

Treatment of insanity in England.

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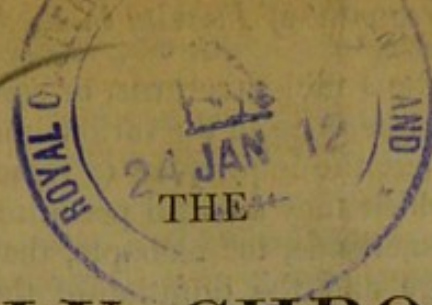
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MONTHLY CHRONICLE.

TREATMENT OF INSANITY IN ENGLAND.

THERE is no subject of equal social interest upon which there exist so few written authorities as insanity. With the exception of the works of Pinel and Esquirol, in France (and these by no means to be considered as works of investigation), and of Prichard, Connolly, Burrows, Seymour, and Ellis, in England, and one or two brief treatises in America, this department of medical literature is illustrated by scarcely any elementary or practical publications. A multitude of essays, metaphysical and physiological, bearing indirectly upon the general inquiry, are extant in German, French, and English; but they are comparatively valueless to the student, being, for the greater part, purely speculative and theoretical. From the mass of these numerous productions, however, must be distinguished a short but profound essay, published a few years ago by Dr. Mayo, in which the inquiry is carried into a form of insanity which had previously been either wholly overlooked, or ill understood; and which Dr. Mayo designates as *moral* insanity, or the derangement of the *moral*, contra-distinguished from the *mental* faculties; a form of malady the most difficult to detect and deal with, and the most injurious in its effects both to the individual and society at large. Mr. Brown's book on Asylums, recently published, may also be adverted to as a curious and useful volume, containing much matter for reflection, but taking no higher range, for the greater part, than that of a compilation, not very lucid in arrangement, and somewhat extravagant in style. From none of these works, however, nor from them all collectively, is the inquirer enabled to deduce any general principles. The statistics of insanity have been so strangely neglected that the ablest treatise on the subject can hardly be regarded as presenting any higher claims to consideration than it derives from the single experience of the author, modified and corrected by such scanty information as he could procure from the few sources thrown open to him by others similarly circumstanced. In the absence of the requisite *data* to proceed upon, the results arrived at, even by the most careful investigator, would be, at least, but partial truths; for, it is scarcely necessary to observe, an inquiry of this nature cannot be conducted to safe conclusions, unless it be founded upon an extensive basis of well-authenticated facts. From a comparison of the tables of M. Esquirol, of the returns from the county and district asylums of Great Britain and Ireland, from Salpêtrière, Bicêtre, Charenten, and other establishments, and the fragmentary statements elicited, from time to time, before the parliamentary committees, a few general inferences may be derived that are valuable as far as they go: but

unfortunately none of these tables, returns, or statements, have been drawn up with such analytical reference to the various unsettled points upon which it is essential to follow out the inquiry, as to remove them out of that wide field of conjecture in which they are still permitted to remain. It is ascertained with tolerable exactitude, for example, that the probabilities of recovery diminish with age and the duration of the malady; but not even a remote approach has been made, by a record of observations, to the determination of any of the causes of insanity, upon the special treatment of which recovery depends.

Under these circumstances it will not appear very surprising that the most startling differences of opinion should exist, both metaphysical and medical, as to what insanity is. Not only is the disease itself of a mixed and complicated nature, infinitely varied in its development, and of a perplexingly fluctuating character in its progress, but the very difficulties which lie on the threshold of the attempt to penetrate its mysteries are increased by the confusion that unavoidably arises, in the present state of our knowledge, from the substitution of speculation for accumulated evidences of fact. It had long been held in England as a popular definition of insanity, that it was "reasoning rightly from wrong principles;" but it would be quite as accurate to say, that it was "reasoning wrongly from right principles," or that it was "reasoning without any principles," or that it was "reasoning wrongly on a particular topic," or that it was "incapacity to reason, rightly or wrongly," or that it was any other description of non-reasonableness or unreasonableness—the simple truth being that insanity is so diversified in its phenomena, so full of apparent contradictions, so dissimilar in different cases, so variable, and evasive, that it cannot be reduced within the limits of any single definition whatever. The utterance, attributed, we hope erroneously, to Dr. Johnson, and the general reception of so vague an antithesis, may be referred to as evidence of the extraordinary ignorance which not many years ago prevailed upon this subject, for it is impossible to suppose, that any community could seriously entertain such a test of insanity, and possess at the same time any clear ideas of the malady to which it was applied. Out of that ignorance has sprung a marvellous chaos of fantastic notions, leading to impressions equally ridiculous and unscientific; and it must be confessed, that the labours of medical philosophers in this bewildering branch of investigation have not contributed much to dispel the crude and fallacious notions of the public at large. Urged, no doubt, by the purest motives, and an earnest desire to assist the interests of suffering humanity, the authors who have devoted so much close and anxious attention to insanity, have given an inconsiderate impulse to a very dangerous species of speculation, by showing how much they differ amongst themselves in their interpretation of that disease. It would be impossible to point out two writers who entirely agree in their definitions; for those who assent in common to certain generalisations invariably run off into controversy upon particular points, which, could they be completely traced and determined, might be found to be as important in a practical point of view, as the generic propositions upon which no difference exists. The fault of this is not in the unskilfulness of the writers, for some of them have discovered talents of the highest order, and an intimate acquaintance with the malady in its numerous manifestations, but in the grand error of endeavouring to describe technically and arbitrarily a multiform calamity which is perpetually taking new shapes, and disclosing new suggestions to research, and which cannot, by the very condition of its inexplicable versatility, be

embraced by any definition, however elaborate or comprehensive. Except for the purpose of general classification, all such descriptions of insanity are idle and delusive; and even for that purpose they are loose, and subject to endless revision. We know that there is derangement somewhere, we know that there is exaggerated sensibility, or nervous excitement, or a confusion of images, or a torture of imaginary voices, or some capricious fancy, which, entering into the mind, discolours and distorts all the objects of desire, or wild passion, or oblivious melancholy, frantic violence, or lethargic inertia; and we know that certain symptoms are generally indicative of certain causes, and that they generally induce certain consequences; and we can ordinarily classify these various instances so as to bring them into a species of speculative arrangement. But the fact of to-day ceases to be fact to-morrow, and when we come a week hence to test the accuracy of our classification, we shall find how much we have been at fault in the fruitless calculations with which theory attempts to regulate the inconstant phenomena of mental disorganisation. Idiocy is easily distinguishable from fatuity, and fatuity from monomania, and monomania from mania; but when we affect to subdivide these main divisions, as they have been subdivided, into such varieties as "phrenetic," "incoherent," "whimsical," "impulsive," "scheming,"* &c. or to draw palpable differences between "violence of the passions," and "violence of the will and the propensities," † or such distinctions as are implied by "vain," "proud," "timid," "imaginative," ‡ &c., we lose ourselves in exquisite refinements which may be very imposing upon paper, but which dissolve into mere words in practical application. That all these diversities exist is unquestionable, and a great many more than were ever set down in a catalogue: but experience exposes the fallacy of thus delineating them with a design of acting upon them in treatment (without which design the delineation is useless and deceptive), since the complications, transitions, and combinations of insanity are so wonderful as to render the formation of any system of treatment upon such minute and illusive particulars utterly impossible. To undertake the management of the insane upon principles such as these subdivisions dimly imply, would be about as practicable as to undertake the control of a dream.

