Manuscript volume of parts of lectures on psychological medicine, to students at York Medical School by Daniel Hack Tuke

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EARLY LETTERS SUMMARY

THE RETREAT

A.3 YORK 36.

The situation of the York School of Medicine appears peculiarly to adapt it for being the means of imparting a knowledge of Insanity. York is the centre of a district filled with receptacles for the Insane, & many medical men in this neighbourhood are engaged in the practice of treating the Insane. The numerous Asylums are Establishments where an immense amount of useful observations are being accumulated, & whence practical conclusions of the highest value may be drawn. Scarcely can a place be more favourably situated for enabling the Student to become acquainted in some degree at least with the general features of many forms of Insanity The Courts of Law also, not unfrequently, afford opportunities of studying the jurisprudence of

Insanity – & still more frequently afford striking proof of the great service which some Knowledge of psychological medicine would prove both to the Medical Practitioner & to the Gentlemen of the Law.

It appears to me indeed to be high time that the members of the Medical profession paid more attention to this branch of study than they have been wont to do. They are all called upon indis-criminately to decide upon delicate questions of mental states, questions, in the right solution of which are concerned the personal liberty, civil rights & social privileges of individuals – very often, questions of moral responsibility on the right de-termination of which depend not the civil rights only, but the lives of British subjects. These are serious subjects & ought only to be approached in a thoughtful, serious & deliberate spirit. It has been too much the custom of late, in this country, to consider that these are questions for the issue of which a certain amount of good sense & clear judgement is all that can be required; that Medical Knowledge & experience afford

no especial advantage in forming opinions on these subjects – but that they may be determined with equal ease & precision by non-professional persons – Some of our legal arrangements with regard to Lunacy are based upon views of this kind. An opinion to the same purport is also not a little forwarded in the public mind by the difference of opinion exhibited in certain particular cases, by the most eminent psychological physicians of the day. When for instance, the public witnesses the exhibition of Dr Conolly & Dr Forbes Winslow taking exactly opposite ground on inquisition de Lunatico Inquirendo, & with regard to a criminal trial when they find Dr Winslow advocating one conclusion & Dr Bucknill the contrary, how can we blame them for the inference that science & experience are of no use, & that learning & study are unnecessary in forming a judgement as to the sanity or insanity of a suspected person. "There must be something seriously rotten in the condition of judicial psychology, when men of great experience & high position in this department of science come to such opposite conclusions from a consideration of the

same facts" - Winslow April 1. 1856.

Even such occurences as these however afford little, if any ground for such a conclusion — We find in every department of enquiry where the results depend upon a long series of previously conducted research, that persons of the highest eminence are led to different conclusions. — In the Law for example, it would be easy to point out instances where much learning & long practice had led eminent judges to opposite conclusions It is precisely in the higher & more difficult branches of human enquiry that we find this diversity of opinion manifested — There is in all investigations a region where the positive ends, & the conjectural, vague & indeterminate begins where decisive evidence terminates, & the proper region of the opinion commences — & it is in this region that different minds are landed upon different judgments. It is upon this unsettled region that science is called upon to expat its energies. To the removal further & further off of the boundaries between that which is ascertained & that which is vague & indeterminate,

the efforts of science are directed. We do not find scientific men disputing & differing about the elementary facts of their science. We do not find the geologists at variance regarding the aqueous or igneous origin of sandstone & limestone – it is when they ascend to the remoter branches of their study connected with the cause or direction of volcanic forces, or the limits of aqueous action in primeval conditions of the globe, that room is afford-ed for these diversities of opinion, which seem, at first sight, to deprive science of its triumphs, or to bring it to the level of ignorance. As it is with Geology & other sciences, so it is with this de-partment of study called Psychology. We do not find men of experience differing in their opinions with respect to the simplest & plainest of its phe-nomena.

