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Publication/Creation

Lewes : H.W. Wolff, Steam Print. Works, [1881]

Persistent URL

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304 John Champe up
with McCullough's kind regards.

ON THE

EARLY PHASES OF MENTAL DISORDER,
AND THEIR TREATMENT.

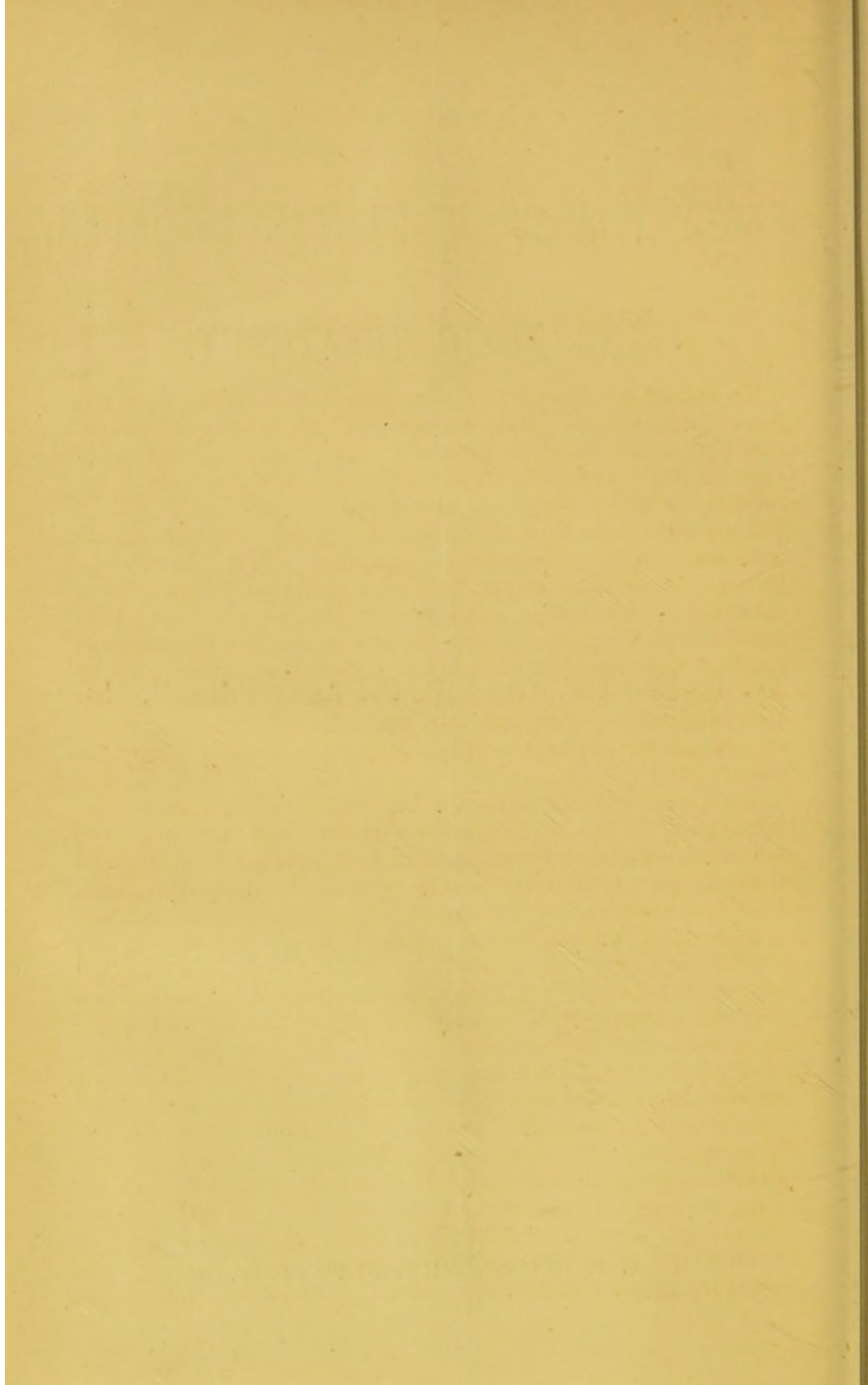
BY

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[Reprinted from "The Journal of Mental Science," July and October, 1881.]