If differences of so remarkable a kind be found in the opinions of the most eminent professional men and the most distinguished ethical writers, who have brought so much knowledge and such great intellectual powers to the investigation, it can hardly be expected that the public generally — the masses who take up such subjects upon instinct, and who possess no opportunities whatever of forming a practical judgment concerning them — should fall into grave errors, arising partly from sympathies hastily excited, but chiefly from the want of that sort of information by which public opinion is, upon more accessible questions, guided to useful results. If, after ages of patient inquiry, the nature of mind itself be an unresolved problem — if it have hitherto baffled the most profound psychological research — it is not too much to require, that when such a subject as the treatment of insanity is brought under consideration, it should be submitted to some thoughtful and responsible tribunal, instead of being left to be decided, like the Ballot or the Elective Franchise, by popular sentiment. The feelings of the people, in such cases, take the right side by the influence of that generous zeal on behalf of the unfortunate which is characteristic of large bodies; but public zeal is frequently indiscriminate and injurious in its

* Arnold's Table.

† Heinroth's Division.

‡ Brown's Arrangement, who quotes the former authorities.

operations, especially when the object to which it happens to be directed is one that ought to be approached with peculiar caution, delicacy, and intelligence.

Two or three circumstances have recently drawn public attention with unusual earnestness to the constitution of our lunacy* laws, and the management of insane patients in our private asylums; and, although in the discussions that have ensued some fallacious statements have been hazarded, and not a few erroneous theoretical opinions have been advanced, yet great good must be ultimately anticipated from the agitation of the subject. Upon the particular cases in which these discussions originated we will not venture to offer any commentary. We do not, in fact, possess the means. The loose reports that have appeared do not afford the kind of data that is necessary to the formation of accurate conclusions; and our space will be more usefully occupied in the consideration of the general questions which these cases have accidentally opened, than in a supposititious debate, upon which neither we nor the public are fully prepared to enter.

The time is within the memory of many of our readers, when the insane were treated in our asylums with worse rigours than the laws would permit to be exercised towards criminals. According to the ancient law, persons who were deprived of their reason might be confined until they recovered their senses, without waiting for the forms of a commission, or other authority from the crown.† But during the period of their confinement (which was considered requisite for the safety of society rather than for their own restoration) they appear to have been placed out of the pale of legal protection, and to have been regarded as individuals cut off from worldly intercourse, incapable of acute feelings, and insensible to privations. The whole object that seems to have been aimed at by those to whom their charge was confided might be comprised in the single word — coercion. Confinement, chains, stripes, the whirling chair, and other cruelties of an agonising and almost incredible description, constituted the entire system of treatment. The influence of kindness, of moral restraint, of gentle stratagems to win back the wandering mind into the associations of life, were never dreamt of. If it could subserve any useful end to recur in detail to these melancholy proofs of defective legislation and callous barbarity, a picture of such horrors might be drawn as would make the reader shudder. In some instances the insane were confined by rings in the wall in damp cells, where, for the want of muscular action, the limbs became cramped, and the whole frame enfeebled and decrepit. In other cases they were kept in outhouses under circumstances still more appalling. Sometimes they were imprisoned in cages, never allowed to see the light, nor to hear the voices of their fellow men, receiving their daily allowance of food in silence through the bars; and it is upon record that in one large establishment, it was the custom for the keepers to make holiday on Sundays, which they were enabled to do by locking up the patients on Saturday night, leaving them enough of food for twenty-four hours, (which was, of course, eaten by the poor sufferers the moment it was given to them) and returning on Monday morning to resume their charge. These, and a thousand similar atrocities — such as forcing food by excruciating processes, tying the violent maniac and lashing him into stillness, attempting to correct delusions by harsh threats, and carrying into effect a variety of punishments by way of a remedial

* This term lingers in our statutes, notwithstanding its obvious absurdity, and we must be understood to employ it merely for its conventional convenience.

† Blackstone.

course — might be exhibited as illustrations of the system that was formerly acted upon in the management of insanity: but the amplest narrative of these revolting practices could only lead, by a more distressing route, to that conviction which the mere indication of them must sufficiently establish, namely, that when those modes of treatment (if treatment it can be called) were permitted to be employed, the disease had not engaged the attention of the medical profession, was generally considered to be incurable, and was, therefore, passed over with comparative indifference, if, indeed, it were not entirely neglected, by the legislature. The most conclusive proof of the truth of this assertion is the fact that there was no qualification whatever required on the part of the persons who kept houses for the reception of the insane; that medical men had not, as they have subsequently done, taken up insanity as a distinct branch of study and practice; that the asylum keepers were generally uneducated persons; and that there was no check upon their authority, and no responsibility attached to their acts. Previously to the establishment of private asylums under the sanction of Parliament, the only method of releasing an individual from confinement was by *habeas corpus*, a proceeding too troublesome to be often resorted to, and one which, for a variety of reasons (the difficulty of access to the invalid for the purpose of concerting such a measure, amongst the rest) was seldom carried into operation.

This most ignorant and heartless system was not confined to England. All over the continent of Europe the same mode of treating the insane was every where adopted. The asylums in France and Italy were literally prisons of the worst description, dark, dreary, confined, and presenting all the repulsive features and accessories of penal institutions. In some places maniacs were kept in chains in old ruins — sometimes they were destined to a whole life of dismal solitary confinement — and it was not uncommon to inflict upon them daily chastisement, perhaps out of some strange expectation that the mind could thus be reached through physical pain. That such cruelties were practised must not be wholly attributed to a wanton spirit of inhumanity. The very fact of their universality goes a great way to show that the nature of the malady was misconceived, and that the practicability of alleviating it by moral remedies was really unknown. The writers who satisfy themselves with the expression of their horror at the recapitulation of those scenes, do not seem to have entered upon the subject in a philosophical spirit, but rather to have taken it upon the surface, and given way to their first impressions of indignation, instead of seeking out the real sources of the evil with a view to its correction. If these severities were traceable only to isolated instances, the language of indignation would be appropriate; but when we find them pervading the whole of Europe, we must surely refer them to some deeper and more general cause than that of a mere brutal exercise of power. There can be no reasonable ground for doubting that the rigorous punishments and dreadful system of incarceration applied to the insane, originated in positive want of knowledge of the means of recovery, and in a sort of superstitious belief that madness was irremediable. That all these terrible agencies of the convent and the bastille became, in the course of time, aggravated by custom and impunity, and that what commenced in ignorance settled down at last into pure tyranny and caprice, is probable enough. But we have ample evidences in the chronicles, histories, romances, and dramas of the last two or three centuries, (through which the feelings of communities may be said to be interpreted) that insanity was popularly regarded as a hopeless blight of

the faculties from which all men turned away in despair. The language of madness in the most celebrated plays (excepting only some of Shakspeare's) is that of incoherent phrensy, without a gleam or interval of reason, and, as if to mark still more strikingly the vulgar notion of its fatal character, it is invariably made to terminate in some tragical catastrophe. On the continent of Europe, until the first enlightened crusade of a monk, St. Vincent de Paul, on behalf of the insane, mad men were cast out from all social communion with their fellow men, as if they were lepers or criminals, and in an inconceivable temper of bigotry and fanaticism they were frequently burnt as sorcerers! We need look no farther for proofs of the ignorance that prevailed amongst mankind upon this subject; nor can we be much surprised that the knowledge of mental disease (which is still so limited) should have made such a tardy progress, when we recollect how very recent are some of our most important discoveries of a much more tangible kind, particularly the circulation of the blood, which might naturally be expected to have been one of the earliest acquisitions of science.

