

Outlines of lectures on mental diseases / by Alexander Morison.

Contributors

Morison, Alexander, 1779-1866.
Royal College of Surgeons of England

Publication/Creation

Edinburgh : Printed for Daniel Lizars, 1825.

Persistent URL

<https://wellcomecollection.org/works/xeybqsy2>

Provider

Royal College of Surgeons

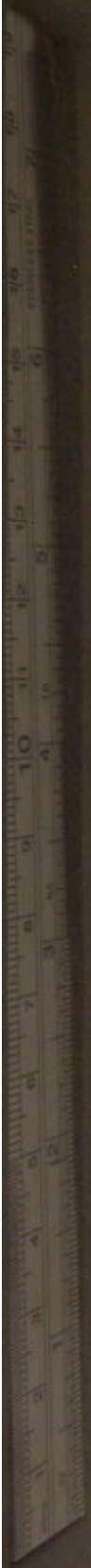
License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



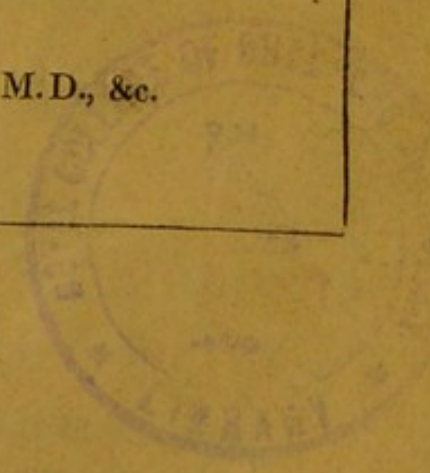
MENT

ALEXAND

22

OUTLINES
OF
LECTURES
ON
MENTAL DISEASES.

BY
ALEXANDER MORISON, M.D., &c.



1825

OUTLINE

LECTURES

ON
MENTAL DISEASES.

BY
ALEXANDER MORISON, M.D.

OUTLINES
OF
LECTURES
ON
MENTAL DISEASES.

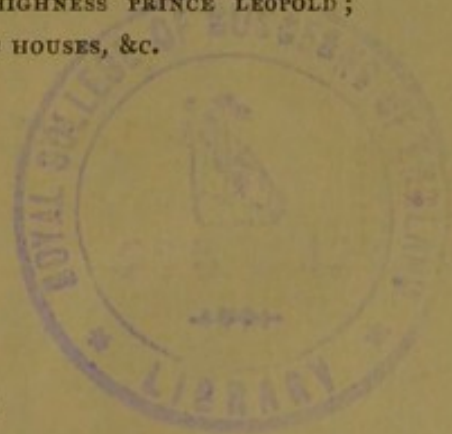
BY
ALEXANDER MORISON, M. D.

OF THE ROYAL COLLEGES OF PHYSICIANS OF LONDON, AND OF EDINBURGH ;
PHYSICIAN IN ORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF YORK ;
PHYSICIAN EXTRAORDINARY TO HIS ROYAL HIGHNESS PRINCE LEOPOLD ;
INSPECTING PHYSICIAN OF THE SURREY LUNATIC HOUSES, &c.

EDINBURGH:

PRINTED FOR DANIEL LIZARS, 61, PRINCES STREET ;
AND S. HIGHLEY, 174, FLEET STREET, LONDON, AND
WEBB STREET, MAZE POND, BOROUGH.

1825.



OUTLINES

LECTURES

MENTAL DISEASES.

ALEXANDER MORISON, M.D.

OF THE UNIVERSITY OF EDINBURGH,
AND PHYSICIAN IN CHIEF TO THE
ASYLUM FOR THE INSANE, EDINBURGH.

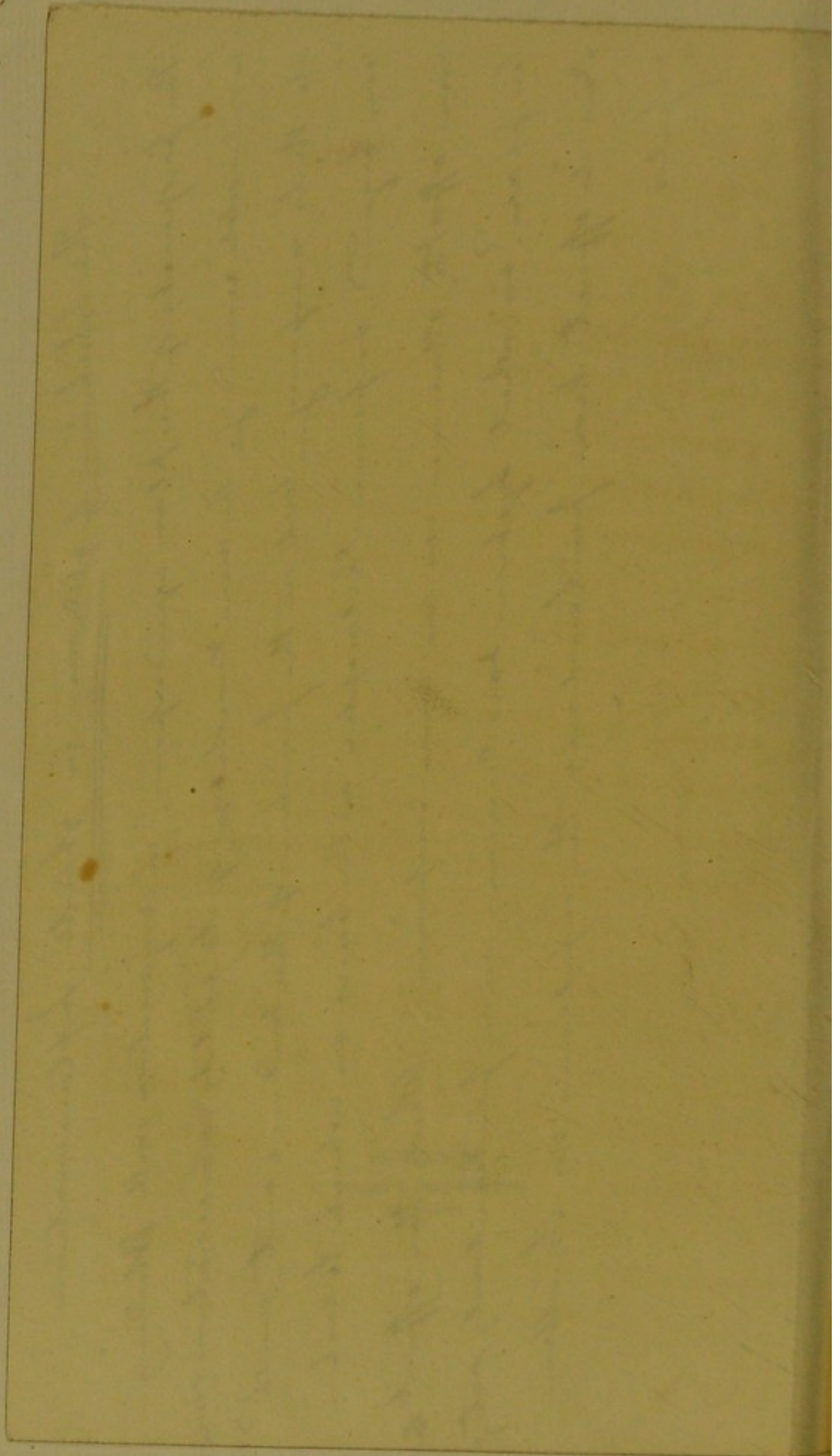
EDINBURGH:

Printed by John Brewster,
11 Society.