If a person exhibits the excitement & violent actions of raving madness, you will not find a Conolly & a Winslow differing as to his state. They will both pronounce him a maniac, & so will every other spectator – & here the opinion of the man of common sense will be coincident

& will rest on the same grounds as that of the learned physician. Either of these is sufficiently instructed in the nature of the phenomena to pronounce a correct opinion — But this equality is very superficial, & extends but a limited distance. The forms of Insanity are so various, & so many of its features have little of the obtrusive & demon-strative character of active mania, that the ordinary, non-professional observer must soon retire & give place to the practical & informed investigation of the Psychologist. It is just because the phenomena of Insanity demand that kind of observation — & that kind of intro-ductory knowledge to which the study of medicine leads that the Medical Practitioner is the best fitted for investigating & appreciating states of the mind. So intimate also are the relations between health of body & health of mind, and equally so between disordered states of the one & derangements of the other, that it is almost self-evident that no class of persons can be so es-pecially qualified to conduct the treatment of the disordered mind as those who possess a

knowledge of medical science. Never therefore, should it be permitted to be thought that the treatment of the Insane, even that which is sometimes called the moral treatment, as distinguished from the strictly medical, can be entrusted to persons destitute of medical experience.

There is so much however embraced in the subject of Psychology, which does not come within the range of the ordinary medical practitioner, that it has come to be considered almost as a distinct Branch or Department of Medical Science. It is however a branch which no one can utterly overlook with safety, or without some knowledge of which no one can preserve his reputation as an Enlightened Scientific Practitioner.

Medicine, Surgery & Midwifery are equally capable of being followed as somewhat distinct branches of practise, but no one can pursue or understand either or any one of these branches, without a general, or even rather extensive knowledge of every other or of all. — And as these are all so mutually correlated that no one can be successfully pursued without a knowledge of all the rest, so Psychology as a distinct

branch cannot be successfully cultivated without a concomitant knowledge of its three cognate branches—

It is then peculiarly a study for which no class of persons can be so adapted as the Medical ~~Profession~~ Body—& it is extremely desirable that the Medical profession should vindicate their claim to it, by exhibiting an acquaintance with it whenever they are called upon to pronounce opinions—& medical students cannot in my view, more profitably devote a portion of their time to the study of it.

There are still large departments of Psychology upon which comparatively little labour has been bestowed—& the diversity of opinion still prevailing as to the boundaries between mere eccentricity & the milder forms of Insanity shew that much remains to be done in ascertaining the early & insidious inroads of cerebral disease, & distinguishing them from the purely moral phenomena of mental habits.

The same may be said of Hysteria in females. The following case illustrates this

this remark. A short time ago I was consulted by a Lady regarding a young woman who was said to be labouring under the severest form of uterine Hysteria – She was characterized as being flighty, had very little control over her words & actions, & would wander abroad to her own peril. This condition had been gradually coming on for two years, & it began to be debated whether she ought to be sent to an Asylum – Her Medical man felt some doubts as to the propriety of this step, when his difficulties were fortunately removed by the occurrence of a severe attack of Opthal-mia. which destroyed the sight of one eye, & put an end to the mental disturbance – It is not often that we are favoured with natural crises of so beneficent a result as in this case. Had it not been for this happy elucidation of the case, it is highly probable it would have gradually increased in severity till the brain became diseased.

I hope it is pretty plain that the study of Psychology is neither an unfruitful study nor one which is unworthy of the devotion of the

higher powers of the mind. It is indeed the study of Man in his highest manifestations & his most complex functions & relations. In its widest sense, "it embraces an investigation into the normal & abnormal conditions of the human mind." It therefore comprises the study of mind in its healthy action & in its unhealthy action.

As the term is used in medicine it relates to the phenomena attending mental action in a state of disorder, & may be explained as the Science of Insanity. Psychological Medicine is therefore that branch of medicine which is concerned with the philosophy of Insanity. That branch of it which relates to the treatment & cure of Insanity is called Psychiatry, but this term is more used on the Continent than in this country.— Psychological Medicine embraces then the study of Insanity in all its branches, the various forms of Insanity, the causes, treatment and pathology of the disorder, with the means of preventing it, & the influences generally which affect it. The present course of Lectures will not deal with the whole range of enquiries alluded to in the above definition of the subject. The range is too wide

for the number of lectures that can be crowded into a Summer course — & for the present year, the notice which I have had, has been insufficient to allow me time for sufficient preparation to treat in a comprehensive & diffuse manner of the many questions involved in a complete course of Psycho-logical medicine. If the attempt which I now make be found interesting & acceptable to those who favour me with their presence, I shall hope in future sessions to enlarge the scope of the Lectures & to enter much more fully into some branches of the subject which must be for the present time, either wholly passed by, or but dealt with.