The utility of placing this retrospect of abrogated barbarities in this light must be obvious. It helps to show how much depends upon scientific inquiry and improved views of disease; and, by clearing off the mists of angry, but doubtless excusable sensibility, it discovers to us the value of earnest investigation into the nature of insanity itself, as the only means of attaining the desiderated success in its treatment. It ought never to be lost sight of, that the question is one of medical and metaphysical science, as well as of philanthropy, and that the humane designs of the benevolent can never be effectually accomplished except through an enlarged knowledge of the malady, which is the only certain foundation for remedial measures.

The first grand effort that was made to liberate the human mind from the slavery of the miserable fallacies which had, up to that period, been entertained on the subject of lunacy, took place in 1782, when the amiable and courageous Pinel was appointed physician to the Bicêtre. Pinel is entitled to all the honour of having been the discoverer of a new system of treatment, of having abolished the old modes of harsh and superfluous coercion, and of having demonstrated to the world the practicability of controlling and restoring the insane by a *government of love*. His first act in the great establishment he was appointed to superintend was to strike off the chains of eighty lunatics, who had previously been considered too violent to be allowed their liberty. The result of this bold and merciful proceeding fully vindicated the discretion and benevolence of its author. Relieved from the irritation and despondency consequent upon their melancholy imprisonment, the poor patients entered gratefully upon the enjoyment of freedom, and became, if not restored to sanity, at least conscious of the improvement in their condition, and tranquil under its effects. The admirable example of Pinel — his firmness, patience, and moderation, — led to immediate ameliorations of the system. The ancient penalties were gradually relaxed, and wherever there existed these qualities of mind and heart which are requisite to carry such enlightened principles into action, a vast change speedily became perceptible. The importance of moral treatment was universally recognised; and, although the hand sometimes trembled by which it was administered, and old habits sometimes returned and interrupted the regular progress of amendment, yet it was felt that an impulse had been given to society, under which former prejudices were destined to vanish at no distant day, and which was ultimately to produce a complete

révolution both in theory and practice. Pinel was followed in his labours by Esquirol, who worthily pursued the same course of benevolent superintendence, and who proved the efficacy of gentleness as a restorative amongst patients of a higher class than are usually received at the Bicêtre. These movements in France produced a strong sensation in England; and the first evidence of their influence was the establishment of the Retreat, at York*, an institution where the system of moral treatment has been acted upon with most gratifying results.

When attention was thus forcibly drawn to the subject of Insanity, and a new light had broken in upon the legislature and the medical profession, strict inquiries were instituted into the modes of management adopted in our county and private asylums. At different intervals several parliamentary committees collected evidence, and directed rigorous investigations into the various houses, more especially the public foundations, under the immediate control of government. The facts thus discovered were of the most appalling kind; and will be found detailed in the pages of the parliamentary documents, from whence they have seldom been extracted, except in fleeting papers in periodical publications, and as occasional illustrations in works exclusively dedicated to Insanity. With the express and minute features of the cruelties practised in these establishments — the monstrous progeny of ignorance and irresponsibility — the public at large have but an imperfect acquaintance; nor is it now desirable to revive a tale of misery that belongs to past offences against our common humanity.

The issue of these inquiries was an extensive alteration in the law for the regulation of asylums. Under the old *régime* the College of Physicians possessed certain exclusive privileges, but the surveillance of that corporation was utterly inefficient for the purpose it was intended to effect. Previously to the alteration of the law there were within the jurisdiction of the college thirty-five houses, containing 2000 patients, while the number of gentlemen nominated as commissioners to visit and inspect these establishments were only five, all medical men in the highest practice, whose professional avocations were so onerous and extensive as to preclude the possibility of their giving that attention to their duties as commissioners which the nature of the office imperatively demanded. To remedy the obvious defectiveness of this commission, Mr. Peel, in 1828, brought a bill into parliament for the regulation of private asylums, and the provision of a more complete check and control over their management. This bill has been subsequently continued and improved from time to time; and the principal act of parliament which now regulates the care and treatment of insane persons in England is, the 2 & 3 Will. IV. cap. 107., partially amended by the 3 & 4 Will. IV. cap. 64., and continued in force to the end of the present session by 5 & 6 Will. IV. cap. 22. There are also two other acts in operation relative to the insane; one respecting the erection and regulation of county lunatic asylums, and the other the issuing writs *de lunatico inquirendo*; but these do not form any part of the law concerning the control and management of private asylums.

By the 2 & 3 Will. IV. c. 107. the Lord Chancellor is empowered to appoint annually not less than fifteen, nor more than twenty persons, to be commissioners for licensing and visiting houses for the reception of the insane, within a jurisdiction embracing the cities of London and Westminster, and seven miles thereof, and the county of Middlesex; four or five of which commissioners to be physicians, and two barristers. This board,

* See Tuke, *passim*.

entitled the "Metropolitan Commissioners in Lunacy*," exercise within their jurisdiction a complete surveillance over the asylums; and before a license is granted under the act, a plan of the house must be submitted to the commissioners, and approved of. They have also the right of visiting the houses at all times during the day, and even at night, when there is any ground, upon accredited testimony, to suspect malpractices. They can refuse to grant a license or to renew a license, and have the further power of recommending licenses already granted to be revoked, in all cases where they discover sufficient reason for doing so. In all other parts of England similar powers are delegated to the justices in general or quarter sessions of granting licenses and appointing visitors; and notices of all such licenses are forwarded and lodged in the office of the Metropolitan Commissioners, so that a central point is established, where a complete record of all the asylums in the kingdom is regularly preserved.†

We may here observe, *par parenthèse*, that the office of the Metropolitan Commissioners in Lunacy contains within itself all the requisite machinery for the collection of statistical returns, the importance of which we have already pointed out. As the law is at present framed, it certainly forms no part of the duties of the commissioners to collect information of that kind; but the omission must be regarded as a serious defect in the original constitution of the board. The means of communication which the commissioners possess with all the licensed establishments for the insane throughout the kingdom, might, without much increase of labour, be rendered available to the production of such a body of facts as would clear up the obscurity in which the laws of this disease are involved, and ultimately lead, not only to more certain modes of treatment, but, perhaps, to the discovery of the means of removing the predisposing causes altogether. The considerations embraced in this branch of the inquiry are of paramount interest in a scientific point of view, and demand a full and separate investigation, which, upon some future occasion, we may take an opportunity of bestowing upon them.