1851

The Exhibition of pleasing in poetic hyperbatement

The propriety of this plea upon whom. in conjunction with the preceding
a valuable remedy. The more knowledge of its utility in a certain man-
ner that's necessary, but in the practice of the medicine itself, would
some degree of performance characterizing as the basis on which to work
our efforts, otherwise we are more superficial. What's the effect of
this plea? on what system does necessary more particularly act?
And is effect more particularly the explaining or showing
refines



IN consequence of the favourable reception of the Heads of Lectures circulated on the institution of the Mental Disease Lectureship in 1823, and the wishes of those who have attended the two courses since delivered, the following Outlines are respectfully submitted to the public.

It will be readily admitted, that mental disorders claim our utmost efforts to relieve them, both on account of their importance and their frequency, and that they are fully entitled to be treated of in a distinct course of lectures expressly devoted to their consideration; for a knowledge of them is indispensable, not only to the practitioner more immediately engaged in the treatment of diseases of the mind, but also to every one who is called upon to give a certificate of the mental condition of his patient; and it is much to be wished that the signs of approaching derangement might be well understood by every medical student, since he may have it in his power not only to prevent suicide, to which so many valuable members of society have fallen victims,

but by early attention to the incipient stage of insanity, he may sometimes be enabled to arrest its farther progress.

The subject of mental derangement is generally allowed to be the most difficult branch of medical science ; at the same time it must be admitted, that much may be done to improve our knowledge of it, and that too little attention has hitherto been paid to mental diseases in the education of those destined for the medical profession. The late lamented Dr. Baillie, in a letter to Dr. Morison, January 1823, expressed himself on the subject in the following terms :—“ My dear Sir—When you mentioned to me your proposal of giving lectures upon mental diseases, I thought it very likely to be useful : this subject has not been considered in the various courses of lectures delivered in this country so fully as it deserves,”—adding, “ from the experience you have had in this class of diseases, and from the information which you have collected from books, I believe that you will give a very instructive course.” Many other opinions to the same effect have been received from living medical characters of the highest respectability.

The sources whence the materials of the Lectures have been derived are numerous : they have been verified as far as possible, by extensive observation and inquiry in many hospitals for the treatment of the insane at home and abroad, and the opportunities afforded by fifteen years' inspection of the Lunatic Houses in the county of Surrey—the performance of which duty has been considered deserving of the unanimous thanks of the Magistrates.

How far the arrangement of these Lectures may tend to facilitate the study of Mental Diseases to the medical youth, is left to the decision of others ; and indeed one principal inducement to the present publication, is the hope that some useful hints may be derived from their observations.

December 1824.

The report states that the statistics of the last
year have been obtained from numerous physicians
and rendered as far as possible by extensive ques-
tioning and inquiry in many hospitals for the year.

It is noted that a large number of cases of
diphtheria attended by diphtheria were reported
in the county of Henry—this
percentage of which has been considered
the highest of the numerous towns of the State.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.

It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.

It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.
It is also noted that a large number of cases of
diphtheria were reported in the county of Henry.

OUTLINES OF LECTURES.

IMPORTANCE of the subject to medical practitioners in general.

Mental diseases, being numerous and varied, requiring the combined influence of medical and moral management, demand, for their consideration, a distinct course of lectures.

PLAN OF THE COURSE.

The Brain and Nervous System, the Organ of Intelligence.

The Faculties of the Mind, divided into those of the Understanding, and those of the Will.

The Insane State in general.

The Nosological Divisions.

The order of the Phenomena of Insanity.

The Incipient Stage.

The Active Stage.

The Decline and Convalescence.

The Incurable State.

The Deviations from the Ordinary Course.

The Prognosis.

The Causes.

The Appearances on Dissection.

The Moral Management.

The Medical Treatment.

The Management of Incurable Insane and Idiots.

The subject of Delusions or Hallucinations.

Disorders of the Passions.

————— *of the faculty of Attention.*

————— *occurring in the state of Sleep.*

Imbecility of Mind.

Counterfeited Insanity.

Medical Jurisprudence of the Insane State.

*Opinions of the Ancients on the nature of Insanity,
and their mode of Treatment.*

Notion of demoniacal possession strengthened by the doctrine of the transmigration of souls.

Moral treatment by the Egyptian priests, imitated in after times at Besançon, in a more hazardous manner.

The opinions of Hippocrates contained in his treatise on Epilepsy.

Of Aretæus.

Of Celsus.

Of Cælius Aurelianus.

Of Alexander Trallianus.

Of Galen.

The ideas of the ancients regarding the proximate cause render their distinctions obscure.

Evacuation their leading indication.

Hellebore considered almost a specific.

Other remedies.

Moral treatment little understood.

Opinions of Van Helmont and Boerhaave, led to the prolonged immersion in cold water, a hazardous experiment.

Neglected state of the Insane.

have been burnt as sorcerers and witches.

*Foundation of Hospitals for the reception of the
Insane.*

Bethlehem Hospital in 1553.

St. Luke's in 1675.

Hospitals in Scotland and Ireland.

Foreign Hospitals.

Abuses in the management of the Insane.

probable causes of these.

ON THE BRAIN AND NERVOUS SYSTEM.

Preliminary observations.

The membranes.

Divisions of the brain.

Medullary and cineritious substances.

Cerebrum.

Cerebellum.

Medulla Oblongata.

Opinions of Reil, Gall and Spurzheim, Bell, Magendie,

&c.

Medulla Spinalis.

Nerves.

Ganglia.

Intercostal Nerve.

Relative size of the brain in man, and in other animals.

Fabric of the Nerves.

Two opinions held---one that they are solid capillaments; the other that they are minute hollow cylinders.

