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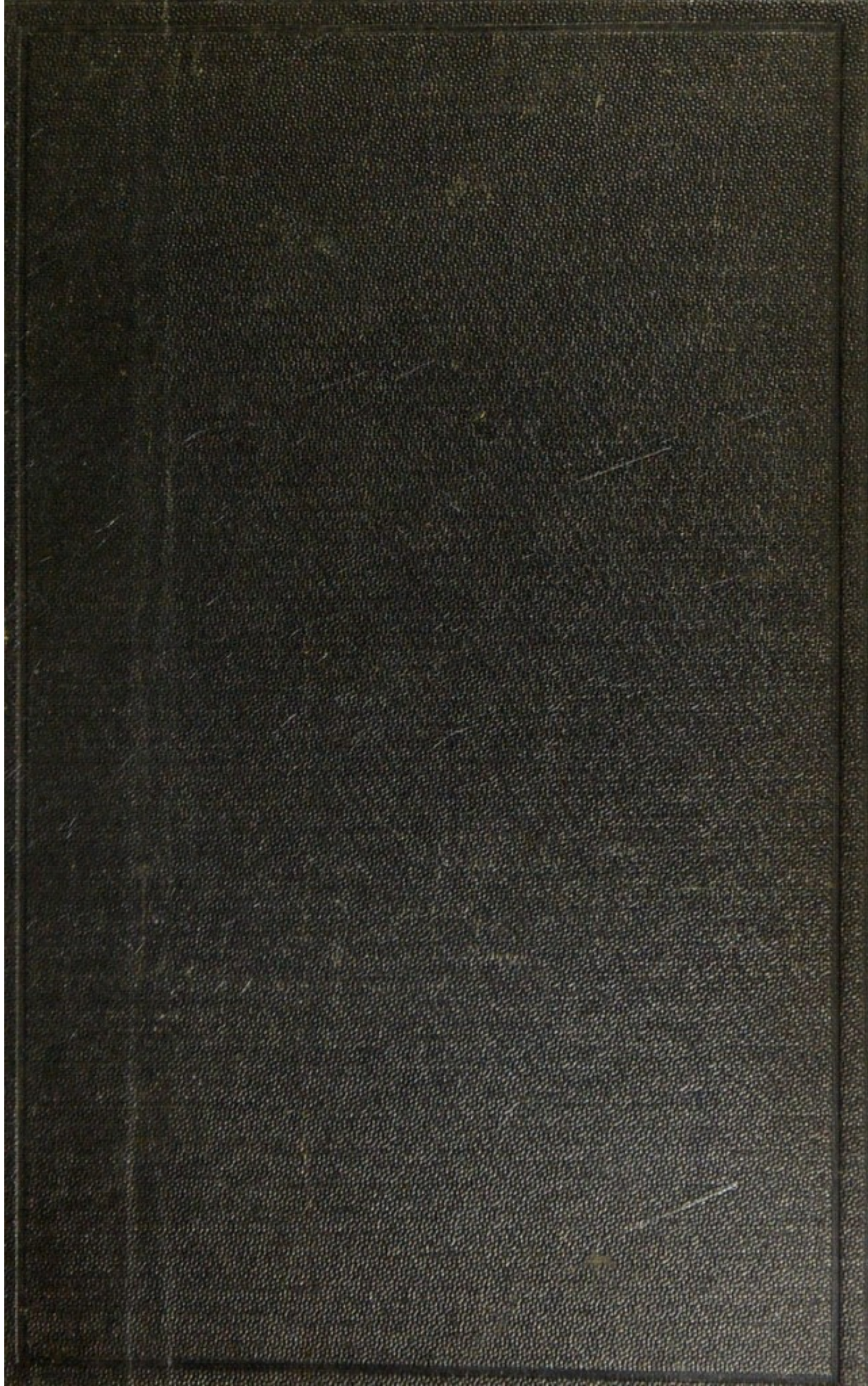
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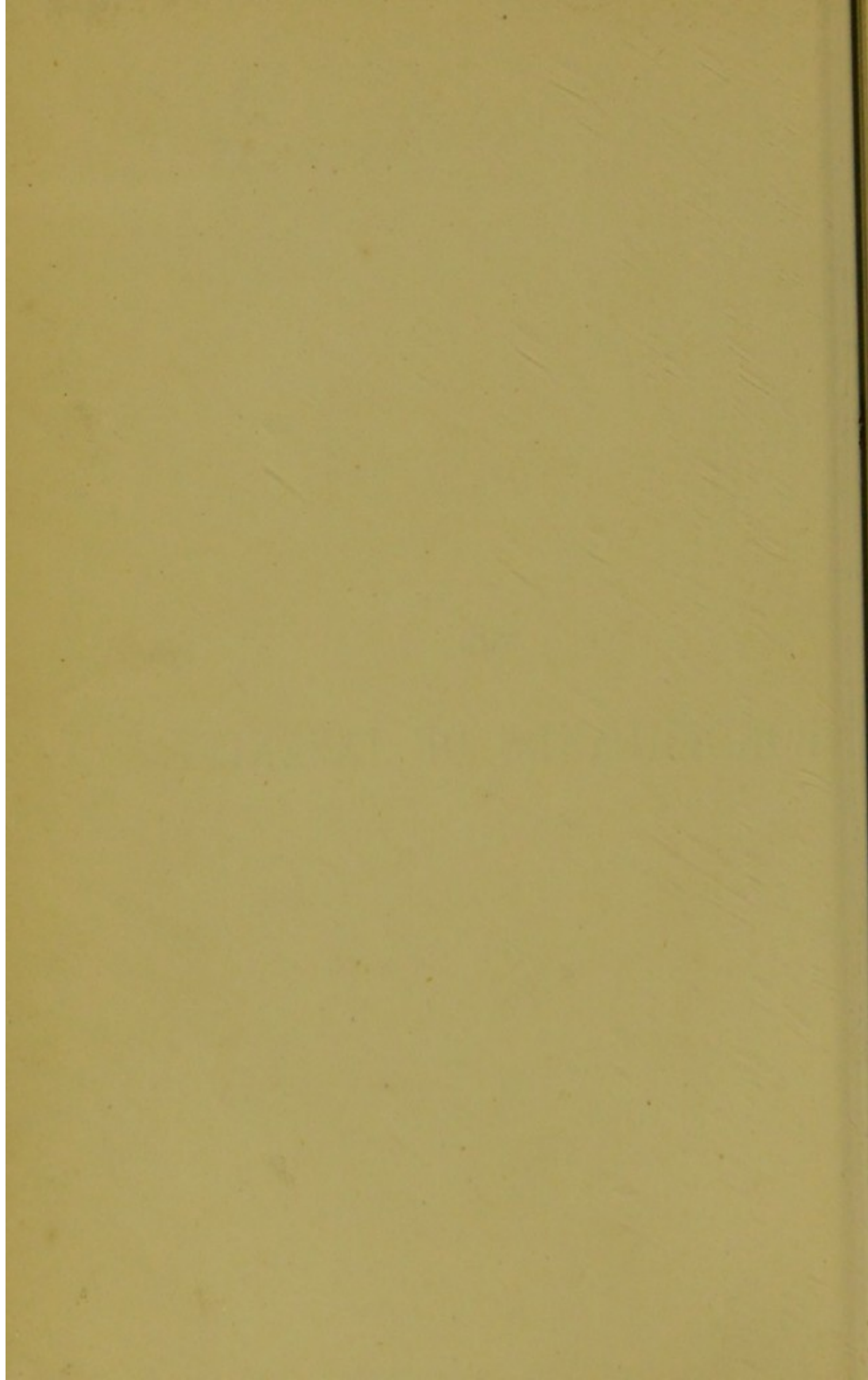
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THE
BORDERLANDS OF INSANITY.



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THE
BORDERLANDS OF INSANITY

AND

OTHER PAPERS.

BY

ANDREW WYNTER, M.D., M.R.C.P. LOND.

NEW EDITION, REVISED.

WITH FIVE NEW CHAPTERS

BY

J. MORTIMER GRANVILLE, M.D.

F.G.S., F.S.S., &c.

HENRY RENSHAW,
356, STRAND, LONDON.
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I HAVE had much pleasure in revising the following pages, because, although I do not share all the opinions expressed by the author, I believe the work has done good service by opening the eyes of the public to the need of better precautions for the prompt detection of insanity. This task of discovery must always be discharged by friends. It is of the highest moment that they should be informed and instructed how to proceed.

I have written a short chapter on the "Eccentricities of the Mentally Affected," in which are suggested, rather than discussed, some novel, and possibly useful, lines of thought. I have also added four short papers touching upon practical topics, under the titles

Mazeland, Dazeland, Driftland, and Counsel. It only remains to express a hope that, in dealing freely, but I trust respectfully, with this popular little book, I have not diminished its value.

J. MORTIMER GRANVILLE.

17th January, 1877.

AUTHOR'S PREFACE
TO
THE FIRST EDITION.

TO THE READER.

I N the following pages—in a series of detached articles, all more or less bearing on the same subject—I have endeavoured to show how fine is the line that separates Sanity from Insanity, and how large is the group of persons dwelling in the neutral territory. But slight occasions are sufficient to take them over the frontier; the necessity of watchfulness, ere the line of demarcation is passed and an individual finds himself deprived of his civil life, is, therefore, apparent, and needs no apology for being dwelt upon. Even in cases where insanity

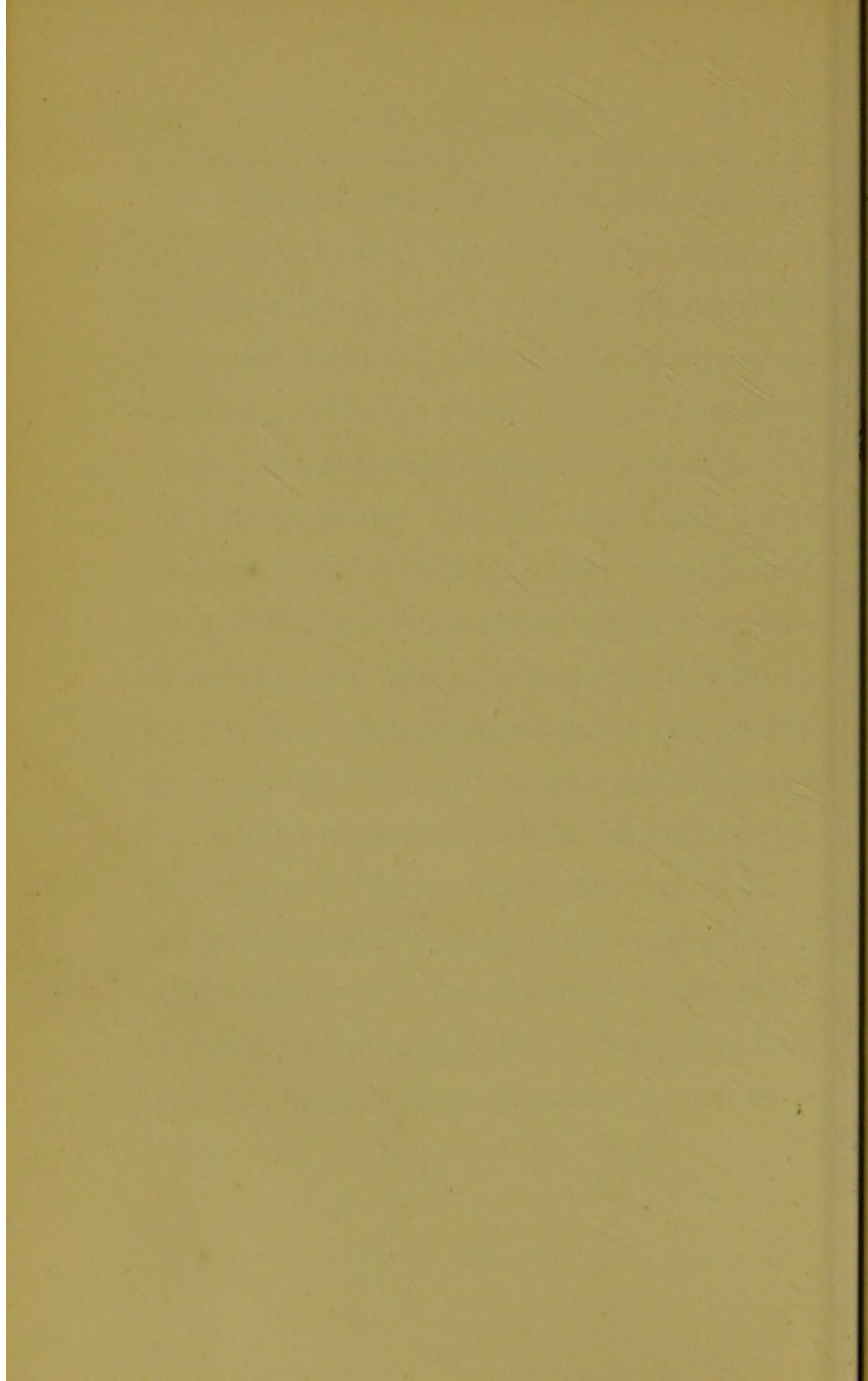
is declared, or mental weakness is confirmed, I have endeavoured to show that—except in the more violent cases where the appliances of an asylum are absolutely necessary—it is an error, especially during the period of convalescence, to crowd patients together in an atmosphere sodden with insanity, where they have to struggle through many adverse circumstances in their progress towards mental convalescence. The true method of cure, in my opinion, is to surround the patient with sane minds, and this desideratum can be found in the family of the physician, where the influence of the family life of one of the educated classes of the community, aided by professional tact, is by far the best mental medicine that can be applied to the patient.

Even in chronic and harmless cases of insanity, the support of healthy minds is, I think, absolutely necessary to keep the

mentally afflicted from deteriorating; and I cannot give a better instance of the fact than the success, both psychologically and economically, of the ancient community of Gheel, in Belgium, where, for hundreds of years, there has been an Insane Colony living the social life and joining in the labours of the peasantry with the most marked success. In Kennoway, in Scotland, again, which has not inaptly been called the Scottish Gheel, an Insane Colony has for many years been planted, and has been highly eulogised by the Scottish Commissioners in Lunacy.

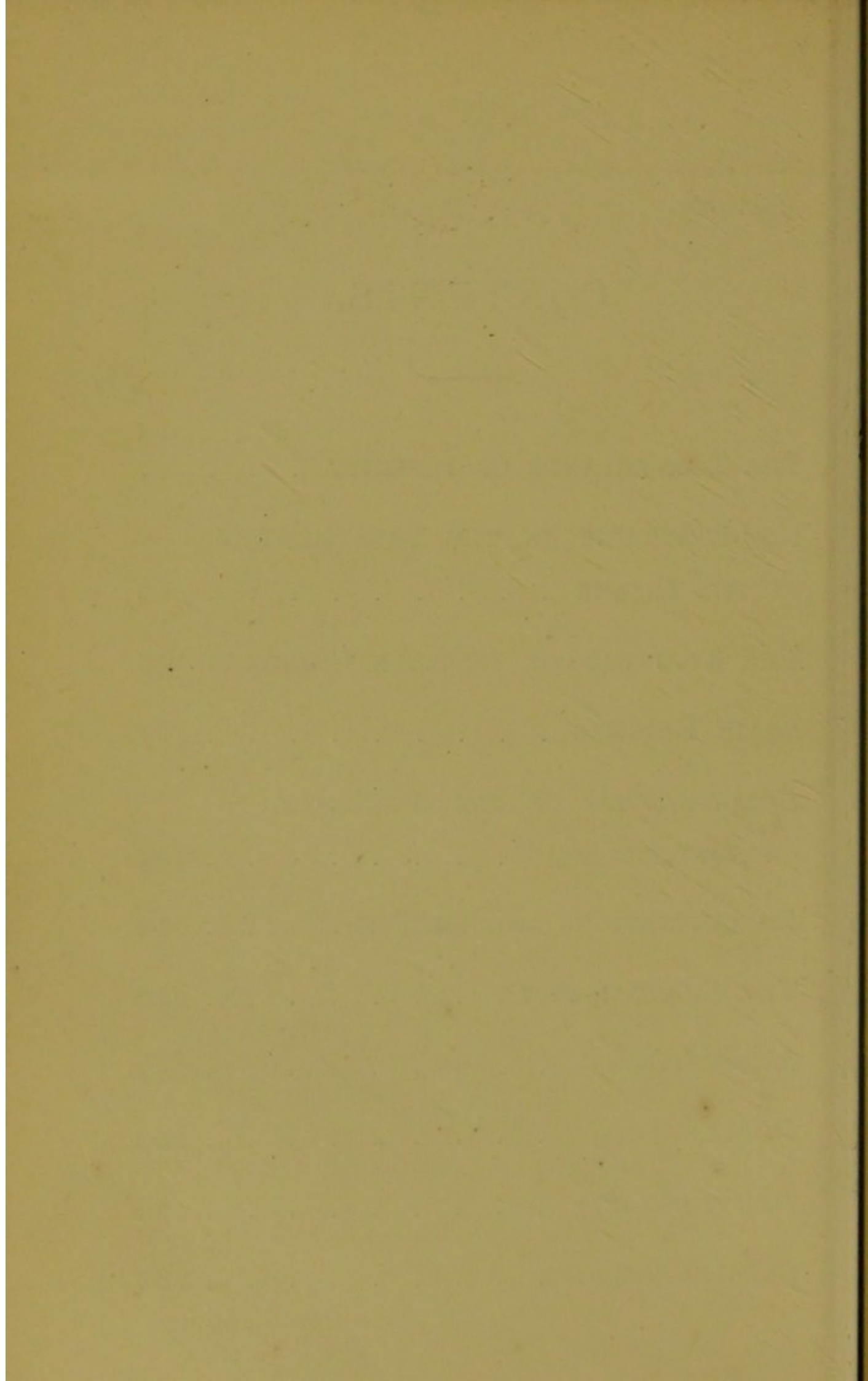
It is only necessary to add that some of these papers have already appeared in the "Quarterly Review" and other publications, and are now first collected as a humble contribution to psychological medicine.

May 2nd, 1875.



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THE
BORDERLANDS OF INSANITY.

THAT there is an immense amount of latent brain disease in the community, only waiting sufficient exciting causes to make itself patent to the world, there can be no manner of doubt.

In the annual reports from lunatic asylums, we find tables purporting to give the assigned causes of insanity for cases admitted. These might lead the public to believe that certain powerful emotions are sufficient to disorganise the material instrument of thought. Love and religion figure as responsible for a very large proportion of the lunacy in asylums; while a fire, or a quarrel with a friend, are set down as the causes which precipitate an individual from a state of sanity to madness.

We do not mean to say that any sound

psychologist imagines these causes to be more than proximate; but the public, and medical men who are little versed in mental disease, seem to think that a healthy mind can be instantly dethroned by some specific emotion, just as a healthy body may be suddenly prostrated by fever. There is, in fact, no such thing as sudden insanity, or at least it is of the rarest possible occurrence. Coroners' juries imagine that a person who has committed suicide became insane only at the moment of inserting his neck in the fatal noose; but every one who has studied the human mind must be aware that it is not constituted like a piece of cast iron, which snaps instantly under the influence of a sudden frost-like emotion. The brain, before it gives way, always shows some sign of departure from health, capable of being interpreted by the physician.

Moreover it happens, oftener than we imagine, that impending lunacy is known to the sufferer before an indication is given to others. There is a terrible stage of consciousness in which, unobserved by any other human being, an individual keeps up a terri-

ble hand-to-hand conflict, as it were, with himself, when, it may be, he is prompted by an inward voice to use disgusting words, which, in his sane moments, he loathes and abhors. A voice will sometimes suggest deeds which are directly opposed to the dictates of his conscience. In such conditions of mind, prayers are turned into curses, and the chastest into the most libidinous thoughts.

It does not, however, necessarily follow because a man is haunted by another and evilly-disposed self, that he has reached the stage of lunacy, *if his reason still retains the mastery*. It is said that Bishop Butler waged, for the greater part of his life, a hidden warfare of this kind ; and yet no one suspected him of unsoundness of mind. It is indeed strange what wayward and erratic turns the mind will take, even in robust health. For instance, many have now and then felt a difficulty in suppressing an inclination to cry out in church ; or in preventing the rebellious muscles of the face from expressing a smile on occasions when the utmost gravity of demeanour is called for. We are often haunted by some air of music, or a voice will repeat itself with

such obstinacy as to annoy and distress the mind, even preventing sleep. These curious phenomena are not symptomatic of brain disease, but they are singular examples of transient conditions of mind, which, when persistent, become clearly allied to insanity. When, therefore, this persistence does occur a man may assume he requires the attention of his physician. There is some cause at work brooding mischief; and unless he gives heed to the significant warning, the affection may take a more serious form, voices believed to be internal appearing external, and leading the unfortunate sufferer to desperate courses. Possibly this stage of consciousness is the most terrible of all conditions of mind on the way to insanity. The struggle with an inward fiend, which the Reason cannot expel, must be more appalling than a condition of absolute madness, in which, very often, the mental delusions are of a pleasing character.

A patient, writing to Dr. Cheyney, says :—
“ Such a state as mine you are possibly unacquainted with, notwithstanding all your experience. I am not conscious of the decay or suspension of any of the powers of the

mind. I am as well able as ever I was to attend to my business. My family suppose me in health ; yet the horrors of a madhouse are staring me in the face. I am a martyr to a species of persecution from within which is becoming intolerable. I am urged to say the most shocking blasphemies ; and obscene words are ever on my tongue. Thank God, I have been able to resist ; but I often think I must yield at last, and then I shall be disgraced and ruined."

Dr. Wigan cites the case of a worthy clergyman, who was possessed, as it were, in this manner, when suffering from over-work or want of rest. At these times, while preaching, some profane book would seem to be placed before his eyes, and the devil tempted him to read it instead of his sermon. This was evidently an instance of the brain suffering from want of duly arterialised blood, for violent exercise with the dumb-bells effectually cast out the fiend which tormented him.

Exhaustion of nervous power—over-work—is the source of mental distress of this nature to a much greater extent than the

public apprehend. In an age when the race is neck to neck, and the struggle for life straining men's minds to the breaking point; when the boy has for a clerkship to go through a more severe examination than was once demanded for a University degree; when the professional man serves a seven years' apprenticeship to science, and too often a second seven to starvation, is it wonderful that in cases where there is hereditary taint the mental fibre becomes weakened and unable to resist the strain of any great excitement, or further process of exhaustion?

It too often happens that the stage of consciousness is allowed to pass unperceived, the unfortunate sufferer concealing with the utmost jealousy, from the wife of his bosom and from his dearest friends, the agony that is eating into his very soul. We have no doubt in our own minds that innumerable acts which puzzle, and appear totally unaccountable to, friends and strangers, are the result of mental conflicts hidden in the depths of the patient's mind. In such cases the demon in possession seizes those very moments in which the enjoyment of other men is found. At

the festive board, in conversation with friends, in the company of ladies, when everything is *couleur de rose*, this conflict will sometimes rage fiercely, and incite the sufferer to sudden movements, or subject him to fits of abstraction, which startle and confound those who watch his conduct. And yet, in the great majority of such cases, medicine—using the term in its largest sense, to include change of scene and air, with rest and proper medicaments—is often able to exorcise the foul fiend and to restore the patient to his usual mental health.

The dependence of mind upon body is sometimes proved in the most unmistakable manner in such cases. A single prescription, like the abracadabra of the magician, may convert the man on the verge of insanity to his old serenity of mind. An anecdote is told of Voltaire and an Englishman, which admirably illustrates this position. The conversation between the two happening to turn upon the miseries of life, the *ennui* of the Frenchman and the spleen of the Englishman, so far agreed that they decided existence was not worth having, and determined to

commit suicide together on the following morning. The Englishman arrived punctually, provided with the means of destruction, but the Frenchman was no longer in a suicidal humour, for on the other proceeding to the execution of their project, Voltaire amusingly interposed:—“*Pardonnez-moi, monsieur, mais mon lavement a très bien opéré ce matin, et cela a changé toutes idées là.*” Feuchtersleben, in his Mental Psychology, has subtly said, “if we could penetrate into the secret foundations of human events, we should frequently find *the misfortunes of one man caused by the intestines of another!*” This may appear a fantastic proposition as stated by the learned German, but do we not, as men of the world, act upon the knowledge of this fact every day of our lives? Who would be fool enough to ask a favour of any man when waiting for his dinner? The irritation under which the mind often labours during the few minutes before a meal is served is clearly attributable to an impoverished condition of the blood. It is, in fact, a fleeting attack of the temper disease, which the late Dr. Marshall Hall has shown to be an abiding

condition of some individuals, particularly among the female sex.

How many professional men, wearied by press of business, their blood poisoned with sitting for hours in the dark stagnant air of city chambers, resume their work after dinner, and even prolong it into the night? How many clergymen, ambitious of distinction in the pulpit, exhaust their brains by the incessant manufacture of bad sermons?

No man above middle age should, if he hopes to keep his mind clear, think of working his brain after dinner. The season ought to be given up to enjoyment. The result of mental labour performed immediately after a full meal is generally inferior to that produced by a vigorous brain in the morning. When mind-work has become a habit, however, we know how futile are any words of warning to make the sufferer desist. The physicians attending Sir Walter Scott in his last illness, foresaw that his mind would break down unless he desisted from brain work: "As for bidding me not to work," he sadly replied to their remonstrance, "Molly might as

well put the kettle on the fire, and then say, 'Now, don't boil.'"

It must not, however, be supposed we wish to deprecate even severe mental labour, when the brain is accustomed to it in health. On the contrary, a well-organised brain demands exercise, and like the blacksmith's arm flourishes on it. We believe pleasurable and productive brain-work can be carried on to an almost unlimited extent without injury. A poet in the full swing of his fancy, a philanthropist working out some scheme for the benefit of humanity, refreshes rather than weakens his brain. The great majority of those who have gained high honours in our universities, have also distinguished themselves in after-life. It is hard thankless task-work that tears and frets the fine fabric of the brain; it is the strain and anxiety which accompany the working out of great monetary transactions that produce that silent and terrible *ramollissement* which gradually saps the mind of the strong man, and reduces him to the condition of an imbecile.

"Early warnings" are of the highest import, whether the symptoms presented point

to the entire destruction of motive force, and obliteration of the powers of movement, or whether they portend more rapidly fatal disorders with derangement of the moral and intellectual faculties. If allowed to proceed unchallenged, they will issue in the destruction of the individual as a free agent. The two courses of perverted action are equally morbid. The old notion that derangement of mind may happen without any lesion of the instrument of thought being the cause or the consequence has long been exploded. This idea probably arose from the fact that, in the majority of cases the brains of the insane, when examined after death, exhibit no appreciable sign of change. Conversely, the brain may sustain very severe injuries, and yet no symptoms of mental disturbance will follow. The changes that take place physically in disease are commonly of too delicate a nature for science in its present condition to recognise; but there seems to be no doubt at all, that abnormal mental phenomena depend upon some unhealthy state of the organism or the blood. Polished steel is not more quickly dimmed by the slightest breath, than is the

brain affected by an abnormal condition of the vital fluid. In the horrible phantoms simulating the thoughts of the insane which haunt us in nightmare, we have a familiar example of the manner in which an overloaded stomach will disturb the mind. In the ravings of the insane consequent upon the prolonged drinking of salt water in cases of shipwreck; in the temporary effect produced upon the temper by waiting for dinner; and finally, in the delirium attending fevers and drinking, we have other and equally well-known examples of mental disturbance inevitably following the absorption of some poison into the blood, or the deprivation of its nutritive constituents.

The more the fact of the physical nature of insanity is acknowledged, the more clearly it is recognised as an ailment, which must be reached by physical agents, the greater will be the chance of its successful treatment. If a man shivers, and feels depressed, he seeks the advice of his physician that he may meet the coming fever with the best resources of the medical art. If he feels his brain disturbed, if he perceives "early warnings" of which

his friends as yet know nothing, would it not be equally wise to summon the aid of medicine before it is too late? Insanity, when not clearly hereditary, if taken in its earliest stages, is more easily cured than many diseases which a patient passes through without any great fear; for instance, we question if pneumonia is not less curable than a first attack of insanity. If mental disease were not made a mystery it would be deprived of half its terrors, and of half its evil consequences at the same time.

While we should be keenly alive to the first symptoms of a departure from ordinary states of mind or habit, it must not be supposed every individual who thinks for himself, or acts in a manner different from his neighbours, is a madman. It is not necessary to drag a garden-roller, as it were, over character, and declare that any person who rises or falls out of the general dead level must be what is called "touched." There are naturally crooked sticks as well as straight ones. Indeed, if a man habitually of an eccentric turn of mind were to become all at once like other people, and remained

so, it might be feared some mischief was brewing.

It is the sustained departure from a normal condition of mind and mode of life which should suggest a grave suspicion of impending insanity. When a modest man becomes boastful and presumptuous, a lover of truth begins to lie, a person of known probity condescends to petty thefts, a humane individual suddenly betrays pleasure in cruelty, or a cautious man is wild, reckless, and extravagant, then we may be sure there is mental disturbance of a very severe character. The reasoning power may remain clear, the intellect as bright as ever, and in the course of a long conversation friends may not perceive the slightest cloud on the understanding. Nevertheless, the reader may be certain these deviations of the moral sentiment are the switch-points which indicate the fact that the mind is leaving the main line, and, if left to itself, it will career to destruction.

It sometimes happens that changes of this nature take place without being made apparent even to the nearest friends, until, some trivial conversation or circumstance having led

to a suspicion of mental unsoundness, it is discovered that the individual has been acting on his morbid imaginings, and perhaps he is ruined. Esquirol mentions a case of this kind. The subject was a merchant of considerable position and fortune, whose hidden alienation of mind was brought to light by his having purchased, at a high price, some very inferior pictures. A dispute respecting their value arising with his family, he flew into a passion, and his insanity became evident. His children, alarmed at his condition, looked into his affairs, and they were found in utter disorder. The irregularity had existed for six months, and had there been no discussion respecting the pictures, leading to the discovery made, one of the most honourable mercantile houses in France would have been seriously compromised. A bill of exchange for a considerable amount had become due, and no measures had been taken to provide for its payment.

The latent seeds of insanity very often become known to the world through unusual physical signs : muscular agitation is substituted for the wonted repose of a staid

deportment. The man who in health was grave and gentle, suddenly puts on a brusqueness of manner which startles his friends. It would seem as though he sought to stifle his agonising thoughts by the exhaustion of his physical strength. Incessant change of posture, and an uncontrollable restlessness give token of the condition of his mind, which finds no ease in any direction, until at length some maniacal outburst is pretty sure to take place.

These are the more prominent warnings of coming trouble which cannot well be overlooked. The symptoms to which we particularly wish to draw attention, are those slight deviations from a normal condition which are rarely observed by the sufferer himself or his friends. One of the most constant and characteristic is a debilitated faculty of attention. Possibly the most comprehensive definition of genius is the power of concentrating and detaining the attention upon a given point. This is the quality of mind which raises one man above another, and it is the parent of all "creations" and of most discoveries. We may add, it is the morbid excess and indul-

gence of this quality which leads sometimes to mental disease : hence the common observation that genius and madness are only divided by a very thin partition. "The difference," says Sir William Hamilton, "between an ordinary mind and the mind of Sir Isaac Newton, consists principally in this,—that the one is capable of a more continuous application than the other ; that a Newton is capable, without fatigue, to connect inference with inference, in one long series, to a determined end ; while the man of inferior capacity is obliged to break, or let fall the thread he has begun to spin." This is, in fact, what Sir Isaac Newton, with equal modesty and shrewdness, himself admitted. To one who complimented him on his genius, he replied, that if he had made any discoveries it was due more to patient attention than to any other quality.