Time & opportunity will not allow me to attempt more this Summer than to enter into a general de-scription of the various forms of Insanity which it is more especially necessary for every medical practi-tioner to be acquainted with. I shall endeavour to ~~send~~ give you a general outline of the subject, with certain definite descriptions of the several broader divisions, or more obvious forms of mental disease, without discussing their minute details & relations — the aggregate symptoms of each

broadly marked variety, leaving the more elaborate elucidation to be worked out & filled in at such intervals as my opportunities may present.

The terms used to designate the various forms of mental derangement by different authors have been exceedingly various; & it will serve to clear the ground before us, if we devote a short space to the consideration of some of the most important or the most celebrated of these.

Cullen's classificatiua of Diseases is probably familiar to most of you. His secondi class Neurosis, contains four orders of which the last is Vesanie, which he explains to be disorders in the intellectual functions without pyrexia or Coma. The term Vesania includes the several varieties of mental disturbance which he denominates Amentia, Melancholia, Mania & Oneirodynea - of these four terms, the three former still survive, whilst the fourth relating to phenomena only manifested during sleep is unnecessary. Sauvages had also a class called Vesania, consisting of 3 orders of Hallucinations, Morositatis, & Deliria.

The last order Deliria nearly coincides with

Cullen's Vesanie, & includes the divisions of Para-
-phrosyne, Amentia, Melancholia, Mania, De-
-monomania.

house. He seems never tired. If he rests awhile, it is only to regain breath, or to exult over what he has done – he is ready at the slightest spur to begin again with the same vigour.

Then notice the psychic manifestations. He talks with rapidity & vehemence. His ideas succeed each other with great velocity. – They obey a certain order of succession, & are subject to a certain law of association, but the association is often indiscernible – The links are formed & run over too rapidly for you to trace them. Very often the succession is so rapid, that he has not time to express one idea before another succeeds it, dominates over his attention & claims expression, so that a sentence begins with a few words belonging to one, & ends with some pertaining to another, so that his expressions consist of a number of incipient members of sentences. When this is the case, the product is true incoherence. It may be called acute incoherence. It is different from the incoherence of Dementia or extreme Delusional Anarchy – the incoherence in this case, arises from the rapidity of the ideas, treading, as it were, upon each others heels, & destroying each other

intensity — In Dementia, & delusional incoherence, the succession of ideas is perfectly expressed as far as it goes, the association of ideas is quickly followed & attention occupied with each succeeding one without any regard to choice or control, & the jumble arises from the want of selection, or the exercise of a discriminating object in the volition. — We are all conscious when we are either thinking or conversing, of the intrusion into our minds of a vast number of ideas between those we dwell upon or give expression to. These are introduced by the association of ideas & dismissed by the voluntary exercise of volition, to give place to those more important ideas which form essential links in our chain of reasoning or conversation, as the slighter ornaments in a long tracery or bas relief wh lead you to the principal figures without arresting your attention to the extent of dwelling upon them or scarcely of a consciousness of their existence

Thus rapid then, & to our outward consciousness apparently disconnected are the ideas of the maniacal person. The other functions of the

of the mind are performed in the same violent, rapid, & imperfect manner. The emotions & passions are equally vivid & transitory. An unguarded look excites his anger, an opposing word, his fury. He laughs extravagantly at the poorest joke, weeps abundantly at the least draught upon his sympathy - pleased with trifles, infuriated at straws, he is the sport & plaything of his emotions as he is subservient ~~to~~ in his intellect to the uncontrollable series of ideas which present themselves to his mind. It would be foolish to expect amid this chaotic action of the intellectual powers that the moral powers should preserve their normal functions. The proper office of these is to act like the ballast in a ship, which prevents the vessel from being too much tossed about by the action of the winds & waves & preserve it steady on its keel, & keep it less buoyant in the water In mania the whole psychism is disturbed. - The entire individuality is in a state of tumultuous action. Moral propriety is lost - the habits are changed - the modest man or woman becomes immodest. (E Greenham) The shy man becomes forward & obtrusive. The diffident man, self confident - the silent man noisily communicative - the kind-hearted benevolent man

is turned into a surly misanthrope – the religious man becomes profane, the prudent & cautious become licentious & extravagant. You cannot form an idea from the maniacal display of the traits habitual to the same individual when in health. When we consider this carefully we shall obtain a glimpse of the reason why this should be so. We have all however different it may be, in degree the same tendencies & attributes. We have all the same moral faculties, & the same instinctive tendencies – & when every faculty, intellectual, moral & instinctive, is under the dominion of an overpowering excitement & confused hurry, all control being withdrawn, & every consideration of consequences destroyed, each acts just as it is impelled, & the result is, the exact photograph of the individual, not as he is when constrained by his reason, but drawn in the exaggeration & distortion of a diseased organism.