From the outline we have given of the surveillance exercised, and the powers wielded by the Metropolitan Commissioners in Lunacy, it will be seen that the control of the asylums, within their jurisdiction, is as completely provided for as the nature of such a superintending body can well admit. The proprietor of an asylum is compelled to deposit, in the office of the commissioners, a plan of his house and grounds, carefully drawn, for their approval, before his license is granted; and also to submit, from time to time, such alterations as circumstances may render it necessary for him to make; and he is also required to keep a copy of the plan hung up in some conspicuous situation in his establishment.‡ By these stringent provi-

* We believe the following is a correct list of the present commissioners in lunacy:—

Lord Seymour, Lord Ashley, J. A. Smith, Esq., Robert Gordon, Esq., R. V. Smith, Esq., Col. Clitherow, Lt.-Col. Sykes, Lt.-Col. Clive, E. Halswell, Esq., G. Acklom, Esq., Rev. G. Shepherd, D. D., James W. Mylne, Esq., Barrister-at-Law, Bryan W. Proctor, Esq., Barrister-at-Law, T. Turner, M. D., J. Bright, M. D., Henry H. Southey, M. D., J. R. Hume, M. D., E. J. Seymour, M. D. *Secretary*, E. Du Bois, Esq.

† The same regulations that govern the asylums under the jurisdiction of the Metropolitan Commissioners apply also to the establishments in all other parts of the kingdom; the only difference being that the authority exercised by the commissioners within their jurisdiction is elsewhere exercised by visitors appointed by the justices assembled at general or quarter sessions. Our observations throughout, however, will be understood to be addressed more especially to the jurisdiction of the commissioners, where the surveillance is more regular, certain, and effective than that which is in operation in the country districts.

‡ Independently of the other checks secured by the exhibition of the plan of the asylum before the granting of the license, it is attended with this obvious advantage, that it enables the commis-

sions, every apartment, closet, passage, yard, and foot of ground is revealed to the commissioners, so that any attempt at concealment, or subterfuge, is effectually prevented. The whole interior of the asylum is, at it were, thrown open to inspection, and the commissioners have the means of ascertaining exactly how the patients are accommodated, and whether the accommodation they receive is, in all respects, regulated by a fair and judicious appropriation of the capabilities of the establishment. When a new patient is received into the house, a notice to that effect must be immediately transmitted to the commissioners, accompanied by copies of the order, and medical certificates, upon the authority of which the patient is admitted. A register of the patients, of their ages, professions, and residences, of the dates of their admission, the authority under which they were received, and the dates and signatures of the medical certificates, must be kept in the asylum for the inspection of the visitors; as also a medical journal and weekly statement of the health of the patients, regularly authenticated by the visiting surgeon or physician of the establishment, who is required to signify, in writing, his approbation or disapprobation of any restraint that may have been resorted to in the treatment of any of the invalids. By these regulations a record is preserved of the internal management of the house; and in a book, especially provided for the purpose, the commissioners make such observations upon the general state of the asylum, and its domestic arrangements, as, upon each visitation, may appear to be called for—either of approbation or censure. A constant and vigilant superintendence is thus created, and the record of visitations of the different members of the board present an accurate and continuous commentary upon the character and conduct of the establishment.

In addition to these immediate checks upon the management of lunatic asylums, the law holds the proprietors and superintendants, and all other persons who may become concerned in the detention of an individual declared or supposed to be insane, responsible in severe consequences upon various grounds specified by the act. For example, proprietors or superintendants of asylums are liable to be indicted for a misdemeanour if they omit to give a full and complete plan of their houses, in the first instance, or of any alterations they may subsequently contemplate in them; or if they keep a house for receiving two or more insane persons without a license; or if they receive persons without the legal order and certificate; or if they omit to make the proper entry in their register of the patients as they are admitted; or if they neglect to transmit a notice of the reception of new patients to the commissioners, or of the death or removal of patients; or if they conceal any of their rooms or patients from the sight, knowledge, or inspection of the visitors. Medical men are also exposed to indictment for misdemeanour under certain circumstances, such as signing a certificate with a wilful intention to deceive, or signing a certificate to send a patient to a particular asylum in which they happen to be partners, or of which they are the regular professional attendants, or which are kept by relations of their own. The general design and final tendency of these penal clauses may be briefly summed up in the spirit of exaction which they evince respecting the fulfilment of all the legal forms that are required for the consignment of patients to the charge of the superintendants of lunatic

sioners to decide upon the number of patients which the house can conveniently entertain, and to restrict the proprietor expressly in the license within such limits as the extent of his establishment may appear to require.

asylums. The law demands that certain preliminary proceedings shall take place, that a certificate shall be signed by two disinterested medical practitioners, who shall have separately examined the patient within seven days before his admission into the asylum *, and that an order, signed by a responsible relation or friend, shall also be produced before the patient shall be received: and these provisions, intended to protect the subject against fraud and collusion, are fenced round by safeguards of a still more strict nature, which have the effect of visiting the neglect or violation of the law with severe penalties. So far as it is possible to ensure obedience to those obligatory provisions, by a machinery of carefully considered liabilities, these safeguards appear to be sufficiently rigid, and to be calculated to meet all possible contingencies; and the only question, therefore, to be considered in reference to this part of the subject, is whether the provisions themselves are sufficiently comprehensive to prevent the liberty of the subject from being wantonly or maliciously perilled. This, indeed, is the question in which the public is most directly interested, and best competent upon a broad scale to decide.

The liberty of the subject is, in England, a point upon which every man is more or less sensitive, and although the various civil relations of society, and the obligations dependent upon them, render it much more complicated in its practical developement than most people appear to be aware of, it is, nevertheless, entitled to be regarded with the utmost latitude of construction, consistent with the well-being of the community at large. We take it for granted that what is held, in the freest interpretation of the phrase, to constitute the liberty of individuals, is amply provided for by the laws, or that whatever imperfections may be found to exist in the laws are open to that species of discussion — in itself the solid foundation of all liberty — which must ultimately procure the appropriate remedies. The jealousy, however, with which we are apt to approach the consideration of every circumstance that affects the theory of our personal rights, frequently leads us to overlook all the other considerations by which our personal rights sometimes become merged in the public good. “A man,” says the Duke of Newcastle, “has a right to do what he likes with his own;” but this right, like all other rights, is only to be admitted with exceptions, else there would be an end at once to national liberty in the establishment of a wild license of individual desires and caprices. The Duke of Newcastle may grow corn upon his land, and the corn so grown is undoubtedly his own; yet the Duke of Newcastle, hard as he may think it, may not distil that corn into a fermented liquor, unless he submit to the conditions of the law, and take out an excise license for the purpose: therefore it is pretty clear that the Duke of Newcastle may not do what he likes with his own corn. In like manner, were we to pursue the exposition of this fallacy through a series of obvious illustrations, it might be shown that, with the utmost respect for the protection of all those rights which men ought to be secured in, the theory of the liberty of the subject is in reality the declaration of a relative and not an absolute liberty, and that it is measured, in all civilised communities, not by the immediate convenience of the individual, but by the general interests of the society of which he is a member. It is unnecessary to observe