Lewes :

H. W. WOLFF, STEAM PRINTING WORKS.



ON THE EARLY PHASES OF MENTAL DISORDER, AND THEIR TREATMENT.

By W. B. KESTEVEN, M.D. St. And., F.R.C.S. Eng.

To recognise disorder of the mind in its early phases, places it within our reach at the most opportune season for checking or arresting its progress. The first signs of alienation, if duly appreciated, should afford warnings to have recourse, without delay, to the means of cutting it short. The consequences of overlooking or neglecting these timely indications may soon become irreparable. With what thankfulness do we not hail prevention in malignant or infectious maladies; with equal eagerness ought we not also to be on the watch for, and ready to avail ourselves of, means of staying the approach of symptoms that may apparently be less urgent or less obvious, but which are nevertheless certain indications of an affliction which may blight the hopes of a whole life, bringing with it unhappiness and misery incalculable.

Looking at the fact that a very large proportion of our population (it has been estimated one in every three hundred) becomes, sooner or later, insane; and, bearing in mind that insanity once established is rarely entirely recovered from, that the integrity of the brain is probably never entirely regained, it is plain that we cannot be too keenly on the alert to recognise precursory indications, if we would avert consignment to asylum life with its painful memories and inevitable stigma. How many minds of the highest order have been shattered beyond remedy, for want of vigilance at the outset of threatened indications, a neglect which, not seldom, has carried dire distress into the family circle, and has helped to swell the records of criminal jurisprudence. The watchful eye of affection will generally soon enough detect a deviation from the bodily health, and that, perhaps, long before the existence of serious or structural disease. It is not always so with the onset of mental disease; friends and relatives are too prone to shut their eyes to vagaries, absent-mindedness, and eccentricities, that should

have aroused their vigilance. The blindness, it is to be feared, is, in many instances, more or less wilful, under consciousness of an hereditary proclivity to insanity, and a dread of the odium falsely attaching thereto. Afraid to look the fact in the face, the malady is allowed to be unchecked in its progress until confirmed, and the consequences so much dreaded have become inevitable.

Without endorsing the hackneyed cynicism that "all people are mad on some point," the fact is patent beyond contradiction that there is prevalent in the present day, arising out of the complexity of modern civilization, a tendency to *neuroses* or affections of all kinds, with a concomitant deviation from perfect mental health. The physician is daily brought into contact with the varied forms of hysteria, rheumatism, neuralgia, St. Vitus' dance, paralysis, epilepsy, complex convulsion and epileptiform affections, &c. Dr. Crichton Browne has dwelt upon this fact as follows, in his address before the British Medical Association, at Cambridge:—"These neurotic states do not altogether shorten life, but they cause a chronic invalidism; they cripple power and usefulness; they spread wretchedness around; they embitter existence; they render men unfit to follow the pursuits of business, and incapacitate women from performing their domestic duties;" a psychological condition it may be added not indicative of insanity, but differing widely from complete sanity. The nervous system is now sooner exhausted than in past times. All diseases, even those strictly classed as bodily, distinctive from mental affections, participate in the influence, and call for therapeutics of another order from that of preceding days. So obnoxious, indeed, are we to the wear and tear of the battle of life that it is almost a platitude to say that to half the world, at least, in cities and towns, the autumn holiday is not a mere indulgence, but an absolute necessity.

So universal indeed is this unhealthy condition of the nervous system, that among the specialities of medical practice it has come to constitute a special branch, and has given rise to a special neurological literature.

Amidst, and arising out of this diffused neurotic atmosphere, are to be met with many individuals exhibiting the early phases of mental disorder—individuals who are standing on the border-land of insanity, the limits of which, shading off imperceptibly into the regions of pronounced insanity, are more easily passed than traced. The restriction

of these limits can only be effected by the closest attention. No much more distressing state can be imagined or experienced than that of the sense of impending insanity—the consciousness of coming madness, so accurately portrayed by Shakespeare's "King Lear." "Conscious of his mental state and its cause, he feels the goad of madness urging him on; he struggles and prays against it, and strives to put it from him. He knows its cause to be unbounded passion, and prays in well known words for that moral control which would avert it."

This dread of approaching insanity, a common form of melancholy, is the outcome frequently of hypochondriasis. This latter is to be distinguished from melancholy. The distinction was well drawn by the distinguished physician Cullen. (See passage quoted in Bucknill and Tuke, 1862, p. 353.)