There is a certain morbid attention directed towards supposed ailments of the body and mind, which is to be especially deprecated. A man may so concentrate his thoughts upon certain organs of the body as to create disease in them. The hypochondriac, for instance,

never ceases to dwell upon the condition of his digestive system, and in the end he directs so much nervous energy to the spot as to cause congestion and actual disease. We see no reason to doubt that mere disordered functions of the brain may be converted, by the same undue attention, into positive disorganisation and mental disease. Hence over-solicitude on matters of health is to be avoided. In the majority of cases, perhaps, there is little danger of evil resulting, but in persons of a highly nervous temperament it is different; with these the very first step towards health would be to free them from themselves and their own morbid imaginings.

Of a nature resembling this exaltation of the faculty of attention, is the exaggeration which often takes place in the special functions of sense. The approach of brain disease is sometimes heralded by marvellous acuteness of sight, smell, taste, and hearing. Dr. Elliotson mentions a patient who, previous to an attack of hemiplegia, developed such an extraordinary power of hearing, that he perceived the slightest sound at the bottom of his house. His vision was also exaggerated

to that degree, that he could tell the hour by a watch placed on a table at such a distance as would in health have precluded his even distinguishing the hands. The sense of smell also is often in cases of disease increased in force, and so completely altered, that faint perfumes will be perverted into the most disgusting odours. Some persons on the eve of an attack of insanity will protest that their insides are putrid, and that the smell arising therefrom is intolerable to them; the touch in the same manner is often vitiated.

In this condition of brain, the avenues by which the outward world is brought into relation with the inward man, are thrown open so wide that it would seem as though the unhappy person projected his special organs of sense outward, until they absolutely came into contact with the objects or manifestations submitted to them. A more distressing condition it would be difficult to imagine, or one which so clearly points to an irritable or inflammatory condition of the brain.

The sense of touch may be perverted in incipient brain disease. Some invalids assert that everything feels like velvet. Dr. Simp-

son of Edinburgh, in describing the premonitory symptoms of general paralysis, says that patients complain of their fingers feeling like sausages. A tailor who died of this disease, for twelve months previous to any suspicion of the malady coming on, could not feel the tips of his fingers, and consequently could not use his needle. It is a familiar and well-authenticated fact, that some lunatics, on the approach of a paroxysm, feel an irritation about the ends of the fingers which leads them to bite their nails. Andral records an instance in which six weeks before a paralytic attack, a patient complained of one-half of his scalp feeling like a piece of leather. In the case of a gentleman who died of apoplexy there was for some time before his illness, a feeling in both hands as if the skin was covered with minute and irritating particles of dust or sand. He repeatedly complained of this symptom, and was frequently observed to wash his hands as if to remove the imaginary particles. In another case, some time previous to a paralytic seizure, the patient imagined he had extraneous particles of dirt and stones in his boots, or inside his stockings, irritating his feet and

interfering with his personal comfort, as well as his powers of locomotion. This perverted state of sensation was observed for two months previously to an attack of acute cerebral disorder.

A patient under my own care suffering under symptoms of brain disease, fancied everything he touched was covered with grease, to get rid of which he was incessantly washing his hands; indeed, his whole body, according to his own account, was contaminated in the same manner, and in order to cleanse himself he was perpetually taking baths. He almost lived in cold water, yet always protested he was as greasy as ever. Ultimately, this gentleman was obliged to give up the appointment he held, and is now totally incapacitated for brain work.

To those unaccustomed to the subtle indications by which the failing brain gives warning, these trifles, light as air, may seem of too trivial a nature to warrant the interposition of medicine, and those who venture to draw attention to them are liable to ridicule. In the discussion of the Lunacy Amendment Bill not long ago, the then Lord Chancellor

commented upon the tendency of medical men to obtrude their "theories" respecting insanity, when acting as witnesses in the law courts. In confirmation of this opinion he read from Drs. Bucknill and Tuke's "Psychological Medicine," a passage which spoke of "a shrivelled ear and bristling hair" as being symptomatic of a certain mental condition. Now, curiously enough, this "shrivelled ear" and "bristling hair," which his lordship derided, is a most undoubted sign of chronic dementia.

The premonitions of an epileptic attack are too well known to require special notice; and they are, at the same time, so varying in their character, as to preclude reliance upon any one warning symptom. The patient must in this matter think for himself. The community is, however, possibly not aware that epileptic paroxysms may recur for years without discovering themselves either to the individual, his friends, or medical attendant. With children, especially, attacks sometimes come on in the night, and pass away without leaving any token. Dr. Marshall Hall has done lasting service by drawing the attention of the public to this obscure form of a well-

known disease, and the nursery is thus supplied with a hint of great use to the rising generation.

These hidden seizures, however, sometimes take place in after-life, and the slightly-bitten tongue—often so slightly indented that the mark is scarcely perceptible—is the only indication that a symptom of approaching brain disease of severe type has visited the individual in his sleep. Strange as it may seem, the most marked and terrible seizures are sometimes mistaken by persons suffering them for the visitations of a supernatural being. Dr. Gregory, of Edinburgh, used to give a case of this kind in his lectures, so curious that it may be related. One of his patients told him he was in the habit of dining every day at six, but that he was plagued with a visitor at that hour who always greatly distressed him. Exactly as the hour struck the door opened, and an old hag entered, with frowning countenance, and with every demonstration of spite and hate, rushed upon him and struck him a severe blow upon the head, which caused him to swoon for a time of shorter or longer duration. This appa-

rition, he asserted, was of daily occurrence. Dr. Gregory, guessing that some mental delusion was at the bottom of this singular attack, invited himself to dinner with his friend, adding, "We will see if your malignant old woman will venture to join our company." The gentleman gladly accepted the proposal, expecting the doctor's ridicule rather than his sympathy. When the dinner arrived, the doctor exerted his powers of conversation, which were of a very brilliant character, in the hope of diverting his friend's attention from the anticipated visit, supposing that he was suffering from some obscure form of nervous attack. He so far succeeded that the hour of six came almost unnoticed, and he was hoping that the dinner would pass without the unwelcome interruption. The clock had scarcely struck, however, when the gentleman exclaimed suddenly, in an alarmed voice, "The hag comes again!" and dropped back in his chair in a swoon, in the way he described. These periodical attacks were clearly traced to sudden head seizures, which gave way to the appropriate remedies.

A growing defect, or weakness, of the faculty of attention points to threatened disease, and especially an impending attack of softening of the brain—that terrible affliction which might be termed the stockbrokers' disease, so liable do the *habitués* of Capel Court seem to its visitations. The first symptoms of the malady very often come upon a man in the height of his prosperity, and its approach is so insidious that although he may be walking about and transacting his business, this fatal decay may have already commenced. As in the "Vision of Mirza," a passenger is every now and then missed from the ever-flowing and ebbing stream of life, and none besides the physician notes that he has dropped through the pitfall on the bridge, and will never mix in the busy haunts of man again.

In the early stages of cerebral softening—perhaps when the delicate nerve-vesicle becomes the seat of morbid change—a debility of memory becomes apparent. The most common affairs of life are forgotten; names, dates, figures, pass out of recollection, and whole passages of the patient's existence fade away, as it

were, from his life. Even while he is engaged in some occupation which requires the recollection of what he has done before, he is at fault; matters upon which he has been informed over and over again are entirely forgotten. At such times the character of the handwriting affords a singularly accurate gauge of the deterioration the mind is undergoing.

Handwriting indicates both the physical and mental condition of the caligraphist. The very attitude of his nerves, so to speak, is indelibly registered in the manner in which he directs his pen; and no better method of testing the departure of the patient from his normal state of health can be adopted than that of comparing his handwriting at different stages in the progress of his disease. The erasures that take place in the letters of the patient as the malady progresses are very noteworthy; the misspelling, the hesitating efforts to express ideas, mirror, as it were, the confusion that reigns in his mind.

We are inclined to think the particular sign of cerebral softening most to be dreaded is the want of power to fix the attention. A person may suffer from temporary loss of

memory from very slight causes; such, for example, as exhaustion. Sir Henry Holland, in his very interesting "Mental Pathology," states that, having descended two deep mines in the Harz Mountains, and undergone much exertion without food, he found himself suddenly deprived for a short time of his memory, which returned again immediately after taking food and wine. A copious draught of wine will often relieve those momentary fits of loss of memory, which are dependent upon no organic disease, but arise solely from want of proper circulation in the brain. We all know, when we have forgotten a particular name or thing, the pertinacity with which it seems to recede further from the memory, the more we try to recall it to mind, the more it remains upon the tip of the tongue, but will not come forth. These are familiar examples of transient defect, which only prove how often the healthiest brain is for an instant plagued with symptoms—of no account as they occur—which, when persistent, are the invariable precursors of serious brain disease.

There are certain significant, although

slightly marked signs of softening, which to the eye of the practised physician presage disintegration of the cerebral matter. The trained observer will detect a loss of muscular power; the patient will perhaps slip on one side; his leg is put forward with great premeditation; volition will fail to carry out its initial thought, and action become faltering; certain movements will be performed as though the sufferer were pulling the wires of a doll; the hand may lose the power to grasp with a firm, healthy grip. A minute degree of facial paralysis will occasionally disturb the wonted expression of the countenance, without even friends knowing the cause. A very slight elevation of one eyebrow, a drawing aside of the mouth a hair's breadth, may materially alter the aspect of the face; and paralysis of this kind often exists without any one suspecting that softening of the brain is impending. The partial paralysis which is indicative of approaching disease, sometimes shows itself in a defect of speech. When we remember the number of muscles which must co-ordinate in action to enable a man to articulate, it will be readily understood that loss of power in one or more

of these delicate instruments must affect the power of utterance. It frequently happens that the first sign of disease will be clipping the queen's English: the patient will speak as though he were drunk; indeed, drunkenness commonly produces the temporary paralysis to which we allude. Sometimes the movements and manners of a person suffering from incipient brain disease, are very like those of a drunken man, and it has often happened that an individual has been charged with having thus disgraced himself, when in reality he was deserving of pity and commiseration, in consequence of being on the verge of an attack of paralysis.

A still more singular sign of approaching softening, and the apoplexy that ensues, is the odd way in which persons in this position transpose or misuse words. Dr. Beddoes mentions the case of a gentleman who, previous to an attack of brain disease, used to commit laughable blunders of this kind. He would say, "Everybody feels very languid this *wet* weather—I mean this *hot* weather;" or, "Come, who will sit down to supper? Here is cold meat and *pudding*—I mean *pie*." Even the use of a wrong initial letter, if persisted

in, may be a symptom of mental disturbance. If you hear a man continually saying "puc" for cup, "gum" for mug, or "etulf" for flute without being aware of it, you may be pretty sure that his brain is affected. It often happens that such mistakes are made by the best of us in ordinary conversation, but we instantly become aware of the error and correct ourselves, and this is just the difference between the sound and unsound brain.

Undiscovered and partial paralysis is sometimes the cause of strange mistakes due to altered sensation. For example, a gentleman at dinner angrily asked his butler why he had brought him a broken wine-glass. The servant, on examining it, affirmed it was a sound one. The master again scolded him, but on inspecting it himself, found it to be really unbroken. The explanation of this circumstance was that the gentleman had been suddenly seized with paralysis of the sensory nerves on one side of his lip; and as there was no feeling within a certain circumscribed space, he concluded, without looking, that a piece of glass had been broken

away. In other instances, a person will declare that his fingers feel gloved. These are early warnings which, if persistent, should not be neglected.

The sense of sight also may show signs equally unmistakable to the physician of the coming trouble, and more especially the symptom of double vision. Dr. Gregory tells a curious and highly instructive tale of a sportsman, who, when out shooting one day with his gamekeeper, complained of his bringing so many dogs, asking why he required eight. The servant said there were only four, but his master persisted there were double that number in the field. Convinced, however, of his mistake, probably by the touch, he immediately became aware of his condition, mounted his horse, and rode home; before long he was attacked with apoplexy and died. It must be remembered, however, that double vision may arise from a far more innocent cause than brain disease: for example, defect or derangement of the optical organ—the eye.

It is not always easy to distinguish softening of the brain from another malady, which

is equally terrible. We allude to the general paralysis of the insane. Indeed, the latter disease is frequently a result of the former. General paralysis of the insane may be impending for years, the only symptom being the exaggeration, as it were, of ordinary mental failing. The individual gradually becomes extravagant in his ideas. If in business he will assert that all his speculations have turned out beyond his hopes. His prospects are supposed to be growing more brilliant every day, and he will launch out in extravagant modes of living, often to the surprise of his friends, who have been accustomed to regard him as careful and prudent. This mental peculiarity will often exert itself for a considerable period without any further symptom showing itself. The next symptom that shows itself will perhaps be a slow and measured method of intonation. Phrases are selected with the utmost care, the lips sometimes separating and meeting without giving out a sound, the movement resembling the action of smoking a pipe. The mouth opens and shuts in one piece, neither lips nor mouth yielding the least expression. At

this stage the mental and physical powers are perceived to gradually give way ; the muscles becoming progressively paralysed. Even those reflex actions which govern many of the functions of the body fail ; and it sometimes happens that a patient is choked by the passage of food into the windpipe, instead of the gullet—the epiglottis, that sensitive lid which, in a state of health, jealously closes and guards the air-passage, being paralysed, and standing open, as it were, to facilitate the destruction of a body already reduced to a condition of living death.

The injurious effects of blows upon the head are not sufficiently considered, for the reason that in certain cases they are unperceived for years. Where a serious concussion of this kind has taken place, the sufferer should beware of the first signs of distress in the brain. Cases are on record in which a fatal termination has ensued from a heavy blow received, perhaps, years previously. For example a sailor fell from the mainyard of a ship upon deck, and was removed below in a state of unconsciousness. He speedily recovered his senses, however, and in a fort-

night resumed his work. After the lapse of four years, during which no bad symptoms appeared, he was occasionally attacked with headache, and twenty-six years subsequently he became paralytic. He remained in this condition eight weeks, when he died, and on examination it was discovered that a large abscess existed in his brain. In another case a boy received a violent blow from a cricket-bat. He did not suffer any inconvenience for ten or eleven years, when he became liable to attacks of headache of a severe character; epileptic seizures followed, and he ultimately died. An encysted abscess, of the size of an egg, was found in the cerebrum. In neither of these instances was there any reason to doubt that the brain disease immediately causing death was the effect of the injury received long before.

It is the opinion of many eminent physicians, that the present century has witnessed a very large increase of brain disorders, and that this increase has taken place in an accelerated ratio as the strain upon the commercial and public life of the people has become greater. The intense competition

which at present exists in the professions, the excitement accompanying the large monetary transactions that distinguish the trading of the present day, the gambling nature of many of its operations, and the extreme tension to which all classes of the community are subjected in the unceasing struggle for position and even life, occasion cerebral excitement, under which the finely organised brain but too often gives way.

Dr. Brigham, of Boston, in the United States, gives a deplorable account of the increase of cerebral disorders in his own country, in which he asserts that insanity and other brain diseases are three times as prevalent as in England. This statement would seem to confirm the notion that go-aheadism—if we may be allowed the term—is straining the mental fabric to its breaking-point. And we must remember that the mischief cannot be gauged merely by the number of those who fall by the wayside: there is an enormous amount of latent mental exhaustion going on, of which medicine takes no count. It is a matter of general observation that the children of men of intellectual

eminence often possess feeble, if not diseased brains, for the simple reason that the parents have unduly exercised that organ.* What is true of individuals, is in a modified degree true also of the race. A generation that systematically overtasks the brain is but too likely to be succeeded by a second still more enfeebled in its mental organisation, and this exhaustive process will go on increasing if the social causes producing it continue in operation.

We possess some means of measuring the magnitude of the evil where absolute lunacy is concerned, as we have official returns to deal with, which gauge its rate of increase or decrease with pretty tolerable accuracy; but we have no means of ascertaining the nature of the increase of those not less grave disorders of the brain which do not bring the patient under the cognisance of the law. If we could take count of the number of able men who, at the very height of their efficiency and in the very plenitude of their power, are

* The transmission of mental peculiarities and casts of character is an undoubted fact, and goes far to explain the success or failure which runs in families, and is sometimes vaguely designated the consequences of "luck."

struck with insidious cerebral disease, such as softening of the brain, and drop out of life as gradually and as noiselessly as the leaf slowly tinges, withers, and then flutters to the ground ; if medicine had any system of statistics which could present us with a measure of the amount of paralysis that comes under its observation, or the number of apoplectic seizures which so suddenly blot out life ;—we should doubtless be astonished at the very large increase which has of late years taken place in affections of the brain. It is just possible that the tendency lately observable in the community to take a little more breath in the race of life, to prolong the annual holiday, and to favour the habit of physical exercise, of which the volunteer movement is a noble example, will do something to check the degenerating process at present undoubtedly going on : meanwhile we must see what we can do to remedy the existing evil. It is, we believe, within the province of art to arrest in its early stages many disorders of the brain, if notice were only given in time ; but the golden opportunity is allowed to slip, and disordered function slowly but surely

merges into disordered organisation. We know full well that at least 80 per cent. of cases of insanity may be cured if treated early ; and we also know that of those received into the great county asylums scarcely 10 per cent. actually recover. The proportion between these two per centages drop through into the condition of drivelling demented, simply because the curative influences of medicine have been sought too late. In some of the more obscure and fatal brain diseases, such as cerebral softening, general paralysis, epilepsy, the neglect of early treatment is deplorable. Unfortunately the insidious approaches of mischief are generally foreshadowed by symptoms so trivial that they pass unobserved by patients and their friends.

The public are apt to date the duration of mental disturbance from some overt act, which has startled and compelled the attention of friends. Alas ! the first open act, in many cases, is also the last, and a verdict of suicide committed in a fit of temporary insanity is considered sufficient to exonerate all parties from any blame, although in every case the first flagrant act of insanity has been preceded

by signs and portents of the patient's state of mind, which the experienced eye should not fail to detect.

It may be urged, that if we refine too much in this direction, the merest effects of temper and mood, and exhibitions of eccentricity, which constitute character, will come to be looked upon and watched with suspicion, as indicating a tendency to mental disease, and those only will be considered to be sane who possess ordinary level minds, without sufficient originality to go out of the beaten track. Such an error in reasoning no well-educated physician would commit; but he would note with extreme suspicion any sudden change of a man's settled habits or revolution in his modes of thought. As Dr. Andrew Combe remarks :

“It is the prolonged departure, without any adequate external cause, from the state of feeling and mode of thinking usual to the individual when in health, that is the true feature of disorder in mind; and the degree in which this disorder ought to be held as constituting insanity is a question of another kind, and which we can scarcely hope for unanimity of sentiment upon.”

There are very many cases, however, in which insanity shows itself by a simple exaggeration of usually healthy conditions. The physician finds the greatest difficulty in saying where the line should be drawn which will bring the patient under the eye of the law. It is cases such as these which produce misery in the domestic circle, because the Lunacy Acts do not allow of their being placed promptly under control. A person thus affected may with impunity squander his whole substance and bring his family to ruin; he may render them miserable for years by the most unfounded suspicions; he may bring disgrace upon his name by exercising that excess of the secretive power which finds its climax in meaningless petty thefts. The conditions of sanity and insanity in such cases graduate so imperceptibly into each other, that the physician scarcely dares to give a certificate of insanity; and many families are forced to stand idly by while they see themselves irretrievably ruined, merely because the rigid rules of law cannot be made flexible enough to meet the ever-varying phenomena of diseased mind.

The hereditary nature of insanity has long been acknowledged by physicians and society in general, but, except among those who have specially applied themselves to the study of medico-psychology, scarcely more than the bare fact has been recognised in relation to one of the most interesting subjects in medicine. The general idea has been that madness begets madness—that the children of insane parents are either free from the disease or inherit the calamity in all its severity. Those who have had any practical experience in the treatment of insanity, however, are aware that nature seldom reproduces her pattern with exact fidelity. The resemblance of the child to its parents is like, and yet unlike. In a large proportion of cases the mental likeness is transmitted with a difference, although chiefly in degree. These reflections may serve to show that the transmission of mental disease is not invariably a direct propagation in kind. It is rarely the same form of insanity passes from parent to child. In many cases, indeed, there is no specific mental disease, such as can be legally taken notice of in the immediate progeny of

lunatics, but the children, by virtue of their inheritance, have passed into the borderlands of insanity. According to the intensity of the taint, will be the degree of the mental perversity transmitted. It may assume a physical type—for example, neuralgia, epilepsy, or chorea ; or, it may show itself in mental peculiarities, certain forms of which seem to be exaggerated instances of moral weakness ; such as an extreme tendency to passion, proclivities to cruelty, thieving, lying, and other vices in which the will is over-mastered by impulse, or for the moment fails.

The number of persons in this country whose insanity is undoubted, is so large that there must be a very considerable number of individuals who either inherit the disease direct, or are saturated with the seeds of nervous disorders, which only require some exciting cause to force them into vigorous growth. It is this class of incipient lunatics—the dwellers in borderland—with whom we wish to deal in these following pages — persons whose unsoundness of mind is mistaken either for mere eccentricity or moral perversity. Going about with a clean mental bill of health, as it

were, these unfortunate individuals are the cause of more misery to themselves and to the community than the declared lunatic, for the reason that society cannot restrain them from acts as inimical to the well-being of others as to themselves.

One of the ablest alienist physicians of the day, Dr. Maudsley, writing of this unhappy class, says :

“ It certainly cannot be disputed that when nothing abnormal whatever may be discovered in the brains of persons who have a strong hereditary tendency to insanity, they often exhibit characteristic peculiarities in their manner of thought, feeling, and conduct, carrying in their physiognomy, bodily habit, and mental disposition, the sure marks of their evil heritage. These marks are, I believe, the outward and visible signs of an inward and invisible peculiarity of cerebral organisation. Here, indeed, we broach a most important inquiry, which has only lately attracted attention ; the inquiry, namely, into the physical and mental signs of the degeneracy of the human kind. I do not mean to assert that all persons whose parents or

blood relatives have suffered from nervous or mental disease, exhibit mental or bodily peculiarities: some may be well formed bodily, and of superior natural intelligence, the hereditary disposition in them not having assumed the character of deterioration of race; but it admits of no dispute that there is what may be called an *insane temperament* or *neurosis*, and that it is marked by peculiarities of mental and bodily conformation.

What are the bodily and mental marks of the insane temperament? That there are such is most certain; for although the varieties of this temperament cannot yet be described with any precision, no one who accustoms himself to observe closely, will fail to be able to say positively, in many instances, whether an insane person, and even a sane person in some instances, comes of an insane family or not. An irregular and unsymmetrical conformation of the head, a want of regularity and harmony of the features, and, as Morel holds, malformation of the external ear, are sometimes observed. Convulsions are apt to occur in early life; and there are antics, grimaces, or other spasmodic movements of

muscles of the face, eyelids, or lips afterwards. Stammering and defects of pronunciation are also sometimes signs of the neurosis. In other cases there are peculiarities of the eyes, which, though they may be full and prominent, have a vacillating movement, and a vacantly abstracted, or half-fearful, half-suspicious and distrustful look. There may indeed be something in the eye wonderfully suggestive of the look of an animal. The walk and manner are uncertain, and though not easily described in words, may be distinctly peculiar. With these bodily traits are associated peculiarities of thought, feeling, and conduct. Without being insane, a person who has the insane neurosis strongly marked, is thought to be strange, queer, and not like other persons."

Cannot the reader, passing his memory over children who have inherited the insane temperament, recognise in this minute and truthful sketch many of the physical peculiarities they have exhibited? How many children of the class have shown signs of that "queerness" which means so much more than we are able to convey in more precise terms. In how many instances was there exceptional

waywardness, extreme perversity of character, cruelty, and an almost total absence of the moral sense.

Among the special forms of moral perversity, or, as the alienist physicians would say, insanity, which are transmitted by an insane parent—forms which may not arise for two generations — must be mentioned Kleptomania, or petty thieving; Dipsomania, or thirst-madness; and Pyromania, or incendiary madness. Many persons, especially lawyers, cannot understand how what they hold to be forms of vice can be claimed as morbid phenomena, and removed from the denunciations of the moralists and the punishment of the law by what they are pleased to term a new-fangled theory of the “mad doctors.” That an individual should, in all other matters, appear of sound mind, but at certain seasons be seized with an irrepressible impulse to commit theft or arson, or to reduce himself below the level of a beast by excessive indulgence in drink, not because he likes it, but under a constraining influence overwhelming and irresistible, seems to the unprofessional understanding quite incomprehensible;

and the common view—taking this bare aspect of the case—is the right one. There is indeed no such thing as simple thirst-madness, or fire-madness, or thieving madness, or homicidal madness.

Those who have watched such cases with knowledge and experience, must observe that the whole moral tone of individuals afflicted with these propensities is, so to speak, below par. They suffer from a paralysis of the moral sense; they are invariably untruthful, very commonly full of impure thoughts, and always eccentric both in thought and action. There can be no question in the opinion of those who know them best that they live on the verge of insanity; but it is generally the last supreme crime or indiscretion which, in the eyes of the world, takes them over the boundary into the domain of the insane. There are thousands who never actually cross the frontier, but remain and swell the class of undiscovered lunatics which leavens the sane population.

It will aid the recognition of symptoms denoting incipient insanity, to remember what experience teaches us as to the relative share of the father and mother in transmitting the

insane neurosis to their children. It is agreed by alienist physicians, that girls are more likely to inherit insanity from the mother than from the other parent, and the converse is true of boys. The tendency of the mother to transmit her mental disease is, however, in all cases stronger than the like tendency on the part of the father ; some physicians have, indeed, insisted that it is twice as strong. In estimating the chances that an individual will inherit mental disease, or the insane temperament, it may be not unadvisable to study the general likeness and character. If an insane mother has two daughters, one very much resembling her in feature and in temperament, the other not so like, the chances are great that the former will inherit the disease, while the latter may escape. The reason is obvious ; the resemblance in general physical aspect and temperament points to a similar likeness in the structure of the body and nervous system. The mental likeness is, however, principally important. We often see children with the father's features and the mother's temperament. In such cases the child would probably inherit a mother's insanity, transmuted

into some disorder of the nervous system, such as hysteria, epilepsy, or neuralgia; for nothing is more common than to find mental disorders changed, by transmission from parent to child, into mere nervous disorders, and *vice versâ*. The latest discoveries show that forms of the same disease are interchangeable, in some mysterious way, which our knowledge of the laws of inheritance as yet, only dim and feebly comprehends. It is also well to know that what are termed peculiarities, oddities, and those mental and bodily characteristics which only amount to what may be termed "queerness," are more generally transmitted by insane parents to their children, than the developed forms of the disease.

The most common and, as regards society and sufferers, the most terrible, of these minor offshoots of the insane diathesis, are the moral derangements, such as dipsomania, or drink-madness. To the ordinary observer the dipsomaniac is nothing more than an utterly reckless person, who is determined to obtain drink, regardless of consequences. He is confounded with the ordinary drunkard, and

his infirmity is looked upon as a simple vice. But, in reality, the two cases are utterly unlike. While the ordinary toper drinks either to gratify an appetite, or as a habit commenced at the festive board, with the dipsomaniac the propensity is an involuntary and secret vice. He will, indeed, avoid drinking in company, and assume the virtue of temperance, all the while madly longing for liquor; and when he cannot obtain it, drinking even, says Dr. Skie, "shoe-blackening and turpentine, hair-wash, or anything stimulating." There is one feature in the case of the dipsomaniac which is especially noteworthy; he is invariably good-tempered when not suffering from the physical depression which follows the indulgence of his desire. My own experience of cases of this class leads me to the conclusion that the dipsomaniac is, without exception, a happy-go-lucky sort of person, with whom the world appears to roll smoothly. The percentage of cures effected in this form of the disease is very small. Among women the prospect of recovery seems to be brighter than among men, as the irresistible desire, in some cases, leaves

them after a certain period of life. But their case is peculiarly distressing, as it usually happens that the most refined natures are transformed by the malady into the lewdest and the most shameless of their sex.

When the attack is over, the patient is overwhelmed with remorse at the disgrace he has brought upon himself ; and this remorse alternates with paroxysms of swinish bestiality until every worldly prospect is ruined, and the patient dies in a fit of delirium or is transferred as a "boarder" to the custody of an asylum. But the mere treatment of an asylum—which is a simple withholding of the liquor during the time the irresistible impulse is upon the patient—is good only while the impulse lasts ; when the fit is over, no asylum proprietor would be justified in retaining his patient an hour. It is true it has been proposed by the select committee on the Habitual Drunkards Bill that an asylum proprietor should have power to retain his patient during the period of remission, as well as at the time of the attack ; but we do not believe the Legislature will ever consent to agree to such an encroachment upon the liberty of the subject,

which in the case of a confirmed dipsomaniac would amount to imprisonment for life. Neither is an asylum the proper place of residence in the intervals of this disorder. If the dipsomaniac is to be strengthened, that he may resist future impulses in the same direction, this must be done by associating him with sound minds. That, in my opinion, is an unanswerable objection to the proposal to treat these cases in asylums as boarders on parole. If the dipsomaniac is to be held only by his honour, there is no need of asylum walls. He would be far better treated where more individual attention could be given to his case, and his own efforts towards reform would be strengthened by the example of self-controlled minds, irritating signs and emblems of coercion being avoided.

This disease being in nearly every case inherited from some insane progenitor,—possibly so remote that he has been forgotten,—it seems almost useless to appeal to the determination of the patient to repel it. In some instances, however, where the will is stronger than the craving, moral training may be of service. We must, however, protest in the

warmest manner against the practice of putting the enemy into the mouths of individuals exposed by nature as it were to the attacks of this disease.

Not many years since a leading London physician became inspired, almost to fanaticism, with the use of alcohol as a medicine. He prescribed it in varying doses in nearly all diseases ; even fevers were not exempt ; and the teaching of this master has been handed down to a certain number of disciples, who are but too willing to improve upon his precept. This unfortunate initiative, under the guise of science, has in a large number of cases led to confirmed drinking on the part of ladies ; and of course persons predisposed by a bad inheritance have been led into danger by those who should have been the first to lead them away from it.

We all know how hysterical depression induces the weak-minded to seek what they euphemistically term "support" in stimulation. Beginning with sal-volatile, and ascending by graduated steps, such as red-lavender, eau-de-Cologne, to sherry and spirits, it will readily be conceived that the

liberal prescription of brandy, as one of the most efficacious and universal of remedies in diseases to which the hysterical temperament is especially exposed, was likely to be accepted and acted upon. Hence the necessity for contending that "alcohol in whatever form should be prescribed with as much care as any powerful drug ; and that the sanction of its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past."