The latter opinion corroborated by the circulation of colourless fluid in the capillary vessels of the sanguiferous system.

Nervous Power.

The nerves the medium of this.

The nervous power generally presumed to be an extremely subtile fluid, of a very peculiar nature, produced in the brain.

Sensation and Motion.

The result probably of different nerves, and of a nervous fluid differently modified.

Nerves transmit to the brain impressions made on the organs of sensation—and communicate moving power to the muscles.

Intellectual Principle.

The nervous system is the organ of the intellectual principle.

Observations tending to confirm this opinion.

Various conjectures respecting its particular seat.

the membranes.

the cavities.

the commissures.

the corpora striata.

the pineal gland.

the centrum ovale.

the entire brain.

the convolutions, (*Gall and Spurzheim, &c.*)

Difference between the brain of those possessed of understanding, and that of Idiots.

Effects of wounds, concussion, and compression of the brain in suspending or perverting the mental faculties.

Objections to the presumed connexion between the brain and the mind.

FACULTIES OF THE MIND.

OF THE UNDERSTANDING.

The external senses described.

Internal sensations.

Two classes of mental phenomena---one displayed by the medium of perception---the other by consciousness.

Consciousness---peculiar to rational beings,—the feeling we have when we look inwards upon our minds,—coeval with distinct perception.

Sensation—the feeling in the organs of sense occasioned by impressions acting upon their nerves ; perfection of sensation varies in different persons ; depends very much on the attention paid to the sensation.

Perception—sensation transmitted to the sensorium, and exciting consciousness ; the basis of the other faculties—modifies sensation.

Attention—the effort of mind fixed on the object perceived—powerfully influenced by the will—renders sensations and thoughts more vivid—duration is very limited—improved by cultivation.

Memory—by this faculty ideas are after an interval recalled or suggested—improved by distinctness of perception, and frequent repetition of impressions—most powerful in early life—intimately connected with association—passive or active---brutes appear to have little or no active memory, or power of recalling ideas.

Association—thoughts once brought together, are afterwards apt to return when one of them is suggested to the mind—an important principle in the constitution of mind.

Habits---mental and corporeal, most easily acquired in early life.

Imagination—the power of joining together ideas in new ways---Invention dependent on imagination.

Judgment---compares ideas.

Reason---draws general conclusions.

Instinct—an impulse to action performed without deliberation---more operative in brutes than in man.

Secondary faculties of sensation---dependent on previously received ideas.

Formation of Ideas.

External impressions made on the nerves of the organs of sense excite perception in the mind, or Idea.

Ideas then are formed by the observation of the mind employed upon external objects, or upon the internal operations of itself.

These ideas of sensation, and of reflection, are simple or compound.

In the reception of the former, the mind is passive.

In the formation of the latter, it is active.

The rapidity in the succession of our ideas demands the use of language to detain them a sufficient time to enable us to compare them.

OF THE WILL.

Volition is the mental act, or change in the mind preceding voluntary movement.

The power of beginning motion is subsequent to perception, which it afterwards serves to direct.

Volition may take place in a Paralytic, but becomes abortive.

The mind is conscious of a power to chuse between motives, or of freedom of the will.

Appetites and Propensities

Are directed to the preservation of existence---propagation of the species---and preservation of the offspring.

Painful, or pleasing feelings give rise to desires, and aversions, the sources of affections, and passions.

Affections---the calmer emotions which are compatible with the active state of the mind.

Passions---the stronger feelings of the mind; the more vehement the emotion, the less ability the mind has to resume its active state.

passions are accompanied by uneasy feeling at the præcordia.

Sound Mind.

One wholly free from delusion, all the intellectual faculties existing in a certain degree of vigour, and harmony.

the propensities, affections, and passions under the subordination of the judgment, and the will, the former being the controlling power, with a just perception of the natural connexion, or repugnancy of ideas.

Unsound Mind,

Sufficient to excuse the commission of crime---is marked by delusion.

mingles ideas of imagination with those of reality, those of reflection with those of sensation, and mistakes the one for the other.

A weak mind

differs from a strong one in extent, and power of its faculties, but unless there be delusion, it is not considered unsound.

Different genera of mental diseases are produced by a morbid state of the different faculties or feelings of the mind acted upon through the medium of the nervous system, the instrument of its manifestation.

THE INSANE STATE IN GENERAL.

The instrument of the manifestation of the immaterial principle only disordered.

Various hypothetical opinions entertained.

Characteristic symptoms.

Delirium or intellectual disorder.

Want of sleep.

Headach, &c.

Definitions of delirium.

by Locke, Cullen, Battie, Crichton, Prichard, Spurzheim, &c.

General idea of the insane state comprehended in

“delusion, incoherence, and unreasonable conduct.”

Description of Mental Symptoms.

State of *Consciousness*—the Insane are seldom conscious of their disorder ; there are exceptions to this---it is a good sign when they begin to be sensible of it.

State of *Perception*, false or diseased,

not entirely lost.

variety of delusive sensations and notions very great,
impossible to persuade patients of the falsity of these.

— *Attention*—Maniacs are incapable of confining their attention, and in Melancholics it is absorbed in one ruling idea.

— *Memory*—events prior to Insanity, in most cases appear to be forgotten, and restored on recovery ; events occurring during Insanity in most cases, though not in all, are recollected.

— *Imagination*, is generally enfeebled ; though in some cases the invention is active.

— *Judgment*—while Maniacs are not capable of comparing objects, and forming a judgment—Melancholics can judge and reason, sometimes with great acuteness, except on the subject of their delusion.

— *Volition*—some are unconsciously and irresistibly impelled by their delusions,

others, though aware of the impropriety of their conduct, cannot restrain themselves.

— *Appetites and Propensities*---undergo changes,

— *Affections and Passions*---are strikingly changed, and disordered without visible motive,

so long as altered affections and propensities continue,
an apparent cure in other respects cannot be de-
pended upon.

The *character* of the *insane ideas* is various ; may be
accordant with the patient's natural character.

Opposite to it.

Accordant with the cause producing the disease.

Quite foreign to both.

Distinguishing marks between the

delirium of violent diseases,

——— of intoxication, and

——— of insanity.

Description of other Symptoms.

Want of sleep---a prominent feature in the early and
active stage of Insanity.

In Insanity, the mind seems to be in a passive state,
hence probably want of sleep is endured so long with-
out exhaustion.

Return of sleep, with abatement of intellectual disorder,
is a favourable sign.

The Fatuous and Idiotic, in general sleep well.

Headach, sense of tightness, and binding in the head,
are frequent.

State of *sensation*.