Misanthropy, equally with melancholy, is, as Dr. Maudsley observes, "Madness in the making. Hence it is that humour, which is always imbued with sympathy, is a higher and more wholesome quality than cynicism, which is always inspired by contempt."

We are here on the border-land of insanity—a region in which the soil is often found to consist of indolence and morbid selfishness; the produce yielded, desponding thoughts and melancholy reveries, which, for want of moral control or want of occupation, are suffered to overrun the mind with the deadly nightshade of imaginary horrors and evils. Despondency, which by a vigorous effort might be dispelled, gains strength by the concentration of attention upon self, and want of control of will over the thoughts. Morbid egotism thus thrown upon its own emotional existence, imagines itself the centre of all observation, or becomes the slave of religious excitement, impulsive desires, imaginary fears, or illusive persecution, until, like Jaques, it will "suck melancholy out of a song, as a weasel sucks eggs." Jaques moreover, may furnish the distinction between hypochondriasis or melancholy, and the melancholia of the insane. Dr. Bucknill, "Psychology of Shakespeare," says: "In him the judgment remained master of the direction of thought and the dilatation of feeling; he cherished his melancholy, but if he had thought fit to do so he retained the power to oppose, if not to repress it." Herein," adds Dr. Bucknill, "is the psychical difference between the sane and the insane melancholist," with the additional essential difference that

in the one case there are evidences of cerebral disease, which are wanting in the other.

History furnishes us with many notable examples of great men who have narrowly escaped the fate of the lunatic.

John Bunyan compared himself to the child, who, as he was being brought to Christ, was thrown down by the devil, and wallowed foaming. He believed at one time that he had committed the sin that could never be pardoned—that he had sold his Saviour, &c. He would get out of bed, and go moping about the fields, wandering as a man bereft of life and past recovery. He shrank under hedges in guilt and sorrow, bemoaning the hardness of his fate. Yet all these grievous signs passed away, and left his mind clear enough to leave to all posterity his unequalled allegories, which, as Froude observes, “are still dear to men of all creeds.”

Of Cowper it were devoutly to be wished that his hypochondriasis had not landed him beyond the border-land of insanity. He laboured, during a large portion of his life, under the appalling notion that he had been from the beginning a vessel of wrath fitted and destined only to destruction.*

Luther, there can be little doubt, sometimes trod the very verge of insanity, as when he flung his inkstand at the devil.

Oliver Cromwell stood at one period of his life very close to the outer edge of the border-land of insanity, if even he did not for a time overpass its limits! “Dr. Simcott, his physician, assured Sir Philip Warwick that Mr. Cromwell, his patient, was quite a splenetic, and had fancies about the ~~crop~~ in the town; that he had been called up to him at midnight, and such unseasonable hours very many times, upon a strange phansy, which made him believe that he was then dying.”† “His nervous melancholic temperament indicates rather a seriousness too deep for him.”‡

At an early period in his life there is little doubt but that the gigantic intellect of Goethe came near to being shaken. His strongly impulsive and emotional nature quivered under the shock of disappointed first love. “The shock told upon both mind and body; he took to his bed with a fever that threatened the brain, and it was deemed

* Dale’s “Life of Cowper,” prefixed to Tilt and Bogue’s Edition of his Poems, 1841, p. 66.

† Noble’s Memoirs, Vol. i., p. 101.

‡ Carlyle’s “Heroes and Hero Worship,” 1842, p. 332.

prudent that the ex-tutor should occupy an adjoining chamber to watch over him." How completely, however, he shook off the evil is known to all who are familiar, be it ever so superficially, with his writings.

Where a tendency to insanity exists, a warning of its approach is to be seen in change of character and disposition—more or less suddenly occurring. The supervention of eccentricities and peculiarities contrary to the usual habits and bearing; a perversion of the moral attributes, while the intellectual powers are but slightly, if at all, impaired. All these phenomena are not lightly to be disregarded; thus, if we observe the known possessor of right feelings and propriety, affectionate, respectful, dutiful, becoming the reverse of all these; if we find a devout person beginning to exhibit indifference to things sacred, becoming irreverent, profane, flippant; if we see a refined, modest woman losing regard for decorum and the amenities of society, becoming negligent, coarse, or indelicate; if a staid and industrious man becomes irritable, capricious, indolent, or dissipated, or carried away by schemes of imaginary wealth, &c., we must surely, in any one or all such cases, look for the accession of mental disorder, hallucinations, illusions, delusions—possibly, an outburst of suicidal or homicidal mania.