There are, however, other causes of female intemperance besides the abuse of a physician's prescriptions. The changes which have taken place in social life have something to answer for. Within the last twenty years suburban railways may be said to have driven middle-class female society farther and farther into the country. The husband goes to his business in the morning and returns in the evening, leaving his wife, during the whole of the day, to her own resources. Before the fashion of living out of town came in vogue, women had the intensely feminine diversion of shopping, to relieve their *ennui* ;

but that being now out of the question, what have wives to do, especially the childless, looking to the prevailing defects of female education? It has been well said that the working man goes to the public-house for light and cheerful society as much as for beer. After the muscular fatigues of the day, he requires social refreshment of some kind. Is not refreshment equally necessary for woman's mind after the humdrum housekeeping labours of the day are accomplished? As it is, she is left to her own devices, and if there is no family to engross attention, these devices are scarcely likely to be of a very high intellectual order. In short, the arrangements of society and railways have banished women from the harmless amusements and excitements of town life, and they are thrown upon their own resources with but very imperfectly provided minds. The result, in cases where this incipient form of insanity is present, will probably be a fatal appeal to the bottle. While ladies are unwilling to put their hands to practical work, and are untrained for any intellectual exercise, they cannot well avoid getting into mischief. The great cure

for the evil that has begun to show itself within the sacred precincts of home, is sound mind-training for women. If wives knew anything of art, if they could draw, paint, model, or write, we should hear far less of the sherry-bottle, and tippling for the support of weak nerves and as a pastime. The hours that elapsed before the husband's return from business would be bridged over by some occupation that delighted and satisfied the mind; at least the demon that, unknown to his prey, lurks within or at the elbow of every idle woman, would scarcely find so many easy, if not willing, victims.

It is deplorable to think that the acute and delicate instinct of woman for beauty, her appreciative faculties, her sensitive touch, and highly developed mental fibre should be lost to the world's work. All that man wants, intellectually, she is fitted by Nature to supply; but unfortunately Mrs. Grundy stands resolutely in the way, and it is thought beneath her position and dignity to do anything useful or ornamental in life, especially if she is to be paid for it. So long as young girls are imbued with these absurd notions it is vain to expect

anything but evil. If they are allowed neither to think nor to act out of the narrow groove made for them by the conventional rules of society, what right have we to expect they will become sensible wives, or that they can resist the temptation to drown by intemperance the sense of weariness growing out of that vacuity to which they are trained from their cradles, when we find man, with his varied occupations, too often taking refuge from idleness in the same treacherous and demoralising resource? Were it not that women are beginning to rebel against the custom which often prevents their assuming their proper place in society as the helpmates, and, in a certain sense, the equals of men, we should indeed fear that the habit of intemperance, once fashionable among men, would root itself among what some are pleased to term the softer sex. If, unhappily, it should do so, the blame would rest mainly with society for having by its prejudices furthered the mischief.

The absurdity of supposing the dipsomaniac is mad only on the subject of drink, in so far as such a misconception exists, finds

its parallel in the mistaken notion that prevails as to the nature of kleptomania, a form of mental disease in which the individual is seized with a propensity for purposeless thieving. The law looks askance upon the doctrine that a man or woman may be afflicted by an irresistible impulsive madness to break the eighth commandment only, while sane and obedient with respect to all the others. The struggle between medical witness and barrister, touching the question whether a theft committed by a person afflicted with this mental weakness, ought to be considered as a vice or a disease, would we believe cease, if physicians generally were only to assert that, like dipsomania, kleptomania is one of the many symptoms of moral insanity. The reason, no doubt, why this view of the case is not more consistently affirmed, is that the friends of the persons charged with theft do not generally wish the plea of insanity to be urged, for the sake of the family, no less than for the sake of the so-called culprit; as in the event of conviction, incarceration in one of the criminal lunatic asylums would be a worse fate socially than mere committal to prison for an ordinary

theft. The kleptomaniacs we have had under treatment without exception showed signs of being perfectly oblivious to any moral law. They were untruthful to the last degree, inventing needless lies; without feeling, vain, passionate, thoughtless,—in short, lacking in every virtue that should adorn the honest man or woman. The fact of committing a theft was only one of many proofs that they were so far bereft of moral sense and control as to be irresponsible for any act they might commit in contravention of the standard morality which keeps society intact.

Among other illustrative evidence of the difference which exists between the ordinary thief and the kleptomaniac, is the following singular story told by Dr. A. Peddie, an Edinburgh physician, in his evidence before the Select Committee on habitual drunkards. It relates to the style of theft occurring under conditions of drunkenness. Dr. Peddie describes it as systematic and peculiar. "The sheriff gave an instance of a man who when drunk stole nothing but Bibles; and he was transported for the seventh act of Bible-stealing. Then another

man stole nothing but spades ; a woman stole nothing but shoes ; another stole nothing but shawls ; and there is a curious case, the indictment of which the sheriff sent me, against a man of the name of Grubb, who was transported for the seventh act of stealing a tub ; there was nothing in his line of life and nothing in his prospects, no motive, to make him especially desire tubs, but so it was, that when he stole it was always—except on one occasion—a tub.” These examples show that dipsomania and kleptomania may be co-existent in some diseased minds. And both forms of disease differ essentially in motive and method from the ordinary vices which they simulate.

The temperance and teetotal folk are not aware of the powerful weapon they possess in the known fact that persistent drunkards, in nine cases out of ten, plant the seeds of insanity and the allied nervous diseases in their offspring—Dr. Howe, of the Idiot Asylum of Massachusetts, says that out of 300 idiots, 145 had drunken parents ! Once planted there, the fruits appearing in different generations may be strangely diverse. In

one child there may be merely persistent neuralgia, in another the ancestral drunkenness will assume the form of dipsomania, while a third may be affected with an irrepressible desire to pilfer, a fourth afflicted with partial paralysis, or epilepsy. And any of these children may reproduce in their offspring the direct forms of insanity or idiocy. In the habitual abuse of alcohol we see the planting of germs from which mental as well as bodily disease may spring, and we do not doubt that it is the cause of a very large percentage of the lunacy in the country. If Sir Wilfrid Lawson could carry his Bill, and public opinion should so far go with him as to abolish persistent drinking in private, we do not doubt but that the most prolific cause of insanity and its allied diseases would be removed. Education will gradually discourage the vice of drunkenness in the working and the lower middle classes, as, within the memory of living men, it has already been discouraged by the action of society in the upper classes. If gentlemen were now to forget themselves as our grandfathers did frequently, at the dinner-table, they would

be scouted from decent society. If this moral and social crime of drunkenness was not only tolerated, but approved of by the society of the last generation, Nature has not forgotten the offence against her laws; and what an age ago was a mere sensual indulgence, has in many families become an hereditary affliction, which it may take many generations to relieve. Let us hope the warning alienist physicians have raised with reference to this vice, may be heeded by the sherry-drinking ladies of this generation, lest the tipping inheritance so many of them have received should be strengthened, and transmitted in a more permanent and terrible form of insanity to their posterity.

Nature, wearied, as it were, by repeated offences against her laws, sometimes—out of mercy to the race—takes the matter into her own hands, and in a summary manner extinguishes the race of the habitual drunkard. There is nothing more clearly ascertained, than that children conceived under conditions of drunkenness on the part of either parent, are liable to become idiots, incapable of prolonging their race.

There are few physicians of experience in these low forms of moral insanity—brought about by persistent drinking—who cannot remember the downfall in one generation of an intellectual stock to the most abject condition of humanity, scarcely presenting any claim to be so considered. A more terrible example of the swift production of a perfectly waste material from what might have been an honour to the race, the mind cannot readily conceive. In old Rome the bestial vices were paraded by the exhibition of debauched and drunken slaves before the children of their masters as a warning and terror to them. It might be convenient if dipsomaniacs could be so utilised. Unfortunately, however, as regards their own children, the tyranny of their sad inheritance would only render the example a mockery, a delusion, and a snare, into which, with a fatal certainty, they would be drawn and destroyed. So cruel at first sight would appear to be the law of Nature, as regards the individual; but so merciful when we consider the welfare of the race.

[I do not share the author's belief that good

would be effected by further legislative enactments to put down drunkenness. The experience of the last ten years does not, I think, warrant the anticipation that men and women of the lower, or lower middle, classes can be made moral and abstemious by Act of Parliament. To the upper middle and higher orders of society it is, of course, a matter of perfect indifference whether public-houses for the retail trade in strong drinks are closed early or late, indeed whether they exist. The Permissive Bill agitation is a movement which I regard with exceeding distrust and dislike. It is a well-meant, but presumptuous and, I think, sectarian attempt to enforce temperance on the lower orders, by cutting off their supplies. This is an essentially unwarrantable mode of procedure, opposed to the genius of the English system, and I trust the day will never come when the Legislature, in a moment of weakness, may enable Sir Wilfrid Lawson to ride his hobby past the post.

I have exposed and opposed the measure strongly on other grounds, and I am prepared to give it more strenuous opposition in the arena of scientific discussion. Nature has

provided men and women with minds capable of reasoning, and wills powerful to control their actions. It is a pitiful policy to neglect the development of these natural safeguards, and substitute methods of restraint and prohibition for the healthy exercise of the normal preventive and protective instincts. It is certainly not complimentary, rather the reverse, to assume that the force of social opinion is insufficient to cause the same improvement among the lower classes which it has wrought in the upper circles. And it is strange that this one-sided argument, so unfair to the "working classes" should be broached by those who affect to be their especial admirers.

The remedy for drunkenness as a vice must be sought in the cultivation of those faculties which Nature has vouchsafed to man for his moral happiness and preservation. A system of education which ignores the teachings of Religion, and glories chiefly in its "conscience clauses," can never produce a healthy race. It is vain to hope children will be able to resist the impulse to excess if they are not trained to live and act under the influence of

something higher than a mere rule of law. The remedy for drunkenness as a disease is to be sought in the same direction. When the affection known to physicians as "General paralysis of the insane" attacks an individual, those faculties and characteristics of his moral nature will first fail which have been least well-developed by cultivation. To protect the moral being against dipsomania, kleptomania, and the kindred forms of disease, it is necessary to fortify the citadel of the mind by surrounding it with strong principles. These must be engrafted in early life; and if that aspect of education which relates to this process of culture is neglected, nothing can repair the fault in after days. The surface character may, by the accident of circumstances, appear respectable, but weakness lurks beneath, and in a moment of difficulty or pressure the defect will be revealed. The teachings of Scripture, science, and philosophy, all point in one direction. Man is to be trained in righteousness and virtue, and upon the success of this higher education will depend his strength, prosperity—moral, mental, and, reflexly, physical.

Asylums for the cure of drunkenness must, in practice, be either prisons or mere shams and failures. The American system of houses where abstinence is observed, but from which the patient who thirsts for drink may at any time go or send for it, is utterly worthless. In truth it is worse, for the habit of secrecy is strengthened, being encouraged by conditions which put a premium on deceit. Any other system short of a prison régime will be abortive. This is, however, less important to the pressing question at issue than the fact that repression never cures. The only way to treat dipsomania, kleptomania, and the moral manifestations of mental disease generally, is to go straight to the fountain head of the mischief, and if possible attack the malady in its stronghold. If the exciting or irritant cause be physical, as it often is, this may sometimes be relieved. Striking as the statement may appear, the moral symptom is not unfrequently a reflex phenomenal result of irritation set up by some purely local excitant—for example, tape-worm—or viciously produced. If direct treatment fails, there is the re-educational process

to fall back upon, but it must be training in the use, and aimed against the abuse, of the stimulant, and cannot be carried on successfully with abstinence, least of all when that is enforced.

Borderland is a mysterious province, but the multitude verging on insanity is recruited from the great class of loungers, and those who drift, quite as extensively as with persons born tainted by disease. I doubt whether there is a more prolific cause of insanity than idleness. I do not mean mere neglect of exertion, but failure to work with a purpose. The mind needs to be driven, by the Will, with a tight rein. It is vain to hope mere lounging through life, with a pretence of occupation, will answer the purpose of genuine labour. Work with an intent—real earnest industry in the pursuit of some object—is a necessity of man's nature, and his only safeguard against derangement and disease.—E.D.]

NON-RESTRAINT
IN THE
TREATMENT OF THE INSANE.

THE tomb of St. Dymphna, the patron saint of the remarkable lunatic colony at Gheel, in Belgium, is sought to this day by the faithful, who have worn away the stones surrounding her effigy kneeling and praying for her intercessory influence on behalf of their afflicted friends. And on that spot at least, it may be said her influence has not been unfelt. Throughout Europe during many ages, the treatment of the insane was based on the traditional conception that madness meant possession by the devil. The awful visitations which darken and overthrow the mind of man were regarded as visible manifestations of the Evil One, to be exorcised by charms or averted by the observance of sacred rites.

Physical as well as spiritual influences were, however, not forgotten ; and while the priestly leeches inculcated the importance of an appeal

to the Most High in aid of their endeavours to cast out the fiend, they did not neglect the use of measures which are now characterised as cruel in the extreme. It was, however, left for later times to invent "scientific" contrivances to wrench madness out of suffering humanity; and especially to German subtilty and imagination to devise modes of torture which surpass the conception of mere physical brutality. Instead of exorcism by the grace of God, terror and surprise were called into requisition. Devices of so marvellous a nature were sometimes employed, that we are left to doubt whether physicians or patients could have been the most hideously insane.

One of these *methods* was to entice the sufferer across a floor that suddenly gave way and dropped him into a bath of surprise, in which he was half drowned and half frightened to death. A still more wonderful plan of treatment was sometimes employed. Patients were confined by chains in a well, and the water gradually made to ascend, exposing the victims to what appeared to them the gradual approach of inevitable death. Such terrors, even, were not sufficiently

romantic, Dr. Conolly tells us, to satisfy some German physicians who "wished for machinery by which a patient just arrived at an asylum, after being drawn with frightful clangour over a metal bridge across a moat, could be suddenly raised to the top of a tower, and as suddenly lowered into a dark and subterranean cavern; and they owned that if the patient could be made to alight among snakes and serpents it would be still better."

In England, as late as the middle of the last century, public opinion countenanced mechanical contrivances less terrifying, but even more cruel. A Dr. Darwin invented the circular swing, in which monomaniacal and melancholy patients were bound in the longitudinal position when it was required to induce sleep, and in the erect position when intestinal action was required. This instrument was said to produce such suffering that the mere mention of its name was enough to induce terror. Dr. Cox, a physician, attempted to enhance the efficacy of this swing by advising that it should be used in the dark in severe cases, with the addition of unusual noises and smells. This terrible con-

trivance was regarded by physicians of undoubted humanity with such approval that it is spoken of by Dr. Hallaran as an invention that no well-regulated asylum should be without. The circumstance supplies curious proof of the complacency with which even educated men accept familiar arrangements, regardless of their real characters.

It is painful and perhaps unnecessary to recount the story of tortures and sufferings to which the insane have been subjected in the attempt to cure their malady. We should close the sad retrospect at this point, were it not advisable to show that the judicious treatment of insanity has been developed gradually in the face of many traditional prejudices and is capable of a still wider extension. Progressive enlightenment happily holds out some promise of sweeping away the old ideas which in a modified form still pervade asylum discipline and asylum life.

The evidence given by witnesses before a Committee of the House of Commons in 1815, concerning the condition of the old York Asylum and of Bethlehem Hospital, shows that within the memory of living men

patients were treated more like furious beasts than human beings. In the last-named institution they were shown to the public on certain days of the week, the charge being only twòpence, a less sum than it cost to see the lions in the Tower. It was the custom for the roughs of the town, and even women, to jeer and mimic the demented inmates in order to excite and enrage them. Refractory patients were heavily chained; sometimes those who were not violent were fastened like savage dogs to the wall. Mr. Wakefield,* reporting his visit to Bethlehem, said :—

“ Attended by the steward of the hospital, and likewise by a female keeper, we first proceeded to visit the women’s galleries. One of the side rooms contained about ten patients, each chained by one arm or leg to the wall, the chain allowing them merely to stand up by the bench or form fixed to the wall, or to sit down on it. The nakedness of

* A land agent who gave evidence before the Committee of 1815. He had been impelled by philanthropic motives solely to visit most of the institutions where mad people were confined, and it was mainly through his instrumentality that the inquiry was set on foot.—[ED.]

each patient was covered by a blanket-gown only ; the blanket-gown is a blanket formed something like a dressing-gown, with nothing to fasten it with in front ; this constituted the whole covering ; the feet even were naked."

In another part of the house many women were found locked up in cells, naked and chained on straw, with only one blanket for a covering ; but this being the common treatment at the time, did not seem to strike the public mind so much as the case of William Norris, whose figure may be said to stand out as a martyr and a liberator. The atrocious treatment of this poor creature not only roused the indignation of the whole British community, but was instanced by foreign physicians as a terrible example of our inhumanity. This was unfair inasmuch as the Retreat at York—instituted and supported by the Quakers—which exercised less restraint than any other asylum in Europe, had been in operation a considerable length of time previous to this exposure. Bethlehem, however, being the most noted public asylum in the metropolis, naturally attracted more attention than any other.

Norris, it appears, was at times violent, no doubt in consequence of the indignities to which he had been subjected by his keeper. In order to control him, it was suggested by the apothecary that he should be chained, and that the chain should be passed through a hole in the wall of his cell, so that when it was necessary to approach him, he might be hauled up by its aid. Want of room would not permit the governors to adopt this wild beast treatment, and a cage, more economical as regards space, was contrived for the patient, which is thus described by the French Asylum physician, Esquirol:—

“A short iron ring was riveted round his neck, from which a short chain passed to a ring made to pass upwards and downwards on an upright massive bar, more than six feet high, inserted into the wall. Round his body a strong iron bar about two inches wide was riveted; on each side of the bar was a circular projection, which, being fastened to and enclosing each of his arms, pressed them close to his side.”

Thus manacled he lived for nine years. It

is noteworthy, as showing the dangerous influence of an asylum atmosphere, that the Committee of Governors of the hospital, in their report upon the evidence given concerning this contrivance, state that "it appears to have been upon the whole *rather a merciful and humane than a rigorous and severe imprisonment!*" And as proof that it was so, they affirm "that he never complained of its having given him pressure or pain!"*

* The following is from the statement made by the Committee of Governors to which the author refers. It seems only fair to place their version of the case before the reader in juxta-position with the judgment pronounced upon this proceeding many years afterwards, when the prevailing notions about insanity and the insane are entirely changed, mainly, as I believe, through the patient and persevering endeavours of the Commission in Lunacy, appointed at the suggestion, and sustained by the energy and wisdom, of the present Earl of Shaftesbury, to whom the insane, the public, and the medical profession, owe a debt of gratitude which can never be repaid. The hospital committee was appointed 23rd June, 1814.

"This committee having been informed that they were convened in consequence of certain statements having lately appeared in the public papers which involved the general charge of cruelty and mismanagement towards the patients in Bethlehem Hospital, and also a particular charge of one of such patients having been for many years confined in irons in a manner repugnant to humanity, and not warranted by the necessity of the case, proceeded to inquire into the

Dr. Monro, the chief physician, who gave his assent to the use of this cruel cage, and under whose care the poor women were chained to the walls in the different wards, stated before the Committee that "irons were only fit for paupers; that they were never used for his own private patients." Being asked why a gentleman would not like irons, his reply was indicative of a sentiment towards the lower classes which seems strange enough at the present day, especially

correctness of such statements, and for the purpose examined the physician, apothecary, steward, and keeper of the hospital, and also received the information of such of the Governors as have been for many years past in the habit of attending the weekly committee whereat patients are received and discharged, and also of going over the hospital and viewing the state of the patients. . . ." Upon the general imputation of neglect and cruelty the committee declared their officials absolved, and attributed the impression which had got abroad to the fact that none except "absolutely mischievous and dangerous" patients being received a large amount of restraint was *necessary*. With the case of James Norris they find as follows :—

"That he was first admitted into the hospital as a curable patient on the 1st of February, 1800, and reported uncured on the 7th of February, 1801, and then received as a dangerous and incurable lunatic on the 14th of February, 1801. That from the last-mentioned period he evinced repeated symptoms of a malignant and ferocious disposition, and that two years after he was admitted as incurable (*viz.*, in the year 1803), he stabbed William Hawkins, one of the keepers,

after the loving tenderness of Conolly for the poor and neglected. "In the first place," he replied, "I am not at all accustomed to gentlemen in irons; I never saw anything of the kind; it is a thing so totally abhorrent to my feelings, that I never considered it necessary to put a gentleman in irons." But the highest rank did not exempt the unhappy victims of mental disease from usage at which humanity now recoils. Mr. Massey, in his "History of King George III.," has drawn

with a knife, which had been incautiously left by a relative of a patient when visiting the hospital, and that upon one of the patients going to the relief of such keeper, he stabbed him also, neither of the wounds however having proved fatal; it is also believed that he, at the same time, attempted the life of a third person. That upon these attempts he was more closely confined, but not in the mode which was afterwards adopted, and which will be hereafter more particularly mentioned. That from the period of his attempting the lives of the keepers he appears to have lost no opportunity of committing acts of violence and mischief, having particularly a habit of darting forward in a sudden and unexpected manner upon such persons as came within his reach, and repeatedly threatening their lives, as well as frequently throwing violently at them whatever articles came in his way, and were likely to effect his purpose. That his bodily strength being considerable, and his cunning and dexterity greater than that of any other patient, he became a terror to every person whose duty or inclination brought them into the hospital; one instance of mischief in particular having been the biting off the finger

from the Harcourt Papers an affecting picture of the atrocious treatment to which the King was subjected in 1788, when Dr. Warren regarded him as a confirmed lunatic. The King's disorder manifested itself principally in unceasing talk—he talked once for nineteen hours without intermission—but no disposition to violence was exhibited. Yet he was kept constantly under the severe restraint of a strait-waistcoat; he was secluded from the Queen and his family, and denied the use

of a man named Thompson, and more of which instances might be particularised if necessary. That upon iron handcuffs having been placed on his wrists for the purpose of restraining him, he was enabled to extricate himself from them with ease by passing his hand through them in consequence of a peculiar conformation—his wrists being larger than the bones of his hands, and which instruments were then converted by him into dangerous weapons, and thrown at others. That at length, all the ordinary modes of confinement known in the hospital having been resorted to in vain, a representation was made by the medical officers to the weekly committee of Governors in the beginning of June, 1804, stating that some further confinement had become necessary in this particular case, and their opinion was taken as to the best mode of restraint. A proposal appears to have been at the same time submitted to the committee by the medical officers for allowing two apartments to the patient, as night and day rooms, communicating by a door between them, which it was conceived would answer the purpose of security; but on account of the way in which the hospital was kept constantly filled by patients, from the army and

of a knife and fork. He was abandoned to the care of low mercenaries, one of whom—a German page named Ernst—actually struck him. The King, after his recovery, retained a lively recollection of these outrages. No sooner was Dr. Willis called in than all this was changed. That estimable person immediately soothed his patient, released him from restraint, presented him with a razor to shave himself, and when the King demanded a knife and fork he courteously assented, saying, that he hoped to be allowed the honour of dining with his Majesty. The Queen and Princesses were again brought into his presence. These measures were viewed with the greatest jealousy and alarm by the Court physicians, but the consequence was that in a few weeks the King entirely recovered.

navy, it was not thought advisable to adopt the plan, as the employment of the rooms would necessarily prevent some one patient from being maintained in the hospital for the whole period during which Norris might remain there; and the committee therefore did not consider themselves justified in excluding another patient on his account. Some alteration then became necessary, and it appears that, on the 16th of June, 1804, an apparatus of iron was submitted to the committee which sat on that day for approbation." The apparatus is described, and the following minute by the committee of the 16th of June, 1804, appended:—

That was one of the earliest and most striking instances of victory gained by non-restraint over madness.

The effect of the parliamentary inquiry of 1815 proved exceedingly great. It struck the first blow at those bad traditions which are the bane of lunatic establishments. The emetics and purges which at stated times were almost indiscriminately administered to patients, regardless of necessity—because Dr. Monro had inherited the practice from his father—were given up; Norris was liberated from his iron cage, and after having been so long confined, expressed thankfulness when he was “allowed to sit down on the edge of his bed.” The women who hung from their fetters and chains on the wall like vermin gibbeted at a barn

“It appears to the committee that James Norris, one of the patients, is a very mischievous and dangerous lunatic, and had several times done mischief to the servants. Ordered, that he be put in the iron apparatus prepared for him, and approved by Dr. Monro and the committee, under the direction of the medical officers.”

From this it will be seen that the measures employed were not recklessly adopted, however revolting they may, and must, be thought by those who read of them more than half a century subsequent to their invention, and, it is pleasant to be able to add, their final disuse.—[ED.]

door, were released, dressed like human creatures, and at once exhibited a large measure of calmness. Dr. Haslam, the apothecary, notwithstanding his boast to the Committee, "I am so much regulated by my own experience that I have not been disposed to listen to those who have had less experience than myself," so changed the condition of affairs at Bethlehem that visitors, who a year before were horrified by the sights and sounds encountered in that institution, now scarcely recognised it, so contented were the patients, so quiet the wards.

In nearly all asylums, wherever supervision was allowed to penetrate, chains were abolished, and to this extent the insane pauper was put upon a par with the gentleman ; but handcuffs and strait-waistcoats continued to be considered implements that "no well-regulated asylum should be without." The time was at hand, however, when the force of public opinion, even in respect to these minor appliances, indeed, the whole system of personal restraints, was about to demolish the old ideas. In 1803 an article on Pinel's "*Aliénation Mentale*," appeared from

the pen of Dr. Henry Reeve, afterwards physician to the Norfolk and Norwich Bethlehem Hospital, where he introduced a milder form of treatment. This, with a spirited review by Sydney Smith of Tuke's work on Non-Restraint, published in 1814, helped to enlarge the notions of resident physicians with respect to the great principle of moral treatment. And before long the new system, as yet in its infancy, received a large practical development at their hands. Still it was accident, again, that gave impulse to the movement. This time the "untoward occurrence" to which enlightened methods of dealing with the insane are so much due, took place in the Lincoln Asylum.

Dr. Conolly, in his "Treatment of the Insane," states that "a patient died in the year 1829, in consequence of being strapped to a bed in a strait-waistcoat during the night; and this accident led to the establishment of an important rule, that whenever restraints were used in the night, an attendant should continue in the room; a rule which had the desired effect of much diminishing the supposed frequency of

such restraints being necessary." It was soon found that a regulation working well at night was applicable by day, and by degrees the necessity for restraints became less apparent, so that for some successive days the asylum records were without any entry of their use. This was in the year 1834, at which time Mr. Hadwin was house-surgeon of the asylum. In 1835 Mr. Gardner Hill succeeded and, imbued with the spirit of his predecessor, he still further reduced the use of mechanical restraint, until in 1837 he boldly declared that it might be altogether abolished.

As the name of Dr. Charlesworth, the visiting physician to the Lincoln Asylum, has been associated with that of Mr. Gardner Hill as equally concerned in carrying out the new idea—indeed, by some placed as that of the real discoverer—we think it but fair that the evidence furnished by Mr. Gardner Hill in his volume, "Lunacy, Past and Present," should be adduced, and we hold it to be conclusive. While it must be admitted that Dr. Charlesworth readily adopted the ideas of the house-surgeon of Lincoln Asylum,

and warmly seconded his bold attempt to throw away all implements of restraint, it cannot be maintained that he had any right to the name of inventor of the system. Dr. Conolly, indeed, refers to him as sharing with Mr. Gardner Hill that credit, but this must be ascribed to a too partial friendship. Mr. Gardner Hill is certainly not persuasive in his style, and for this reason has raised up many enemies; but truth compels us to say that the evidence of his claim to the distinction of being the first to do away with mechanical methods of restraint is indisputable. The report of the Lincoln Asylum for 1836 refers thus early in the history of the experiment to the success of Mr. Gardner Hill's fruitful idea: — "Three successive months (except one day) have now elapsed without the occurrence of a single instance of restraint in this establishment; and out of thirty-six weeks that the house-surgeon has held his present situation, twenty-five whole weeks, excepting two days, have been passed without any recourse to such measures, and even without an instance of confinement to a separate room."

Again, in the report of 1838, which is signed by the Chairman of the Visiting Committee, E. P. Charlesworth, the merit of the new idea is unequivocally ascribed to the house-surgeon—no mention being made of Dr. Charlesworth's name. "There is now," says this report, "an increased confidence that the anticipations of the last year may be fulfilled, and that an example may be offered of a public asylum, in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments of restraint." "*The bold conception* of pushing the mitigation of restraint, of actually and formally abolishing the practice mentioned in the last report, due to Mr. Hill, the house-surgeon, seems to be justified by the following abstract of a statistical table, showing the rapid advancement of the abatement of restraint in this asylum under an improved construction of the building, night-watching, and attentive supervision." The table mentioned shows that the number of hours passed by patients under restraint diminished from 20,423 in 1829 to a significant 0 in the year 1838.

Although Dr. Charlesworth heartily seconded his endeavours, and for so doing deserves high praise, it was not to be supposed that so great a reform could be effected without opposition. Mr. Hill says :—

“ Within the walls I had the whole staff of attendants against me. I prevailed over the attendants by going amongst them and personally superintending the refractory patients. I spent several hours daily in the disorderly patients’ wards for weeks in succession—in fact I watched the attendants and the patients until I felt satisfied that restraint was a pretext for idleness, and nothing more. When restraint was abolished, then ceased the reign of ‘guttling, guzzling, and getting drunk by the attendants,’ as had been the case under former management. Outside the asylum I had the whole medical world against me. The superintendents of several of our largest asylums opened a regular battery against me. I was assailed right and left. The ‘Hillite system,’ as they pleased to term it, was denounced as ‘Utopian.’ By one it was called ‘an absurd dogma,’ by another ‘a gross and

palpable absurdity ;' some fulminated against it as 'the wild scheme of a philanthropic visionary, unscientific, and impossible,' by others as the ravings of a theoretic, philosopher, involving the unnecessary exposure of the lives of the attendants—in fact, *a practical breaking of the Sixth Commandment*. Others, more moderate in their views, denounced it as speculative, peculative, &c. &c. Dr. Clutterbuck rhetorically condemned it as 'empirical, and highly dangerous to the patient and to those around him.' Dr. James Johnston said 'it indicated insanity on the part of its supporters ; it was a mania which, like others, would have its day ;' and Monsieur Moreau de Tours said that 'the idea was entirely Britannic ; that it was *an impossibility in most cases*, an illusion always, and the expression itself a lie.'" It seems very hard indeed that, after all these rough words, the medical man who called them forth should be deprived of the merit of having given occasion for them.

"Thus," in the words of Dr. Conolly, "the non-restraint system became established at Lincoln." It is to the infinite credit of the

noble nature of the great reformer, that he never failed to admit, especially in public, that the initiative of the new system was not due to himself. To Mr. Gardner Hill this great merit belonged; to his lectures, indeed, on lunatic asylums, delivered at the Mechanics' Institution at Lincoln in 1838, Dr. Conolly owed the happy inspiration which led him to embrace the new doctrine. In order to convince himself of its truth, before he assumed the post of resident physician at Hanwell Asylum, he visited the Lincoln Asylum and witnessed its practical application.