The sensibility is diminished in Fatuity and Idiotism, and in many cases of Mania and Melancholia,—the stomach and bowels frequently require stronger doses of medicine, than in health ; the contrary state is sometimes conspicuous.

——— *muscular motion*.

The muscular energy is sometimes increased to an astonishing degree ; more frequently debility prevails. Sometimes convulsive affections, epilepsy, or palsy appear.

But in most cases, the functions of the muscular system continue unimpaired, and the Insane seldom require to be kept in bed.

——— of the *cerebral circulation*, and the *physiognomy*.

Increased force of pulsation in the carotid arteries is common.

the face is frequently flushed.

the eyes animated, glistening, or staring, or abstracted and suspicious.

The skin of the head, or scalp, is sometimes uncommonly loose.

The physiognomy is very various.

that of the Maniac, agitated, and almost convulsed.

that of the Melancholic, contracted, and often desponding, or bearing the expression of his fancied character.

— of the Fatuous and Idiotic, silly and unmeaning.

State of the digestive organs.

these generally disordered in the beginning—costiveness frequent.

— *the general circulation, &c.*

febrile symptoms very often occur, but with little diminution of muscular strength.

The skin is frequently hot, dry, and rough; at other times cold and clammy; the colour is very commonly sallow, and of an unhealthy appearance.

The biliary system is frequently deranged, as well as the functions of the uterus---suppression, or irregularity of the menses being very common.

In some cases, however, there is little apparent deviation from the healthy performance of the corporeal functions.

Nosological divisions of Insanity.

Mental diseases present themselves in a variety of forms, and different divisions have been proposed---by the Ancients;

—by Cullen, Arnold, Spurzheim, Pinel.

they may be comprehended under those of

Mania,

Melancholia,

Dementia, and

Idiotism.

it must be kept in mind, that there is an insensible gradation of one genus into another.

Of Mania or General Insanity.

Fixed delusions less observable in Mania, than in Melancholia or partial Insanity.

fits of fury are common in Mania---these may be regarded as fresh paroxysms of delirium.

the duration of them various, generally succeeded by depression.

in Mania the causes of them are various, while frequently one and the same delusive idea is the exciting cause in Melancholia.

Distinction between Mania, and Melancholia.

in the former the alienation is *general*, in the latter *partial*.

Pinel's Mania *without* delirium considered.

Of Melancholia, or partial Insanity.

The most frequent form of Insanity—not always accompanied with depression, on this account called by Esquirol, Monomania—sometimes difficult to detect this form.

Melancholia with depression, called Lypemania by some, the melancholy of authors.

Of Dementia.

In this there is general failure of the mental faculties, loss of memory, incapability of reasoning, general incoherence, the desires and aversions are nearly extinct; frequently there is some peculiar action often repeated, called *tic* by the French.

the sleep is in general good.

Dementia—the usual termination of long continued Insanity.

is also occasioned by other diseases, or injuries of the brain.

is frequently accompanied by palsy.

distinction between Dementia, Mania, & Melancholia.
it is sometimes complicated with these.

the Acute Dementia of Esquiról.

more hopes of cure may be entertained in this, than in
the other varieties.

Of Idiotism.

The intellectual faculties have never been developed.

congenital Idiotism distinguished from acquired, or
Fatuity.

Order in which the Phenomena of Insanity generally make their appearance.

Incipient Stage.

Active Stage.

Decline, and Convalescence, or Termination in the Incurable State.

Insanity is sometimes suddenly produced—but generally there is an *Incipient Stage*; an acquaintance with this, is of the utmost importance.

Symptoms—neglect of usual occupations, change of temper and affections, restlessness, love of solitude; the corporeal health often suffers.

similar symptoms announce a threatened relapse.

the incipient stage may exist a long time after the first aberration, before Madness is confirmed.

Symptoms *immediately* preceding an attack.

unusual early rising,

incessant talking, or unusual silence—altered tone of voice,

disposition to quarrel, especially with friends and relations,

unusual gestures,
 redness of the eyes,
 unusual sensations in the head, or other parts of the
 body.

The Active or Confirmed State.

Of the different varieties of Mania.

Particularly marked by great irritability,
 incessant restlessness,
 continually wandering attention,
 peculiar expression of countenance and eyes.
 the incoherence is often more remarkable in the begin-
 ning, for when the corporeal excitement subsides,
 the ideas, though decidedly Insane, become more
 connected.
 if kept under strict restraint, the patient has frequently
 a considerable command over himself.
 the duration of a violent paroxysm is very various,
 from a few days to several months.

Of the different varieties of Melancholia.

Melancholia for the most part approaches gradually,
 the mind retaining for a time energy, and strength suf-
 ficient to resist the intrusive ideas, which at length

overwhelm it, and occasion false propositions to be announced, and maintained.

it is greatly modified by the prevailing temperament. indifference, and aversion towards friends, and relatives, is very remarkable.

Moral restraint disappears.

Propensity to suicide frequently occurs.

Suicide in the greater number of cases the effect of confirmed, or incipient insanity.

The Decline and Appearance of Convalescence.

The return of reason is in general gradual, though cases of immediate recovery do occur.

Favourable signs.

the attention more easily arrested,

persons about the patient are noticed,

he becomes more tranquil,

sleeps better,

uneasy feelings cease,

the natural affections, and usual occupations are resumed.

the alimentary canal returns to a healthy condition, and perhaps the menses.

the patient begins to regain his flesh and natural expression.

Caution.

patients, in their eagerness to return home, sometimes endeavour to deceive respecting the true state of their minds---although tranquil, if the usual expression of countenance does not appear, other appearances cannot be trusted to.

Termination in the Incurable State.

Chronic Dementia.

a state of quietness and dullness succeeding the agitation and fury of the active state,
the sleep restored without improvement in the mental faculties,
unmeaning laughter, and incoherent discourse---leave little doubt that dementia has taken place.

Type of Insanity.

Generally continued.

an exacerbation of symptoms often takes place in the evening.

It is sometimes remittent.

the duration of the remission is very variable.

recurrence of the disease is in general marked by white tongue, and other symptoms of febrile irritation.

It is also intermittent,

affording a good opportunity of observing the different stages of Insanity.

Relapses.

more common perhaps than in any other disease.

Prognosis.