Among the changes of character indicative of the approach of mental disease, is the occurrence of aversion and antipathies towards former objects of respect or affection—a change so painful to those towards whom it is manifested, that it is usually the earliest to be noticed, and one that should by no means be disregarded. The change may be very gradual—so gradual that it may pass unobserved for some time, or be difficult of detection even when suspected. Inasmuch as insanity may with truth be spoken of as a waking dream, or, as Sir H. Holland well expressed the idea, a dream put into action as in somnambulism; so, when a person possessing usually a clear and practical energy becomes dreamy and abstracted, talking to himself, it will pretty surely come to pass that the change is but the precursor of the illusions and hallucinations of insanity.

Favourable thereto, and constituting marked features of impending mental disease, is seen the tendency to allow the mind to wander away from the proper duties of life, and luxuriate among scenes of the imagination, or of ill-regulated fancy—giving way to emotions disproportionate to the true relations of the objects which give rise to them—

the habit of distorting and exaggerating events, and founding upon them conclusions which they do not warrant, as opposed to the will and sound exercise of the understanding by which events are contemplated in their true relations and consequences.

The hallucinations of the senses in the insane resemble the voluntarily induced semi-consciousness of the mesmerised. In the mesmeric trance there is the disregard of external agencies that is seen in the maniac who, regardless of suggestions from without, carries out his own wild train of thought in apparent unconsciousness of what is going on around him, or even memory of what has occurred to him, after the trance or the paroxysm has passed away—and so in sleep, dreams prove an active state of the cerebral centres, although no recollection of them may remain on awaking. Sleep has been likened to temporary death, and so dreaming may be compared to temporary insanity. The insane man walks about in a waking dream; he is a veritable somnambulist. The somnambulist, like the maniac, or the ecstatic, has but a confused recollection, or no remembrance at all of what has occurred in the attack of mental disorder, or in their perilous sleeping performances, like Fakirs in their trance-like condition, they become insensible to external influences.

The subject of hypnotic, spiritualistic, or mesmeric trance is on the borderland of insanity; he yields his will to the power of a will stronger than his own, and by a repetition of such proceeding weakens that endowment until it loses all power over his actions.* Such abandonment of volition and attention is wholly different from the power of mental abstraction, which most persons are able voluntarily to bring about.

Dr. Maudsley has pointed out that a feature in dreaming, in which it approaches insanity, is the singularly rapid and vivid reproduction in dreams of things which have long since passed away, and of which in the waking state there is no recollection whatever. In like manner in mania we have the same condition presented occasionally when we meet with carefully educated, refined, and delicate women giving utterance to obscene or blasphemous language. The explanation hereof is that on the first hearing of such language, probably from some coarse spoken low-bred rough,

* *Vide* "Artificial Insanity," by Dr. Hack Tuke, *Journal*, 1866.

the sound and the sense have at the moment shocked the sensitive mind, but have passed out of memory for the time, to be reproduced when the normal mental powers are in abeyance, or in disorder.

The study of the early phases of insanity would be incomplete without some consideration of what may be regarded as its causes.

Of these the most influential is hereditary predisposition ; its share as the primary factor in the causation of unsoundness of mind had scarcely been duly recognised until of late. It is an element of the disease which, moreover, is very commonly suppressed by the friends of the patient. Most unjust and injurious is the prevalent notion that a stigma attaches to the occurrence of a case of insanity in a family. The only shadow of justification for such opinions lies in the fact that the existence of insanity is an indication of a degeneracy of the structure of the brain, which may be transmitted from generation to generation.