Such are the outward manifestations observed in a case of acute mania. A more intimate examination of the physical conditions informs us of several particulars not ascertainable by the degree of observation already practised. We shall find that the pulse is invariably quick, running from 90 to 120. It may be also full

& slightly inclined to be hard - often it is soft, full & compressible. The heart acts quickly but feebly, & its im-
-pulse is feeble, with loud sounds extended over a large space in the chest - the circulation is consequently im-
-perfect, the extremities are apt to be cold, the tongue is dry, dirty brown or red - or it may be moist, clammy & foul or it may be tolerably clean - it is generally red at the tips & edges, or with red papillæ standing up through the coat of fur - the eyes I have previously mentioned the secretions are generally deranged, the bowels are generally confined - the urine is generally loaded, often with the urates - sometimes it is simply deficient in quantity. The appetite is often voracious, at times it is defective & fastidious, & there is often thirst, not always. Sometimes sleep returns regularly at night & is sound & good. It is however generally short & often very light - sometimes it is altogether absent for many nights - It is considered by many to be a bad sign if the nights are tranquil & somnolent, & the days full of excitement. I cannot say that my experience affords a diagnostic of any value to be derived from sleep - as I have known cases recover well in which the sleep was good, & others suffer from prolonged mania, whose

nights were restless & noisy.

What I have just described is intended to convey to your minds the representation of a person affected with the form of Insanity called by the name of Acute Mania. This condition may last for a period of time varying from one week to six months.

When the paroxysm has attained its summit, & is about to decline the symptoms abate, either gradually or by quick & perceptible degrees. It often happens that they do not abate in a uniform subsidence, but as it were per saltum – There is a period of intermission – You find the patient tranquil for a short time, perhaps in the evening he grows calm, converses rationally, or at first startles you with a pertinent question asked in a natural tone of voice, about his family or friends – if you have heard from them – Perhaps this may entirely pass off, & not recur the same day – The storm may lull for an instant & rage again, but the calm returns, lasts longer. The patient goes to bed quite tranquil, but wakes in the morning early – his voice resounds & the old excitement is in full force – but it lasts for a shorter period. The periods of tranquility become longer – the excitement decreases in force, and

reason & calmness gradually resume their place. —
It is very common for interesting psychological
phenomena to be observed during this period of con-
-valescence. There is a change in the temper & dispo-
-sition often manifested. The moral perceptions do not
resume their force with the same pace that the excite-
-ment abates. — The feelings are often peevish, querulous
& perverse. — A tendency exists to misapply & misinterpret
the words & actions of others — to impute the same feelings
to those about them by which they are actuated. A
patient in this condition will complain of his attend-
-ants treating him harshly — will surprise you by a
serious narrative of gross ill usage — relate how he was
struck, knocked down or otherwise abused & without
the slightest foundation in reality — I have so often
observed this in the early stages of convalescence
from acute mania that it has often reminded me
of the good derived from the pee-
-vishness of a child who has been very ill — When en-
-quiry is made, the attack & ill treatment has been on the
other side. A general sense of discomfort is sometimes
present, giving rise to feelings & conduct far from
agreeable.

The above description refers to an attack of acute Mania It is called acute, because the symptoms are violent & not of long duration - but they may be prolonged with nearly the same severity for many months, I might almost say years - When this is the case it is called Chronic Mania. In this affection you have all the symptoms present in a modified form. You have the paroxysm frequently coming on - as in Anna Binns - Polglase - Henry Binns & others - with intervals - the shouting the excitement - the incoherence - then a period of quiet & so for a lengthened period - till either recovery takes place, death, or dementia.

Chronic Mania embraces a great variety of forms & includes a large proportion of the cases in all Asylums either as it is complicated with one or other of the other kinds of insanity.