This is more favourable in early, than in advanced life, though cases commencing above the age of sixty have recovered.

it is more favourable in Mania, than in Melancholia, especially when with depression.

the chance of recovery is greater on the first, than on after attacks.

the longer the disease has lasted, the less favourable is the prognosis.

it is unfavourable in hereditary, and favourable in puerperal Insanity.

the combination with epilepsy, or palsy, is hopeless.

the return of suppressed discharges, of former inclinations, habits, general appearance, and tone of voice, are favourable.

when from causes acting suddenly, as intoxication, &c. the prognosis is more favourable.

the mean time in which cures takes place, according to Pinel, is six months—according to Esquirol, twelve months.

the proportion of cures is very differently stated by different authors.

of 2804 females, (785 of whom were received as incurables) according to Esquirol,

604 were cured in the first year of treatment,

502 in the second,

86 in the third,

41 from the third to the tenth.

a much larger proportion of cures than this, is given by Drs. Willis and Burrows.

according to Dr. Haslam, 4832 women, and 4042 men, were admitted into Bethlehem Hospital in 46 years, of whom 1402 women, and 1155 men, were discharged cured.

of 92 cases of puerperal Insanity,
56 recovered, according to Esquirol ;
and of 80---50 recovered, according to Haslam.

Causes of Insanity,

are Predisposing---and Occasional or Exciting.

The predisposing causes appear to be

hereditary disposition,

the puerperal state,

the critical period.

generally speaking, more women than men become Insane.

and certain dispositions of mind.

The occasional or exciting causes are, physical and moral.

the former, such as injuries done to the brain, more commonly produce delirium, convulsions and palsy, than madness---sometimes Dementia.

Moral and intellectual causes acting *directly* on the
 brain occasion nine out of ten cases of Insanity, such
 are

the *emotions of mind* produced
 by ardent and ungratified desires,
 domestic troubles,
 excess of study,
 too close application to business, and want of rest,
 false ideas of religion---doubt of doctrines previously
 professed, generally precedes religious madness, the
 mind in suspence as to what regards eternal salva-
 tion, is easily overset.

and affections & passions,
 some of which act immediately, as terror, anger, and
 passions produced by reverse of fortune, but more
 commonly the action is gradual, and continued, as
 that of grief, love, jealousy, disappointed pride,
 &c.

Causes acting *indirectly*.

disorders of the
 alimentary canal,
 the liver,
 the uterus.

these are conceived by some to have great influence in the production of Insanity. certain diseases act as moral causes.

Prevalence of Insanity.

The returns made of the number of Insane are imperfect—that of Scotland makes them amount to nearly 5000, or about 1 in 400 of the population—in England the number not correctly known, but must be more than 6000, as stated in Dr. Burrows' publication—Esquirol states the number in France at little more than 7000, also probably underrated.

The number of Insane increases with civilization.

It is very small in South America, in New Zealand, among the Indian tribes, &c.

Of 4647 Insane in Scotland, there appears the large proportion of 3495 idiots and fatuous---the proportion of idiots in Switzerland is likewise very great.

Whether Insanity is on the increase or not, has been disputed.

Appearances on Dissection.

Difficulty in forming conclusions on this part of the subject,

the pathology of the brain being very imperfect.

changes in the skull of Idiots---

remarkable---these described---the volume is generally reduced.

little can be inferred from any changes observed in the skulls of madmen, but they are not without interest.

the scalp is sometimes looser than natural.

in the brain, spinal marrow, and their coats, marks of increased vascular action are very frequently found, especially in the arachnoid coat---the cerebrum and cerebellum are sometimes softer, and sometimes firmer than natural.

serosity is frequently met with, and occasionally tumours.

frequently no diseased appearance can be detected.

a source of error has arisen, in mistaking recent cases of delirium for Insanity.

want of reason connected with defective development of the brain in Idiots.

Conjectures offered on the proximate cause of Insanity,
by Cullen, Arnold, Crichton, Spurzheim, &c.

though it may be inferred that madness is always connected with disease of the brain, or its membranes, nothing decisive has yet been obtained by dissection.

the *changes* found in the brain, are causes of the secondary affections appearing in the latter stages of long continued Insanity.

The Proximate Cause must depend on very slight derangement of the organization, hence it is not surprising that in the early stage we cannot trace any appearance of a proximate cause.

but when the disease goes on, more palpable changes are produced in the brain—successive and more advanced transitions of the primary derangement.

Changes in the viscera of the thorax and abdomen appear to be consequences of other diseases, co-existing with the insane state.

The diseased state of the brain giving rise to Insanity, may be so far secondary in some cases, as to be called into action by a morbid state of the abdominal viscera, uterus, or other organ.

Treatment of Insanity.

Generally considered under two heads :—

Moral Management, and

Medical Treatment.

of late years, both considerably improved.

Rules to be observed in all cases.

the previous history of the patient to be minutely ascertained, to enable the physician to acquire from the beginning a desirable influence over his mind.

dangerous weapons to be removed.

proper attendance, and restraint if necessary, procured.

Moral means.

indications to be fulfilled by these.

Removal from objects which tend to keep up the disease.

domestic treatment seldom admissible---more common

in Russia than elsewhere.

Seclusion in a private house.

advantages of this mode---to be preferred in most cases, where circumstances permit.

Seclusion in public establishments,
 advantages and disadvantages of these.

Hospitals for the Insane to be rendered as comfortable,
 and as unlike a prison as possible.

large hospitals and large wards are attended with dis-
 advantages.

the male and female patients to be kept quite separate.

the curable from the incurable.

the noisy and dirty from the quiet and cleanly.

Considerations on superintendents, and their assistants
 or keepers.

the patient's confidence or good opinion to be cultivated
 by them.

mildness and command of temper indispensable, as
 well as strength and firmness.

Modes of Restraint.

Restraint and coercion to be resorted to only for the
 benefit of the patient, not for the convenience of the
 keeper.

restraint sometimes tends to recall habits of self-con-
 trol, and to check the propensity of acting from the
 impulse of the moment.

The Strait Waistcoat described.

its advantages and disadvantages.

Substitutes for it.

manacles, or wrist and ankle-cuffs, of steel—of leather
—the muff—the tranquillizer, or arm-chair.

tight ligatures must be avoided.

blows or ill treatment must never be permitted.

Occupation and Recreation.

Different modes considered—objects to be kept in view.

by exciting attention, to render the ideas of the Maniac
more coherent, and divert those of the Melancholic.
to withdraw the mind from morbid and unreasonable
ideas.

by giving employment to it, to excite a different train
of ideas and feelings.

arguments tending to prove the patient's insanity, are
to be avoided in the active stage of the disease.

the attempt not only loses his confidence, which ought
to be preserved, but increases irritation.

this must be deferred until convalescence commences,
and even then requires caution.

When patients become tranquil, if in an hospital, they
must be removed to a more quiet class, and judicious

conversation and cheering advice administered—by degrees the effect of religious discourse and consolation may be tried.