If to a pre-existing hereditary tendency to neurotic disorders, there be superadded a course of vicious indulgence of any kind, the mind is still more prone to be thrown off its balance. To no class of persons is intemperance more dangerous than to those inheriting a morbid nervous diathesis. The two act and re-act one upon the other. The drunkard's craving for drink may, in some degree, be hereditary. By yielding thereto it soon becomes irresistible, until, pitiful is it to behold, "the thirst of the drunkard," as George Macdonald forcibly puts it, becomes "more of the soul than the body." This degeneracy of body and mind transmissible by hereditary descent, produces not only a generation of drunkards, but a progeny, numbering among them the idiot, the dull, the imbecile, the criminal. It is well known how hard it is sometimes to distinguish between madness and crime. There are on the one hand criminals whose inconsistent conduct leave it doubtful whether their destination should be to the asylum or to the gaol ; on the other hand there are undoubtedly insane individuals, whose tendencies are so vicious and criminal, that one cannot but consider prison discipline as their best remedial treatment. The inheritance of these evil tendencies was strikingly exhibited in the history of a family, reported by Miss Schuyler, President of the New York States Charity Aid Society ("New York Times," March 8th, 1878). Margaret, the "mother of criminals," left behind her "a long train of

diseases, weakness, bad habits, corrupt and morbid passions, physical and moral degeneracy, and open crimes, which can never be measured by human eye. The female children of the line became mothers, in their teens, of illegitimate children; the boys were thieves and vagrants, as by a law of nature, as soon as they could exercise any activity. . . . The children grew up in nurseries of crime, and became, of course, paupers or worse. The stronger and bolder lived by thieving, or committed burglary, robbery, and murder. Crime and indulgence gradually caused the degeneracy of some, and they became epileptics, lunatics, and idiots. . . . Some of this miserable breed reached the age of ninety years, and some of the women had at least twenty children. The stock of this race of criminals was preserved by intermarriage with fresh and vigorous families of ruffians. The total number of the race was seven hundred, mainly paupers, beggars, prostitutes, and criminals."

The epileptic constitution is one prone to insanity, and that of a very grave character; as a possible cause, therefore, of mental disorder, the treatment of epilepsy assumes a character of urgent importance. It is for the most part, in epileptic insanity that the sudden, and apparently unaccountable sudden, homicidal and suicidal catastrophes occur. Of nearly two thousand suicides, Dr. Crichton Browne tells us that three-fourths have been preceded by affections of the nervous system—many of which doubtless, had they been daily regarded, might not have culminated in such a fearful end.

It is not intended, by what is here said, to countenance the opinion that crime is disease. Such doctrines destroy all belief in moral responsibility before God and man, and strike at the root of social order. It is, beyond cavil that the seeds of great crimes have shown signs of vitality early in life, and moreover that their growth might have been checked by judicious management.

Want of moral control is often the source both of crime and of insanity, and has terminated in heinous and brutal crime. More than two thousand years ago, the Wise Man said, "Above all keeping, keep thy heart, for out of it are the issues of life"—and, we may add, the issues also of death—death both psychical and somatic.

The same opinion is expressed by Dr. Maudsley, in the following remarks :—"How far is a man responsible for going mad? This is a question which has not been much con-

sidered, yet it is one worthy of deep consideration ; for it is certain that a man has, or might have, some power over himself to prevent insanity. However it be brought about, it is the dethronement of will, the loss of the power of co-ordinating the ideas and the feelings ; and in the wise development of the control of the will over the thoughts and feelings, there is a power in ourselves which makes strongly for sanity." *

The condition of the nervous system known by the indefinite name of Hysteria, with its essential element of feebleness of will, is that in which we meet with the early or inchoate forms of mental disease. It is that, moreover, in which we look for imitations of disease, mental and bodily. Hysteria will perform all sorts of freaks, feigning insanity, paralysis and many other maladies. The dominant feature of hysteria is, as just observed, feebleness of will. This renders its subject an easy dupe of the stronger will, while disabling it from resisting or overcoming subjective influences. In an "hysterical paroxysm" the power of the will is in abeyance, while consciousness is not entirely annulled, so that the patient without power to help herself, may, to a great extent, know all that is going on around her. We may understand therefore in some measure how it may come about that hysteria shall pass into insanity. It is not meant hereby, to imply that every hysterical girl is specially prone to become insane, but that hysteria, if not subdued, is prone to carry the patient into the border-land of insanity. Moral control is lost or diminished; there exists in fact a moral twist; fancy runs riot; the judgment no longer exercises its supremacy; the love of exaggeration grows strong, deceit and imposition become habitual; albeit perhaps unconsciously the girl allows herself in evil speaking, lying, and slandering—ere long ceasing to be able to keep her hands from picking and stealing; with singular inconsistency accumulating pelf for no purpose, and giving it away in an equally purposeless manner. Here again we are on the border-land of insanity, and here it behoves us to exercise the utmost discretion in distinguishing purely vicious tendencies from moral insanity; the assumption of the latter is, however, not to be admitted without other proof of madness than simple badness.