* As it is not possible, in all cases, from the cunning evasion of the patient, or other circumstances, to procure opportunities within seven days for the separate examination and signatures of two medical men, the law, upon satisfactory reasons being shown, allows the patient to be received in an asylum upon one certificate, but requires that a second certificate shall be signed within seven days after.

that it is, in a great part, upon this principle that the law proceeds which deprives the insane of their freedom; but it ought to be carefully noted that, in such cases, this principle is blended with a tenderness for the insane themselves, which may possibly escape attention at first sight. Apart from the value of a course of lenient and judicious treatment, and of seclusion from the temptations and excitements of the world which his retirement secures for the invalid, it removes him from the risk of violating the laws, and relieves him from the responsibility to which he would otherwise be exposed in their violation. It is essential, therefore, to guard ourselves against being misled by any abstract notions of the liberty of the subject in reference to cases of incipient or presumptive insanity, since that which we might be disposed on the surface to consider as an infringement of personal freedom, may in truth be an act of real benevolence to the person it implicates.

The law is abundantly explicit as to what constitutes lunacy — however difficult it may be to determine the application of its declarations. A competent authority* says, that if a man be, from any cause, delirium, insanity, idiotcy, or any other mental aberration whatever, incapable of guiding his own actions, he is *non compos*, a lunatic, legally unfitted to manage his own affairs, and exempt from responsibility as regards the consequences of his conduct. This is sufficiently clear, and it only remains to see whether the tests employed to ascertain whether an individual comes within this description yield a satisfactory guarantee that the results arrived at shall, in all cases, be in conformity with the spirit and intent of the law.

A variety of objections have been urged against the system at present in practice. It is assumed that a certificate signed by two medical men does not afford an evidence of insanity altogether free from suspicion; and a more full and deliberate examination of the lunatic is demanded before he shall be deemed to come within the operation of our sanatory code. One writer goes so far as to require that a jury of twelve men shall be empanelled to try the question, the issue to rest upon their verdict. Now, were we to strain for perfection in this matter, it might be considered advisable that before the jury should be allowed to sit, each jurymen should undergo a similar ordeal, with a view to determine whether he was not insane himself, or whether he was a person qualified by knowledge and experience to pronounce an opinion upon a question of such a nature; for, as the study of insanity does not ordinarily enter into the pursuits of the population, it would be desirable to ascertain if the persons thus taken indiscriminately to adjudicate upon it were prepared to undertake the investigation with a reasonable prospect of arriving at a sound conclusion. Otherwise it is not at all unlikely that the few acquisitions of certainty which science and experience have already made upon this malady might be rendered null and void by a few novel doctrines of a popular kind which it might take another century of philosophical demonstration to extirpate. But, independently of this consideration, there are many practical obstacles in the way of this suggestion, which present insuperable objections to its adoption. In the first place, it would not always be very easy to bring a lunatic before such a jury. It is found to be, at all times, a delicate and by no means an easy matter to obtain the requisite opportunities for the separate examination of the invalid by two medical men. But medical men can repeat their visits until they succeed in satisfying their scruples. A jury cannot be thus convened from day to day, from hour to hour; and unless some provision were made to enforce the attendance of the individual — which would be a sort

* Mr. Chitty.

of condemnation beforehand, and a palpable invasion of his rights — it would be in most cases extremely difficult, and, in some cases, actually impossible, to carry the plan into effect. Then it must be recollected that the feelings of others are to be consulted as well as those of the invalid. Such a verdict of insanity — which would be unavoidably to a certain extent a matter of publicity — would inflict a painful and superfluous wound upon the relatives and friends of the individual cited before the jury; an infliction which, for the sake of all those associations that are most dear to domestic life, ought to be scrupulously avoided. On the other hand, suppose the verdict should be to the effect that the individual was not insane, or that it was a qualified verdict, as it would be in a multitude of instances, which pronounced him to be merely a person of strange or eccentric habits, but not in a state of mind to justify restraint or removal from society, can any man undertake to calculate the consequences which the whole proceeding would entail upon his subsequent life — how far the humiliation of being subjected to such a trial might depress his spirits, or affect his imagination — or what heart-burnings and feuds it might produce in families, to the utter annihilation of all those consecrated affections out of which spring the holiest emotions and aspirations of our common nature? Such propositions, we suspect, are thrown out in haste at moments of excitement by well-meaning people, who, in the ardour of their desire to suggest a remedy for something which they believe to be imperfect, do not allow themselves time to reflect upon the whole bearings of the subject.

Medical men, as a class, are unquestionably the only persons to whom such a decision can be safely entrusted. They are habitually observant of the phenomena of disease; and their acquaintance with the arcana of our nervous organization, not only gives them a facility in detecting latent symptoms which are a total mystery to non-professional men, but enables them to trace many of the physical causes from which mental indisposition frequently arises. And they are, for other reasons, the fittest persons to be consulted on enquiries of so delicate and responsible a character. With them the private calamity is sacred. They are family advisers — the depositaries of a thousand secrets which could not be revealed to others — and, in this sense, and often in a more extended and generous signification, they are anxious, unwearying, and confidential friends. Whatever alterations, therefore, it may be found desirable to make in the law, it would be in the last degree imprudent and dangerous to place in any other hands the determination of a question which they alone can resolve with judgment and propriety.

But it has been maintained that the certificate of two medical men, and an order signed by a relative or connection of the lunatic, do not afford an adequate protection against corrupt practices: — that is to say, that an individual, under the law as it now stands, may, while in the possession of his perfect faculties, and without having committed any acts of extravagance, inconsistency, or wickedness, that might excite reasonable doubts of his sanity, may be trepanned into a lunatic asylum. A brief glance at the combination of circumstances that must take place before such a plot could be consummated, will show how much easier it is to contemplate an outrage of this kind than to carry it into execution.