Termination of seclusion, by admitting the friends, considered.

cautions to be observed.

a good general rule, to defer those interviews, till wished for by the patient.

if he admits that his head has been disordered, communicates freely details of his previous condition, returns with pleasure to objects of his affection, and former occupations—and this lasts for some time, his look during attentive examination not betraying imperfect recovery—the insanity may with safety be pronounced at an end.

in some cases, it is time alone, and a trial how a return to usual occupations is borne, that can enable us to pronounce with certainty.

Travelling, when circumstances permit, tends powerfully to confirm convalescence, and likewise to arrest the progress of incipient Insanity.

Relapses are apt to occur in consequence of too early liberation; abrupt transition from strict confinement to perfect liberty is to be avoided, by continuing a certain degree of superintendence for a time.

Medical Treatment.

Caution necessary in the employment of active remedies.
Treatment in the ordinary course of the disease.

In the Incipient Stage.

When called in time, much may be done in the way of prevention, by putting a stop to the action of hurtful causes, and by attending to the corporeal symptoms. a strict watch must be kept on the patient, where much irritation, or a disposition to suicide exists.

to want of decision in applying proper restraint under such circumstances, may be ascribed the loss of many valuable lives.

much skill, good sense, and firmness are requisite when called to a patient in the incipient stage of *partial* insanity.

In the Active State, or Stage of Excitement.

Antiphlogistic, and soothing remedies are indicated.

where patients are disposed to be furious, much light is to be avoided.

in Melancholia, darkness is hurtful.

the hair should be cut short, or shaved ; much hair increasing the heat of the head, and preventing the ready application of remedies.

thirst being often urgent---drink may be given in the night, as well as in the day.

warm bathing---allays irritation, softens the dry and rough skin, and preserves cleanliness.

cautions in employing it, when feebleness, narrow chest, or tendency to apoplexy, or hemoptysis exists.

costiveness must be prevented—as patients do not give a proper account of their situation in this respect, the physician ought to ascertain it himself, and feel the abdomen in the course of the colon, for its transverse arch has been ruptured from neglect of this.

bleeding has been too indiscriminately employed.

to bleed a madman merely with a view to calm his fury, is quite absurd.

he is often rendered more violent after the operation---the extent to which bleeding has been carried is scarcely credible.

emetics are not often necessary in the ordinary and mild course of the disease---

occasional gentle vomiting is admissible in most cases, where the stomach appears to be disordered.

but violent emetics frequently repeated, as well as external stimuli, are hazardous in the early stage of excitement; these last have also been too indiscriminately employed.

heavy columns of cold water poured on the head, called the *douche*, and sudden immersion in cold water by surprise, have also been much abused; but cooling applications to the head are often useful, and are favourite remedies with many.

a handkerchief applied in the form of a turban to the shaved head, and kept moist with cold water, and alcohol; cold clay and ice applied in the same manner, have been recommended.

the rotatory machine has been proposed to procure sleep, and to subdue the violent.

many practitioners consider this hazardous.

*Consideration of the Deviations from the ordinary
progress of Insanity,*

proceeding from

Congestion,

Inflammatory State,

Increased Sensibility,

Diminished Sensibility, and

Debility.

Congestion.

Known by strong pulsation in the carotid arteries---
flushed face, little or no sleep.

in a large proportion of the Insane, a greater or less
degree of this state of congestion in the vessels of
the brain is supposed to exist.

it may be kept up for a long time.

Treatment.

purgatives are particularly useful,

cold applications to the head,

sometimes abstraction of blood,

warm pediluvia, and hip baths.

blisters to the head, or nape of the neck, are doubtful
remedies where much cerebral irritation exists.

Inflammatory State,

is a more advanced stage of the last mentioned state. It is indicated by pain, and tension in the head, eyes blood-shot and glistening, pulse in the carotids and at the wrist quicker and harder than in congestion, the thirst urgent, and the skin hot and dry.

Treatment.

the vessels of the head are to be unloaded by bleeding from the temporal artery, jugular veins, cupping and scarifying, &c.

cold applications applied to the head.

warm bathing, and active purgatives.

Increased Sensibility,

without congestion, or inflammation.

The patients are generally emaciated and pale, very restless and uneasy, and extremely sensible of cold, and external stimuli.

this state is most commonly met with in Melancholics.

Treatment.

irritation of the bowels by active purgatives, with sedative medicines and nourishing diet.

remarks on various sedatives and antispasmodics.

opium,

hyosciamus,

digitalis,

camphor,

musk.

external stimulating applications must be avoided.

Diminished Sensibility,

or stupor.

Treatment.

blister to the nape of the neck,

seton,

tartar emetic ointment,

moxa—effects of this.

emetics repeated at intervals of some days, if no signs
of congestion appear.

diuretics may be tried.

Debility.

Indicated by paleness, emaciation, and general feebleness—weak, small, sometimes frequent pulse—sometimes violent delirium, more commonly appearance of dementia.

Causes are, abuse of reducing remedies, want, or obstinate refusal of food—long confinement—bad habits.

Treatment.

digestive organs to be strengthened—bark and other tonics—debilitating practices prevented—means of doing so.

obstinate refusal of food—how to be counteracted.

caution—loathing of food has been produced by retained fæces.

Puerperal Insanity,

is more frequently cured than other varieties.

Treatment.

purgatives—sudorifics—warm baths—issues, or blisters.

the breasts require attention.

Intermittent, and Remittent Insanity.

Periodical insanity seldom completely cured.

patients are frequently aware of the approaching fit, by the occurrence of the same intrusive ideas which preceded the former.

when well marked remissions have occurred, bark has been of service.

The Incurable State.

After the intellectual disorder, with want of sleep, has subsisted for a considerable time, if the functions of the body resume their usual state, and the mental disease continues, there is much reason to fear that it will not be cured.

empirical means in such cases may be tried with caution—such as

a mercurial course,

sudden shocks—by strong emetics—plunging the patient unawares into a cold bath—powerful shower baths, and the rotatory machine,

which sometimes appear to have been useful.

before these means are tried, if the patient is plethoric, previous evacuation should be had recourse to.

Dementia,

Is in general accompanied by debility—sometimes by a chronic inflammatory state, ascertained by dissection.

in the latter, the heat increases towards evening, the pulsations of the carotids are rather hard and frequent, the face is flushed, and though tranquil, the patient sleeps but little.

where debility prevails

tonics and stimulants are indicated.

in the chronic inflammatory state,

local blood-letting, purgatives, and the insertion of an issue.

Although very little hope can be indulged in dementia arising after insanity has subsisted some time, still, as we risk nothing, rational attempts are to be persisted in, especially when the patient is not far advanced in life.

the occurrence of active mania, and of acute disease, have operated a cure.