In the present day a very frequent cause of hysterical derangement, as has been pointed out in the daily journals,

* "Responsibility in Mental Disease," p. 268.

is the strain put upon the minds of girls, by high pressure education, with its attendant competitive examinations. Girls are kept on the stretch of hard brain work for many hours together, with scant leisure for meals or rest, and little, if any, for recreation. Boys, it is urged, have happily a counterpoise to their work, in healthy athletic sports, although it not unfrequently happens that the minds of young men are overstrained through the wide range of their studies, and the severity of examinations.

An amusing illustration of this part of our subject is given in Dr. Hack Tuke's book "*Insanity, and its Prevention*," in some verses by a young lady, depicting the condition of the pupils in expectation of an examination.

A distinction is to be drawn between hysterical disorder, bordering upon mental unsoundness, in which there is, as it were, only a moral twist—a merely temporary and functional derangement of the brain, and those cases in which the brain structure has suffered such lesion as to render it rather more than doubtful whether it will ever recover its integrity. In the former the manifestations of disorder are of a purely metaphysical nature, and amenable to moral and hygienic means of treatment.

The love of money, and its inordinate pursuit, is not to be overlooked as a potent predisposing cause of insanity. There is a condition not seldom met with which may be designated "*Money on the Brain*." This condition is emphatically perilous where it has been attended with success in life. The retirement from business and its consequent *ennui* in such cases are attended with imminent risk of imbecility, or despondency. We have known several examples of this *golden* form of dementia, and death.

The measures to be adopted for the arrest of early indications of mental disease are very simple, but require to be carried out long, firmly, and consistently. They may be comprised under a few heads:—*e.g.*, separation from former associations; bodily exercise and hygiene; recreation of active character; cultivation of the intellect within reasonable limits; and, above all, moral control.

By the first and most important of these measures, separation from former associations, the patient is no longer subjected to misjudged sympathy of relatives whence their morbid fancies have been fostered and intensified in the

presence of others of like family proclivities. The thoughts are diverted into new channels, the patient ceasing to be the centre of all care and anxiety; morbid fancies are forgotten, interest arises in surrounding pursuits and amusements. Thus the mind gains strength, and a bright prospect of a life of usefulness is opened up where the future had seemed to threaten only unhappiness and gloom. Separation from old associations being effected, other measures follow in course, and are more efficiently carried out. It is, however, essentially and vitally important that the step should be taken as early as possible after the first observation of impending disorder; every week of delay tends to fix the hold of disease, and rivet the chains by which the mind may come to be held in thralldom. A disease of mind it is with which we have to deal, and not a sin to be punished, a truculent obliquity, to be shunned with dread; such, however, would almost seem to be the opinion of many persons who, in this nineteenth century, avoid the insane as they would the infected.

Great indeed, is the labour and the patience required; greater still is the reward in the attainment of success under the effort to restore moral control, to check impending mental disease, to see clouds and darkness of despondency disperse, giving way for the bright sunshine of hope and life revived. Such emotions are well depicted in the following appropriate and graceful metaphorical sketch. "He who has explored those mysterious solitudes of the earth, the caverns in Derbyshire, may remember, perhaps, a sense of oppression, ever increasing as he descends deeper and deeper into those gloomy regions. The faint light of his conductor would show him that he was indeed passing through a dismal solitude; and he might well say, in the language of Scripture, 'I went down to the bottoms of the mountains; the earth with her bars was about me for ever!' The rush and hollow sound of waters as they fall around him into deeper caverns still, might well occasion him to feel that chaos surrounded him, and that he was cast out and forsaken! when suddenly, as if by magic, a crown of light is raised up into the solitudes above! All is changed in a moment. The eye turns with instinctive fondness to those glowing stars; what appeared the chamber of death is changed into a glittering room; the terrific fall of waters become a beautiful cascade; chaos seems to have departed, and hope returns. Such as those beautiful lights are to the adventurer, the associations

and the *effects* of nature's gifts are upon the sick and ill at ease; indeed far more; for no temporary gloom can equal the shadow cast upon the mind of him whose nervous system is distressed, and nothing can seem so bright as the associations and sensations of returning health."*

* "Remarks on Insanity," Dr. Henry Monro, 1851, p. 143.