It must strike many minds that the world has dealt unfairly in practically ignoring, as it has done, the claims of Mr. Gardner Hill. In great discoveries generally the individual who translates ideas into acts reaps the final reward. Pinel, Dr. Tuke of the York Asylum, Mr. Hadwin of the Lincoln Asylum, all contributed to the development of the humane idea, but it is to Hill the credit of courageously clearing an asylum of all mechanical implements of restraint is incontestably due; and for this service the grateful acknowledg-

ment of public opinion should no longer be withheld. This act of justice may be done without taking one inch from the stature of Conolly, who so modestly repudiated any claim to the origination of the idea he ably and successfully carried into effect. To Conolly belongs the higher honour of realising the beneficent conception on a large scale in a conspicuous theatre, and for his genius in expanding it to an extent scarcely contemplated by those with whom it began. To him, hobbles and chains, handcuffs and muffs, were material impediments, to get rid of which he spent the best years of his life ; but beyond these mechanical fetters he saw there were restraints which human sympathy, courage, and time only could remove.

Significant as was the experiment carried out at Lincoln Asylum, the remoteness of that institution from the centre of life, and the want of authority on the part of its author, would no doubt have prevented any rapid extension of the non-restraint system among physicians of the great county asylums, long wedded to habit, and officially prone to look askance upon any new idea. It was

for some time treated as the freak of an enthusiastic mind which must speedily go the way of most new-fangled notions; and no doubt it would have met a summary fate had not an irresistible impulse been given to it by the installation of Dr. Conolly at Hanwell, where, with a noble ardour, he at once set to work to carry out in the largest asylum of the kingdom the lesson he had learned at Lincoln.

Dr. Henry Maudsley, in his sketch of the life of Conolly, in the *Journal of Mental Science*, dwells upon the feminine type of his mind:—"A character most graceful and beautiful in a woman, is no gift of fortune to a man having to meet the adverse circumstances and the pressing occasions of a tumultuous life." Now and then humanity has to thank the Creator for the seeming imperfections of His creatures. No doubt this great reformer's mind was not of the self-contained perfect type that would have satisfied Mr. Carlyle; more womanly than the mind of a woman, it seemed to begin and end with love and sympathy; and what a world of sympathy it requires to deal with the demented, fatuous, and idiotic, those only

know who have been brought into continuous contact with them.

Like Pinel, the great French psychologist, Conolly possessed the rare gift of moral courage, or rather, shall we say, he possessed a firm belief in the power of gentle and humane influences to conquer the most outrageous passion. Notwithstanding the tremendous responsibility both these noble men took upon themselves when they loosed the bonds of their prisoners, they never hesitated, or doubted the result of the step they were about to take. Their endeavours were opposed and discouraged. Experience, which is often made to play the part of an impediment to progressive science, pointed to discomfiture. Couthon, in 1792, after interrogating, at the request of Pinel, the inmates of the Bicêtre, whom that philanthropist proposed to reclaim, recoiled with horror from the proposal. "You may do as you please with them," said he; "but I fear you will become their victim." In the same manner Conolly's attempts were met with incredulous pity. His "want of experience" in lunatic asylums was quoted against him;

and after the success of the system of non-restraint was proved, the superintendents of other asylums remained unbelievers. In a letter to Mr. Hunt, of Stratford, recording his success, he says:—"Our asylum is now almost daily visited by the officers of other institutions, who are curious to know what method of restraint we *do resort to*, and they can scarcely believe that we rely wholly on constant superintendence, constant kindness, and firmness when required."

It is curious to note the different styles adopted by Pinel and Conolly respectively, in reviewing the early results of their brave work. The dramatic detail of the Frenchman contrasts strongly with the calm narrative in which the physician of Hanwell recounts the relief from bonds of a whole asylum full of lunatics. Both are characteristic:—

"The first experiment of Pinel was tried upon an English captain, whose history no one knew, as he had been in chains for forty years. He was thought to be the most furious among them; his keepers approached him with caution, as he had, in a fit of fury, killed one of them on the spot with a blow

from his manacles. He was chained more rigorously than any of the others. Pinel entered his cell unattended, and calmly said to him, 'Captain, I will order your chains to be taken off, and give you liberty to walk in the court, if you will promise me to behave well and injure no one.' 'Yes, I promise you,' said the maniac; 'but you are laughing at me; you are all too much afraid of me.' 'I have six persons,' answered Pinel, 'ready to enforce my commands if necessary. Believe me then, on my word, I will give you liberty if you will put on this strait-waistcoat.' He submitted to this willingly, without a word; his chains were removed and the keepers retired, leaving the door of the cell open. He raised himself many times from the seat, but fell again on it, for he had been in a sitting position so long that he had lost the use of his legs; in a quarter of an hour he succeeded in maintaining his balance, and with tottering steps he came to the door of his dark cell. His first look was at the sky, and he exclaimed enthusiastically, 'How beautiful!' During the rest of the day he was continually in motion, walking up and down

the staircase and uttering exclamations of delight. In the evening he returned of his own accord to his cell, where a better bed than he had been accustomed to had been provided for him, and he slept tranquilly. During the two succeeding years which he spent in the Bicêtre, he had no return of his paroxysms, but even rendered himself useful by exercising a kind of authority over the insane patients, whom he ruled in his own fashion. In the course of a few days Pinel released fifty-three maniacs from their chains; among them were men of all conditions and countries — workmen, merchants, soldiers, lawyers, &c. The result was beyond his hopes; tranquillity and harmony succeeded to tumult and disorder, and the whole discipline was marked with a regularity and kindness which had the most favourable effect on the insane themselves, rendering even the most furious more tractable.”

This humane conduct nearly cost him his life. The Paris mob did not believe in his humanity, and attributing it to some base motive, seized him one day in the streets, and would have hung him but for the inter-

ference of an old soldier of the guard, whom he had liberated from his chains.

The English physician, although quite as enthusiastic as Pinel, exhibits the national calmness of thought. His account of the first four months of non-restraint as experienced at Hanwell, is given in a letter to his friend, Mr. Hunt, of Stratford, in a manner so quiet and undemonstrative, that the greatness of the experiment almost seems lost in the simplicity of the record. Not only had he to deal with a much larger number of lunatics than Pinel—there were eight hundred at Hanwell when he made his first venture—but when he loosened their bonds he had no strait-waistcoats and other apparatus of restraint, like the physician of the Bicêtre, to fall back upon. What he gave was absolute freedom, as far as the use of the limbs was concerned; and had he resorted to even the slightest means of mechanical control, the enemies of the new movement, who were jealously watching him, would have declared that he had failed. Under such circumstances, the humble spirit in which he announced his triumph is very remarkable:—

“I know you will feel glad,” he says, writing to his friend in January, 1840, “that we have now ruled this great house for four months without a single instance of restraint by any of the old and objectionable methods. The use of strait-waistcoats is abolished, hand-straps and leg-locks never resorted to, and the restraint-chairs have been cut up to make a floor for the carpenter’s shop. All this of course occasioned some trouble and some anxiety, but the success of the plan and its visible good effect abundantly repay me. I think I feel more deeply interested in my work every day. I meet with the most constant and kind support of the magistrates; indeed, my only fear is that they should say too much of what is done here, and thus provoke envy and censure.”

Looking at the matter as we now do, long after the abolition of all means of personal restraint has been accomplished, we cannot fairly estimate the anxiety of mind that must have oppressed Conolly, when having thrown away the fetters he stood face to face with suicidal patients whose great aim in life is to get rid of it. The persistent cunning of this

class of patients in compassing their object, their adroitness, their impulsive vigour, but too well known to him, must have been before him night and day. A single life lost at this moment of trial would have crumbled the whole superstructure to dust. It happened that during the second year of trial nine violent cases were brought to Hanwell, many of them in a raving condition, bound hand and foot. They were taken to the wards and there set free, while those who brought them fled in terror. Well might the resident physician, in the presence of such crucial tests of the faith that was in him, tremble for its triumph. Instead of rigid bonds to confine the patient's limbs, he employed unceasing watchfulness and sympathy. These to all the world except himself appeared weak and impotent safeguards. The event, however, proved that he saw with clearer eyes than his contemporaries, and his courage was rewarded with complete success.

The abolition of all means of personal restraint was soon found to have more than a temporary influence upon the patients. It seemed to modify the type of their insanity.

Instead of calming the patients, bonds only exasperated them, and their features, from constant emotion, settled into the rigid expressions of rage and fury we see depicted in the prints of madhouse scenes in the olden times—for example, Hogarth's grim sketches, which seem almost to caricature human nature, even when exhibiting the most diabolical expressions of countenance. Conolly in his fifth report* notices this extraordinary change :—

“ Fresh illustrations have been daily afforded of the advantages of those general principles of treatment, which have been expressed in former reports, and of which the effects are to remove as far as possible all causes of irritation and excitement from the irritable; to soothe, encourage, and comfort the depressed; to repress the violent by methods which leave no ill effect on the temper, and leave no painful recollections in the memory; and in all cases, to seize every opportunity of promoting a restoration of the healthy exercise of the understanding and of the affections.”

* Dated October 1st, 1843.—[ED.]

The history of the four months from the 1st of June to the 31st of October, 1839, the date of the first report, presented to the Quarter Sessions, by the resident physician of Hanwell Asylum, repeats itself in all the subsequent reports from his pen. Implements of coercion were abolished once and for all; and if the history of non-restraint was limited to a mere record of the disuse of these mechanical implements, the record would be very slight indeed; but, as we have before said, Conolly took no such limited view of the great system he was establishing. In his mind non-restraint was synonymous with an entire absence of any circumstance or object that might needlessly irritate or thwart the patient—a position asylum physicians, as a rule, have not fully comprehended. There are methods of coercion which wound the spirit more than manacles hurt the body. Fully aware of the tyranny that may be inflicted without the use of iron or thong, in every page of his works he enforces the necessity for human sympathy and kindness. That the philanthropic labours of Dr. Conolly were not overlooked by his contemporaries we have proof in the following extract from the first number

of the *Psychological Journal of Medicine*, written by the editor (Dr. Forbes Winslow) in the year 1848. Reviewing Dr. Conolly's work on the "Construction and Government of Asylums," Dr. Winslow bears honourable testimony to the physician's benevolent exertions on the behalf of the insane then under his care at Hanwell:—

"Let the hundreds who annually visit this noble institution, and wend their way through its wards, inspect its arrangements, and perambulate through its grounds, give evidence of the admirable skill with which everything is conducted. Dr. Conolly's spirit appears to pervade every department of the asylum; he is like a father among his children, speaking a word of comfort to one, cheering another, and exercising a kindly and humane influence over all; making the very atmosphere in which the patients live redolent of the best sympathies of our nature. He feels, as all ought to feel who undertake the important, the anxious, and responsible management of the insane, *that the affliction of disease does not necessarily block up the avenues to the human heart*; that even in the worst, the most distressing forms of mental malady,

there often exist some of the better principles of our spiritual being in all their original purity, upon which the physician and the moralist may act with advantage."

Insanity does not wholly change a man's nature. His old instincts, habits, and feelings remain. They may be exaggerated or twisted, but they still exist as integral parts of his moral and mental organism, and cannot either be rudely assailed or forcibly repressed without excitement and offence. One of these instincts or proclivities is the social. It is impossible not to feel that the monastic and cloisteral system, which was adopted with the constructural plan of our older asylums from an unsuitable model, has many disadvantages. Professor Paget, of Cambridge, has said of the asylum system that it "is the most blessed manifestation of true civilisation that the world can present." It is difficult to participate in this sentiment in recollection of the multitude of female patients passing their lives in weariness and *ennui*,* consumed by

* The following, from Samuel Tuke's "Description of the Retreat at York," published in 1813, is curious, as showing the state of mind in which some of these female patients drag

the blighting sense of hopelessness ; and men herding listlessly together deprived of the best and most humanising influences of ordinary life. It would seem to have been a cardinal principle of the asylum system as at first instituted that men and women should never meet together. The erroneous conception from which this sprang has not been wholly rectified. Airing courts are carefully arranged to preclude the sexes from even seeing each other, and they are still—notwithstanding many spirited endeavours to break down

through the lingering years of a hopeless life, still animated by social instincts, and retaining the command of intellectual powers which might be converted into agents for their cure, if controlled and directed into new channels instead of being neglected or repressed. “The patient,” says Tuke, “at the time of its composition, laboured under a very considerable degree of active mania.” This again is interesting, as showing that the insane are sometimes, perhaps seldom, as mad as they seem.

ADDRESS TO MELANCHOLY.

Spirit of Darkness ! from yon lonely shade,
Where fade the virgin roses of the spring ;
Spirit of darkness, hear thy fav'rite maid
To Sorrow's harp her wildest anthem sing.

Ah ! how has Love despoil'd my earliest bloom,
And flung my charms as to the wintry wind ;
Ah ! how has Love hung o'er thy trophied tomb
The spoils of genius and the wreck of mind.

the prejudice—prevented from taking their meals together. This mistaken and unnatural method of dealing with the insane deprives the physician of one of his best and most potent means of cure.

Some years ago it was the custom at Colney Hatch for the male and female patients to dine in one room at different tables—an arrangement which at the time received the approval of the Commissioners in Lunacy; but even this distant approach to a more natural state of things has of late been discontinued. No objection

High rides the moon the silent heavens along ;
 Thick fall the dews of midnight o'er the ground ;
 Soft steals the Lover, when the morning song
 Of waken'd workers thro' the woods resound.

Then I, with thee, my solemn vigil keep,
 And at thine altar take my lonely stand ;
 Again, my lyre unstrung, I sadly weep,
 While Love leads up the dance, with harp in hand.

High o'er the woodlands Hope's gay meteors shone,
 And thronging thousands blind the ardent ray ;
 I turn'd, but found Despair on his wild roam,
 And with the Demon bent my hither-way.

Soft o'er the vales she blew her bugle horn,
 Oh ! where Maria, whither dost thou stray ?
 Return, thou false maid, to th' echoing sound ;
 I flew, nor heeded not the syren's lay.

based on grounds of serious expediency has been urged against an occasional mingling of the sexes with proper supervision and precautions. The only practical difficulty stated is that the organisation of asylums does not permit these mixed gatherings. Nevertheless the decorous and regulated social intercourse of men and women is itself an invaluable lesson in self-restraint.

Towards the end of Dr. Conolly's life, he was apparently oppressed with misgivings lest the advance that had been made should,

Hail, Melancholy ! to yon lonely towers
I turn, and hail thy tune-worn turrets mine,
Where flourish fair the night-shade's deadly flowers,
And dark and blue the wasting tapers shine.

Then, O my Edwin ! does thy spirit greet
In fancy's maze thy lov'd and wandering maid ;
Soft thro' the bower thy shade Maria meets,
And leads thee onward thro' the myrtle glade.

O, come with me, and hear the song of eve,
Far sweeter, far, than the loud shout of morn ;
List to the pantings of the whispering breeze,
Dwell on past woës, or sorrows yet unborn.

We have a tale : and song may charm these shades,
Which cannot rouse to life Maria's mind,
When Sorrow's captives hail thy once lov'd maid,
To joy a stranger, and to grief resign'd.

through the selfishness and neglect of mankind, lose its impulse, and the movement be permitted to go back. The present age is certainly not less philanthropic than that in which he carried out this great reform, but appearances seem to justify many of his apprehensions. The first and foremost of these is the growth of public asylums. Some of these have become so large that anything like individual treatment of the patients is quite out of the question.

Dr. Conolly condemned asylum extension as carried on at a time when it had not reached

Edwin, farewell ! Go, take my last adieu ;
 Ah ! could my trusting bosom tell thee more ;
 Here, parted here, from love, from life, and you,
 I pour my song as on a foreign shore.

But stay, rash youth, the sun has climb'd on high,
 The night is passed, the shadows all are gone ;
 For lost Maria breathe the eternal sigh,
 And waft thy sorrows to the gales of morn

The mingling of ideas and phrases half-remembered, with a sentiment recalling some of Cowper's most moody lines, is remarkable. The rhymes printed below, from the same volume, will illustrate the mental condition of many patients among the male recluses, and I think tend to show the author is right in assuming that a large proportion, if not the majority of the insane, are capable of social intercourse, and would be benefited by being allowed that privilege under proper supervision and restrictions. The composer of this

its present monstrous development. In a letter addressed to Sir James Clark, he says :—

“ In the monstrous asylums of Hanwell and Colney Hatch, sanitary principles have been forgotten and efficient superintendence rendered impossible. The magistrates go on adding wing to wing and storey to storey, contrary to the opinion of the profession and to common sense, rendering the institution most unfavourable to the treatment of patients, and their management most harassing and

clever *jeu d'esprit* was a hypochondriac, and the subject of his pleasantry was the delusion of a fellow-sufferer who was wont to say, “ I have no soul ; I have neither heart, liver, nor lungs, nor anything at all in my body, nor a drop of blood in my veins. My bones are all burnt to a cinder ; I have no brain, and my head is sometimes as hard as iron and sometimes as soft as a pudding.”

A miracle, my friends, come view,
A man, admit his own words true,
Who lives without a soul ;
Nor liver, lungs, nor head has he,
Yet, sometimes, can as cheerful be
As if he had the whole.

His head (take his own words along)
Now hard as iron, yet ere long
Is soft as any jelly ;
All burnt his sinews and his lungs ;
Of his complaints, not fifty tongues
Could find enough to tell ye.

unsatisfactory to the medical superintendent."

And this process of enlargement is proceeding with redoubled vigour all over the kingdom. Nearly every county asylum is demanding and undergoing enlargement, and the need is still overtaking the supply. It is capable of proof that lunacy is not increasing in a greater ratio than the population,* but patients are crowded into these asylums quicker than the old inmates die out. The very imposing appearance of modern establishments acts as an advertisement to draw patients towards them. If we make a convenient lumber-room, we all know how speedily it becomes filled up. The county

Yet he who paints his likeness here,
 Has just as much himself to fear,
 He's wrong from top to toe ;
 Ah, friends ! pray help us, if you can,
 And make us each again a man,
 That we from here may go.

The powers of thought and introspection displayed in each of these productions might, I believe, have been employed in aid of cure.—[ED.]

* This statement is somewhat bold, but I am inclined to think the author is in the main right. The apparent increase is an accumulation of cases rather than an extension of the disease, as I have argued at length, on statistical grounds, elsewhere.—[ED.]

asylum is the mental lumber-room of the surrounding district ; friends are only too willing, in their poverty, to place away the human encumbrance of the family in a palatial building, at the county expense. Although the external appearance of these institutions is so attractive, the pleasure-grounds look so well kept, the walks so trim and everything merely material is in such good order, we fear the opinions expressed with regard to their value as places of mental cure are scarcely well grounded. It is scarcely too much to say, they have ceased to be hospitals for the cure of mental disease, and subsided substantially into mere houses of detention.

And not only have the county asylums out-grown their curative capabilities ; they have degenerated from the high standard of purely moral influences to which Conolly would have raised them. No one saw more clearly than that philanthropist how the abolition of mechanical restraint must place the asylum physician at the mercy of his attendants. Instead of the strait-waistcoat, which, with all its faults, acted without passion, he has nothing to rely upon except human force liable to human weakness. To keep this in check

the most careful supervision is absolutely necessary—a supervision on the part of the medical officers, that is at present impossible on account of their relative limited numbers.* We do not wish to be hard upon these “instruments of the physician’s will,” as Conolly terms them ; they are neither better nor worse than others in the same class of life : those only who know how trying their duties are can fairly make sufficient excuses for them ; but as a fact, the school in which they are trained is not well adapted to teach humanity to uneducated minds. The difficulty of obtaining trustworthy attendants is one of the trials of the medical superintendent. Yet, without their intelligent aid, he works in the dark.

“The physician,” says Conolly, “who justly understands the non-restraint system, well knows that the attendants are the most essential instruments, that all his plans and all his care, all his personal labour, must be counteracted if he has not attendants who will observe his rules when he is not in the

* The true remedy for this evil is to reduce the number of patients in public asylums, not to increase the staff of medical officers.—[ED.]

wards as conscientiously as when he is present."

Again:—

"Attendants are generally persons of small education, and easily inflated by authority; they love to command rather than to persuade, and are too prone to consider their patients as poor lost creatures, whom they may drive about like sheep."

We fear attendants are no better now than when this was written. There are unfortunately asylums with so bad a name that attendants trained in them have no chance of employment under the medical superintendents of other establishments. Indeed, such are the tricks these officials sometimes learn, that many asylum physicians prefer obtaining assistants who have never served in an institution for the insane. The attendant is the real master of the patient: hour by hour the sufferer is at his mercy. The many small cruelties he may practise, perhaps in ill-temper; the many neglects of which he may be guilty, often in consequence of fatigue, are seldom known and more rarely recorded. It is only when some dreadful calamity occurs the world becomes aware that

restraint has not altogether vanished with the disuse of mechanical appliances of restraint. When we hear, as we have too often heard of late, how some poor demented creature has had his ribs crushed in by an attendant kneeling upon him, or compressing his chest, it is hard to realise that "the county asylum is the most blessed manifestation of true civilisation the world can present." Not long since no less than three convictions were obtained in different parts of the country against the keepers of lunatics for acts of brutality and violence.*

The Commissioners in Lunacy have over and over again protested against the enlargement of asylums, but unhappily the Commissioners have no power to avert the evil. The supervising authority established by the Government to correct the tendency to slip back into restraint, is set at nought by the jealousy of county magistrates, who hold the purse-strings. With them the county asylum is mainly an institution to maintain and keep lunatics; their cure, the only proper object of an asylum in the eyes of the physician and the Legislature, is made a secondary object.

* There have been others since this was written.—[ED.]

“If,” says Dr. Conolly, “the public would really estimate the consequences of the present inadequate number of medical officers in relation to those duties which, at least, ought to be performed in asylums, an augmentation would be insisted upon. With the various interruptions to which they are liable, it is quite evident that the medical officers cannot sufficiently superintend a thousand patients; that they cannot even sufficiently visit the wards often without exhaustion, and consequently cannot exercise due supervision over the attendants; that on numerous occasions important duties must be omitted, and important circumstances overlooked, and that many special moral appliances must be neglected with serious consequences, not the less real because they are unrecorded. Without a very efficient superintendence, chiefly to be exercised by the medical officer, or rather by the chief medical officer, the mere absence of mechanical restraint may constitute no sufficient security against the neglect, nor even the actual ill-treatment, of insane persons in a large asylum. The medical officers who consider such watchful superintendence not pro-

perly comprised in their duties, have formed a very inadequate conception of them."

The absurd rules which are forced, by the magistrates, on medical superintendents take up much of the little time they have for their overwhelming daily labours. In one asylum each medical officer is required to make an entry of his formal visit when he enters a ward; and this piece of needless clerkship alone occupies forty minutes every day. While we dwell with pride upon the fact that mechanical restraint is practically abolished in this country, it will be well to remember that foreigners regard with astonishment the miserably inadequate staff with which we are contented to work our asylums. Colney Hatch, with its 2000 patients, is insufficiently supplied. Is it wonderful that foreign physicians refuse to believe in our boasted moral treatment when they find complete medical supervision impossible?

Patients in most public institutions are treated on an organised system, very well fitted for a workhouse, but totally unsuitable in an asylum for mental cure. Individuality is overlooked; asylum life is the antithesis of

the ordinary mode of living among the working classes. When the visitor strolls along the galleries filled with listless patients, the utter absence of any object to afford amusement or occupation strikes him most painfully. Care is taken to shut out the ever-varying scenes and passages of life, so full of variety and so fraught with interest. Every natural emotion and healthy motive that freshens the intercourse between human beings in the outside world is excluded from them; and what is substituted ?*

* I confess this appears to me greatly overstated, and, in that sense, unfair. I have everywhere found convincing proofs of kindly concern for the inmates of asylums, and the tokens of an endeavour to make the conditions and surroundings of their daily lives as cheerful as possible. There are obviously great and grave defects in asylum buildings, and here and there committees may be less liberal and superintendents less spirited than could be desired, but the number of such lukewarm reformers is small. Great things have been accomplished; many more remain to be done; but it is only just to say that, so far from a policy of *exclusion* being adopted, every form of amusement is pressed into the service, and a genuine effort apparent to comfort and cheer the inmates of such asylums as Hanwell, Colney Hatch, and Wandsworth. I am persuaded no more sincere desire could animate the minds of superintendents or obvious willingness be evinced by committees, than are found in connexion with these overgrown, but, beyond question, benevolently managed, asylums.—[ED.]

It is remarked with infinite approval now and then by the Commissioners that certain walls have been enlivened with some cheap paper, that a few prints have been hung in the galleries, that a fernery has been established — matters all very well in their way, but utterly inadequate to take the place of the moving sights and scenes of the outside world. Can we wonder that chronic and convalescent patients grow weary of their prison, that the very sight of the asylum is hateful to them, that the greatest treat you can give them is a walk out of sight of its walls?

The great want admitted in every asylum is occupation. In the county asylums the labourer goes with a sense of relief to work on the farm, and the artisan takes his place in the workshop—those true places of cure when moderately used. But even these invaluable aids to medicine are susceptible of improvement. At present the work is by too many patients looked upon as mere diversion, it lacks the incentive that urges a man forward in the world. As it is admitted that the object in setting the patient to work is not that he may repay by his labour the cost of his

maintenance, but be induced to cast aside his hallucinations and fancies, and return once more to healthy feelings and thoughts—why is the healthy stimulus of pay withheld?*

How many might be gradually drawn from their distractions, if they knew labour was to have its reward, and on leaving the asylum they would be able to carry with them some help for those previously dependent on their exertions, and perhaps thrown into sore poverty and distress by their present incapacity!

The time has at length arrived when it is apparent that if our asylums are to resume the true position from which they should never have been allowed to depart—that of hospitals for the treatment of the insane—a thorough revolution must be effected in their management. There are epochs in all institutions when paralysis seems to seize upon those conducting them. The spirit infused

* The system of payment for labour, first strongly advocated by Sir William Ellis, is in operation at certain of the licensed houses. A practice of giving rewards or acknowledgments obtains elsewhere, but these are generally in kind. It would be very advantageous if the recommendation made by the author in the next sentence could be carried into effect.—[ED.]

by Conolly into the asylum system is dead. A spirit of routine without resources, spring, or energy has succeeded, and is sapping and destroying asylum life. The fallacy of supposing a man without experience in the management of pauper lunatic establishments, must necessarily be incapable of taking charge of a public asylum, is the cause of an infinity of mischief. Who have been the great reformers—the leaders in the onward, ever onward course of non-restraint? Not physicians trained in the traditions of asylums, but general physicians, who have come to the task with fresh minds, and habits not prejudiced by an unhappy experience. Pinel, before he took charge of the Bicêtre, was a general physician. Conolly was scarcely conversant with the ways of asylums before he became superintendent of Hanwell; and the far-famed Retreat at York received its inspiration from an intelligent Quaker layman, William Tuke, of York. It is the same with other professions and arts; improvements as a rule come from without; from a class of thinkers, who have not to unlearn lessons acquired by the habit of blind unthinking obedience to conventional authority.

It is difficult to get rid of old notions on the subject of lunatics. The popular impression would seem to be that the insane are generally raving and desperate. The visitor to an asylum enters the wards with the expectation of meeting violent maniacs, whom it would be dangerous to approach. He has not taken many steps, however, before this illusion begins to vanish; he may even ask, "Where are the mad people?" as he sees nothing but groups of patients seated round the fire or lolling about in a dreary sort of way, perfectly quiet, and only curious about the curiosity of the stranger. This is the class that forms at least 90 per cent. of our asylum population; chronic and incurable cases that no treatment will ever improve, upon whom the elaborate and expensive organisation is entirely thrown away, and to whom the palatial character of the building in which they are immured, not only affords no delight, but is particularly objectionable. It is this class of patients, beyond human help, that now fills the public asylums, converting them from houses of cure into mere prisons. It will doubtless surprise the reader

to be informed that out of the total number of 24,748 pauper-patients in county and borough asylums and in registered hospitals, at the commencement of the year 1867, no less than 22,261 were past all medical cure, whilst the curable amounted only to 2487, or a little more than 10 per cent.* When we consider the pressure put upon the ratepayers for the erection of large asylums throughout the land, this state of matters is clearly unsatisfactory. The national scheme for the *cure* of lunatics has obviously broken down. And the mischief is growing from day to day, for the chronic cases are eating up the small percentage of beds nominally reserved for acute cases. As asylums extend in size, the very atmosphere within their walls may be said to be saturated with lunacy. They are becoming centres for the condensation and aggravation of the

* This requires explanation. The 22,261 described above as "past all medical cure" were those *not* "deemed curable," which is by no means the same thing as being deemed *not curable*. The 2487 were those formally returned to the Commissioners as "deemed curable" at the end of the previous year. The numbers for January 1st, 1875, were—total remaining 32,400, of which 2664 were returned as "deemed curable." The 29,736 not so returned will probably yield a small percentage of cures.—[ED.]

malady, rather than places of cure ; just as crowding a fever hospital makes the type of disease more malignant. This is an evil that has been too much overlooked. The insane not only require more physical support than the sane to keep them from going back, but also a healthy mental stimulus ; they cannot lean upon themselves without deteriorating. The principle of cure for the curable, and of support for the incurable, should be carried out in association with healthy minds.

It must not be supposed that the insane are altogether wanting in observation, or that they are uninfluenced by example. To drive weak and perverted minds into a crowd, and keep them as a class apart, is clearly against the teachings of common sense, and opposed to scientific observation. Of the ninety per cent. of chronic cases, at least thirty, by the admission of the medical superintendents, and probably nearly forty to less official views, appear harmless and quiet, capable of giving a little help in the world, and having some capacity for enjoyment. The certificate of lunacy which is the authority for a patient's detention states that he must be "a *proper*

person to be detained and taken charge of," which certainly cannot be said of these poor harmless and incurable creatures.

Thus it will be seen that more than a third of the beds in existing asylums are improperly filled, and may be cleared, not only with advantage to those needlessly detained, but also to the ratepayers, inasmuch as the room they take up would afford accommodation for the acute and curable cases which cannot now find admission. The expediency of removing incurable and quiet cases being granted, as it is, by the Commissioners in Lunacy and medical superintendents, the question is, how to provide for them. The Commissioners, in their twenty-first report, refer with approval to the associated cottage system which has been adopted in some asylums:—

“In the enlargement of existing county asylums, as well as in erection of new ones, it has been our practice to advocate, as far as possible, the construction for the more quiet and trustworthy patients, especially those employed in the farm, or in the laundry and workshop, of inexpensive associated accom-

modation, homely in character and simple in architecture."

"The detached blocks erected in Kent, Devon, Chester, Prestwich, Nottingham, Glamorgan, and Wakefield asylums, and the associated accommodation provided in many others in connexion with the laundry and the workshops, have proved most successful, and all our experience points to the advantage which not only the quiet working patients derive from this description of accommodation, but even some of the less orderly and tractable."

The value of these associated buildings for patients convalescent but still under treatment cannot be denied; they may be used as stepping-stones to the outside world to which these convalescents are tending, but as a provision for the crowd of harmless incurable patients, the accommodation they would possibly afford must be inadequate to the demand. Moreover, they are nothing more than extensions of the asylum, broken fragments scattered around it, and wanting in the freedom that is desirable for the mass of chronic and incurable cases. The use of associated

cottages was suggested by a system which has lasted, with approval, for ages, and is as much superior to the imitation as a fine original picture to a feeble copy.