Decline and Convalescence,

may be impeded by certain states.

debility—an irritable state with sleeplessness,

plethora—suppressed menses,

costiveness---headach.

With regard to *plethora*,

an excess of blood sometimes tends to diminish the turbulence in the active state of the disease.

those who make too much blood, ought to be kept on less nutritious diet, the bowels kept lax, and exercise enforced; abstraction of blood is to be avoided, unless symptoms be urgent, and customary discharges have been suppressed—

stimulating the rectum by aloetic purgatives---warm hip-baths, and pediluvia may be useful, when the *menses* are suppressed---

other symptoms require appropriate remedies.

Relapses.

Causes likely to renew the disease are to be avoided, and means taken to strengthen the body and mind—the slightest warning about the head should be attended to, especially sensations similar to those preceding former attacks.

a seton inserted in the neck, is considered by many to be a necessary prophylactic after an attack of insanity.

General Observations.

Cleanliness.

It is difficult to keep a number of insane persons clean---this may be facilitated by separating the dirty patients from the others, by the immediate removal of all excrementitious matters, by attempts to induce the habit of evacuation at stated times.

the state of the bladder and rectum should be frequently examined, where there is any reason to suspect retention of urine, or hæmorrhoidal tumors.

Air.

This ought to be dry, and of proper warmth---both points well attended to in the recently erected establishments---the insane suffer much from cold.

Humidity.

The urine being passed at all times, produces a very hurtful humidity in the clothes and beds of dirty patients.

excoriations, and even mortification, have been the consequences.

regular evacuation of this ought to be encouraged.

Dress,

ought to be suitable to the season—warm in winter.

Some must be restrained from tearing off their clothes---

leather mitts have been used for this purpose---sometimes the strait waistcoat.

Beds.

The best form of bedsteads appears to be that which gently slopes from both ends to the middle, with a groove to carry off moisture.

a mattress having a moveable centre-piece, or straw to be changed every day, is best adapted for the very dirty.

restless and mischievous patients require to be fixed in bed.

Diet.

In the stage of excitement, light diet is necessary---full diet increases turbulence.

the same diet cannot be suitable for all the patients in

a large asylum ; it therefore should be varied according to the state of the patient.

regular hours of taking it should be enforced.

Various delusive motives induce patients to refuse food. means of overcoming their refusal when obstinately persisted in.

Dr. Haslam's Key.

Dr. Sutherland's Instrument, &c.

these are very seldom necessary---a little management in most cases will succeed.

Diagnosis of the diseases of the Insane.

This requires much attention.

though they occasionally live to a great age, (80 or 90,) still Insanity may be said to shorten life.

the life of an insane person cannot be insured at the same rate as another, on account of the probable progress of diseased action in the brain, and the accidents he is subject to.

the state of health is to be ascertained more from his external appearance and expression---from changes in the state of the mental symptoms, and general conduct, than from replies to questions.

The acute diseases most common in Insanity, are
fevers, inflammations, apoplexy.

The chronic are
palsy, epilepsy, chronic inflammatory action, and various visceral diseases.

Idiotism.

Congenital Idiotism proceeds from organic deficiency—
it exists in various degrees.

Acquired Idiotism—the last stage of Dementia, or Fatuity.

Congenital Idiots rarely live to a great age.

Idiotism sometimes prevails in families,
is often conjoined with palsy, or epilepsy.

Cretins of Switzerland,

Are often deaf and dumb, and the other senses are imperfect, frequently with enlargement of the thyroid gland.

Children born in perfect health, but apparently of a scrofulous constitution, have continued to improve in body and mind until some years after birth, when they have become Idiots---and

cases have occurred, where in early youth the mental faculties have made an unexpected developement, and have emerged from threatened Idiotism.

Treatment in Idiotism when congenital.

cleanliness and occupation are to be encouraged, and the general health attended to.

HALLUCINATION, ILLUSION, OR DELUSION.

When images in the mind make a stronger impression on the sensorium, than what external objects do.

distinguished from Insanity---but

has strong affinity with, and sometimes terminates in it.

Temporary Delusions.

Spectral illusions, or the apparition of spectres ; connected with bodily disorder---Cases.

Permanent Delusions

remaining after general delirium---Cases.

When the existence of these are believed in, the person ought to be considered Insane in whatever regards his delusions.

Delusions occur in Hypochondriasis, Hysteria, and *nervous* affections.

Hypochondriasis.

Dyspeptic symptoms, with mistaken fear about the patient's health, and body.

distinguished from Melancholia.

Treatment.

corporeal affection being manifest, much benefit may be derived from medicine, and attention to the digestive organs.

friction---warm-bathing---diaphoretics---are peculiarly useful,

and when signs of congestion in the abdominal viscera appear---mercurial preparations, and mineral waters.

the hæmorrhoidal discharge is generally beneficial, hence continental physicians employ leeches to the anus.

sedatives and narcotics---often hurtful.

moral treatment must also be attended to.

Hypochondriacs sometimes require to be humoured in respect to their imaginary diseases.

exercise on horseback is to be recommended, as well as travelling and amusement.

Religious and Romantic Delusions,

have been of frequent and extensive occurrence—and are still occasionally met with in those of a Melancholic or of an Hysterical or Nervous temperament, where the mind has been exclusively occupied with religious contemplation, or where the education has been neglected, and too much time devoted to works of fiction and romance.

as corporeal disease is less prevalent than in Hypochondriasis, medicine is of less avail.

removal of the causes, and strengthening the body and mind by suitable means, may be tried in such cases.

DISORDERS OF THE PASSIONS.

Pleasure or pain producing desire, or aversion—the sources of passion.

effect of mental pleasure is stimulating,
of mental pain depressing.

Empassioned Excitement.

The brain, heart, and lungs affected in sudden fits of mental emotion---hence some conceived the Præcordia to be the seat of the affections and passions.

Joy.

its effects powerfully stimulate.
more likely to produce Insanity, than grief.

Pride,

has sometimes produced Insanity.

Ambition,

is productive of greater excitement than pride.
rouses to extraordinary exertions.

Anger,

with its compounds, *revenge, jealousy, suspicion,*
and *envy,*

are of a painful nature.

rouse body and mind to violent action---and affect
the biliary secretion.

violent anger has immediately occasioned Insanity,
and death.

Treatment of the exciting passions when violent.

abstraction of blood, and purgatives, may be necessary.

moral treatment is chiefly to be employed.

reverse of fortune has sometimes operated beneficially.

Empassioned Depression,

Occasions torpor of the circulating and absorbent sys-
tems.