I will speak of it as ~~remittent~~ remittent - intermittent or recurrent - as alternating with melancholia - as complicated with Dementia - with Epileptiform disease - with Hysteria.

Chronic Remittent Mania. Patients affected with this form continue with little important change for many years. They become witty, humorous, full of

laughter, jokes, fun & mischief.— These are the persons who make the wards of an asylum lively. The attacks are not generally attended with the violence & destructiveness of acute mania, although they are mischievous, dirty, untidy, often tear their clothes, generally under some fantastic notion of converting them into something more valuable or curious, often for the mere love of a tawdry, party-coloured finery; their destructiveness is on a milder scale than that of the former— They are also fond of secreting things, hoarding up trifling articles of no kind of use — remnants of food which they never eat — old rags, bones, flowers, pebbles, bits of things which the chiffonier of Paris would scorn — You see indeed every variety of disposition, taste & temper in these chronic Maniacs. Their appetites are generally enormous they will many of them eat everything that can be swallowed, as if an insatiable bulimia always tormented them. You will hear them complain of being hungry — being half-starved. On enquiry you will be astonished at the quantity they devoured at the last meal. As an instance of what they will eat under the depravation of appetite so commonly present, I may mention a case I remember a few years ago. (T. B. Bland) This enormous appetite

may be connected with debility or craving for nervous power constantly felt. It should never be forgotten that chronic mania is especially a state of debility – & there is very generally as a symptom of this a love or longing for strong drink & most generally strong drink is beneficial. A poor diet & a tee total leverage are great promoters of chronic mania & of noise & violence amongst lunatics. Experiment tried here by a non-medical superintendent & abandoned – result of trial – great unsettlement & excitement amongst patients especially those accustomed to beer & wine. This by the way – Well in the course of a few weeks this state gives place gradually to one of much greater calmness – more tempered & measured becomes the language, the feelings become more amenable to a moral control, & the conduct becomes less eccentric, the habits more orderly & clean, a more self possessed individuality replaces the exuberant & boiling manifestations of the attack – serenity reigns for a period often equalling the duration of the attack, sometimes exceeding it, very often much shorter – sometimes a slight shade of melancholy succeeds – a little passing depression which does not last long or become severe it is not uncommon however for that kind of mania which is accompanied

with Dementia to be attended in the remission with a period of silence during which there is simply absence of action - the absence of excitement & excitement being necessary for the evocation of ideas even if fragmentary & disjointed, the withdrawal of the excitement leaves the mind absolutely destitute of ideas & feelings. - It is brought, as nearly as we can judge to the condition of Locke's Tabula rasa. The patient sits in stolid & stupidity, with no expression of pain or suffering, but in a state of absolute vacuity.

This state may last, in these cases, for a week or a few days. Then the countenance brightens, the opening of the mouth follows; then bodily activity, with active walking about, running, chattering, laughing, singing, grotesque motions &c

Intermittent Mania - This term is applied to such cases as exhibit a distinct interval of reason & tranquility between the attacks of Mania; but not of so long duration as in Recurrent Mania. Of this an interesting case occurred here about 2 years ago, which we may take as a ℔ typical of this form - See B. Duke Bk 8 p 273.

This case affords a most interesting illustration

of the difficulty there is in arriving at a correct judgment of the state of a person's mind without long observation. When the patient came it was stated that he was liable to be worse about the month end. We see that he was here from March 20° to April 17°. For the first 3 weeks he was so tranquil and rational that not having displayed any symptoms of insanity here, I was under a difficulty as to retaining him – but as the month drew to a close a change came over him. On the 14th it was reported that he had had a restless night. In the day time however, he was himself again – Now this is both interesting & important to notice – The attack made its first onset in the night – it subsided by the morning. It is not uncommon for the state of mind to be different in the day to what it is during the night. There are patients who are pretty tranquil in the day, who have disturbed & excited nights. There are also those who have days of excitement or suffering but whose nights are passed in tranquil sleep. It is very frequently during the nights that the changes in the state of mind take place – Very possibly the prone position has a good deal to do with this transition from one state to

another. So great a change as the position of the body & the occurrence of sleep from the state of wakefulness & upright or sedentary occupation is very likely to have effects on the functional condition of the brain, of which we are not fully aware.