The following account, gathered from the *Psychological Journal of Medicine*, is the substance of a report by Dr. John Webster, of London:—

“What is far more interesting to those accustomed to the bolts and bars, the locks, wards, and high walls of crowded European asylums, is the almost entire liberty accorded to the lunatics resident in the town of Gheel and its neighbouring hamlets, to the number of 1100, or a little more than a tenth of the whole district. The only building in the nature of an asylum is a structure fitted for sixty patients in the town of Gheel itself, lately erected. Here the patients when they arrive are detained a short time on trial, before they are dispersed among the cottages under the care of the *nourriciers*, or attendants, or caretakers, under whom they subsequently remain. The little army of pauper and other patients, gathered from the whole superficies of Belgium, instead of being stowed away in

gigantic asylums such as Colney Hatch, in which all ideas of life are merged in the iron routine of an enormous workhouse, are distributed over six hundred different dwellings, the major portion of which are small cottages or small farmhouses, in which the more violent or poorer patients are dispersed; and the remainder are situated in the town of Gheel, and are appropriated to quieter lunatics and those who are able to pay more liberally for their treatment. In these habitations the sufferers are placed under the care of the host and hostess, more than three patients never being domiciled under one roof, and generally not more than one. The lunatic shares in the usual life of the family; his occupations and employments are theirs, his little cares and occupations are the same as theirs. He goes forth to the fields to labour as in ordinary life; no stone walls perpetually imprison him, as in our asylums: If it is not thought fit for him to labour at the plough or the spade, he remains at home and takes care of the children, prunes the trees in the garden, and attends to the pottage on the fire; or, if a female, busies herself in the ordinary domestic duties of the

house. The lunatics, as may be supposed, are not left to the discretionary mercies of the host and hostess. A strict system of supervision prevails, somewhat analogous to that of the Lunacy Commissioners and visiting justices of England. The entire country is divided into four districts, each having a head guardian and a physician, to whom is intrusted the medical care of every inmate belonging to the section. There are in addition one consulting surgeon and one inspecting physician, resident in the infirmary at Gheel, for the whole community. The general government of the colony is vested in the hands of eight persons, who dispense a code of laws especially devised for it. The burgomaster of Gheel presides over the managing committee, whose duties are to distribute the patients among the different dwellings, watch over their treatment, and to admit or discharge them. Of late the divisional officers have the duty of selecting the nourriciers, who are chosen, not haphazard like our own, but for no other reason than the good of the patient, and they are selected for him with a view to his age, manners, language, and calling—in short, the

individual requirements of the lunatic are especially considered. Even the style of household and family arrangements is not thought too small a matter to take into account, when the disposition of the lunatic is settled. The *nourriciers* themselves have the stimulus of a reward for their kind treatment, in the shape of a more remunerative patient, and they also have honorary rewards distributed with great ceremony for their kindness and intelligence; on the other hand, in case of any neglect, the patient is instantly removed, a punishment which is generally effectual in preventing a neglect of duty. It is said that the *nourriciers* have acquired through ages a traditional aptitude for the intelligent treatment of patients. This may seem a strange assertion, but we see no reason why qualities of this nature may not as well be transmitted—at least, if Dr. Darwin's facts are to be depended upon—as any others."

A later writer upon this remarkable colony, Dr. Edmund Neuschler, says:—

"At the hearth and at the table, so also in the stable and the field, and at the most

various occupations, the working patient is the companion of his *nourricier*. At the time of my visit, attention was universally directed to the potato harvest; and I saw the liveliest activity out of doors, both among sane and insane. The constant companionship permits the most natural and unconstrained supervision of the patient. It does not annoy him, and it is hardly to be observed, as the *nourricier* does not stand over him like an idle spectator or a keeper, but is apparently engrossed in his own work. Often, indeed, if the patient is trustworthy, he goes alone to the field, or is accompanied only by a child; and it has never happened that the latter has been injured by his companion."

With this free-air system of domestic treatment, the number of persons in restraint—chiefly by the use of an anklet—is less than in many of the closed asylums of France. Even this restraint—principally employed to prevent escape in a perfectly open country—is becoming less common every day, and the present chief physician, Dr. Bulkens, hopes to abandon it altogether. The remuneration to the *nourricier*—namely, from 65 to 85 centimes

daily—is small compared with the sum allowed to patients' friends in England when they are permitted to go out on trial. The cost of clothing is deducted, and 12 francs annually for medical attendance.

Since the existence of this singular community has been recognised in England, its teaching has made the most profound impression. It was not to be expected that superintendents would at once perceive the value of a plan directly opposed to their own practice, but in the discussions that are continually taking place as to the further extension of non-restraint, Gheel is frequently cropping up like a ghost that cannot be laid. Meanwhile, "the associated cottage system" is making way. This plan is, in fact, an inversion of the arrangement adopted at Gheel. In the latter the hospital is a mere atom compared with the surrounding country, which is the real trial-ground and true fold and asylum of the patients. The asylum building is not even visible, and never throws a dismal shadow on the surrounding free ground, while our associated cottages are oppressed with the magnitude of the gloomy

walls that overshadow them. The patients in them, although allowed some length of tether, feel that the attendants under whose care they remain, bring with them, day by day, the stifling asylum atmosphere and all the associations of the dreary house of detention. If the measure of liberty enjoyed in cottages thus overshadowed is eagerly desired by the patients, what comparative happiness would they not experience in a community like that at Gheel, without its manifest imperfections!

It is in this direction nearly every eminent authority in Lunacy is inclined to advance. "Family life" is the new watchword of the best teachers in mental therapy throughout Europe. The family life mainly surrounds the woman; she it is who is its perpetual centre—from her flow all the affections and the feelings; we can therefore fully understand the reason why in the colony of Gheel it is the housewife that takes charge of the patients. Dr. Brierre de Boismont, whose opinion commands attention, dwells particularly upon the value of feminine influence in the treatment of the insane.

"The character of man," he says, "cannot

bend itself to this kind of slavery. The attempt to do so is indeed most distressing, as one must listen to the same complaints, the same pains, and the same demands. These repetitions last for hours, sometimes for days. They are mingled with disagreeable remarks, irritating words, insulting reflections, and even the infliction of bodily injuries, and very often accompanied by lying slander and calumny. The character of woman accommodates itself better to these incessant annoyances."

The influence of children also is often useful. In the artless ways of the little ones there is seldom anything that irritates or alarms. The insane are rarely suspicious of children; they will follow their directions, join in their amusements, submit to their demands, with confidence and docility exceedingly remarkable considering the distrust they too commonly entertain for the motives of adults. It has been asserted, and we are prepared to believe, that in Gheel a child has never been known to have been injured by any of the male patients.

Dr. Maudsley, than whom we can mention no higher authority among our own psycho-

logical physicians, has expressed an opinion "that the true treatment of the insane lies in a still further increase of their liberty;" and in this wise judgment he is but amplifying the views of Dr. Conolly. Dr. Lockhart Robertson, one of the Lord Chancellor's Visitors in Lunacy, has practically endorsed the opinion in a letter to the editor of *The Lancet*, where, speaking of the benefit of placing better-class patients in the houses of medical men as private boarders, he says:—"The improved treatment of the chronic insane lies in this direction—in removing them when possible from the weary imprisonment of asylum surroundings, and in placing them amid the healthier influences of home life." "Many chronic insane," writes Dr. Maudsley, forecasting the future of lunacy practice, "incurable and harmless, will then be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care." If this can be truly said of patients of the superior orders, such as are to be found in private asylums,

we cannot see why the same humane system should not be extended to the insane pauper.

The Sussex County Asylum, over which Dr. Robertson once skilfully presided, admirably conducted as it is according to the present ideas of asylum management, can by no means compare with any well-conducted private asylum in the homelike character of its surroundings, or in the domestic nature of its treatment: we may, therefore, claim him as an advocate of domestic treatment applied to the pauper-lunatic. We know it is asserted that middle-class households would furnish more appropriate accommodation to private patients than could be found among the lower classes for pauper patients. This is a gratuitous assumption. If a premium of twelve shillings a week were offered for the care of harmless pauper lunatics, adequate accommodation would be offered in abundance. Twelve shillings is much less than the actual cost per head of asylum patients. On the average the weekly charge is about nine shillings,* but this sum does not include

* The charge is somewhat higher, say ten shillings, or even ten shillings and sixpence.—[ED.]

any allowance for the original building expenses, or house-rent. Considering the magnificent scale on which asylums are constructed and the quantity of land they necessarily occupy, an additional five shillings per head on this account must be added (the sum in reality is much more), yielding a present cost of (say) fourteen shillings for every pauper-patient in these establishments. Why should we persist in keeping these chronic cases against their will, and at great expense, when they may be maintained with more liberty and happiness at far less cost elsewhere, leaving the asylum beds they now occupy free for recent and curable cases ?

In Scotland suitable cases are distributed among friends and in licensed houses. The Scottish Commissioners report that this plan, which relieves the asylums, works well ; and if good health is a token of good treatment, the Scotch pauper-lunatics so disposed of may be considered to enjoy an unexceptionable position. The mortality among them is lower than that of our own insane poor. Attempts have been made to depreciate this "Gheel of the North," as it has been termed;

but we fail to find any reason for the endeavour. In 1866 there were 1588 pauper-patients thus disposed of—75·5 per cent. with relatives and friends; 21·1 per cent. as single patients; and 3·4 per cent. with persons who have the Board of Lunacy licence to receive either one, two, or three patients under their care. This arrangement appears to be an imitation of the system extant at Gheel. The patients boarded out are under the control of the Scotch Commissioners in Lunacy, and they are visited at stated times. The following is from the report of Dr. Mitchell, one of the deputy-inspectors :—

“ They will find more to interest them in the every-day occupations of a cottage life than they could in any large establishment. What goes on there, and what they see there, comes more easily within their comprehension and interest, and they have a pleasure in feeling that they have some little share in it all, and that personality is not lost. Their occupations and amusements may be more commonplace than in asylums, but they are not necessarily less useful on that account. The cottage kitchen is an ever-busy, shifting scene,

and it would not be easy to imagine a tranquil pauper-patient passing from acute disease into incurable imbecility, more favourably situated than at its fireside, where the surroundings are natural, and the influences are healthy.”*

The picture is charged with being tinted *couleur-de-rose*, but we see no sign of false colouring; nor is there any reason to call in question the strict veracity of Dr. Mitchell's statement. The only point in respect to which we should feel inclined to differ from him, would be the assertion that “such surroundings” are especially applicable to the fatuous and idiotic, or mindless persons; all classes not dangerous would be equally benefited by the family system. The English Commissioners “have their reasons for doubting whether the system could adequately be extended so as to afford any material relief to the county asylums,” but they give no other

* I cannot endorse this approval of the Scotch system. Dr. Mitchell's notion of “*a tranquil pauper-patient passing from acute disease into incurable imbecility*” at the fireside is painfully suggestive. This passive ruin of cases by neglect is the bane of the system. Such cases are sacrificed by the Scotch method, which is one of cheap indifference.—[ED.]

explanation of this doubt than that a large number of insane paupers so reside with friends in England. This would be no bar to a further extension of the system under better control. The country is large enough to support any number of pauper-lunatics as boarders, if it were desirable to establish such a system. No doubt, sixpence a day, the Scotch allowance for such patients, is not adequate; but, as we have stated, twelve or fourteen shillings a week would be amply sufficient. The Commissioners, overworked as they are at present, would, probably, be unable to undertake the very necessary work of supervising a multitude of patients so distributed; but this objection could be remedied by increasing the strength of the Board.

It has been proposed that the supervision of cases of chronic and harmless lunatics boarded out, should be entrusted to the superintendents of asylums. This would occupy time much better employed with acute cases in the asylum. Very little, if any, medical care would be necessary for those poor people who, being beyond the physician's

art, have been sent to live in families. Moreover, the plan of confiding their supervision to asylum superintendents might be injurious in more ways than one. For example, to save time, there would be a tendency to lodge boarders as near as possible to the asylum—to make a colony too close to its doors; in which case patients would still feel the depressing influence of the prison from which they had been liberated. They would become a class of ticket-of-leave lunatics, would partake of the ticket-of-leave man's dreads and suspicions. When convalescent cases are thus lodged out of the asylum, contiguity is advantageous, for the sake of the physician's constant attendance; but the incurable lunatic may very well dispense with his visits.*

Supervision by a paid staff of inspectors we hold to be indispensable in such a free-air system; and we believe it would be the most practicable and the most advantageous, both for the sake of the lunatic and for the sake of the asylum itself. Pauper boarders

* Neither incurable cases, nor patients requiring care, should be so disposed of.—[ED.]

would demand more careful supervision than the better class of patients : and a large increase in the number of inspectors must be indispensable. It would require time to get such a system into working order, but when once established it would be so elastic, that new rules or regulations are not likely to be demanded. Inspectors should not only supervise, they should also have the power of distributing patients. We do not think that the cottage system, pure and simple, is the best adapted to the class of patients found in the neighbourhood of important cities. For instance, Colney Hatch and Hanwell number among their inmates a large majority of town-bred lunatics. These would not necessarily be benefited by being placed in cottages in rural districts. Their habits and associations are all connected with town life. The country lunatics, again, would live more happily amid the fields, and within reach of rural occupations in which they could take a part. The inspector should have the power of placing out the pauper-lunatics in such houses and situations as would be best fitted for them. The peculiarities of each case should be con-

sidered as far as possible, and the person taking charge of it, together with the surrounding circumstances, should be suitable.

There is no reason why pauper-lunatic boarders should in this respect be treated worse than private patients in private houses. Indeed, what we ask for them is treatment relatively similar to that accorded quiet chronic cases among the better classes. London is full of patients, many of whom mix with the general population; but we seldom hear of offences committed by them. If thirty per cent., and this we believe to be below the proportion that could with advantage be withdrawn from our asylums, were thus boarded out in private families, the difficulty of finding beds for acute cases would at once vanish, and the perplexing problem which is at the present moment troubling asylum physicians, Commissioners in Lunacy, visiting magistrates, and the taxpayers, would be solved.* The existing establishments

* The problem is more complicated than this implies, but relief would be afforded by the plan recommended by the author, if *only* incurable cases were distributed in families, great care being taken to avoid the danger of removing cases of "acute dementia" from active treatment.—[ED.]

would have vacant beds, instead of being crowded to suffocation, and civilisation would no longer be outraged as it now is by the daily refusal to admit urgent cases. According to the last report of the Commissioners in Lunacy, just issued, no less than 661 applications for admission had been refused at Hanwell, and 562 into Colney Hatch, in less than twelve months!

But it is not sufficient to remove these chronic cases from the county asylums, we must prevent fresh ones getting in, which would speedily happen if some change were not made in the terms of their admission. Harmless cases of long standing must be made inadmissible, just as they are at St. Luke's and Bethlehem Hospitals. Unless the door were shut to cases of this kind, which are beyond hope of cure, it would be impossible to preserve asylums from the pressure that would inevitably again assail them. Doubtful cases might be admitted for a short time, but immediately the physician had ascertained that they were past cure, they should be at once drafted out into private houses and keeping.

And here, we may ask, could not some better steps be taken to arrest the malady before it has become fully developed? It is well known that the curability of mental disease depends upon its being treated early. But how is early treatment to be secured for the poor? It has struck many thoughtful minds, that one crying evil of the treatment of insanity is the fact that it is made a special science, apart from the ordinary range of general medicine. By the general practitioner it is looked upon as something out of the way of his regular duties. The family doctor has not been accustomed to consider such cases, and when brought before him, he refers them to a special authority, as something mysterious that ordinary medicine cannot touch. The approach of an attack is either unobserved, or treated simply as low spirits, the result of indigestion. Possibly the practitioner has never seen a case of mental disease, and is totally unskilled in symptoms, which, to the trained mind, would give warning of an impending attack. This is a fatal defect in our medical teaching. Insanity is as much a bodily disease as gout or rheumatism. The

insane action or idea as surely springs from some morbid derangement in the brain structure, as a bilious attack from a disordered condition of the liver. There is no mystery about a mental symptom arising from a physical cause: the phenomenon should form as necessary a subject of medical study as chest or heart disease. We believe this separation of one organ, and that the highest, the brain, from general medical study, is the reason why incipient insanity is so often suffered to degenerate into confirmed lunacy. The sentinel who stands at every man's door, be he rich or poor—the general practitioner—should be able to foresee the approach of an attack. If he has never studied mind disease, the danger goes on from day to day, until the chance of averting the evil is lost, and when the patient becomes an outrageous lunatic, he is taken to a “mad doctor,” or allowed to linger on, making his home miserable, and sinking every day deeper, until removal to an asylum becomes unavoidable.

The loss entailed on the community by this defect in the knowledge of the general practitioner is not the only evil consequence

of separating psychological medicine from general medicine.* The error which underlies all special study and experience, even if it makes the vision keener in a limited area, is more serious where mental affections are concerned than in other diseases. A surgeon may with advantage devote himself to particular manipulative arts. A man who is drawing teeth all day makes a better dentist than a general practitioner. The operation of lithotomy requires special skill, which practice alone can give. But to treat mental disease properly, not only the condition of the brain, but of the whole body, must be taken into account, as in all cases madness arises from morbid bodily conditions, some of which the specialist overlooks, or rather he is so engaged in looking for one thing, that he disregards another which may be of equal or greater moment. Of course, there will always

* It would be better to say separating mind symptoms from ordinary physical disease. I believe in these remarks on the pressing need of restoring mental derangement to its true place in ordinary medicine, and securing prompt treatment at the outset by general practitioners, the author has struck the keynote of the problem, to arrest and stamp out the mental plague.—[ED.]

be physicians eminent in mental disease, leading men whose genius in their own department overrides other shortcomings, but these must necessarily be few. Otherwise we are convinced that, for the good of general medicine, this particular study, dealing as it does with so many complex problems, should be merged in the general routine of medical practice. If insanity were treated as a purely physical disease, like any other nervous disorder, it would lose half the mystery and dread which at present surrounds and attends it; it would no longer be hidden like a crime, and the patient himself would not feel the misery of being avoided and distrusted—one of the annoyances that beset the convalescent and retard his recovery. When the universities and other licensing bodies demand a knowledge of mental disease from all graduates in medicine, insanity will meet with an important check to its future progress.

Meanwhile the first step towards a proper utilisation of our present system of treating mental disease in public asylums is to relieve them of the cases that clog their action. A fatal torpor appears to have seized those in-

interested in this necessary reform. The Commissioners, the medical superintendents, the visiting magistrates, and the taxpayers, while admitting the evil, seem to have lost all power to make a change. Meantime, as the asylums are becoming monstrous by gradual accretion, a more fatal obstacle to the application of the principle of non-restraint is going on. The amount of capital sunk in costly palaces for the insane is becoming a growing impediment. The fact that so much money is sunk creates a conservatism in their builders, the county magistrates, which resists change; and vested interests are growing up, which unconsciously warp the minds of medical superintendents, so that any great or radical change in the treatment of the insane is supposed to endanger their present position—an idea which is, of course, erroneous, inasmuch as in no case can the treatment of acute disease pass into other hands.

Strange and futile objections are urged against greater freedom in the treatment of the lunatic; but a sweeping reform in that direction is inevitable. As we see wing after wing spreading, and storey after storey added

to asylums throughout the country, we are reminded of the overgrown monastic system, which entangled so many interests, and once seemed so powerful that it could defy change, but fell by its own weight, never to be replaced. Asylum life may not come so suddenly to an end, but the longer its present unnatural and oppressive system, as regards the greater number of its inmates, is maintained, the greater will be the revolution when at last it occurs.

THE TRAINING
OF
IMBECILE CHILDREN.

THERE are upwards of fifteen thousand imbeciles in Great Britain at the present moment, the greater number of whom are not only incapable of helping to do their share of work in the world, but require to be watched, fed, and dressed, and burden the parish rates. Generally belonging to the poorer classes, who cannot afford to maintain them, they are transferred to the various workhouses throughout the country, where they pass their lives without gaining an idea, and die like the beasts of the field, only a little more helpless. In foreign countries the idiot and imbecile population has not been allowed to perish without an attempt to improve it. Although the larger proportion of imbeciles may be incapable of any culture, at least thirty-five per cent. have been found capable

of making some intellectual progress, sufficient to raise them to a position superior to the level of mere animals, and in many cases to enable them to help themselves.

In England we have been behind-hand in these philanthropic efforts. Provisions have existed on the Statute Book, but very little has been done towards rescuing those capable of improvement. The task has practically been left, like so many other purely national objects, to be carried out by private charity. Earlswood Asylum and Essex Hall were for many years the only institutions in this country engaged in the work of training the poor imbecile, so that he might not longer be a burden to others. The building at Earlswood is passed on the right hand at Redhill on the way to Brighton. The asylum, it may be stated, is not a receptacle for the helpless idiot—indeed, such cases are not eligible for admission—but a training institution for those whose brains are sufficiently well formed to be capable of receiving instruction.

The visitor to Earlswood need not fear encountering any of those repulsive objects, scarcely in human form, which he is apt to

associate with the word idiot or imbecile. He will witness one of the most interesting sights to be met with within the field of philanthropic labour. The majority of the children reared here are simply specimens of what is termed "arrested development." At a very early age the functions of the brain—at least in regard to its intellectual operations—appear to have stopped. We see a school full of grown-up boys and girls, some eighteen or twenty years of age, no more capable of taking care of themselves than children of three or four. They cannot use their hands in any ordinary operation; sometimes they do not even know the way to eat with a knife and fork, and as a rule the new-comers are utterly incapable of dressing or undressing themselves. Their very actions are those of little children; their emotions and fears, their joys and sorrows, remind us most forcibly of those witnessed in a nursery. This is the raw material the physician has to work upon. Dr. Down requires to begin his task at the very commencement. The work of the nursery, which is sufficient to make the little one of ordinary intelligence an adept in small

personal matters and attention, has to be gone through with these big babies. The faculty of imitation, which is common to the monkey and to the child, is the great instrument by which idiots are taught to exercise their senses, and enabled to acquire the ordinary habits of civilised beings. They are grouped in classes, a few of those already instructed being mixed with those who have to learn.

Finger lessons are the first taught. Most of the children, for instance, on admission, cannot use a button, tie a string, or do the commonest act which requires any adroit manipulation: all this has to be learned. It is an odd sight to see a group of girls actively engaged in buttoning and unbuttoning their clothes, pinning them, and tying and untying strings. In a short time, by watching those who are already instructed in these simple arts, they become adepts, and at length able to dress themselves with perfect ease. While witnessing the mechanical manner and the earnest expression with which these lessons were performed, we confess we were reminded of the performing monkey of the Italian organ-grinder, which sweeps with a

broom, plays the drum, shoulders and fires a musket, and does half a score of tricks with equal adroitness. The use of the limbs is taught in classes in the same manner, the very exercise of volition giving immense pleasure to the little ones. Even the soundest-brained children flag in their attention if kept to one task too long, and in these imbeciles the faculty of attention is rudimentary; it is therefore necessary to change the occupation very frequently.

In all imbeciles the power of speech is very imperfect. This arises in many cases not from deficiency of the organs of speech, but inability to place the tongue and lips in a position to articulate. This is remedied by associating the children together in what is termed the "bell-ringing lesson." They are taught to imitate the action of bell-ringing, and while in this manner exercising the organ of time, they are taught to sing in chorus some nursery song, such as "Ding, dong, bell," &c. By this means the organs of speech acquire mobility, and in a short time that which they learn like parrots they are able to repeat as an effort of the will. By degrees those who

entered the asylum incapable of articulate speech, are by this method taught the use of their tongues.

To train the imbecile for work many faculties beyond those mentioned must be aroused. They must have a tolerably accurate idea of form. This is difficult to teach, but it is done by lessons in fitting things together. One of the processes is to place a number of square and oval pegs before the imbecile, and teach him to fit them into apertures of corresponding shape. This form of instruction is particularly useful to those who are intended to learn carpentry. Various handicrafts are taught and many preliminary lessons have to be acquired before the boys can be entrusted with tools. All the tailoring is done by the inmates, a teacher presiding and instructing the more advanced in cutting out, sewing, and fitting. The workmen give the spectator, however, the idea of being boys at play, for they come up to him and eagerly show their work, as the youngest children show their drawings on a slate, delighted at the smallest praise. Besides trades, the boys are taught agricultural pur-

suits ; they cultivate the garden, and feed the stock—the favourite occupation—they milk the cows, and do it well, too. Those on the foundation are admitted for five years, and by the time this period has expired many of them are able to take part in the work of their homes, instead of being a mere encumbrance, often filthy and disgusting in their habits.

The routine instruction of the asylum lifts all of these poor children, more or less, into the scale of rational beings ; but in some instances most encouraging results are obtained. Thus, some of the lads are able to copy engravings in a surprising manner. The work is done in a purely mechanical spirit, it is true—and this fact affords a proof of the small intellectual merit of the merely copying capacity—but are there not many persons earning their bread in the world, and even considered very clever, who exercise only the same limited power ? There is a lad here, however, who shows no mean constructive ability. Doctor Down discovered that he was fond of cutting out ships from the solid wood, and to encourage

him had him taken down to Woolwich Dockyard, where he saw vessels of war building. The hint was sufficient: henceforth he disdained to cut his model out of the solid wood, and set to work to build it up after the manner of a regular shipwright. He even made preliminary working drawings of the different sections, no slight intellectual effort, and from these drawings constructed his ship in a most workmanlike manner. It is preserved in the asylum as a trophy of the skill of the trained imbecile. Fired with this success, he determined to make a model of the "Great Eastern," the most elaborate drawings for which we saw on the drawing-board, including some mathematical-looking midship sections, which few boys of sounder intellect would be capable of drawing, much less working by. For some reason this new venture has not been proceeded with; but he has constructed numerous models, some of which were exhibited in the Paris Exposition. Yet this young man appears to be infinitely below the level of many of the other inmates in general acquirements; he speaks with the utmost difficulty, and very imperfectly; and,

when he can, prefers to make himself understood by a rude system of hieroglyphics, which he draws upon a board.

The girls, after they have conquered the preliminary difficulties of what we may term nursery instruction, are taught sewing and dressmaking, and to take part in the household work, the greater portion of which they do under the direction of female trainers. It is an ascertained fact that a far greater number of males are imbeciles than females, and the worst cases of idiocy and imbecility belong to the former sex ; but in Earlswood, at least, there are no show girls that come up to the show boys in their intellectual efforts. We forgot to mention, among the latter, the boy with a wonderful memory, which he exercises in so surprising a manner, that if he had been of the outside world, many persons would have thought him a remarkable prodigy. This lad goes through the History of England with extraordinary fluency, and with the utmost accuracy. But in some mysterious manner each link of the narrative seems to be so connected with that immediately following it, that if he drops one his memory entirely

fails him, and he is obliged to try back until he picks it up again. This is a proof of the purely mechanical nature of the process. In other respects he shows no quality above the average of the boys about him.

The value of associating imbeciles together, however great, as a means of teaching each other, was soon found by Dr. Down to have a serious drawback. The very fact of their being withdrawn from every-day association with the sane, deprived them of the power of self-reliance. They lived, in fact, in the narrow school of the asylum instead of the great school of the world, and it was accordingly found that when they went out they were as far as ever from being able to deal with the sane people, to whose ways they were still strangers. Having their food and every other necessary found them day by day, they knew nothing of the value of money; and were ignorant of the commonest machinery by which world business is carried on.

To remedy this defect a new system of instruction had to be adopted, and for this Dr. Down took an idea from the playing customs of the nursery, in the institution of

“keeping shop.” This is the most interesting sight, to our mind, of all the operations carried on in the asylum. A room is fitted up as a general shop, furnished with weights and scales, and all the paraphernalia of a real counter. At the back there are drawers, containing the miscellaneous collection of articles to be met with in such establishments. The names of the articles are written outside the drawers, and everything is complete, with the exception of the salesmen. The rows of seats which are ranged along one end of the room are speedily crowded with lads eager for the fun. A shopman is called for, and a score of boys volunteer. One is picked out, and then the instructor calls for a customer, and, of course, crowds offer themselves, and at last a lad is selected ; and the little drama, played with real earnestness, commences by the buyer marching into the shop, when the shopman is expected to salute him politely, and if he does not, he is reprovèd by the customer.

We all know how strict children are when keeping shop ; how they insist upon every act of the play being performed with un-

deviating regularity. It is exactly the same with these children of a larger growth but of a weaker brain. The play has, doubtless, been performed so many times that they have it all by heart; but it is not the less interesting to watch it through its different stages. The real object of the little drama is to give the children an idea of the value of the articles they will be required to purchase in after life, and the use of the weights and scales. A regular bargaining match concludes the performance. An article is asked for, the weight demanded, and a formal calculation is gone into. The quarrel about the right change to be given is very animated, the whole audience giving advice, or prompting when the chief actors are at fault. The instructor is present all the time, keeps order, and sees that the transaction is carried on in a fair and proper manner. There can be no doubt of the real value of this lesson, taught under the guise of play, and the beauty of it is that the poor brains of the actors and audience are relieved rather than fatigued by the performance. These exercises are a preliminary to the practice of sending boys outside the walls of

the asylum on small errands, such as with letters to the post. In this way the errors inherent in a strict asylum life are corrected. Sometimes the inmates are entertained with set amusements, such as Punch, the lime-light, and the galanty show ; by these means they are made familiar with the various animals and scenes existing in real life. They are presented, in short, with little pictures of the world, and of the relations different objects bear to each other.

There are patients of all classes in the asylum, but they are by no means mingled. It is, in fact, in one respect like a hotel, where different accommodation can be obtained by paying for it. The first class of patients have their own private apartments and nurses, in a distinct part of the building ; the next class, paying fees of thirty-five and fifty guineas, can associate with those who are elected on the foundation. All the patients, however, go through the same system of training—not station, but intelligence forming the method of classification adopted. The question of rank does not in the slightest degree affect the children themselves, who are not unaware

of the differences of social standing ; the poor man's son and the child of the rich one, going through their lessons side by side, in the happiest and most contented manner.

A comparison of the condition of these idiots at, and some time after, admission, is a measure of the value of the training they have received. Those who know anything of the ways of imbeciles, must have noted their filthy habits, and the tendency to tear everything within reach, clothes of course included. This tendency is utilised in a very ingenious manner ; a fabric is put into their hands that requires picking to pieces, such, for example, as oakum. They exercise their destructive tendencies upon it, but are surprised to find that instead of being scolded, as they used to be, they receive kind words and thanks for their energy. Thus the very first lesson they learn is that their teachers are not inclined to kick and cuff, but to praise and encourage them. The effect upon new-comers, low as they may be in the scale of intelligence, is very marked, and it generally elicits at once good feeling and willing obedience.