In the first instance, the relative, or connection — the father, brother, husband, wife, mother, son, or near friend of the supposed lunatic — who signs an order or authority for the detention of the individual, must not only be a person destitute of honour and morality, unnatural, treacherous,

and base, but he or she must possess a rare boldness of character to risk the legal consequences attached to such a proceeding. That there are such persons, however, must not be questioned, since we know that there are persons in society ready to lend themselves to still more desperate and atrocious acts. But fortunately it does not depend upon the will of this designing and daring individual to accomplish the object. He must prevail upon two medical men to enter into his plans, and, either by bribery or some other means, induce them to sign a certificate of the insanity of an individual whom they know or believe to be sane. Granting for a moment that two medical men could be found who would thus, for a consideration, put their reputation in jeopardy, and destroy for ever their professional respectability, is it likely that, however little they might care about their character, they could be readily drawn into an act, the commission of which would subject them to be indicted for a misdemeanour? Our own impression is, that medical men are too well aware of the responsibility of their position to allow themselves to be led into any such dilemma, and still less to become participators wilfully in such a fraud; but, for the sake of argument, let it be assumed that the wicked relation has succeeded in procuring two abandoned instruments to assist him in his nefarious project. What follows? The supposed lunatic is carried to an asylum. Now, the proprietor of the asylum, or the regular medical attendant of the asylum, must also be drawn into the plot, or it fails just at the point when its completion is nearly effected. The ingenuity, therefore, and the corrupt influence of the chief mover of this complicated drama must be fairly irresistible if he can succeed in gaining over this new adherent, without whose aid all that he has previously effected goes for nothing. But here again — to give the utmost latitude to circumstances — let us suppose that he has gained his ends, that he has borne down the scruples of two professional men, and of the proprietor or medical attendant of an asylum, and induced them all to place themselves in a situation of serious danger, for the sole purpose of helping him to effect his iniquitous object; he has yet to overcome the greatest difficulty of all. After he has gained over the medical men to sign a false certificate, and then prevailed upon the proprietor or medical superintendant of an asylum to receive and detain the individual against their conviction of his sanity, he must get three commissioners in lunacy (not even having the power of selecting them, as the case must be decided in the order of visitation, of which he cannot, by any means in his power, acquire any previous knowledge) to sanction the unhallowed transaction! In order, therefore, to accomplish such a purpose, it is absolutely necessary to organise a conspiracy of seven individuals, four of whom ought to be respectable, and three of whom may be at least considered to be beyond suspicion. While we believe that there are people in the world who, to promote sinister ends, are capable of embarking in such a plot as this, we must be excused if we are so incredulous as to doubt the possibility of carrying it finally into execution. We do not live in the days of Cornelius Agrippa or Albertus Magnus, and we really know of no process short of sorcery by which so many persons, moving in different circles, and so peculiarly amenable in their several avocations to public opinion, could be deluded into so extraordinary a league against a single individual.

To any man who has given much attention to the subject, it must be evident that, instead of there being a laxity of securities for the protection of the liberty of individuals, there is, in fact, a laxity of securities for the

protection of society itself. This assertion may, perhaps, startle some of our readers; but let us look at it in its application to the occurrences of every day life. There is scarcely a single newspaper published in the United Kingdom that does not contain some melancholy proof of the fatal consequences of neglecting to make early and cautious provisions for insanity. Of the numerous inquests that are held throughout the country, the great majority terminate in verdicts of "temporary insanity." Familiarity with these words has probably rendered the public indifferent to the grave considerations they suggest, and from being accustomed to pass them over without reflection, we come at last to treat them as a mere matter of course. But the frequency of these verdicts unfortunately betrays a state of opinion in reference to insanity, which is to be deplored for the sake of the community at large, as well as for the sake of the unhappy individuals who are thus permitted to destroy themselves or others in fits of aberration, which previous circumstances ought to have led their friends to foresee and guard against. The reluctance to resort to restraint until some fierce outbreak has rendered it imperative and unavoidable, and the erroneous delicacy which suffers this insidious malady to attain such a height that its cure becomes tedious and difficult, if it be not too late to cure it at all, have the effect of producing a multitude of calamities, which a more practical and judicious view of insanity would altogether avert. Preventatives in all other diseases are preferred to remedies; but in this disease, to which that salutary principle has a most beneficial application, popular feeling delays even remedies, until they lose half their efficacy. Take the following cases, as examples, to enforce and illustrate the description of facts to which we allude. They are adopted in a very condensed shape, from a variety of similar instances, which will be found within the compass of a few weeks, in the "Times" newspaper. We give the dates of the papers, but omit the names of individuals.

An inquest was held at the Charing Cross Hospital on the body of a youth aged twenty-three, who threw himself out of a window in King William Street, Strand. He was a pupil of an engraver, and had complained for about a week before of a violent pain in his back, and got worse until the Tuesday before his death. A surgeon deposed that his complaint was smallpox, and that he had been delirious previously, but did not appear so on the day he destroyed himself. His aunt stated that he laboured under an impression that he could not survive. — *October 5.*

An inquest was held at the Greenwich workhouse on the body of an inmate who had cut his throat with a razor. He had superintended the oakum picking, and about five weeks previously he told the master that his head was so bad he could not attend the picking. He was sent to the sick ward, but was missed soon afterwards, and nothing more was heard of him until his body was found. It was deposed by the witnesses that for five or six weeks previously he appeared very much dejected, and that about three weeks before his body was found he had been seen to speak to his son, and heard to say, weeping, "I shall never see you again." — *October 11.*

A tradesman residing in the Edgeware Road drowned himself in the Paddington canal. He had been in a dejected state of mind ever since the death of his wife, to whom he was greatly attached. — *October 19.*

An inquest was held in North Street, Fitzroy Square, on the body of a man who had hanged himself. It was deposed in evidence that his father was considered mad, that his mother had died mad two years before, that he had a brother an idiot, and a sister considered of unsound mind. — *October 22.*

A cabinet and musical instrument-maker of William Street, Hampstead Road, cut his throat; and it appeared upon the inquest that he had been in low spirits for the last three months, in consequence of having been discharged from his employment. — *October 25.*

A police constable drowned himself in the serpentine river, and it was deposed that for several days before he was very ill with pains in his head. — *October 27.*

A person who had formerly been an extensive Staffordshire warehouseman destroyed himself by taking prussic acid. A letter was found upon him, written very incoherently,

and it was proved that he had been for some time in a very dejected state of mind in consequence of losses in business. — *October 30.*

A Scotch gentleman hanged himself in his stable. He was, to the regret of his family, a great drinker, and the day he committed the suicide his son found with him a bottle of whiskey he had purchased for his own use. — *October 30.*

The son of a highly respectable gentleman, in Paris, applied at the Hôtel de Ville at Lyons to be arrested as a vagabond. His singular request was not complied with, and he went away and drowned himself. — *November 3.*

Similar instances might be accumulated to a melancholy extent, but these will be enough to point out our meaning. Had ordinary watchfulness been observed in all such cases as these — had the early symptoms been regarded with that attention which cannot be too soon bestowed upon the first tokens of insanity — all the terrible circumstances which crowd the columns of our daily journals would be prevented from taking place. But a mistaken sensibility interferes, and those who believe that they are acting with benevolence towards the unfortunate, really abandon them to their fate.