Then on the 15th we find the condition greatly altered. The attack was establishing itself & manifested a strong impression not only on the mind of the patient but on his physical state. His pulse is frequent - his tongue red - his eyes bright - his look wild & somewhat haggard - He is fully maniacal - I well remember him on the morning visit of that day He was playing at Bill's with his coat off, quavering the cue, & dancing round the table in a most excited way. He ran up to me & told me, he was going to make thousands of pounds, & to confer large sums of money upon several of the persons who were with him, with many other incoherent remarks. On the 17th of the month, he was removed.

The interesting points about this case are the completeness of the interval - its tendency to a distinct periodicity & the sudden invasion of the paroxysm.

I will introduce to your notice now, a case which is still under care – & which presents features no less interesting, but of rather a different kind.

The case is that of a female who came here in March 1855 – under an attack of acute mania of mild intensity which was removed in three months, & she left recovered in July. She was admitted again however in August, in a state of depression which lasted about a month. Then succeeded an interval of a month's tranquility, at the end of which an attack of mania occurred about the middle of October.

The character of this attack like that of many others which have followed since was interesting. There was incessant talking, shouting, squeaking, laughing, thumping kicking & grimacing. The expressions were of a ludicrous kind which made it extremely difficult to refrain from laughter at hearing them. Singularly comic & grotesque ideas present themselves to her, & ludicrous buffoonery, mimicry & jocosity are the principal features of her state. To some her language is extremely abusive, but abuse loses its weight when conveyed in so comic a manner. To a person of whom she had never been very fond & who came in during

my visit she exclaimed – "Get away thou brute! I dont want thee here with thy coarse hands & tongue as big as a horse."

Indeed, the fittest words to characterize her condition would be comic mania – the very burlesque of madness. It is however equally serious to her. She grows thin from excitement & loss of rest & only recovers her reason by a rather lingering convalescence which is filled with apprehensions of a recurrence of her complaints & soon gives way again to the realization of her fears. It might be supposed from this that she retained a recollection of what had passed; but we are now brought to one of the most interesting circumstances connected with the case, & that is, that of what passes during this state of ludicrous & somewhat pleasurable excitement, she has no recollection whatever. It is to her as a gap in the course of time, as a period of "dim forgetfulness" passed in the silent tomb erased from memory as if it had not been, & in this respect resembles that interesting case of intermittent Dementia which I brought to your notice in a former lecture. There is also an approach in this case to

the phenomena which you have heard is attending some singular states of Extasis, in which individ-uals have passed in successive periods into alternating states, each of which seems a contradic-tion of the penultimate state. In one state they have no recollection of what took place in the state immediately preceding it — but a perfect recollection of what happened, & was said in the condition which went before that state, & which resembled the present & that state resembles state 3, which seems a continuation of it, & state 4 resembles state 2, of which the former is also an exact reproduction or an apparent continuation —

In these instances it has been observed that a sentence begun in state 1 & not ended, has been completed in state 3 — the train of ideas having been suspended by the supervention of a different state, & again resumed on the surrender of the latter to a recurrence of the former. Some forms of the Mesmeric trance afford phenomena of this kind — In the case of Mania we are now concerned with, I cannot affirm that the phenomena are identical with those referred to, but there is some approach to them — for I have noticed

that in one ludicrous attack, the same epithets have been applied to a particular person, or the same feelings expressed about that person, as were uttered in a ferocious attack of the same kind. For instance to a person for whom I know the patient entertains a high regard & no suspicion of the kind, I have heard her, in at least several instances say: "Thou art a drunkard."

From March 1856 to Sept^r, she continued nicely. About the middle of Sept^r an attack of the same description came on – During this attack, the following sample of her conversation was preserved as a specimen – addressed to me – "Thou art not a parent Can thou stop my tongue? I am a sufferer – I've no Mother – I've no sister. I could