It is just possible that thirty-five per cent. of the fifteen thousand pauper imbeciles in the country may not represent the full proportion to which a certain amount of instruction may be conveyed. We do not know, in fact, until we try, what depths of mental deficiency may be reached by proper treatment, and it seems to us to be a duty to test every imbecile before hope is abandoned, and he is cast into a workhouse, as a piece of waste humanity, of no account in the great scheme. If the majority of these poor creatures were of the better class, it is probable the highest skill would be brought into play to lift them from the mere animal life to which the mass are now doomed, up to the level of self-reliant beings—of a very inferior order it is true, but still vastly superior to the drivelling human abortions that now crowd our union workhouses.

We gladly reiterate our praise of this institution for the training of pauper children, but we think the method of mixing the better class with them is an error. So far as manners and habits are concerned, children are but too apt to follow the example

of their fellows, and even in their imbecility the habits of the lower class are far more repulsive than those of the superior order. Again, unless there be a necessity, in a pecuniary point of view, we hold it is a mistake to associate poor imbeciles. They require the widest possible mixture with the sane members of society, just as lunatics do whenever it can be accorded with safety. If the poor could be distributed among families of the working-class, the teaching would be far more real than playing at life in these imbecile schools ; but it would be impossible, we fear, to depend upon the food and clothing they would receive from persons in their own station. This objection, however, in no manner obtains with the better class ; they should be placed in the families of medical men, where they would receive a thousand times better training among the children of the household than could be obtained in any institution,* where at best their teaching is of a make-believe

* I am afraid this is a mistake. No training an idiot would receive in a private family, or from an ordinary medical practitioner, is likely to equal the system of a well-organised asylum.—[ED.]

character, in an atmosphere poisoned with idiocy, and therefore frightfully intensified. There is nothing in Dr. Down's scheme of tuition which could not be put in practice in the family of a medical man receiving unfortunate specimens of waste humanity for improvement.

We have been recounting the educational advantages which pauper idiots are receiving. Children born with brains similarly conditioned in the upper and middle classes of life are at present very much worse off than their inferiors in the social scale. That there is no necessity for this inferiority must be obvious to any medical reader. The teaching power of the nursery must be far superior to that of the asylum, inasmuch as in every nursery, however low it may be in intelligence, some members of the family must be in advance of its idiotic member, and therefore more capable of imparting their knowledge to others.* Where the children are of the normal standard of intelligence, the teaching power is

* It would be prejudicial to children of sound but as yet undeveloped intellect to associate them with idiots.—[ED.]

proportionately greater. Although therefore we think every praise is due to Dr. Down for his invaluable utilisation of the power of imitation in the education of children of the lowest development, it must not be conceived that there is any especial value in the teaching power of an institution containing a large number of children. As in the case of chronic lunatics, the value of mixing them with brains healthier than their own is of the utmost importance—in fact, by Dr. Down's own admission his scheme breaks down at the very point where the real education of the child, as respects his intercourse with the outer world, begins.

Our own opinion is, that no idiot of the better class is incapable of education to a degree which would render him capable of attending to his own immediate wants, and it is only where the individual falls short of this that the repulsive nature of his case becomes apparent. Even the slight modicum of education obtainable can only be acquired by these unfortunates in very early youth; we cannot therefore too strongly impress upon

our readers the necessity of giving their prompt attention to the culture of this waste material of humanity. If this is true of the lowest forms of idiocy, the value of intelligent training to the highest forms cannot be too highly estimated.

BRAIN ENIGMAS.

CONDITIONS CONNECTED WITH INJURIES.

A SINGULAR example of loss of mental life occurred during the battle of the Nile. A captain was struck on the head while in the act of giving orders. A portion of his skull was driven in upon the brain, producing unconsciousness. In this condition he was taken home and removed to Greenwich Hospital, where he remained fifteen months, in the lowest condition of existence. Upon the operation of trephining being performed, consciousness returned; he immediately rose up in his bed, and, in a loud voice, finished giving the order he was issuing when he was struck down.

A young girl of six, whilst catching playthings thrown by a companion fell, and received a cerebral concussion. This rendered her insensible for ten hours. When she opened her eyes she jumped to the head of

the bed, asking, "Where did you throw it?" and immediately commenced throwing little articles of her dress from the bed, crying, "Catch these!" From that moment she was perfectly restored.

The exactitude with which the fractured ends of the idea—severed sometimes for years—fit together is very remarkable, and goes to prove that there must be an instantaneous arrest of the action of the nerve-vesicles, without morbid change however, otherwise they could not at a moment's notice resume operation at the exact point at which they were interrupted. We can only liken this extraordinary arrest of mind to some accident which has suddenly stopped a machine: the driving band has perhaps suddenly slipped off. The motive power being restored, the machine goes on as before.

That mechanical pressure upon the surface of the brain will produce different mental conditions, from perfect coma to perfect sensibility, is well known. A man in Paris once made a living by allowing curious physiologists to perform experiments of this nature upon him. He had suffered the operation of trephining, and his brain was covered by a

thin membrane only. By applying graduated pressure upon the soft spot, the man's relations with the external world could be cut off and restored. At the will of the operator he lived alternately the life of the highest order of animal, or that of a mere vegetable.

Dr. Winslow records the following:—

“Reverend J. E., a clergyman of rare talent and energy, of sound education, while riding through his mountainous parish, was thrown violently from his carriage, and received a violent concussion of the brain. For several days he remained utterly unconscious; and at length, when restored, his intellect was observed to be in a state like that of a naturally intelligent child, or like that of Casper Hauser after his long sequestration. He now in middle life commenced his English and classical studies under tutors, and was progressing very satisfactorily; when, after several months' successful study, the rich storehouses of his memory were gradually unlocked, so that in a few weeks his mind resumed all its wonted vigour, and its former wealth and polish of culture. . . . The first evidence of the restoration of this gentleman's memory was experienced while at-

tempting the mastery of an abstruse author, an intellectual effort well adapted to test the penetrability of that veil that so long had excluded from the mind the light and riches of its former hard-earned possessions."

Sometimes the mental injury inflicted seems to be limited to the loss or suspension of only part of a faculty. For example, an old soldier, after suffering a loss of brain-matter from an operation, was found to have forgotten the numbers five and seven.

One can understand the recovery of a man's wits, in consequence of a removal of pressure from his brain, but unprofessional people can scarcely comprehend how an idiot can be converted into a man of ability by a blow upon the head. We have the fact, however, upon the high testimony of Dr. Prichard. "I have been informed," he says, "on good authority, that there was some time since a family consisting of three boys, who were all considered idiots. One of them received a severe injury upon the head; from that time his faculties began to brighten, and he is now a man of good talents and practises as a barrister." This is by no means a singular

instance of the brightening of brains by hard knocks. We have it on the authority of Petrarch, that a slight concussion of the brain wonderfully strengthened the memory of Pope Clement VI. A surgeon recently informed us that he had a young stable-boy under his care, whose skull had been fractured by the kick of a horse. The bone was forced in upon the cerebral mass, and so crushed it, that a portion had to be removed; nevertheless, the patient recovered, and it was remarkable that whereas before the accident he had been subject to fits, and was rather a dull boy, after the accident he became much more intelligent, and continues so to this day. Probably the fits were of an epileptiform character, caused by pressure of bone upon the surface of the brain, and when this was removed by the operation, the dulness and fits ceased because the source of irritation was removed.

CONDITIONS CONNECTED WITH DISEASE OR
DECAY.

Dr. Graves, a Dublin physician, relates the case of "an Irish farmer who, in consequence of a paralytic fit, lost the power of remember-

ing noun-substantives and proper names ; the extraordinary thing was, he could remember the initial letter of the words he wished to say, but no more. In order to meet this singular difficulty he constructed a dictionary, including the names of the articles he was in the habit of calling for, and also for the names of his family and servants. Thus, when he wished to speak of any of those persons or things, he turned to the initial letter, and as long as he kept his eye upon the word or name, he could pronounce it, but his power to do so was lost immediately he missed the place." We do not know the ultimate history of this case, but probably this extraordinary symptom was as fatal as it was singular.

Dr. Prichard relates an anecdote which tends to show that the brain may stand still for years upon the invasion of disease, as it sometimes does after injury, and when the attack has passed take up the thread of life where it had been dropped. A farmer of New England, while enclosing a piece of land, happened, when he had finished his day's work, to put the beetle and wedges which he had used for splitting timber in

the hollow of a tree. That night he was seized with a mental attack which prostrated his mind for many years. At length his senses were suddenly restored, when the first question he asked was whether his sons had brought in the beetle. They replied that they could not find it, fearful of bringing back a recurrence of the attack; upon which the old man got up, went straight to the hollow tree, and brought back the wedges and the ring of the beetle, the woodwork itself having rotted away.

Sometimes during mental illness a patient will forget the early events of his life, and upon recovery lose knowledge of late events, and recur to those of which he was previously oblivious. Samuel Rogers, the poet, towards the end of his long life presented peculiarities of memory similar to those exhibited by undoubtedly diseased brains. In Earl Russell's life of the poet, he says: "In his ninetyeth year his memory began to fail him in a manner that was painful to his friends. He was no longer able to relate his shortest stories, or welcome his constant companions with his usual complimentary expressions.

He began to forget familiar faces, and at last forgot that he had ever been a poet." The *Edinburgh Review* states that, "although his impressions of long-past events were as fresh as ever, he forgot the names of his relations whilst they were sitting with him."

The condition of memory supplies one of the most delicate indications of the progress of disease or natural decay in the brain. From the hidden storehouse of impressions we can by the act of recollection reproduce countless tableaux of scenes that have occurred during a long life. Some persons never forget a face they have once seen; others will, with extreme rapidity, acquire languages containing thousands of words, and store them for immediate use. The musician catches the floating notes of song, and they remain for a lifetime deeply graven on his memory. The artist packs away within his brain the image of the faintest flush of sunset, or the tints of a sky, and reproduces them years after on his easel. It may be imagined that a tablet so sensitive to receive

and so strong to retain an incredible number of images in a state of health, is not unlikely to exhibit prompt tokens of any impaired condition. A flaw in an Egyptian slab covered with hieroglyphics is pretty sure to obliterate some of them, and experience proves that brain injury is speedily shadowed forth by defects, more or less grave, of memory.

In the whole range of psychological inquiry, there is nothing more remarkable perhaps than the "vagaries," if we may be allowed the term, played by the deteriorating agent in the storehouse of memory; sometimes it enters and for years locks up the vast collection in an instant, only to restore them as perfect as before; at other times it obliterates group after group of associated ideas in succession, according to the order in which the brain has acquired them. Occasionally a single letter of a word, or a figure, is all that the destroying power lays its hands upon in the immense magazine at its mercy. The case of the soldier mentioned at page 170, was an instance of this singular affection.

While disease sometimes touches the memory in this delicate manner, in its more active phases it seizes the organ with a rude and stifling grasp, and removes at once whole masses of carefully acquired knowledge. An Italian gentleman, master of three languages, struck with the yellow fever, exhibited, in the course of it, remarkable phenomena. At the beginning of his attack he spoke English, the language he had acquired last, in the middle of it French, and on the day before his death his native tongue. The total abolition of an acquired language is not at all an uncommon thing in brain disease, and as a rule the memory in such cases may be said to recede to those ideas engraven upon the memory in childhood.

Those persons who have talked a foreign language all their lives, will be found to pray before death in their native tongue. There have been some remarkable exceptions to this rule. Dr. Johnson, when dying, is said to have forgotten the Lord's Prayer in English, but to have attempted its repetition in Latin. Possibly the explanation of this exception may be found in the fact that

he habitually thought in Latin. Instances are not wanting, however, to prove that memory, under disease, oscillates between the past and the present.

There is a very remarkable condition of brain, in which this oscillation is sometimes so perfect that the mind of the individual seems possessed with a double consciousness. States arise, as distinct in themselves as though they belonged to different persons. Dr. Mitchell relates an instance of this form of disturbance which is so extraordinary that we may be pardoned for quoting it at length:—

“ Miss R——, possessing naturally a very good constitution, arrived at adult age without having it impaired by disease. She possessed an excellent capacity, and enjoyed fair opportunities of acquiring knowledge. Besides the domestic arts and social attainments, she had improved her mind by reading and conversation, and was well versed in penmanship. Her memory was capacious, and stored with a copious stock of ideas. Unexpectedly and without forewarning, she fell into a profound sleep, which continued several hours beyond

the ordinary time. On waking, she was discovered to have lost every trace of acquired knowledge. Her memory was a *tabula rasa*; all vestiges, both of words and things, were obliterated and gone. It was found necessary for her to learn everything again. She even acquired, by new efforts, the art of spelling, reading, writing, and calculating, and gradually became acquainted with the persons and objects around, like a being for the first time brought into the world. In these exercises she made considerable progress. But after a few months another fit of somnolency invaded her. On rousing from it she found herself restored to the state she was in before the first paroxysm; but she was totally ignorant of every event and occurrence that had befallen her afterwards. The former condition of her existence she called the old state, and the latter the new state; and she was as unconscious of her double character as two distinct persons are of their respective natures. For example, in her old state she possessed all her original knowledge; in her new state only what she acquired since. If a

gentleman or lady were introduced to her in the old state, and *vice versâ* (and so of all other matters), to know them satisfactorily she tried to learn them in both states. In the old state she possessed fine powers of penmanship, while in the new state she wrote a poor awkward hand, not having time or means to become expert. During four years and upwards she underwent periodical transitions from one of these states to the other. The alternations were always consequent upon a sound sleep. Both the lady and her family were capable of conducting the affair without embarrassment. By simply knowing whether she was in the old or new state, they regulated the intercourse and governed themselves accordingly."

It would seem as though ideas were registered on the brain in successive layers, the last lying uppermost; and as the nervous energy retreated, either in consequence of disease or of gradual decay, so the ideas lost life downwards. The condition of the circulation of the blood through the brain in all probability has much to do with those changes in

the vividness of the memory. It is a familiar fact that some people can recollect better by holding the head down. In morbidly active conditions of the cerebral circulation, such as occur in fever and sometimes on the approach of apoplexy, events are remembered with a clearness almost painful. In the rapid rush of blood through the brain, which occurs in certain stages of insanity, it has been remarked that patients sometimes give signs of faculties which they have never evinced in a state of sanity; prosaic persons have suddenly become poetical, and those who normally had no head for figures, have in these abnormal conditions shown extraordinary aptitude for mental calculation. It would seem as though the blood, when at this high pressure, had penetrated portions of the brain hitherto but feebly supplied, and brought into cultivation cerebral wastes that were before barren. Sudden lightings-up of the memory in old persons should excite grave attention, as possibly indicative of approaching fatal apoplexy.

If there is any truth in our hypothesis of the memory of impressions lying in layers,

superimposed one upon another, on the surface of the brain, the alternation of the child-like and the adult state of intelligence in the extraordinary case of Miss R. might be accounted for by supposing the force vivifying the nerve vesicles stamped with the mental impression rose at several periods to different heights, sinking in the child-like state to the lowest, and remounting to its full intellectual pressure in the adult period.

There is no circumstance relating to the human economy more remarkable than the tolerance sometimes exhibited by the brain of grave lesions and disorders within its substance. The popular idea that to touch the sensorium is tantamount to annihilating the life, is a monstrous fallacy.

Soldiers have been known to carry bullets in their brains without being much inconvenienced thereby; and have even passed through operations for their extraction, which involved a further injury to the cerebral mass, without suffering permanent loss of mental power. Possibly the reader may doubt whether there was any mental

power to lose, but it by no means requires the possession of high intelligence to become insane ; the development of formulated madness is compatible with a very low condition of the intellectual faculties. And the clearest and highest mental powers have been maintained intact, under circumstances which would have been thought fatal to the preservation of any of the senses. Dr. Wollaston, for instance, was afflicted from an early age with an abnormal cerebral growth, which increased with his years, and at last attained such dimensions that it pressed upon the cavities of the brain and produced paralysis of one side of the body. Nevertheless, his reasoning power remained perfect, and when he was struck mute, from the same cause, he was still able to convince his friends, by the performance of most abstruse calculations, that his brain was clear up to the last moments of his life.

Dr. Ferrier relates the case of a man who retained all his faculties entire until the moment of his death, yet one-half of whose brain was on examination discovered to have been destroyed by suppuration. Dr. Heberden tells us of a man who performed the

ordinary duties of life with half a pound of water resting on his brain.

Nevertheless, we are inclined to believe that even in these anomalous cases there must have been some disturbance of the mental powers observable, had attention been directed to them. As a rule it will be logically true that wherever a trace of organic cerebral change has been found, there also must have been manifestations of mental disturbance.

In the great majority of cases, however, post-mortem examinations reveal but faint signs of any lesion of substance, even where the mind during life has been thoroughly disordered. The physician too often in vain searches the lunatic's brain for any trace of disorganisation. He knows, nevertheless, that alteration of some kind must exist, and attributes his failure to the coarseness of the methods of examination at present employed. The scalpel alone will never find it out, and even the microscope will often fail to detect departures from normal structure of so delicate a nature as those which are sufficient to overturn noble minds. In order to detect

the more subtle lesions of the brain, we must call in the labours of the Chémico-Cerebral pathologist.*

Sir B. Brodie has shown that the nervous substance of the brain is distinguished from all other tissues (the bones excepted) by the very large proportion of phosphorus which it contains. If we speak of the solid matter alone, the important position held by this agent in the brain is still more apparent, no less than one-tenth of the whole being composed of phosphorus.

It is well known that any laborious mental exercise, indeed any protracted use of the nervous system, results in a discharge of large quantities of the phosphatic salts by means of the kidneys. This circumstance points to the inference that it plays a very important part.†

* I presume the author means a pathologist who is well versed in the morbid conditions of brain and nerve tissue, and has a sound practical acquaintance with physiological chemistry. It is needless to say that happily there is no "chemico-cerebral" speciality.—[ED.]

† The mere presence of an inorganic element proves nothing beyond the fact. It may be either the cause or the agent of nutrient processes.—[ED.]

That in the large majority of cases of insanity the blood is mainly at fault, there can be little doubt ; but when we remember how slight an alteration in the constitution of the vital fluid will produce cerebral symptoms of a very marked character, we cannot wonder at the pertinacity with which these changes have eluded observation. In a certain form of insanity, the sensations of heat and cold which stand closely related to the circulation, are entirely perverted. Prout mentions the case of a man confined in the Bicêtre, who in the depth of winter, when the thermometer stood at twenty, twenty-five, and even thirty degrees below freezing-point, had such a sensation of heat in his system, that he could not bear a single blanket, but remained seated all night on the frozen pavement of his cell, and scarcely was the door opened in the morning, when he ran out in his shirt and applied quantities of snow to his chest, allowing it to melt with delight like that experienced by persons when breathing cool air in the dog-days.

There are moments before dinner when most men suffer what—as we have before

stated—the late Dr. Marshall Hall called the temper disease. The amiable become suddenly unamiable, the *morale* of the individual is entirely altered. Want of rest, again, will so exhaust the mind, that persons so suffering are subject to delusions, imagining their best friends slight them, and exhibiting in various ways symptoms verging on insanity.

CONDITIONS AND EFFECTS OF PERVERTED
NERVOUS OR MENTAL ACTIVITY.

The difficulty of discovering the physical cause in many forms of insanity may be easily explained if there is truth in the hypothesis of a co-ordinating mental power, disease or disorder of which is liable to produce the strongest eccentricities. The later psychologists hold that the physical actions are governed, as it were, by a special power which is believed to reside in the cerebellum, or lesser brain;* and the disease popularly known as St. Vitus's Dance is supposed, on very good grounds, to arise in consequence of a derangement of

* The progress of research has modified this theory of location.—[ED.]

that power. The patient cannot conduct food to his mouth; his legs go every way but the right when he attempts to walk; he makes the oddest grimaces when asked to look you in the face; and, in short, is so incapable of performing one act of volition as he should do, that the disease is aptly called "insanity of the muscles."

Dr. Abercrombie relates the case of a lady who seemed to be imitating the action of a salmon leaping. She would occasionally double her body up, and with a convulsive spring, throw herself from the floor to the top of a wardrobe fully five feet high.*

A still more extraordinary case is on record, of a girl who was continually attempting to stand on her head, with her legs perpendicularly in the air, continuing this ludicrous action fifteen times in the minute for fifteen hours in the day. The labour incurred by these singular muscular actions would have exhausted a strong man, yet

* This story, and others, will naturally strike the reader as exaggerated, but the exploits of patients affected with violent chorea are sometimes very startling.—[ED.]

this delicate girl bore up against them for months, without apparent fatigue.

“There is no fixed or even transient delusion,” says Dr. Winslow, “in the case of physical chorea. In these cases the insanity appears to depend upon a disordered state of the co-ordinating power (eliminated, in all probability, in the cerebrum), and paralysis of what may be designated the executive, or, to adopt the phraseology of Sir William Hamilton, regulative, or legislative faculties of the mind. The patient so affected deals in the most inexplicable absurd combinations of ideas. Filthy ejaculations, terrible oaths, blasphemous expressions, wild denunciations of hatred, revenge, and contempt, allusions the most obscene, are often singularly mingled with the most exalted sentiments of love, affection, virtue, purity, and religion. . . . I have often known patients whilst suffering from the choreic type of insanity alternately to spit, bite, caress, kiss, vilify, and praise those near them, and to utter one moment sentiments that would do honour to the most orthodox divines, and immediately afterwards to use language only expected to proceed

from the mouths of the most depraved of human beings. This phase of mental aberration is often seen unassociated with any form of delusion, hallucination, or illusion."

What the nature of this mental regulative force may be we know no more than we do of the muscular co-ordinating power. Physical methods of inquiry tell us nothing, and cannot be expected to do so. The exquisite nicety with which that power, when in health, adjusts the muscles to perform any specific movement may be illustrated by the action of the arm of the violinist in drawing forth the exquisite tones of his instrument, or the dextrous digital performance of the expert pianoforte player. It is almost impossible to conceive the precision with which different groups of muscles must have been directed to produce the delicate shades of music called forth by a simple act of volition. Let us grant that there is some co-ordinating power—some executive presiding over the just association of our ideas—and there is no incoherence for which its disease may not be held responsible.

There can be found no more curious

chapter in the history of the human body and mind than that which relates to the phenomenon of morbid attention directed to its different organs. The power of influencing any particular portion of the animal economy by the concentration of thought upon it, is so marvellous that we wonder the method of its action has not been more thoroughly investigated than it appears to have been. It would seem as though the mind possessed the power of modifying the functions of distant parts of the body, and of exciting sensations quite independently of any act of volition.

The mere act of attention to any particular organ over which we possess no muscular control, is sufficient to produce some alteration of its functions. Thus we may determine that a spot in the skin shall itch, and it will itch, if we can only localise our attention upon the point sufficiently ;* by directing our thoughts to the heart, it beats rapidly ; by soliciting the lower intestine, it is quickly

* It is not so much a process of willing the act of sensation as of imagining it. If sufficiently intense, the conception becomes as it were vivified, and reacts on the organ.—[ED.]

brought into action. There is scarcely an organ of the body which is not liable to be interfered with by simply concentrating the attention upon it. Whole regions of superficial nerves, such as those of the skin in the neck, may be exalted in their action to the highest degree at the mere expectation of being tickled.

This nervous attention may become so persistent as to induce actual disease. We have a familiar instance in dyspepsia, where the patient is for ever thinking of his stomach, and at last disordered function degenerates into diseased organisation, and he falls into the condition of a helpless hypochondriac. But if an attitude of concentrated attention upon his mere animal functions is thus capable of producing disorder or disease, what effect has intense thought or introspection upon the mind itself? Sir Henry Holland has very subtly remarked, that it appears to be a condition of our wonderful existence, that while we can safely use our faculties in exploring every part of outward nature, we cannot sustain those powers when directed inward to the source and centre of their

operations—in other words, the mind, when it persists for any length of time in analysing itself, scorpion-like, stings and destroys its own integrity.

That we can as readily injure our brains as our stomachs by pertinaciously directing attention to fancied diseases in them, cannot be doubted; and that mere perversion of ordinary modes of thought, such as exist in minds only functionally disordered, may be fixed by the action of morbid attention, so as to constitute permanent aberration, is equally certain. The mind is ever busy whether we know it or not; sometimes it is working mischief of which we do not until long afterwards become aware.

Sir Benjamin Brodie referred, in his *Psychological Inquiry*, to a very remarkable quality in the brain, a quality Dr. Carpenter terms unconscious cerebration. It often happens that, after accumulating a number of facts in an inquiry, the mind becomes so confused in contemplating them, that it is incapable of proceeding to arrange and elaborate; dismayed at the chaotic heap, it is thrown back as it were upon itself, and we feel certain that

it is vain cudgelling our brains any longer. After a little while, however, without having once consciously recurred to the subject, we find to our surprise that the confusion which involved the question has subsided, and every fact fallen into its right place.

Is it possible that the brain can, without our knowledge, select and eliminate, aggregate and segregate facts as subtly as the digestive organs act upon the food introduced to the stomach? Sir Henry Holland is inclined to dissent from such a conjecture, and leans to the explanation of this phenomenon which Sir B. Brodie has himself suggested—viz., that what seems to be an ordering process may be accounted for by supposing that all the unnecessary facts fade from the memory, whilst those which are essential to the ultimate arrangement and classification of the subject under consideration are left clear of the weeds that before encumbered them. But does not this explanation involve the hypothesis of eliminative work going on unconsciously, which is in fact little less wonderful than unintentional cogitation? Why should the unessential facts alone fade?

Under the influence of chloroform the mind is often in a state of great exaltation, and goes through mental labour of a kind calculated, one would imagine, to leave lasting traces behind it on the memory; nevertheless, water does not more readily give up impressions made upon it than does the tablet of the brain under its influence. Even in dreams, of which we take no note, although they are evidenced to bystanders by the speech and action of the sleeper, there must be "unconscious cerebration." Indeed, Sir Henry Holland, referring to a vague feeling that most of us have at times experienced when engaged in any particular act, that "we have gone through it all before," endeavours to explain the impression by supposing that the faint shadow of a dream has suddenly and for the first time come to recollection in a form so unusual that it seems as though we had acted the part before in another world. That we go through brain-work unconsciously it is impossible to doubt; and we see no reason why the existence of a power seated in the brain by which the grain is silently sifted from the husk should be denied.

ECCENTRICITIES
OF THE
MENTALLY AFFECTED.

[ECCENTRICITY—that is, some departure from the normal course and conduct of life which seems to betoken a displacement of the central pivot upon which everything turns—is the essential characteristic of insanity. It is important to understand this fact clearly in all its bearings. Few, if any, acts or modes of behaviour are in themselves indicative of mental unsoundness; whereas almost any may become strongly symptomatic of insanity, by involving an irrational departure from the conventional usages of society, or the violation of some received canon of social or personal propriety. The savage is not judged insane because he paints his skin and goes without clothes. It was no proof of mind disease that the Roman warrior sought death on the point of his own sword to avoid disgrace or escape the sorrow and ignominy of helplessness and subjection. The

child performs antics and makes grimaces which in adult life would afford strong presumptive evidence of insanity. It is the incongruous and unaccountable nature of a particular act or demeanour, looking to the circumstances of the case and the character of the individual, that gives it significance as a token of mental derangement. By failure to recognise these obvious conditions of the proof, the public, medical men, and even experts in lunacy, have been led into difficulties, and occasionally committed themselves to very erroneous opinions.

The certificates signed by practitioners not versed in the study of mental disease—or, more accurately, *bodily disease with mind symptoms*—afford curious evidence, first, of the difficulty commonly experienced in assigning specific reasons for believing a person to be insane; and, second, of discovering what are called “symptoms” in the manner and doings of patients undoubtedly affected with some of the worst forms of lunacy. The not very creditable fashion in which too many “skilled witnesses” fence with questions put in cross-examination, points to the same sources of

uncertainty and consequent embarrassment. There is only one satisfactory mode of meeting the twofold difficulty and that consists in laying down and firmly adhering to the proposition that no act or line of conduct is in itself evidence of mental unsoundness. It is the eccentricity of the performance, considered in relation to the surrounding circumstances, that makes it a symptom—at most only one indication that must be corroborated and supported by others.

It is necessary to add a further qualification. Eccentricity only becomes insanity when it is the consequence of perverted ideation or an enslaved will. I am aware that this last definition excludes many cases of impulse, in which an act is performed under the domination of some rebel passion. In such instances I think, and I believe it is expedient to insist, that responsibility is not destroyed. A vicious habit of self-indulgence has, perhaps, placed the will at the mercy of passions which should be held in subjection. When this state of things is established, the condition is not one of disease but of degradation, and the supposed victim of “impulsive” or “moral” insanity is no

more exculpated than the driver who, from carelessness or to gratify some whim or appetite, should throw down the reins and let his horse run away with him in a crowded thoroughfare. A stronger term than "accident" is needed to describe what may follow, and the negligence or wantonness of the original error must brand the consequences, whatever they may be, as criminal. Personal health, no less than public prudence, makes it imperative that this should be distinctly laid down.

False ideation—I mean errors in conception arising from disorder in the processes by which the mind forms its notion of external objects and the various subject of thought—is generally the consequence, and therefore the proof, of disease. The subjugation of the will, not to a passion or propensity, but to a false idea, is always a form of insanity, and if I appear to lean towards one extreme in refusing to admit the unsoundness and irresponsibility of the morally insane, it will probably be thought I incline to the other in asserting the mental derangement of those who allow the will to be enslaved by any false idea, the standard of falseness being not the

victim's own estimate of truth and error, but the common sense or generally obvious conception of the boundary line between reason and insanity—a line laid down with as great regard to processes of reasoning as the inferences derived and the results obtained. A sane mind may, and too often does, arrive at the most unreasonable conclusions, but the path it travels, though tortuous and wild in the extreme, will be continuous. Madness has more to do with methods of thinking than thoughts.

The mental processes by which the unsound intellect works are not so much incoherent as incomplete. The continuity of the argument is, or appears to be, interrupted by the interposition of unreal or undefined ideas. The wildest ravings of the insane are seldom actually incoherent. The seeming disconnexion of ideas is produced by the circumstance that many links in the chain are suppressed or dropped in the utterance, and on close investigation it will generally be found these lost thoughts are false or crude conceptions bridging over the gulf between two apparently unrelated ideas. To the mind unable to discriminate between the real and the unreal, they are

as good and true as anything in the argument. It is this curious mingling of facts and fancies—the work of a disordered judgment—that produces the apparent confusion of ideas and strange modes of expression characteristic of madness. Again, we see it is not the act performed, so much as the manner of performing it, wherein lies the unsoundness. The insane reason—sometimes more elaborately and closely than the sane ; but they fail to distinguish between true and false subjects, just as the delirious man confounds real and false objects.

The eccentricities of the mentally affected are subjective and objective. The former we have already noticed incidentally. They are the abnormal processes of conception and reasoning which constitute or produce the mental phenomena, the delusions and perverted imaginings of the insane mind. It is not so much with them we are now concerned, as vagaries of conduct and action which, being objective symptoms, constitute the tokens whereby insanity is commonly detected. It is not generally the delusion that attracts attention, but some act springing from it ; and pro-

bably in a majority of cases the mental unsoundness of a patient is first indicated by what is popularly called an *eccentricity*, rather than by an overt act of delusional insanity, although failure to comprehend the difference between eccentricity and insanity leads to serious mistakes, not the least common of which takes the form of an omission to recognise plain signs of lunacy until their significance is attested by some act of supreme gravity.