Longing,

composed of love, hope, and fear.

Nostalgia, or longing for one's country, a powerful
affection, producing corporeal disease, and sometimes
death.

Love,

produces febrile symptoms, and increased sensibility.
when hopeless—sometimes insanity.

Avarice,

often steals on by degrees,
sometimes terminates in madness---the leading feature
of which is, dread of poverty in the midst of
affluence.

Fear and Anxiety.

Fear has diminished the force of circulation so much
as to stop bleeding from an open vessel---occasions
diarrhœa---and incontinence of urine.

increases the tendency to receive contagion.

in an extreme degree fear has operated as a stimulus.

Grief,

by diminishing the force of the circulation, pro-
duces slow transmission through the lungs, hence
sighs and sobs.

it has suddenly changed the colour of the hair---tears
give relief.

comatose sleep is sometimes the effect of the diminished irritability.

the biliary system is disordered.

violent gastrodynia is also sometimes produced by grief.

Despair,

is a more selfish passion than grief---increases the propensity to suicide.

sometimes the effect of false views of religion.

Treatment of the depressing passions.

medicine can do but little.

occasional relief may be obtained by attending to corporeal symptoms.

change of scene, kindness, and soothing consolation, may do much.

Mania without delirium of Pinel.

In this there is no delusion---but violent and ungovernable passion.

sometimes the effect of ill-directed education.

running a muck---among the Malays, appears to be a similar affection.

DISORDERS OF ATTENTION.

States of the mind in thinking.

Passive.

when thoughts follow each other independent of volition, as in musing and dreaming—or when entirely occupied by objects of sense.

Active.

when the mind exercises command over its thoughts
---changes its own state.

the relative degrees of these states in different individuals powerfully influence character---command of thought being much increased by cultivation and exercise.

Absence of Mind.

When the attention is wandering, and does not readily yield to the dictates of the will.

Absence of mind is very unfavourable to acquiring knowledge, since the other faculties are dependent on the vigour of the attention.

Perception of objects may subsist in absence of mind, though for a time we may continue unconscious of their presence.

Abstraction of Mind.

When the attention is fixed by the will on some ideas not connected with surrounding objects, occasioned by intense study, or by overwhelming passion.

Studium Inane, or Brown Study.

When the attention is voluntarily relaxed, and allowed to indulge in passing ideas.

As the faculty of attention is capable of being invigorated, it is of the utmost importance to cultivate it in early life, being more readily arrested by certain objects than others.

it is important to ascertain these, to select them in the first instance for cultivation, and the attention may afterwards be transferred to other pursuits.

DISORDERS IN THE SLEEPING STATE.

In sleep, accompanied with dreaming, some of the mental faculties are torpid, while others are active.

in profound sleep, the involuntary organs alone preserve their activity.

there is no consciousness of sensations or ideas.

some entertain the opinion that these do occur, though very faint.

exhaustion of one or more organs induces sleep in the whole.

sometimes one or more of the external organs of sense does not associate in the general torpor.

resemblance of dream and revery.

increased torpor takes place in some organs during sleep.

Superior capacity and address sometimes displayed in *Somnambulism*.

ideas in dreams influenced by the law of association.

comparison between the somnambulist and lunatic.

sensations of the former correspond with the ideas regulating his actions.

the rapidity of the ideas in dreams owing to our not using language to detain them.

the ideas sometimes so vivid as to awake us suddenly.

certain organs only may be thus roused, those

of speech,

of locomotion,

of generation,

of urine.

Incubus, or night mare, differs from somnambulism.

the same phantasms frequently recur in incubus.

the dream generally remembered.

the dream in somnambulism seldom recollected.

somnambulism is sometimes hereditary.

may be excited by intense application of mind—plethora, or disordered stomach, &c.

Ecstasis,

resembles somnambulism by insensibility to external impressions suddenly occurring—followed by sleep walking and talking.

affinity with epilepsy.

Somnambulism of the magnetists,

the effects alleged by them to depend upon human magnetism, referred by many entirely to the imagination of the magnetised.

Treatment in the different species of sleep disturbance.

irritation to be allayed—plethora diminished—and
strength recruited.

anodynes sometimes useful.

IMBECILITY OF MIND.

Partial.

Weakness of one or more of the mental faculties,
of perception or apprehension---judgment---memory---
volition.

Dullness or Stupidity,

is sometimes hereditary---may proceed from defective
education,
intemperance, and corporeal diseases.
striking difference in this respect between certain na-
tions.

Credulity.

in most cases the judgment is naturally weak---in
others credulity is in some measure voluntary from
indolence.

Impaired Memory,

like the preceding varieties, may be a natural defect
 ---or it may be the consequence of various diseases
 ---injuries of the head---habits of inattention---old
 age, &c.

Indecision or Fickleness,

is also natural or acquired.

Firmness and consistency of character may be greatly
 promoted by judicious management in youth.

hence the importance of early habits of governing the
 will by the reason.

indecision is often the first striking symptom of inci-
 pient insanity.

In the treatment of these, and other varieties of partial
 weakness of mind, corporeal causes are if possible to
 be removed—and

mental and moral instruction suited to the case assi-
 duously cultivated.

the improvement of the strongest faculties tends indi-
 rectly to invigorate the others.

General.

General Imbecility, not amounting to idiotism, is often hereditary.

the mind is weak from birth, or enfeebled by disease. from idiotism, or legal unsoundness, to the ordinary standard of intellect, there are different degrees of mental weakness.

much may be done in these cases by a well directed education.

cultivating the attention, and encouraging the particular bent of the capacity.

Dotage,

the mental imbecility of old age, is hardly to be regarded as a disease.

it is sometimes prematurely induced by excesses.

MEDICAL JURISPRUDENCE OF THE
INSANE STATE.

Remarks on the principal points of medical testimony in cases of doubtful idiotism and madness.

proofs of derangement,
propriety of restraint,
lucid intervals.

Insanity sometimes *counterfeited*.

means of detecting this.

difficulty of sustaining the insane character in the
 active state, and in the passive state, described.

distinction between congenital idiotism, and acquired
 or fatuity—in examining supposed idiots, the
 power of attention, and of enumeration to be
 ascertained.

caution in examining the insane—they may appear
 rational when under restraint, but when at liberty,
 break out into acts of insanity.

the Lunatic's manner of expressing his ideas in
 writing generally betrays his insanity.

distinction between melancholia, hypochondriasis, and
 simple delusion.

In many cases *restraint* may be safely relaxed---but
 all must be carefully watched.

To constitute a *lucid interval*, complete restoration
 of reason must be established.

THE END.