People who are not well acquainted with the characteristics of insanity are perplexed by its Protean phases, and slow to admit its existence, except when it is developed in overwhelming excitements. They cannot perceive it in the incipient stages, when proper treatment is really most beneficial; and they describe it merely as some whimsical peculiarity, some odd, harmless fancy, in which a man has a right to indulge as long as he thinks proper, provided he does not do injury to any body. But it is the absolute impossibility of predicating when he will do injury, or what kind of injury he will do, or what new manifestation the malady may throw out, that renders it necessary to establish a surveillance (unseen and unfelt would, if it were practicable, be all the better) over his actions. Mr. A. imagines that he sees human faces glaring upon him, and that he hears accusatory voices denouncing him, or inciting him to some improper deed. Mr. B. conceives Queen Victoria to be his lawful wife, and besets the gates of the palace, or tramps the park, from sunrise to sunset. Mr. C. is full of remorse for some dreadful crime he thinks he has committed, becomes altogether inconsolable, and abandons himself to despair. Mr. D. takes a deep and unappeasable hatred against his nearest and dearest relatives, and threatens their lives, in revenge for some suppositious injury. Mr. E.—but we might run through the alphabet again and again, and still the same kind of facts would force themselves upon our attention in endless diversities of form. What, then, is to be done? If these individuals be left to the working of their delusions, untended and at large, Mr. A. commits suicide, Mr. B. is sent to prison, Mr. C. pines to death, refusing sustentation, and Mr. D. winds up his excitement in a murder (of which we had a terrible illustration not very long ago in the Edgeware-road), and is confined for life in Bethlem Hospital. Humanity demands some merciful interposition before these fatal results shall have taken place; and the only choice open is between the private asylum, and the adoption of a system of restraint under private surveillance.

That the management of private asylums has of late years been considerably improved, is attested by all the writers who can be received as practical authorities. The vigilance of the inspection, and the searching strictness of the regulations by which they are governed, afford a reasonable guarantee that they are generally well conducted. That they are not all equally desirable retreats for invalids we must, in the nature of things, be prepared to expect. The establishments that are beyond the jurisdiction of the metropolitan commissioners, cannot, for instance, be supposed to be so

carefully controlled in all the minute details of superintendence as those that are within their jurisdiction; then some situations are more salubrious and airy than others, and some possess advantages of another kind, in the character, and experience, and ability of the persons to whom their administration is confided. But these are differences that must exist in various degrees in all similar institutions, according to circumstances, and do not properly enter into the consideration of the system of government, which, with greater or less effect, must pervade them all alike. There can be no doubt that vast and important reforms have been effected in the asylums, whatever room there may be for further reforms, both in legislation and domestic management. The ancient cruelties are wholly abolished; ample provision is made for the comfort of the patient; and if the invaluable blessing of moral treatment is not every where to be found, it is because it is not every where understood, and because the superintendants of asylums are not always capable of the self-denials and sacrifices it demands. But the asylums possess these advantages in common, that they are accessible to those who are interested in the welfare and happiness of their inmates, that they are no longer the gloomy and impenetrable fastnesses they used to be, and that whatever is done within their walls is open to inquiry and proof:—advantages that are incompatible with the system of private surveillance.

Some of our readers may not perhaps be aware, that it has long been the custom, in cases where, from any cause, the friends of a lunatic do not wish to place him in an asylum, to procure a certificate, in the usual way, of his insanity, and remove him to lodgings under the care of a keeper, whose duty it is to remain constantly with him. In some instances the lunatic is restrained in his own house, but this course is very rarely adopted, because it mixes up painful feelings with domestic associations, and is always found to increase the excitement and exasperate the malady. The individuals placed under restraint in private lodgings can scarcely be said to be under any surveillance whatever; the act of parliament merely requires, that the certificate under which they are so placed shall be reported to the metropolitan commissioners within twelve months from the date of their removal. There is, therefore, a long clear period before any notification of the circumstance is made, and even then it is intended simply as a register of the fact, no visitation or surveillance of any kind ensuing upon it. Of the number of persons thus restrained we have no record whatever, but it is known to be very considerable. Some of the populous spots in the close neighbourhood of the west end are crowded with the insane, and the furnishing of keepers to attend them forms a very lucrative branch of the professional business of the large asylums. The kind of control to which these isolated individuals are subjected, cannot be contemplated without an expression of astonishment, that, amongst the important reforms introduced into the law, this most repulsive feature in the treatment of insanity should have been so strangely overlooked. The patient, — who, from the expenses incurred under such circumstances, must be a person of some condition, — is shut up from all opportunities of intercourse, from all means of amusement or occupation, and consigned to the society of the servant who is appointed to watch over him. A man of education and intellectual tastes, or even of cultivated feelings and respectable habits, would, in his calmest moments, turn with aversion from a confinement of this description, with an individual between whom and himself there can exist no single point of sympathy, or communion, upon the

smallest items of thought embraced in the terrible monotony of this life of torpor and blind seclusion. But how much more galling and offensive must it be to the irritable invalid, if he retain any sense of the ordinary enjoyments and usages to which he had been previously accustomed. In the asylum there is a perpetual check upon the attendants; and there is constant variety of some sort to break the uniformity, — new faces, a succession of incidents marking the progress of time, and supplying topics to divert and carry off the speculations of the lunatic out of himself, — all of which are essential to his restoration. In the private lodging there are no resources of any kind, except the visits of a physician, brief, perhaps, and irregular: the same face, identified for ever with unchanging stupor, distraction, or coercion, is constantly presented to the unhappy invalid: he looks around for relief in vain; he languishes for something to give a fresh aspect to the scene; and, in this terrible want, cast in upon himself, he feeds upon his delusions, and grows wilder and more intractable day by day, or else sinks into utter imbecility. His keeper, left alone with this demented man, adopts, partly in fear, and partly for his own ease, a system of unnecessary restraint. To him it is an existence of continuous deprivation. He longs also to be at liberty, and may possibly snatch an interval of escape, every now and then, taking care in the meanwhile to make such provision for the safe custody of his charge as shall effectually prevent any accident from occurring. But the uninterrupted intercourse of a sane and an insane person, thus confined to a single room, is productive in the end of fearful consequences. The keeper, after exhausting whatever benevolence he may possess in fruitless attempts to reconcile the patient to his situation, becomes morose, jaded, and harsh — perhaps vindictive. His nature has not been practised in self-subjugation — an authority is entrusted to him over a superior — he has the whole management in his own hands — and how far he may abuse his trust depends upon his moods and his constitution. Sometimes it occurs that keepers so circumstanced gradually take the tone of the despairing solitude, and lose their power to meet the exigencies of their position; and instances have actually happened in which they were removed in consequence of visible evidences of approaching madness.

From this outline the choice between the two existing modes of providing for the insane may be determined. If the asylums, in the loose phraseology of the day, may be designated Mad-Houses, the isolated retreats of individuals may, with great propriety, be described as Mad-Lodgings.

The law under which our establishments for the insane are licensed, and by which they are controlled, is in many striking particulars defective. We have shown that so far as mere surveillance goes, the machinery is tolerably complete, and perhaps nearly as perfect as it can be rendered: but there are other points to which sufficient consideration does not appear to have been directed.

The visitations of the Commissioners are, probably, not as frequent as it would be desirable, for the satisfaction of the public mind, to make them; and it would likewise be a great improvement in the law if the Commissioners were required to visit an asylum immediately after the reception of each new patient, in order to inquire at once into the particular case. A change so extensive as this certainly could not be brought about without entailing a heavy increase of expenditure, as the professional members of the Board are remunerated in proportion to the time occupied in the discharge of their duties. But if any fresh securities to the public were

attainable by this alteration, the cost ought not to stand in the way of its adoption.