The eccentricity that springs from mental disease commonly differs from mere singularity, in that it either has no sufficient reason or is the result of delusion. For example, a sane man may tie his cravat at the back of his neck, or work it round until the bow lies under his ear, but this will either be from choice or carelessness. Perhaps he is intolerant of any pressure on the throat, and thus rids himself of the nuisance. The world may laugh, but the individual is only eccentric and sound, perhaps with a mind stronger than his detractors. An insane person will do precisely the same thing ; but—and this makes all the difference—he will do so because he believes his head to be set wrong on his shoulders, and con-

ceives that he is dressing with relative propriety.

The madness is not in the act, but in the conception by which it is prompted. A scrutiny of motive is the surest and best test for insanity, and, judiciously applied, it seldom fails to discover the truth. The insane are often averse from divulging their delusions, but an ominous hesitation to assign the reason for any eccentric act may generally be overcome by the sympathy and sagacious intelligence of those around. I am not addressing myself to professional men, but writing for the public on a subject in regard to which every one must be deeply interested, and on which all should be well informed. It is a measure of prudence to ascertain the reason and ground of *all* eccentricities. With this view, the motive should be cautiously and wisely sought. By pursuing this course of inquiry, friends will early detect the signs of disease; and, on the other hand, avoid silly and mischievous suspicions which sometimes harass the eccentric—if they are also weak—into that morbid condition it is so necessary to avoid. I do not hesitate to express a strong persuasion that

disturbance and—by the reflected consequences of irritation—disease, may be induced by seeking to extinguish peculiarities of character, and mould every mind to the same pattern.

There is a class of eccentricities exhibited by the mentally affected especially interesting, because tending to throw light in one aspect on a leading question of natural science, and in another on the nature of a considerable number of mental conditions commonly held to be forms of insanity. I allude to the antics, grimaces, movements, and propensities of idiots, lunatics, and the demented. No close observer who has had extended opportunities of studying the habits of persons afflicted with non-development or loss of mind, can fail to have noticed how strangely like the lower animals they have a tendency to become. One will purr as a cat, another try to bark like a dog. Many reproduce in their own persons the tricks of monkeys, and some simulate less common animals. It is probable that in certain of the more pronounced cases of this class there is a specific delusion—the victim of lunacy assuming the character of the animal imitated. Instances of this de-

gradation are not, however, common. I have met with one or two, but they are certainly rare. In the class of affections to which I refer as presenting instances of unconscious resemblance to the lower animals, there is simply non-development or retrogression of the human character. Those forms of disease which not only dethrone the will but leave the mind a prey to bestial passions, not uncommonly produce this kind of debasement.

The effects are difficult to describe, but any one alive to their existence will readily detect them. A tendency to neglect or forget the proper use of the hands is an early and common symptom. The mouth and lips are employed as organs of prehension and of examination : everything goes to the mouth to be tested. Presently there is a disposition to take food directly from the plate with the mouth, the hand, if used at all, being chiefly employed to steady the dish or turn the food, as a dog uses its paws. This state of things is commonly soon followed by habits of the most revolting description, the refinements of physical taste and sensation being obliterated, the appetite becoming essentially gross and

voracious. Then, not unfrequently, occurs a marked inclination to avoid the erect posture, to grovel on the earth, and finally to paw the ear, rub the nose, lick the back of the hand, run round and round before assuming the recumbent posture, to snarl and snap at those about, to fawn upon those feared or looked up to as superiors. These are humiliating but interesting phenomena of the various phases of mental disorder or deficiency.

They point significantly, and to my own mind conclusively, towards the doctrine of progressive development. The intellectual, the ennobling part of man's nature, being absent, disordered, or lost, he sinks back to the level of the lower animals, and as he exhibits their propensity for stealing and other simply brutish inclinations and appetites, he assumes their modes of using the various members of his body, and becomes, as nearly as his developed organism will allow, one of themselves. This is an exceedingly important matter, and I commend it to the attention of educationalists, because if it be true, as my theory implies, that paralytic disease assails the character, because character is the functional expression

of brain-work, it must be of the highest moment to develop those "principles" which are stays of the moral being, to the highest pitch of vitality by early and direct training. The way in which these forms of eccentricity throw light on the nature of certain varieties of disease with mind symptoms will be apparent from the above remarks. Failure of function indicates either defect in form or degradation of structure. It is with maladies of the general paralytic class—in which force fails, because the organism is the seat of a wasting disease—this progressive demoralisation is commonly associated.

The practical lessons to be gathered from a study of the eccentricities of the mentally affected are briefly these:—1. To discriminate early, and by the wise scrutiny of motives, between the eccentricity of disease and that which is idiosyncratic, because eccentricity of the former kind is generally the first, and too often neglected, indication of a morbid condition requiring medical interference. 2. Recognising the real nature of degrading eccentricities, to guard against them, by more carefully building up the citadel of moral

character in the young. This last point I hold to be one of vital importance; and it calls for the serious consideration of those who think education consists in learning the rudiments of secular knowledge with an utter disregard of Religion or morality. This error I take to be the most grave of the day. It is one against which the students of natural science—above all those who, like myself, are firm believers in the Darwinian doctrine of development—should warn the public with all the warmth and energy of a strong conviction. The cultivation of personal character, and the development of a higher racial morality, ought to be the chief concern of the educationalist; and there is no teaching, no training, which can be effectual for the purpose in view except that which not only includes specific instruction in morals, but makes the highest code of morality the centre around which the system of teaching revolves.—ED.]

HALLUCINATIONS AND DREAMS.

THE hallucinations of all ages and countries have been marked by one invariable characteristic ; they have been connected with some particular train of thought or religious sentiment prevalent or extant at the time. Thus, in the old Roman age, the apparitions witnessed, or supposed to have been witnessed, referred to the pagan deities and other ideal beings by which the ancients personified Nature and her different attributes. In the Christian era, the visions referred to the Almighty, Christ, the Devil, and those good and evil personages that formed the subjects of daily thought. The different nationalities had their peculiar apparitions, and kept to those reflex images of the current ideas of their race and day. The Christian never saw Brahma, and the Brahmin was not allowed to witness a vision of Christ or the Virgin Mary. Each saw the beings in whose existence he believed, who were associated

with the deepest emotions of his nature. This is, we think, the proof that each vision proceeded from the minds of the spectators, instead of being presented from without.

Dr. Briere de Boismont, in his work on "Hallucinations," has collected a vast number of cases illustrative of this position, and of the various mental conditions under which persons have seen visions and spectres. It is said of the great Talma that it lay within his power to transform his brilliantly dressed audience into so many skeletons. Dr. Wigan states that an artist, who succeeded to a large portion of the practice of Sir Joshua Reynolds, turned the faculty of seeing his sitters after they had left to great pecuniary advantage. He was in the habit of taking only half an hour's sitting, during which time he studied the individual minutely, and in this way so impressed the features upon his memory that he never required the sitter again. When he wished to proceed with the portrait, he called up the mental portrait, and so finished the picture in a very short time. Several sitters were at the same time stored up in his memory, and were summoned at will. This

extraordinary power was, however, a symptom of coming disease; for after he had taken advantage of it for several years, during which time he never painted less than three hundred portraits a year, his faculty failed him, his imaginary sitters began to dispute respecting the real sitters to which they belonged; he became confused, and ultimately insane. He described the image of a sitter seen after he was gone as more vivid than the real life.

Dr. Wigan gives the experience of another patient, who had the power of placing himself before his own eyes. This double laughed when he laughed, and even argued with him. Thus, haunted by himself, he became miserable, and resolved to terminate his existence. The morbid purpose was carried out with great deliberation; he waited until the end of the year, and, upon the night of the 31st December, having arranged his affairs, he shot himself. Now, although in neither of these cases was there any insanity at the outset of the hallucination, the termination clearly proved that the minds of the individuals affected were not in a healthy state. They were, in fact, suf-

fering from incipient brain disease, undiscoverable by friends and casual acquaintances.

Hallucinations involving insanity are often described by those experiencing them in a manner so circumstantial that, were it not for the absurdity of their statements, it would be difficult to doubt that they had a solid foundation in fact. Dr. Prichard gives a story from the mouth of a patient which is so life-like that it seems a pity to omit a word of it. He says :—“ One afternoon, in the month of May, feeling himself a little unsettled, and not inclined to business, he thought he would take a walk into the City to amuse his mind ; and having strolled into St. Paul’s Churchyard, he stopped at the shop-window of Carrington and Bowles, and looked at the pictures, among which was one of the Cathedral. Here he met with an elderly gentleman, dressed in dark brown clothes, who, entering into conversation, persuaded him to dine with him, and afterwards to ascend to the ball of St. Paul’s, just below the cross.

“ They had not been there many minutes when, while he was gazing on the extensive

prospect and delighted with the splendid view below them, the grave old gentleman pulled out from an inside coat-pocket something like a compass, having round the edge some curious figures; then, having muttered some unintelligible words, he placed it in the centre of the ball. He felt a great trembling, and a sort of horror came over him, which was increased by his companion asking him if he should like to see any friend at a distance, and to know what he was at that time doing; for if so, the friend of the latter should show him any such person. It happened that his father had been for a long time in bad health, and for some weeks past he had not visited him. A sudden thought came into his mind, so powerful that it overcame his terror, that he should like to see his father. He had no sooner expressed the wish, than the exact person of his father was immediately presented to his sight in the mirror, reclining in his arm-chair and taking his afternoon sleep. Not having fully believed in the power of the stranger to make good his offer, he became overwhelmed with terror at the clearness and truth of the vision presented to him, and

entreated his mysterious companion that they might immediately descend, as he felt very ill. The request was complied with, and, on parting under the portico of the northern entrance, the stranger said to him, 'Remember, you are the slave of the Man of the Mirror.'

"I inquired in what way the power was exercised. He cast on me a look of suspicion mingled with confidence, took my arm, and, after leading me through two or three rooms and then into the garden, exclaimed, 'It is of no use; there is no concealment from him, for all places are alike open to him. He sees us and hears us now.' I asked him where the man was that heard us. He replied, in a voice of deep agitation, 'Have I not told you that he lives in the ball below the cross on the top of St. Paul's, and that he only comes down to take a walk in the churchyard, and get his dinner in the house in the dark alley?' He also spoke of the tyranny he exercised over all those within the circle of his hieroglyphics. I asked him what these hieroglyphics were, and how he perceived them. He replied, 'Signs and symbols,

which you, in your ignorance of their true meaning, have taken for letters and words, and reading, as you have thought, *Day and Martin* and *Warren's Blacking!* Oh, that is all nonsense! They are only the mysterious characters which he traces to mark the boundary of his dominions, and by which he prevents all escape from his tyrannous power. How have I toiled and laboured to get beyond the limits of his influence! Once I walked for three days and nights, until I fell down under a wall exhausted by fatigue and want of sleep; but awaking, I saw the dreadful signs before my eyes, and I felt myself as completely under his infernal spells at the end as at the beginning of my journey.' "

This is the hallucination of a lunatic; a story of extremely circumstantial character is concocted, which is yet of the most absurd nature, having no reference to the daily habits of the person who believes he has been subject to it. In some cases the visions that appear are of the simplest kind, generally limited to a single person or thing, the imaginative faculty being entirely wanting. In the hallucinations that occur in those suffering

from *delirium tremens*, as a rule the apparitions take the form of animals running about the room or over the bed, making grimaces; sometimes they muster in extraordinary numbers, but are so small that a host will appear upon a sheet of paper. Persons will appear to follow patients affected in this way, immediately disappearing when an attempt is made to clutch them. Any chance object seems to give rise to hallucinations in the disease. The person suffering from delusions of this class may be perfectly rational on every other matter. He may converse with calmness, and rationally; but in the midst of his conversation a portion of the dress of the person with whom he has been conversing suddenly takes the form of some creeping thing, or of a grinning devil, and he flies away with horror. These hallucinations are of a transient character—a fresh potation will often banish for awhile the phantoms that appear to surround the sufferer.

Opium-eating gives rise to similar experiences, except that the visions that are called up by the excessive use of this drug are of a more pleasurable kind. Indeed, De Quincey,

in his "Confessions of an Opium-Eater," has sketched a picture of the delights consequent upon indulging in this narcotic, which would be tempting enough to some minds, did not the miserable condition of the patient in his waking state serve as a warning. Dr. Porqueville, in his "Voyage en Morée," describes the case, related by an English ambassador, of an Indian king. This high personage having been led to a sumptuous apartment, in a short time two servants bearing a litter approached. Upon the litter, covered with a shawl of great value, a human form lay to all appearance dead. Presently, however, an officer in attendance produced a bottle in which a bluish-looking liquor appeared. The ambassador, thinking he was the involuntary witness of some funeral ceremony, wished to retire; but he was undeceived upon observing one of the officers raise the head of this apparently lifeless being, replace the tongue, which was hanging from the mouth, and make it swallow some liquid, at the same time closing the mouth, and gently rubbing the throat in order to facilitate its passage. When this operation had been repeated five or six times,

the figure opened its eyes, and closed its mouth of its own accord ; it then swallowed without assistance another large dose of the liquid, and in less than an hour became revived, and sat up on the couch, having somewhat recovered its natural colour and the partial use of its limbs. He then addressed the envoy in person, and asked him the object of his mission. For nearly two hours this extraordinary being remained perfectly conscious and capable of transacting business of the greatest importance. The English ambassador took the liberty of asking him some questions concerning the strange scene he had witnessed. "Sir," he replied, "I have long been an opium-eater, and by degrees have fallen into this deplorable condition. I pass three parts of the day in the torpid condition in which you have seen me. Although incapable of moving or speaking, I retain my consciousness, and during this time I am surrounded with the most delightful visions ; but I should never awake if I were not surrounded by zealous and affectionate attendants, who watch over me with the most anxious solicitude."

The use of haschisch in the East produces the most delightful visions. It is a preparation of Indian hemp, a very powerful narcotic, and one which is coming into use in this country. The fact that by the employment of drugs we can artificially produce hallucinations for a short period, such as are persistent in the really insane, is very curious, and proves that in mental disease there is excitement or disorder of the brain, the product of a morbid condition, produced probably by the blood. It must be confessed, however, that the visions and delusions called up by drugs are different in kind to the hallucinations of the insane. The mind sees with the inner eye, as it were, and the figures or visions partake more of the nature of those which appear in a dream. When the person under them has recovered from their effects, he is conscious that what he has seen was the product of his own excited brain. No doubt, however, when the habit of taking any drug which acts in this manner is prolonged, the visions begin to mingle with objects in the outer world, just as they do in *delirium tremens*, where the visions are produced by the morbid action of the

spirits drank. In all such cases of brain excitement the senses, for the time, are preternaturally acute, the hearing and the sight are marvellously exalted, and the memory for past events and scenes is very vivid.

Some of the hallucinations of the early and Middle Ages were of the most remarkable kind, and prove that the transmigration of the human soul into animals was a popular belief, and, as far as possible, actually put in practice. Thus Lycanthropy possessed large numbers of people in France and Germany in the fourteenth and fifteenth centuries. Persons suffering from this form of hallucination imagined that they had married female wolves. They actually left their homes and went into the forests, where they let their hair and nails grow, and became for the time wild beasts. They were known popularly as werewolves, and it was supposed that they were thus transformed by witchcraft. Persons so possessed became furious beyond the most savage animals; they mutilated and even devoured children.

At Besançon, in 1521, three of these werewolves who were put on their trial confessed

that they had given themselves over to the devil. One acknowledged that he had killed a boy with his teeth and claws, and would have eaten him but for fear of the country people ; another admitted that he had killed a young girl as she was gathering peas in a garden ; a third avowed that he had not only killed, but eaten, four others. These poor creatures were evidently insane ; but the science of mind in those days could not be expected to have realised this fact. The three madmen were accordingly burned alive, the fate of all demented beings who were afflicted with the like delusions in those days. In the Middle Ages, when there flourished a belief in the apparition of angels and saints and devils, people were imaginative and intensely dramatic in their poetic fancy. We have not room to give instances of the countless apparitions called up by the religious spirit of the times. A vast number of the visions or appearances seen by the hallucinated had no reference to the public movements of the period, and most of the warnings they gave were unfulfilled, and forgotten, but the few that found some sort of support in coincidence,

were remembered and handed down from father to son.

The supposed power of seeing visions and receiving spiritual communications from angels is far from having yet departed from among us. The educated classes have, it is true, generally abandoned the old romances, but have adopted "spiritualism." The lower classes still believe in the old stories, and repeat with unctiousness the delusions of the Middle Ages. One of the latest "revivals" in this direction has been evinced by the interest shown in the "Shakers" imported from the United States. It seems strange that in the New World, where it might be supposed exploded ideas would certainly fail to find a footing, this society should not only exist, but number its thousands. It may be that the power of imagination was the principal agent in enabling Macdonald, a disciple of Robert Owen, to induce a body of emigrants, many years ago, to go over to that country and establish a community, living in common after the ideas of their master.

The society of Shakers was, it appears, founded by a factory girl, born in the latter part

of the last century at Manchester. Her name was Anne Lee. She was believed to be an incarnation of the Almighty and the mystical Bride of the Lamb referred to in the Revelations. She took to preaching in the streets, caused an obstruction, was locked up in the Bridewell, and during the night, as she affirmed, the Lord appeared to her, and was spiritually united to her. When she was released, a number of followers surrounded her, and an angel directed them to depart with her to the land of promise, America. They took up their abode in the settlement of Water Violet, in the State of New York. This girl they held as their director, and called her Mother Anne. After ruling them about eight years she died, and her disciples profess to hear from her constantly in her heavenly abode. These disciples are strictly celibates, and, strange to say, no public scandal has arisen respecting them.

As an example of the curious mental condition of these people, we may quote from Mr. Macdonald the peculiar nature of their service, as witnessed by himself.

“ At half-past seven P.M., on the dancing

days, all the members retired to their separate rooms, where they sat in solemn silence, just gazing at the stove, until the silver tones of a small tea-bell gave signal for them to assemble in the large hall. Thither they proceeded in perfect order and solemn silence. Each had on their dancing-shoes, and on entering the hall they walked on tiptoe, and took up their positions as follows:—The brothers formed a rank on the right, and the sisters on the left, facing each other, about five feet apart. After all were in their proper places, the chief elder stepped into the centre of the space, and gave an exhortation for about five minutes, concluding with an invitation to them all to go forth—old men, young men, and maidens—to worship with all their might in the dance. Accordingly, they ‘went forth,’ the men stripping off their coats and remaining in their shirt-sleeves. First, they formed a procession, and marched round the room at double-quick time, while four brothers and sisters stood in the centre singing to them. After marching in this manner until they got a little warm, they commenced dancing, and continued until they

were all pretty well tired. During the dance the sisters kept on one side, and the brothers on the other, and not a word was spoken by any of them. After they appeared to have had enough of this exercise, the elder gave the signal to stop, when immediately each one took his or her place in an oblong circle formed around the room, and all waited to see if any one had received a 'gift,'—that is, an inspiration to do something odd. Then two sisters commenced whirling round like a top, with their eyes shut, and continued their motion for about fifteen minutes, when they suddenly stopped, and resumed their places as steadily as if they had never stirred. During the whirl, the members stood round like statues, looking on in solemn silence.

“ This whirling process is supposed to screw out of the Mother the message she desires to give to her votaries ; and on this occasion the dead Mother Anne was reported by the whirlers to have communicated to them that she had sent two angels to inform them that a tribe of Indians had been around them for a couple of days, and wanted the brothers and

sisters to take them in. They were outside the building, looking in at the windows.

“I shall never forget [says Macdonald] how I looked round the windows, expecting to see the yellow faces, when this announcement was made; but I believe some of the old folk bit their lips and smiled. It caused no alarm to the rest; but the first elder exhorted his brethren to take in the poor spirits, and assist them to get salvation. He afterwards repeated more of what the angels had said—viz., that the Indians were a savage tribe, who had all died before Columbus discovered America, and had been wandering ever since. Mother Anne wanted them to be received into the meeting tomorrow night.

“Accordingly, the next evening, after the dancing was over, the two sisters originally intrusted with the message, after the doors and windows of the hall were opened, said that they saw strangers mingling with the brothers and sisters. The chief elder exhorted them that they should take the strangers in.

“Whereupon [says Macdonald] eight or

nine of the sisters became possessed of the spirit of the Indian 'squaws,' and about six of the brethren became Indians. Then ensued a regular 'pow wow,' with whooping and yelling, and strange antics, such as would require a Dickens to relate. The sisters and brothers squatted down on the floor together, Indian fashion, and the elders and elderesses endeavoured to keep them asunder, telling the men they must be separated from the squaws, and otherwise instructing them in the rules of Shakerism. Some of the Indians then wanted some 'succotash,' which was soon brought them from the kitchen in wooden dishes, and placed on the floor, when they commenced eating with their fingers. These performances continued till about ten o'clock; then the chief elder asked the Indians to go away, telling them they should find some one waiting to conduct them to the Shakers in the heavenly world. At this announcement the possessed men and women became themselves again, and all retired to rest."

It is needless to follow this farce farther in its details, but it supplies curious evidence

that there is no folly those possessed with a religious craze cannot be induced to enact. A party of these Shakers were until lately settled in the New Forest, where a Mother Girling was the leader; and their fanaticism has induced them to suffer severe hardships, in the belief that the Lord has sent them for their good. However benighted these poor people may be, there is something really grand in their behaviour, self-denying as it is, compared with the delusions certain educated persons profess to believe in, to wit, mesmeric influences, table-turning, and spirit-rapping. There can be no possible excuse for such people; and when we see the attempt that was made the other day to declare Mother Girling insane, we ask ourselves how much more open the drivelling idiots who participate in this miserable delusion are to such a charge, than these poor uneducated fanatics, who at least practise the virtue of self-denial.*

The scenes that pass before the mind in

* Spiritualism is as much a craze as any which has preceded it. Those who dally with the delusion do so at the peril of their sanity. I am strongly of opinion the practice of holding *séances* ought to be put down by public opinion or the law.—[ED.]

sleep may be likened to those produced by narcotism. While they are passing like a panorama, they seem to be veritable objects, and we believe in them implicitly. The most extraordinary events occur without in the least appearing strange to us ; the senses of surprise and the power of comparison are for the time suspended ; judgment is also wanting ; we seem to be quite as satisfied of the naturalness and truth of the most extraordinary and contradictory scenes and actions, as do the insane with respect to their own ideas. Indeed, the waking dreams of the demented are in many respects the counterparts of those which we experience in our healthy slumbers ; the only difference is that the sleeping sane do not act upon them. In the case of the somnambulist, there is not even this point of difference. Sleep-walkers play a part in the drama of dreamland generally without harm to themselves, but sometimes they walk through open windows and are killed.

A story is told of a monk in a religious house in Germany, who used to wander about the monastery at night in these fits. On one occasion he knocked at the Friar's door, who

not happening to be in bed, let him in. He immediately made his way to the couch, stabbed the clothes with a knife through to the mattress, and then returned to his own cell. The next day, upon the Friar inquiring of him what was passing in his mind when he performed this terrifying act, the monk, much disturbed, replied, "My father, I had so strange a dream that I am most reluctant to tell it to you. It was, perhaps, the work of the devil, and——" "I command you," said the Friar. "My father," he then said, "scarcely had I gone to bed, when I dreamed that you had killed my mother; that her bleeding phantom appeared to me and demanded vengeance. At this spectacle I felt in such a transport of fury that I ran like a madman to your apartment, and having found you I stabbed you. After that I awoke in a profuse perspiration, horrified at my attempt, and I returned thanks to God that I was free from so great a crime." "You were nearer committing it than you imagine," said the Friar, and very discreetly ordered that in future he should be locked in his cell for the night.

It is a remarkable characteristic of the state of dreaming, that the mind often assimilates, in the train of ideas it is pursuing, any chance sound that may strike upon the ear. The slamming of a door, for instance, is transformed into the discharge of a gun, and the current is no doubt often changed by these interruptions. Thus, it is obvious that the brain has a certain power of directing its action, even when we are totally unconscious. The bodily movements, again, which take place in sleep set the mind upon a new course of adventure. The excitement which takes place in the different organs suddenly colours the misty action of the dream, and no doubt extraneous sights and sounds are accountable for some of the sudden distractions which we all experience in the visions of the night. Many persons who sleep in snatches have the power of continuing the thread of their dream after it has been broken by the waking state. We have this power ourselves, and we feel that by a constant practice the habit would become so persistent that it might be transmuted into an act of will.*

* Powers of this nature ought not to be cultivated.—[ED.]

In the act of dreaming many persons talk, holding imaginary conversations with individuals. Maniacs very often unconsciously give a clue to the cause of their afflictions in this manner; secrets kept close during the day with the reticent cunning of their class thus leak out in the night. Esquirol utilised the fact in his asylum by passing the night near the beds of patients whose history was unknown to him, and in this manner possessed himself of a key to their malady. That ideas occur to us in sleep which we are not capable of in our waking state, the experience of every one proves. Unconscious cerebration, of which we have already spoken at pages 192-4, will account for the remarkable tales we hear of mental difficulties solved during sleep. It is related of Tartini, the famous composer, that after wearying himself in vain to finish a sonata, he fell asleep, and dreamed of the theme that was in his mind. In this dream the devil appeared to him and proposed to help him in his sonata, provided he would give him his soul in return. He agreed, and the devil at once composed the sonata off hand in the most charming manner. When

he awoke, Tartini rushed to his desk and put down the notes which still lingered in his memory, and the result was the masterly composition which is now known as the "Sonata du Diable."

The absence of volition which as a rule characterises the state of dreaming, marks the difference between it and insanity, otherwise the two conditions are wonderfully alike. This was appreciated by the ancients. Cicero says that if it had been ordered by Nature that we should actually do in sleep all we dream of doing, every man would have to be bound down before going to bed. "Half our days we pass in the shadow of the earth, and the brother of death extracteth a third part of our lives," says Sir Thomas Browne.

Dr. Darwin asserts that the absence of volition distinguishes the state of sleep from the waking state. This statement is, however, rather too sweeping; for in all probability there is no such thing as perfect sleep, or entire absence of volition, just as there is no position in which every muscle of the body is totally at rest. In dreaming different portions of the brain sleep unequally, and this

inequality possibly arises in part from the position of the head, directing a fuller flow of blood to one part of brain than to others, and from its detention in other portions of the body owing to the general posture. If we examine a dream narrowly, we find that volition may or may not be exercised, according to the nature of the excitement created in the mind by the illusion passing before it.

For example, it often happens that a person dreams he is pursued by a mad bull or by an assassin, and the greatest distress is occasioned by finding that he can neither call out nor run away. Again, he dreams that he is falling down a precipice; but here volition is, as it were, suddenly awakened out of its sleep, for we find that in the endeavour to save himself from falling he jumps up in the bed.

This is a proof that volition does not rest soundly, but that it can be roughly and suddenly shaken into life. In somnambulism it is awake, although consciousness is dormant. There is a condition of the brain which sometimes exists just as a sleeper is awakening to consciousness. He becomes aware of the

scene around him, but is unable either to move or to call out; volition in fact has slept longer than the other faculties of the brain.

It is noteworthy that sleeping on the back is generally assigned as a cause of nightmare, or that condition in which action seems most obstinately bent upon not answering the appeals made to it. This fact certainly appears to support the belief that position has something to do with the unequal manner in which the different faculties of the brain rest during sleep. The supposed seat of the muscular co-ordinating power may possibly, in the recumbent posture, suffer congestion in consequence of its lying below the cerebrum.

The state of reverie or of day-dreaming presents many features analogous to that of mental aberration. Except that we are conscious of our abandoning the fancy to its own will, the condition differs but little from that of dreaming. An indulgence in this habit tends to emasculate the mind. When long continued it is often precursory of softening of the brain, and of the incipient stages of

some types of mental disorder. Lord Beaconsfield, in his "Contarini Fleming," with intuitive genius indicated this truth :—

"I have sometimes," he makes one of his characters say, "half believed, although the suspicion is mortifying, that there is only a step between his state who deeply indulges in imaginative meditation, and insanity ; for I well remember when I indulged in meditation to an extreme degree, that my senses appeared sometimes to be wandering. I cannot describe the peculiar feelings I then experienced but I think it was that I was not always assured of my identity, or even existence ; for I found it necessary to shout aloud to be sure that I lived ; and I was in the habit very often at night of taking down a volume and looking into it for my name, to be convinced that I had not been dreaming of myself."

We may allude to one faculty of the brain which appears always to remain dormant during dreams : that of wonder. The most incongruous images, the oddest combination of circumstances, the strangest persons, present themselves before us at such times

unchallenged.* We converse with friends and relations long since dead, without feeling the least surprised at their resurrection. Why is this? Because the sense of the fitness of things is also wanting. The standard of judgment is absent.

This last-mentioned peculiarity constitutes the extraordinary likeness between dreaming and certain forms of insanity. The co-ordinating psychical power is in both cases in abeyance. Sir Walter Scott has shrewdly said, that the only difference between the two states is, that in dreams the horses have run away with the coach while the coachman is asleep; in lunacy the runaway takes place while the coachman is drunk. This distinction is a nice one, but the effect upon the coach in the two cases is the same, with the single exception of the accustomed, though not constant, absence of volition in dreaming; and we think the psychologist is justified in considering them associated phenomena of the mind.

* This is not invariably the case. In certain conditions of sleep there is a vein of consciousness running through the dream. It is known to be absurd and unreal, and therefore tolerated—as grotesque imagery or burlesque is observed without wonder or fear.—[ED.]

There have not been wanting cases, indeed, in which the first outbreak of insanity commenced in a dream.*

“A gentleman (says Dr. Winslow) who had previously manifested no appreciable symptoms of mental disorder or even of disturbed and anxious thought, retired to bed apparently in a sane state of mind; upon rising in the morning, to the intense horror of his wife, he was found to have lost his senses! He exhibited his insanity by asserting that he was going to be tried for an offence which he could not clearly define, and of the nature of which he had no right conception. He declared that the officers of justice were in hot pursuit of him; in fact, he maintained that they were actually in the house. He begged and implored his wife to protect him. He walked about the bedroom in a state of great apprehension and alarm, stamping his feet and wringing his hands in the wildest agony of despair. Upon inquiring into the history of the case, his wife

* The ancients had a superstition that in sleep the soul left the body, and if roused too suddenly the body woke without the mind.—[ED.]

said that she had not observed any symptom that excited her suspicion as to the state of her husband's mind; but upon being questioned very closely, she admitted that during the previous night he appeared to have been under the influence of what she considered to be the nightmare or a frightful dream. Whilst apparently asleep, he cried out several times, evidently in great distress of mind—'Don't come near me! Take them away! Oh, save me, they are pursuing me!' It is singular that in this case the insanity which was clearly manifested in the morning appeared like *a continuation of the same character and train of perturbed thought that existed during his troubled sleep*, when, according to his wife's account, he was evidently dreaming."

The very intimate connexion undoubtedly existing between dreaming and insanity has in all times attracted the attention of psychologists, and, of late, physiologists have directed their attention to the physical conditions which give rise to the former very remarkable state.