Dr. Guislain prefaces his definition of Insanity thus:
Nothing is less easy than to answer the following question.
What is an Insane person? Those who have under-
-taken the description of mental diseases, have shunned
the logical ~~consequences~~ summary of this condition; & this because
it is often difficult to say where disorder of the mind
begins & where mental soundness ceases.
In order to succeed in this undertaking we ought
to engage to fulfil the following conditions.
We begin by assigning a prominent place to all
the great characters symptomatic of mental derange-
-ment; they may be reduced to the following capital
points. –
1°– A manifestation contrasting with the acts & ideas
of persons reputed of sound mind, with the accustomed
ideas & acts of the subject in question.
2°– A congenital or occasional state
3°– A state considered by scientific men as the expres-
-sion of a morbid condition.
4°– A Chronic state.
5°– An Apyretic state.
6°– A state shewing a tendency to periodicity
7°– A state entailing an impossibility more or less

absolute, to conform to the laws & customs of society
8°_ A state entailing an impossibility to manage the person & property.
9°_ A state most usually of irreflexion
10°_ A state always of irresistibility
11°_ A state always of irresponsibility.
Reducing then these phenomenal elements to a more concrete formula, we will say that Insanity is:
A chronic, apyretic malady in which the ideas & acts are under the dominion of an irresistible power; a change having supervened in the mode of feeling conceiving, thinking & acting of the individual in the attributes of his character, & in his habitudes_ A state which contrasts with the feelings, thoughts and actions of those who surround him. An affection wh puts it out of his power to act for his own preservation, for his responsibility & his obligations towards God & towards ~~his country~~ society."
This definition, continues Dr Guislain, as I have just given it, errs on the side of diffuseness. It is needful therefore to condense the materials of it, & we come to say that: Insanity is derangement of the mental faculties, morbid, apyretic, & chronic,

depriving man of the power of thinking & acting freely in the direction of his happiness, his preservation & his responsibility. Lecons orales - p 66

The definition of Insanity embracing as it does so many phenomena, & capable of being regarded from so many points of view, will of course differ entirely according as it is founded upon an abstract view or is intended to embrace the signs or attributes in the concrete. Some confusion appears to have arisen in several of the above definitions from not keeping the distinction between these diverse things clearly in view. Thus the above definition of Guislains, is for the most part framed on the concrete aspect; but when he says that this derangement deprives man of the power of thinking freely in the direction of his happiness, preservation & responsibility, he mingles an abstract view with the concrete definition, & lays himself open at once to question & criticism.

Dr Bucknill gives us two definitions, one taken from the symptoms in the aggregate, & the other from the abstract idea. — The former is as follows: "Insanity therefore may be defined as "a condition of the mind in which a false

action of conception or judgement, a defective power of the Will, or an ~~insurmountable~~ uncontrollable violence of the emotions & instincts, have separately or conjointly been produced by disease." Unsoundness of mind in relation to C. Acts p 28.

This definition embraces a very wide & comprehensive view of the subject, &, as the author of it observes has the advantage of brevity – but as he himself is aware, it is open to two objections.
It does not include the congenital forms of mental imperfection, & it comprises a theory – a theory of the correctness of which we can entertain no doubt, but which in a concrete definition is much better avoided – The words "produced by disease", mar the simplicity of congruity of the previous clause.

Lecture – 3rd.

In the last lecture we reviewed the various modes in which the mind in one or more of its faculties, may depart from its ordinary or normal manifestations – & in all these supposed cases, every one of which actually occurs in nature the leading feature was in the idea of a change, an alteration, or modification taking place in some mental function, or some manifestation under which change, the person is no longer in all respects what he was – he is not fully himself. This consideration is an essential element in every species of Insanity which comes in the course of life, being developed either gradually & attaining a more & more conspicuous prominence, or ensuing with great rapidity upon some physical injury, or some sudden shock or disturbance sustained by the mind –

There are however certain conditions of the mind removed from health & sanity which do not come in the course of life, but which are either coeval with life, or supervene at so early an era that they may be considered congenital. The most common direction in which the mind is found con-

-genitally affected, is in that of defective power - or almost total suppression of the mental faculties - Either the mind is not developed, from defective instruction & growth of the brain, or the latter again is the seat of disease which impairs or destroys its function as the organ of mind.