In the granting of licenses, it appears to us, as a preliminary step to those ultimate internal reforms in asylums which the spirit of the age demands, that greater circumspection ought to be observed than is at present brought to bear upon the subject. We will touch upon two or three of the main points to which we consider it essential that the attention of the authorities granting licenses ought upon all occasions to be vigilantly directed.

It is of the utmost importance, in the first place, to be assured of the qualifications, moral and professional, of the individuals to whose skill and humanity the charge of insane persons is confided. The act makes no conditions whatever as to the qualifications of proprietors of asylums, who may, or may not, be adapted for the onerous and responsible office they undertake. We do not insist upon perfectibility in individuals — we think that the combination of qualities which are so eloquently described in some of our medical works as being absolutely requisite to the superintendent of the insane, is, humanly speaking, an impossible combination. But the practical qualifications, from which all that can be hoped for in the treatment of lunatics may be reasonably expected, are by no means visionary, although it must be confessed they are rare: — knowledge of the disease; experience in its treatment; a liberal education, the more extended in its grasp the better; patience, mildness, and firmness of character; active benevolence; and a general acquaintance with the habits and modes of good society. These are requisites of the highest value — not, it is true, very frequently to be found in such harmonious union, yet not so uncommon but that they might be adopted as a standard to aim at in selection — and such requisites as these ought to form the claims of the professional men to whom licenses are granted.

Another condition which it would be advisable to insist upon is, that the proprietors of asylums should be compelled to reside in them, or closely contiguous to them, instead of being permitted to delegate to others the constant guardianship of their patients. It requires no exposition at our hands to show that *moral management* cannot be accomplished by any system of classification, however accurate, by the most rigid observance of order and regularity, or, indeed, by any other means than those of unremitting personal care, by which the superintendent is enabled to seize upon every hint of returning reason, and cultivate it into full development. It is well known that some of the most extensive establishments are left to the care of persons appointed by the proprietors, who visit them perhaps once or twice in the week, for an hour at a time, or, as it was deposed some few years ago by a witness, for “a quarter of an hour more!” In any contemplated alteration of the law, it would be a feature for which the whole community would be grateful, if such a provision as we have pointed out were specially introduced.

The last consideration to which we would draw attention is the obvious necessity of limiting the admission of patients in each private asylum, not to the number which the house is capable of containing, for a house might be built to accommodate, like the great palace of Catherine II. of Russia, some thousands of persons, but to the number which the superintendent can *bonâ fide* attend. The advantage of special observation upon each individual case, and accurate investigation into the progress of the invalid, need not be urged: but in asylums where patients are crowded together in great numbers, this kind of particular administration of medical and moral functions

is clearly unattainable, and wholly out of the question. In such places nature may be said in a great measure to work out cures by her own mysterious processes; for certainly, beyond the general accuracy of the arrangements, the due distribution of meals and medicines, and such other matters of universal detail, it is quite impossible that a superintendent, not possessing ubiquity, could fulfil, or pretend to fulfil, the moral duties of his position. He may discharge his medical responsibility, perhaps; but even that can be acquitted only by hurrying through the chambers of the asylum as he would through the wards of an hospital. Besides, where there are so many patients to be attended to, classification, or division of some kind, becomes unavoidable; and this brings with it a similar classification of remedies and observances which render the chances of recovery still more remote. The limitation of the number of invalids in each asylum would contribute, more than any other corrective enactment that could be devised, to produce at last that system of careful and kindly treatment which this unfortunate malady requires more emphatically than any other in the catalogue of human ills.

In conclusion, we may observe that it is greatly to be lamented that there do not exist in this country any facilities by which medical students can acquire a practical knowledge of insanity as a part of their educational course. Upon all other diseases there are ample means of acquiring information, but upon the "pathology of mind" there are scarcely any, or, perhaps more properly, none. Why are there not lectures upon insanity in the hospitals dedicated to its treatment? Why are not the wards of those hospitals thrown open like the wards of other hospitals appropriated to different and less serious maladies, where students might trace it through all its stages, and become familiar with its forms? Whatever progress we are yet to make in our investigations in this department, and whatever improvements may yet arise of a practical kind, must in a great degree depend upon the diffusion of correct views amongst the rising members of the medical profession; and it therefore becomes an object of paramount interest that they should be afforded adequate opportunities for study and observation. How such opportunities may best be created does not legitimately come within our province to suggest.

TRAITS OF MOZART, PERSONAL AND ARTISTICAL,

SELECTED FROM THE MIDDLE PERIOD OF HIS LIFE, AND FROM UNPUBLISHED SOURCES.

THE light thrown upon celebrated compositions by the personal history of their author conveys sometimes a satisfaction to the spirit, which it would be difficult to parallel in any other sort of reading. When we observe the earnest affectionate sweetness that predominates in the works of Mozart, we feel a natural interest in the inquiry, whether all this feeling had an echo in his own breast — whether it was accompanied by a corresponding moral beauty — or whether it could, by any chance, be a thing assumed, for the mere superficial delectation of our ears and nerves. To find that Mozart himself was the being that his music paints — that goodness and beauty had one common sanctuary in his soul, solves a psychological problem, in which all admirers of genius are deeply interested; and we sincerely believe that, were we in other instances capable of testing the thing by an autobiography, the general position, that high feeling and imagination imply the presence of the moral virtues, might be fearlessly maintained.

Mozart's nature was early developed in that severe school of the affections and sympathies, adversity. The idea of his father, mother, and sisters seemed intertwined with his being; in the midst of all his early dreams of glory, and in those triumphant moments when he would say he lived for Germany, the thought of the household hearth and the circle so dear to him was never absent. He was the creature of sociality and sympathy.

We propose in the present article to lead the reader into some of the less known passages of the life of Mozart; and, as the early adventures of that prodigy (when precocity was rarer than it now is) are well known, we will take the composer in his twenty-second year, at a time when his genius had ripened into excellence, and had borne many of the fruits which we enjoy at the present day. At this period of his life, being unappointed and without certain means of income, young Mozart, attended by his mother, went to Paris in quest of fame and fortune. There he was fated to undergo one of the most painful of calamities — to see his mother die in a foreign land, far removed from any of those domestic attentions which would have been so soothing and consolatory to the sufferer, in the bosom of her family and of her home. Desolate and unsupported as was his own condition, he watched over his parent to the very crisis of her fate; and his letters on this occasion to his friends show a delicate tenderness and consideration, which could hardly be expected from so abstracted a being.

Madame Mozart appears to have been subject to sudden and severe attacks of illness, which, however, when she was at Salzburg, generally yielded to household remedies. When thus seized, she was usually bled, and took a powder called *pulvis epilepticus*, which was believed among her own circle to possess marvellous virtues; but, alas! such an article was unknown in the pharmacopœia of Paris, and, wanting the accustomed aid, there was no help for the poor lady. Under these distressing circumstances, therefore, Mozart was obliged to undergo his bereavement. On the night of his mother's death, when all was over, Mozart wrote to the Abbé Bullinger, at Salzburg, requesting him to prepare his father for the melancholy tidings, and by the same post he wrote home, concealing the truth, but describing