident officer would be specially selected by the Lunacy Board; but I do not conceive there would be the least difficulty in permitting friends to select any asylum they might prefer throughout the whole country; and it can scarcely be doubted but that many of the best physicians and surgeons, now the proprietors of asylums, would very gladly accept the new official appointments, the more especially as such positions should be made not only honourable but valuable. The profession must no longer be treated with a niggardly hand; medical officers must be adequately remunerated.

In order accurately to distinguish the two classes of Establishments, those where patients are received and boarded at the expense of the county, should be termed "The County Lunatic Hospitals," while the buildings adapted for those who pay should be called, "The County Asylums," or, if considered preferable, they might receive the ordinary names of "Park Villa," "Grove House," &c.

It would be manifestly inexpedient to place all classes under one roof; but by having several private Establishments throughout the County, the "Board" would at once be able to advise as to

which house would be preferable for each particular case; taking age, rank, peculiar form of disease, and other minute circumstances into due consideration, and consequently they would be able to advise the patient's friends as to the most eligible residence for each individual.

I also hold it to be highly desirable that asylums should be specially adapted for each sex; considering it to be manifestly inexpedient that ladies and gentlemen (*who are really insane*) should be daily meeting each other at the table, in the gardens, and in the grounds; and I believe considerable mischief has resulted where this practice has been permitted.

Criminal lunatics should be placed in one State Lunatic Hospital, and should never be allowed to be under the same roof with ordinary patients; they should be entirely under the control of the Secretary of State for the Home Department, who would, of course, gladly avail himself of the experience and advice of the Commissioners in Lunacy.

It is perhaps unadvisable that any one should be permitted, *for the sake of profit*, to receive a lunatic into his house, but it must be imperative that no individual should *for profit*, under any pretence whatever, have more than one lunatic, at the same time, under his roof; should it, however, after deep reflection, be considered justifiable to allow any one, previously authorised by the Commissioners in Lunacy, to receive, board, and superintend a lunatic, that a minute report of the name, age, qualification, place of residence, &c., &c., be sent to the Commissioners within twenty-four hours of the date of reception, the neglect of such order to be treated as a misdemeanour.

Once admit the necessity of *abolishing the present* asylums, and there will be no difficulty in carrying out even the minute details for arranging Public Institutions; it will indeed be as easy to form local Boards, as it now is for the various Insurance Offices to appoint their provincial directors and agents.

It is quite clear that the local Boards must report to some one, and it matters little whether it be to the Lord Chancellor or to the Home Secretary; in either case there will necessarily be a proper check to any irregularities. The Commissioners in Lunacy will, of course, henceforth exercise *even more scrutiny*; their visits will be more frequent, more searching, and they will continue to enforce those salutary restrictions and enactments which have been framed with so much wisdom.*

* The editor or the reviewer of the *Psychological Journal*, however, is of a different opinion, he seems to fear, that very soon "the medical superintendent will be a mere *nonentity*, a puppet in the hands of the Commissioners, an *automaton*, a *dummy*, in fact, a *SHAM*, (so printed in the original); for, although *nominally* the proprietor and director of his *own* establishment, he is to be virtually powerless and paralyzed, divested of the liberty of thinking and acting in accordance with his own judgment!"

But, however, as I have before stated, my more immediate object has been, not so much to recommend the particular plan of regulating public Establishments, as it has been to draw public attention to the necessity, the absolute necessity, of *altogether abolishing private Lunatic Asylums.*

FINIS.

LONDON :

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