The impairment of the cerebral functions in regard to mind is exhibited in the various grades of imbecility The destruction or suspension of the intellectual functions of the brain is indicated by that state known as Idiotcy or Amentia. Closely allied to the latter is that form of mental deficiency to which the name of cretinism is applied. These three forms of divergence from mental soundness are as I have said the commonest of the ~~mental~~ congenital affections of the mind - They are mostly easy of recognition & are universally acknowledged. But there are other states to which I hope subsequently to call your attention in a more particular manner, which are of a very different order The states to which I allude do not consist mainly or even at all, in an apparent defect of the intellectual powers, but of an unequal or irregular action of the volition, & of the moral faculties, emotions

or Instincts, or all of them — To this condition I would apply the name Congenital Moral Insanity. I believe this form of Congenital Insanity to be much commoner than it is usually considered to be, & I do not know of any department of Psychology more worthy of full & patient investigation than this. —

Not to indulge however in further detail on this branch of the subject at present, we have here then several states of disordered mind in which the idea of a change from the former individuality does not enter. The person is himself & yet is not sane. A complete definition must therefore embrace these conditions, & a little modification of Dr Bucknills definition will enable it to do so. For all practical purposes therefore the following formula seems sufficiently accurate to express the concrete idea of Insanity. The definition which I ~~would~~ propose would stand thus.

Insanity is a condition in which the Mental powers have either never been developed or been arrested in their development, or in which a false action of conception or judgement, a defective power of the will, or an uncontrollable state of the emotions & instincts have separately or conjointly arisen

during the progress of life, or been coeval with it.

So far as I can see at present, the above definition embraces the whole range of the phenomena wh which we have to deal. And having arrived at this conclusion, we will pass to that division of the subject wh is concerned with the classification of the various morbid states of the mind contemplated in the definition.

I do not intend to waste your time or my own by bringing before your notice a catalogue of the numerous classifications of Insanity which have been prepared by writers on general nosology, not only because it is not my desire to introduce you to the literature of Insanity so much as to an acquaintance with the disease itself — but also because I entertain the opinion expressed by Pinel that, "the arbitrary distributions adopted by nosologists are far from being the result of repeated observations made upon a large number of cases."

Classifications of this description are based necessarily more upon Theory than upon practical acquaintance with the subject, & can lead therefore to little or no practical good. Whilst some have

been based upon metaphysical grounds, others have proceeded upon Physiological theories. Now I hold the metaphysical study of the mind to be exceedingly useful because it enables us to trace the logical connexion between the ideas as they are presented, & the relations wh certain mental phenomena have to other phenomena. Some acquaintance with metaphysics also enables us to trace the psychic origin of various manifestations, & especially tends to give precision to our language in describing mental manifestations — to define & designate them — but they are no guide to the classification of mental disorders. In this department of Psychology metaphysics have no standing point — & we cannot too unmistakably repudiate the notion that our science is one of metaphysical niceties, & abstract speculation. These have no place in it & there is no more occasion for a good Psychiatist to be a profound metaphysician than there is for a good surgeon to be a profound chemist. The tendency to mix up metaphysical ideas with views of Insanity has been a fertile source of confusion & prejudice in the classification of mental disorders, & considering that

the prominent phenomena are mental, & the etiology obscure, we need not wonder at this tendency in the early state of the science, or amongst those whose opportunities of studying it is but small.

The error of classifying mental disorders according to physiological theories is well illustrated by an English author whose name is often referred to in books on Insanity, George Nesse Hill, who lays it down as a fundamental. apiom that Insanity consists of but one species under two forms viz the Sthenic & the Asthenic, or Mania & Melancholia.

This author whose Essay was published at Chester in 1814, had the merit of distinctly asserting "that Insanity has always corporeal Disease for its foundation" — a conclusion betraying a degree of enlightenment beyond that possessed by the President of the Royal College of Physicians in 1859.

Setting this aside however, the entire foundation upon which this author builds his classification is erroneous. The analysis we made in a previous lecture sufficiently shews the discrepancy from nature in the arbitrary division of all mental disorders into Mania & Melancholia. And again it is

calculated to lead to most serious misapprehension to class any form of Insanity under Sthenic Diseases — Perhaps no error has been more pestilential than that of considering excitement of mind as a tonic condition. Those who have had the most experience in the treatment of mania are uniform in their condemnation of any plan of treatment which tends to lower the vital ~~forces~~ powers, or which proceeds on the supposition of these being an excess of strength in Mania — Outward appearances are in favour of it, but it is indubitably established that no plan of treatment is so successful in the removal of mania & the prevention of its worst consequences, as that which aims at conserving the vital forces, & maintaining the nervous & circulatory power.

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