Dr. Marshall Hall believed that sleep is produced either by some constriction of the great vessels of the neck, or by a sluggish-

ness of the respiratory organs, either cause leading to a venous condition of the blood calculated to produce somnolency. We know that every degree of insensibility up to complete coma, can be produced by simply allowing the neck to rest with the weight of the trunk against a tightened cord. Nature has therefore only to compress the great vessels periodically to bring about the state of sleep. But sleeping is not dreaming, says the reader. Certainly not ; but it is the dark background upon which the pattern of dreams is woven ; and in all probability the condition of the circulation through the brain, which produced it, is also answerable for the diversified pattern itself. In dreams we rehearse, as it were, in the inner workings of the brain the wildest thoughts of the insane.

THE SUICIDAL ACT.

THE notion is firmly fixed in the mind of foreigners that England is the land of suicides. Like many other notions, it is wholly without foundation. Possibly Montesquieu is answerable for this ridiculous idea, as he says, "The English frequently destroy themselves without any apparent cause to determine them to such an act, and even in the midst of prosperity. Among the Romans, suicide was the effect of education; it depended upon their customs and manners of thinking: with the English it is the effect of disease, and depending upon the physical condition of the system."

Now it is not astonishing that even a French philosopher should be ignorant of English manners and customs, but it is unfortunate that he should have touched upon this topic of suicide to illustrate them, inasmuch as in comparison with the French we are far from being a suicidal nation. We can neither

show anything like the number of persons that commit self-destruction, compared with our population, that France can, nor is this awful act committed with us on such slight provocation as will induce it across the water. Englishmen are supposed to blow their brains out in a fit of the spleen. Foggy weather is said to be a sufficient occasion to produce a crop of suicides, and November is believed to be the month which is especially favourable for the commission of this crime. This idea seems to be prevalent even in England, but the statistics of the subject prove that it is directly contrary to the fact. Fogs and damp may depress our spirits, but they do not precipitate us from the Monument or from the bridges. Holland is a much damper, foggier climate than our own, and the Dutch are anything but inclined to suicide.

Paris is the head-quarters of self-destruction. There it would appear to have become an institution. The Morgue is one of the sights of the city. In London the discovery of a dead body in the Thames creates a sensation ; in Paris it is a usual thing to see upon the cold slabs of stone three or four dead

bodies that have been rescued from the Seine. It may be that drowning is the more common form of committing self-destruction with our neighbours ; there is such a thing as fashion even in this hideous subject.

In this way only can we account for the vast preponderance of French suicides over our own, judging from the experience gathered at the Morgue. The late Dr. Winslow said, "The physician should constantly bear in mind this important fact connected with the suicidal disposition—viz., that those determined upon self-destruction often resolve to kill themselves in a particular manner ; and however anxious they may be to quit life, they have been known to wait for months and years until they have had an opportunity of effecting their purpose according to their own preconceived notions. A man who has attempted to drown himself will not readily be induced to cut his throat, and *vice versâ*. A morbid idea is frequently associated in the maniac's mind with a particular kind of death, and if he be removed from all objects likely to awaken this notion, the inclination to suicide may be removed." And this opinion is

endorsed by another eminent authority in lunacy, Sir W. Ellis.

Of course there are some cases in which the determination is so strong on the part of the patient to make away with himself, that it becomes the business of his life to watch for his opportunity. An instance of this kind occurred in the case of a gentleman who was placed under medical care, having attempted to commit suicide. He was watched with the most scrupulous attention; during nine months every means, as far as his attendants knew, was removed from him with which he could injure himself, when he was discovered one morning hanging by the neck from his bedstead, quite dead. How he became possessed of the cord was a mystery, which was afterwards solved by the discovery that he had hoarded every piece of string from the parcels of books that had been sent to him within that period. With these, which he had concealed, he had twisted a rope by which he had accomplished his purpose.

There are epidemics of suicide as well as of fever. When any notorious example is made known in the public papers, it is sure

to be followed by cases of a similar kind. In the last century many suicidal outbreaks occurred. In this country, Sydenham informs us, there was an example at Mansfield; and at Versailles, in 1793, a terrible craze of this kind seized the people. In that year, out of the then small population, there were no less than one thousand three hundred suicides. Not many years ago the Hôtel des Invalides was the theatre of one of these extraordinary outbreaks. An invalid hung himself on a crossbar of this institution, and in the following fortnight five other invalids followed his example on the same crossbar, and the epidemic was only stopped by the governor shutting up the passage.

Napoleon, by a masterly stroke, arrested a movement of this kind which threatened to spread among his grenadiers. He issued an order of the day to the following effect:—
“The grenadier Groblin has committed suicide from a disappointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consul directs that it shall be notified in the

order of the day of the Guard, that a soldier ought to know how to overcome the grief and melancholy of his passions ; that there is as much true courage in bearing mental affliction manfully as in remaining unmoved under the fire of a battery. To abandon oneself to grief without resisting, and to kill oneself in order to escape from it, is like abandoning the field of battle before being conquered."

That persons who otherwise would not think of suicide are impelled to it by the notoriety given to cases of the kind is undoubtedly the fact. Sir Charles Bell, a surgeon of the Middlesex Hospital, going into a barber's shop one day to be shaved, told the operator of a case of cut-throat that had just come into the hospital. The man had not succeeded to the extent he desired, said the surgeon, but he might have done so easily had he known how to set about it. The barber seemed eager to be informed where the cut should have been made, and Sir Charles described the anatomy of the neck, and the situation of the great artery. After listening attentively the man left the room.

Not coming back to complete the shaving operation, Sir Charles went to look for him, and discovered him in a yard behind the house, with his throat cut *secundum artem*. No doubt Sir Charles was very grateful that the experiment had not been tried by the insane barber upon his customer.

In cases where there is an hereditary disposition, suicide will often occur among many members of the same family. We have been informed that all the members of a particular family evinced suicidal tendencies when they arrived at a certain age. There appeared to be no exciting cause in any of these cases. They seemed to be quite well, but at a certain age the propensity was suddenly developed. Whether any of them actually committed suicide we are not informed. In another case, seven members of one family in Paris, afflicted with this hereditary tendency to commit suicide, succumbed to it within thirty or forty years. "Some hanged, some drowned themselves, and others blew out their brains. One of them had invited sixteen persons to dine with him one Sunday. The company collected, the dinner was served,

and the guests were at the table. The master of the house was called, but did not answer : he was found hanging in the garret. Scarcely an hour before he was quietly giving orders to the servants and chatting with his friends."

It often occurs that persons put an end to their existence immediately after enjoying themselves in the society of friends. "Can these be said to be insane when they commit suicide? Yes, most undoubtedly," says Esquirol. "Do not monomaniacs appear perfectly sane on all other subjects, till the particular idea is started which forms the burden of their hallucination? A physical pain, an unexpected impression, a moral affection, a recollection, an indiscreet proposition, the perusal of a passage in writing, will occasionally revive the thought and provoke the act of suicide, although the individual the instant before should be in perfect integrity of mind and body;" a very profound explanation this, and worthy of the great physician who made it.

Persons have committed suicide in positions which would have been thought impossible to produce suffocation. There are several cases

of this kind reported in a French medical journal. A man was discovered hanging by his pocket-handkerchief, suspended from a rope stretched across a granary. His legs were found bent at a right angle backwards, the knees hanging at the distance of a few inches only from a heap of grain on the floor. It would appear that the man, whilst in the act of hanging, must have held his legs clear of the ground in this extraordinary manner.

Another man hung himself from a grating which was not so high as himself: when found, his legs were stretched out before him, and his hips were within a few inches of the ground. A female suspended herself so low that she was obliged to stretch out her legs, one in advance resting on the heel, the other behind her body, resting upon the toes. There have been cases known in which death was produced by the suicide simply leaning with the neck against a tightened cord.

A still more remarkable case was that of a schoolmaster in the neighbourhood of London, who hung himself in such a manner from the banisters by his cravat, that his body was found resting entirely upon the stairs. Cases

like these often call for special medico-legal investigation, as murders may sometimes be very conveniently hidden by contrivances of this character.

The suicide of the Duke de Bourbon, in 1830, was supposed, by some of the witnesses at the inquest, to be a concealed assassination. However, the fact of the suicide was ultimately established. Nevertheless, men have been executed on suspicion of having murdered others, who were afterwards pronounced to have been veritable suicides. Persons who could swim well have been known to tie their hands and legs together before throwing themselves in the water, lest they should be tempted in the dying agony to strike out and save themselves. A lunatic some years ago, in St. Luke's Hospital, drowned herself in the bath-room of that institution in a most remarkable manner. She managed to secrete the key of the bath-room, and to make up a dummy to represent herself in bed, in order to deceive the nurse of the ward. In the middle of the night she stole downstairs, and was found next morning lying with her face downwards in the shallow

water of the bath. She must have deliberately kept herself in the horizontal position in the most determined manner to have effected her purpose.

But determined and deliberate suicides of this kind are characteristic of those suffering from confirmed insanity, whereas, in cases of mere impulsive insanity, the patient often regrets his purpose before it is completed, and is cured, in fact, by the attempt. In the case of Sir Samuel Romilly, the loss of blood, it is suggested, relieved the cerebral congestion which impelled him to make the fatal cut. He bitterly repented of his act immediately it was done, and did all in his power to stop the hæmorrhage.

This fact, which is well supported by others, leads to the conclusion, that while the person making an attempt upon his life is undoubtedly insane at the moment, yet that he may be perfectly sane the moment after, provided his life has been spared. The impulse may be likened to that which prompts people to leap from great heights. There are thousands of persons who dare not trust themselves in such positions. The

same feeling of dread is very common with respect to razors in certain nervous conditions of the body. It would be absurd to suppose that this apprehension of an impulse can be looked upon as a symptom of insanity.

There are many cases in the books of children committing suicide after having heard of some example of the kind in their neighbourhood. It seems almost incredible that the imitative faculty in infants of seven or eight should lead them to such extremities, but it is only another example of the total want of knowledge of the sacredness of life which exists almost as a rule in youth. Not only have children hanged themselves, but their brothers and sisters and young companions. Here, again, insanity has had nothing to do with the act.

We could not, within the limits of this article, attempt to give anything like a collection of the remarkable suicides which have taken place, but we may be allowed to quote a few examples that have been placed on record. We have mentioned a few cases of this kind which apparently have been prompted by a morbid desire to astonish;

but an instance was afforded at Fressonville, in Picardy, which has a touch of the grotesque in it worthy of a Frenchman. The church-bell was heard to ring at an unusual hour in a very agitated manner. Upon the cause being inquired into, it was found that a man had hanged himself to the clapper, and in the agitation caused by his position, the bell rang in the strange manner that had excited attention. The man happily was not dead : the attempt was certainly a grim effort to ring his own death-knell. This, and some other curious examples of suicide, we have quoted from the interesting volume, "The Anatomy of Suicide," by the late Dr. Forbes Winslow. In another case, a woman deliberately broke a hole in the ice, placed her head in it, and held it there until she was drowned.

The most deliberate attempt at suicide, combined with publicity, we remember, was made by an Italian named Matthew Lovat, a shoemaker. Dr. Winslow, quoting from Dr. Bergierri, who records the case, writes : "This man determined to imitate the crucifixion, and for this purpose deliberately set

about making a cross and providing all the adjuncts of that terrible scene. He perceived that it would be difficult to nail himself firmly to the cross, and therefore made a net, which he fastened over it, securing it at the bottom of the upright beam, a little below the bracket he had placed for his feet, and at the ends of the two arms. The whole apparatus was tied by two ropes, one from the net, and the other from the place where the beams intersected each other. These ropes were fastened to the bar above the window, and were just sufficiently long to allow the cross to lie horizontally upon the floor of the apartment.

“ Having finished these preparations, he next put on his crown of thorns, some of which entered his forehead; then, having stripped himself naked, he girded his loins with a white handkerchief. He then introduced himself into the net, and seating himself on the cross, drove a nail through the palm of his right hand by striking its head upon the floor until the point appeared on the other side. He now placed his feet on the bracket he had prepared for them,

and with a mallet drove a nail completely through them both, entering a hole he had previously made to receive it, and fastened them to the wood. He next tied himself to the cross by a piece of cord round his waist, and wounded himself in the side with a knife which he used in his trade. The wound was inflicted two inches below the left hypochondre, towards the internal angle of the abdominal cavity, but did not injure any of the parts which the cavity contains. Several scratches were observed upon his breast, which appeared to have been done by the knife in probing for a place which should present no obstruction. The knife, according to Lovat, represented the spear of the Passion.

“All this he accomplished in the interior of his apartment; but it was now necessary to show himself in public. To accomplish this, he had placed the foot of the cross upon the window-sill, which was very low, and by pressing his fingers against the floor he gradually drew himself forward, until, the foot of the cross overbalancing the head, the whole machine tilted out of the window and

hung by the two ropes which were fastened to the beam. He then, by way of finishing, nailed his right hand to the arm of the cross, but could not succeed in fixing the left, although the nail by which it was to have been fixed was driven through it, and half of it came out on the other side.

“ This took place at eight o'clock in the morning. Some persons by whom he was perceived ran upstairs, disengaged him from the cross, and put him to bed. By medical care his wounds ultimately healed, and the poor man recovered his mental condition, but he was, however, ever afterwards morose and singular.”

We have said that November is debited with the greatest number of suicides : this is an invention of the French wits, who love to rail at our climate. In fact, November seems to be avoided by the suicide ; it is too uncomfortable for the attempt. The months of March, June, and July record the greatest number of suicides, but females appear to prefer September, November, and January. The diversity of the sexes with respect to the season chosen for suicide is remarkable. Males

always outnumber the females in the commission of this dreadful act. Possibly the reason of this is the wider choice of means of self-destruction possessed by men. The gun and the razor are generally at hand, whereas water, the usual means by which the female makes her exit, has to be sought sometimes at a long distance. Women but rarely cut their throats. With men in early life hanging is the method preferred, fire-arms in the more vigorous, and hanging again in advanced life. This difference is clearly owing to the fact that fire-arms are but rarely used by a man except in middle age. Poisoning is a favourite method of suicide with young persons, especially females, and charcoal, but that is a French invention, which has not yet touched the rougher instincts of the Briton.

When the act of suicide has been caused by some overwhelming misfortune, it certainly should not be ascribed to insanity; there are rare occasions when the individual may be almost excused for putting an end to a life which circumstances have made intolerable

to him;* but causes of this overpowering nature are rare, compared with those that are purely impulsive. Even the impulse differs vastly in its intensity and persistency. Many an individual has attempted his life, and when in the act has repented it, and struggled to save himself; while others have contemplated its accomplishment as a fate which they could not possibly resist.

It is unjust and unphilosophical to speak of both as being equally insane. The mere impulse to commit suicide is very often of a temporary nature, and incited by the presence of some immediate means of perpetrating it, which an individual so liable to be tempted, if he is sufficiently sane, carefully avoids. There are, probably, few persons of an impulsive nature who have passed near great heights, dark streams, or have crossed the Clifton Suspension Bridge, for instance, with a view of the yawning gulf beneath them, without experiencing a latent dread lest they should be tempted to jump over. There are

* It is the supreme act of cowardice to retreat when the world and fate are fighting against a man. That is the moment to show a bold front.—[ED.]

others, again, who go to such places for the express purpose of committing suicide. The power of the will to conquer the impulse or to repress the intention of putting it in action, is the sole difference between the healthy and the insane mind. The impulse itself appears to be one of the inexplicable mental phenomena which haunt those who dwell on the Borderland of Insanity.

After resisting on many occasions, a time may come to the feeble-minded when the impulse conquers resistance, and the suicidal act is the result. Only the individual himself is aware of the terrible struggles that, under the calmest exterior, sometimes agitate him. Happy he whose nervous temperament does not render him liable to these frightful conflicts with his better reason !

MAZELAND.

[WHEN the mind, still active, intelligent, and struggling valiantly with difficulties, begins to feel the loss of a directing power, it finds itself in Mazeland. The point it is striving to reach still lies clearly before it, the power to press forward is not consciously weakened, but the way has been missed, or, to describe the sensation more subjectively, it seems that, press onward how one may, no advance is possible. Beaten back, the undaunted but bewildered worker tries another way round to his object. Again he is baffled. The attempt is repeated, but with no better success. All roads are blocked.

Something like this happens on a small scale when, after labouring at a task for many hours continuously—for example, a mathematical problem, a tough piece of construing, or a voluminous, rather than complicated, task of figure-work—the mind suddenly becomes incapable of performing the simplest process

successfully. I am not pointing to the experience of fatigue in which the intellectual faculties may suddenly fail, and the worker drop asleep in his chair, or, if he is wise, lays aside his task and seeks relief in rest or recreation. The state I am attempting to describe is one that does not commonly appear to be characterised by the sense of weariness. That monitory consciousness is absent. Indeed, the sufferer may be animated by an earnest and active desire to proceed. He sees the goal not far distant; he is certain of reaching it, when, to his dismay, the way is obstructed. Where before all seemed open and plain there is an insurmountable obstacle. At first he thinks the result must be caused by error: he has mistaken the path. After trying other approaches with no better fortune, it is a happy circumstance if he discovers that the disappointment is due to the fact that he has passed into a mental condition in which the controlling faculty is at fault, and the mind wanders like a man in a maze, not wearily but peevishly, perplexed rather than exhausted.

No mere rest will rescue the mind from

this curious embarrassment. Not unfrequently it is prolonged through a considerable space of time. Occasionally it issues in complete bewilderment and stupidity. Young persons are apt to fall into the morbid state when preparing for, relatively, great intellectual exploits; for example, a severe competitive examination. Sometimes the breakdown occurs just before the moment of trial; at others it may supervene upon the final effort, and is described as the result of "overwork." I do not think it is identical with the condition so often brought about by too great or continuous exertion. There is a distinctive character about this form of bewilderment which marks it off as a special mental state produced by causes and giving rise to consequences peculiarly its own. Let us try to see what these may be.

The brain is an organ of great complexity, and its functions are manifold. Harmony of working is almost more important than integrity of structure. In common with the other parts of man's physical being, the mind-organ is largely endowed with two strongly conservative properties, the power of adaptation to

circumstances, and in a subordinate degree, perhaps, the faculty of vicarious action. A condition highly unfavourable to the performance of particular functions will be tolerated if it is established slowly, so as to give the brain time to accommodate itself to the new state. And it is even probable that, under special conditions, parts of the intellectual organism not originally designed for a particular service will do duty in the exceptional line, if the new work is thrown upon it by a sufficiently natural though indirect process. The recent researches of Dr. Brown-Séguard—one of the most sound and practical of contemporary physiologists—as expounded in his lectures now publishing in *The Lancet*, throw strange light on this interesting topic, and claim the attention of thoughtful men outside medicine.

By the wonderful powers conferred with these two properties of mind and the mind-organ, the intellectual faculties are protected from most of the immediate perils besetting excessive brain labour. This is how it comes to pass that so few really robust though busy thinkers succumb to the fashionable malady,

“overwork.” As a matter of fact and experience I do not believe one in ten of the multitude of cases attributed to this form of collapse are produced by too severe or continuous mental exertion. There is something wrong elsewhere, and “overwork” is a plausible and pleasing cause to assign for an affection which springs from a fault or weakness less gratifying. However that may be, it is beyond question that, just as the best horses require the most expert driving—both to keep the team in hand and to get the largest amount of work out of each animal and the whole pulling together—the faculty of orderly brain working is essential to healthy and successful mind labour.

Unfortunately it is a characteristic of the system of education now in favour, and consequently of the mode of mental industry prevalent among the intellectual classes, that this faculty of co-ordination is not specially cultivated. The several powers of mind are developed under pressure, in obedience to the law of growth by use, to a pitch of perfection perhaps unprecedented, but the study of processes, and the training of

the governing faculty, are neglected. One by one the branches of study especially designed to encourage and foster the development of orderly powers have been abandoned because they do not directly, in themselves, constitute marketable information. In brief, there is so much to be done and so little time to accomplish the task that *mind* is forgotten in the greed for results which intellectual activity is expected to accomplish. Impetuous, wild, and brain-breaking work is the characteristic of an epoch not less remarkable for the wreck of great intellects than the achievement of vast successes.

It is the governing, the controlling, if I may call it so, the driving, power that fails, when a still vigorous mind suddenly finds the sphere of its operations converted into an impracticable province of Mazeland, and its efforts to advance, or even to extricate itself, baffled at all points. One of the causes of this collapse, and, in a precautionary sense, the most important, lies in the fact that being at first very imperfectly developed, the faculty gives way under a strain which can scarcely be regarded as too great for a healthy brain

to bear. Some of the most notable and disappointing failures of public men have occurred under conditions which certainly ought not to have disabled healthy minds. Exceptionally brilliant success in any special branch of mental activity is in itself a suspicious circumstance. The several departments of intellectual industry are so completely occupied, and the standard of mediocrity has been elevated to such a pitch that if an individual achieves renown among specialists, the presumption is strong that he must have been forcing a particular set of faculties unduly, that is, to the neglect of others, and, among the number, that governing faculty which should control and harmonise the whole.

It must be remembered I am speaking of work in which the powers of mind are actively engaged, not mere practical enterprise in which any dullard who takes the pains may easily succeed. I repeat, the successes which have so disastrously issued in collapse, have been for the most part triumphs akin to that of climbing a pinnacle on which there is no foothold, no standing room, and

whereon none but an acrobatic mind can be expected to preserve its equilibrium. How does this agree with the assertion that these failures have occurred under conditions by which healthy intellects ought not to have been overturned? A man too lame to walk can sometimes run. The inability to work steadily and easily incites self-conscious minds to outbursts of pyrotechnic genius; just as the singer with a weak or limited chest voice seeks refuge in a falsetto. Men of genius are too often like hot-house plants—transcendently beautiful while the temperature can be kept up to a suitable number of degrees, but wofully short-lived when the fuel runs low, or there comes an unkind frost.

Weakness of this kind is traceable to the circumstance that the self-controlling faculty is not so robust and well-trained as to render the mind conformable to circumstances. It is not that too much is attempted, but the mind lacks the instinct necessary to economise and utilise its powers to their full capacity. Many of, if not all, the wonderful exploits of strength and skill performed by somnambulists, and persons generally acting under morbid in-

fluences, of any kind, are rendered possible by the liberation of forces which under ordinary circumstances would be held in abeyance. Every part of the organism, and the mind instrument among the rest, is charged with reserve force which may in an emergency be brought into play. The sense of weariness, of pain, of exhaustion, are warning signals that the reserve is being approached. If by any means weariness, pain, and the feeling of exhaustion are suspended, the reserve may be unconsciously employed, and for the time great feats will be performed. The corollary of this exceptional strain is that abuse of strength to which I am pointing. If a man does not know how to ride or drive he will probably knock up the best horse in half the proper time, and before it has done nearly the full work of which it is capable. It is by this bad management of mind men make shipwreck of their faculties before they are fairly at sea.

The way out of Mazeland is not, as I have hinted, through the land of Nod; nor are those wise who repair for succour to that famous hospital for "overwork," the Castle

of Indolence. It is better to look the facts in the face, and deal honestly by self. There is something amiss with the mind. Its faculty of self-control and restraint is at fault. See if a physical cause has contributed to the breakdown, and that being removed and the damage repaired, set vigorously about the neglected business of education—the education which consists in training and developing mind itself, an undertaking wholly different from the enterprise of cramming the memory with information. There is no mystery in this recommendation. It is a prescription that can be made up anywhere by the sufferer himself. The drugs are always at hand—common sense, courage, and that honesty of purpose which will enable a man to perceive and act upon the impression that he has failed, not because he was *overworked*, but because the power, the instinct, to work properly has never been developed, or is impaired.]

DAZELAND.

[THE dwellers in Dazeland are dull folk, with minds muddy rather than muddled. They have not retrograded or become diseased, but are simply dazed, as a two-year old classicist might be if an exasperating preceptor set him to construe a passage in some crabbed work. The world's work is too exacting for them. They cannot be said to attempt the business of life, they simply stare at it. Staring at work is the worst of intellectual exercises. It is true many persons form the habit of looking a long time at any tough piece of business before they begin, and with good results because the interval is occupied in "making up" their minds how to set about the task. This is a widely different thing from going through the world with wondering stupidity.

Really stupid people are not, as a rule, exposed to serious peril of imbecility. There is a slow method of thinking which seldom over-

taxes the mental capacity or strains the intellectual strength. The minds that fall into that method may be limited but not dazed. The mental state I propose to describe as Dazeland, is one in which minds undeveloped or with naturally circumscribed powers are brought to face work they cannot perform, but are expected, and even pressed to undertake. In this extremity there is risk. The dazed intellect may become distraught. The mental power is so little and so weak, that a breakdown of any kind must reduce it to utter imbecility.

The calamity I tried to picture under the colloquial guise of Mazeland was one in which ripe faculties failed because they were not controlled by the power of co-ordination. The injury admitted of remedy, because the component parts of the mind which had been wrecked might be pieced together again, and in the meanwhile, perhaps, the faculty of self-control developed. In the case we are now considering there can be no question of cure. The bubble has burst. Mind, never an elastic structure, has given way under the stress of effort. It is what happens to the muscular sys-

tem when a man tries to lift more than he can possibly raise, and the physical organism is not merely exhausted, but torn. If recovery happens it must be by the recuperative power of nature, and the strength of limb will never be quite as great as it was before.

Dazed minds verge dangerously on the borders of Dementia. It is of the highest moment to determine whether the intellect is merely mazed or dazed; in other words, whether it is only disabled by the lack of controlling power or has been permanently crippled. A good practical test is the sufferer's own self-consciousness. If these cases are not mismanaged at the outset under the mischievous impression that what every failing mind needs is rest, there will be little difficulty in discriminating between the two conditions.

The mazed mind is generally inert after its failure, and, like a brain attacked with acute dementia, needs to be aroused from its lethargy. Rest in such a state means ruin. The dazed mind, on the contrary, is generally much disturbed. It has not the wit to perceive the true cause of its disappointment, and worries itself with vain regrets. Such a mind does need

repose, the most complete quiet the disabled intellect can obtain. If anything is to be saved from the wreck it must be by establishing a perfect calm, and waiting patiently until the commotion, with its immediate consequences, has died away. As a rule, the opposite course of treatment is adopted, the mind in a maze is lulled to rest, and the dazed intellect is stimulated to new exertion. It is not difficult to account for the disappointment that ensues.

Dazeland is a district that lies hard on the border line, and year by year multitudes of weak overstrained minds fall, victims to trouble, worry, or work with which they have no natural aptitude to cope. The population of this blighted region is largely supplied by the progeny of feeble and debased beings, who regard life chiefly as an opportunity for selfish enjoyment, and the gratification of appetites the most vitiated and corrupt. The people of Driftland, of which we shall speak presently, send crowds of young people to this melancholy district, and their fate is sealed from the moment of birth.

In a very interesting paper, "On Insanity,"

which appeared in the *Quarterly Journal of Science* for April, 1870, Professor P. Martin Duncan, F.R.S., dealt with the topic we are now discussing to admirable purpose. Instancing the effect of bringing undeveloped minds face to face with "matters too great" for them, he says, "The most savage races do not come sufficiently in contact with accurate observers for a correct estimate of their freedom from mental disease to be formed, and the low type of their reasoning powers may oftentimes not render delusion and mild dementia prominent mental conditions. It is rare that any unusual strain is placed upon the mind of such savages ; but when it occurs insanity appears not to be uncommon. Thus, some of Livingstone's faithful followers, who traversed the continent of Africa from west to east with him, were evidently rendered insane, and suicidally so, by the excitement consequent upon visiting residences of Europeans and shipping."

The apparent increase of insanity is almost exclusively among the poorer classes. Professor Duncan cites Dr. Richardson's opinion, "Our uneducated, cloddish po-

pulations are, as I venture to assume, the breeders of our abstract insanity ; while our educated, ambitious, over-straining, untiring mental workers are the breeders and intensifiers of the worst forms of physical malady." Professor Duncan continues, " The Commissioners write as follows :—' The population of England may be estimated in round numbers at 20,000,000, of which 1,000,000 are paupers ; and we have thus the remarkable fact of an increase in asylum patients in five years of 5049 from the million of paupers, and of only 36 from 19,000,000 of non-paupers. Making very liberal allowance for the pauperizing effects of lunacy, and the consequent removal of a considerable number of patients from the independent to the pauper class, we are thus forced to the conclusion that insanity is essentially a disease, not of the overstrained intellectual, or emotional faculties, but of the depraved bodily condition which for the most part is dependent on insufficient or inappropriate food, irregular living, overcrowded dwellings, long-continued nursing, overwork, fever, or any similar cause of bodily debility.' They might have added," as Dr.

Duncan sagaciously observes, "the influence of want of mental exertion and of hebetude produced by the sameness of the mental surroundings; for a large section of the human race dies more or less insane from prolonged stupidity."

It is strictly true, as the same thoughtful writer remarks in another place, "The want of mental and physical resiliency amongst the poorest of our urban and agricultural populations is evident to those who care to view them." The want of *resiliency* is not confined to the very poor, and to the absence of this quality in minds inadequately developed we may trace the collapse of intellects in every social grade. When set to do work beyond their powers, or to carry a burden of anxiety greater than they can endure, congenitally weak or undeveloped minds readily succumb to "disease." They are incurable by external remedies, and seldom self-restored: hence the dazed and demented wrecks of minds, young and old, that strew the world.]

DRIFTLAND.

[EVERY one knows how entirely at the mercy of the wind and waves is a drifting ship. It may be broached on a rock, stranded on the shore, or carried away to sea. The inert beings who dwell in Driftland are exposed to these and worse perils. They may be buried in the sands of a waste more wild and deadly than the desert. They are powerless, and around them rage elements ever ready to overwhelm and destroy. It is the misfortune of these poor creatures that they do not recognise a sufficient reason, or possess the requisite power, for self-defence.

When a mind has no set purpose to supply it with momentum it is blown about by every wind, and the faculties which are allowed to lie inactive first stiffen from disuse, and then rot from the decay of a vitality which is never properly brought into play. No inconsiderable number of the middle and upper

class patients who fall under treatment year by year are purposeless loungers through life, whose minds seem to undergo a process of disintegration, so seldom are they employed.

If a sane and healthy man should take to his bed and abstain from physical exertion he would soon lose power even to sustain his own weight, and active exercise would be impossible. Precisely analogous results ensue if the mind is spared all trouble, and the intellectual faculties fall out of use. If this inaction follow a course of dissipation by which the functions of nutrition have been impaired the decay is more rapid, and it is not less complete, than when the mind is simply left without work of any kind, and its powers are never stimulated by need.

Lounging is one of the most perilous and vicious habits a man can contract. If some brutal appetite does not drag the individual down to the level of one of the lower animals, developing their propensities and living their life, he becomes a mockery of manhood, a being in the shape of man, but imbued with none of his nobility of nature,

and devoid alike of virtue and character. It is impossible to paint the danger and the discredit of this condition in colours too glaring. It is a point on which society needs to be alarmed.

Driftland is a populous district, and there is reason to fear it will become still more crowded as the nation prospers and the exigences of life for the sons of rich parents decrease. If the army should cease to be the resort of our young men it is difficult to see what can interpose between them and the degradation of decay. It is vain to place confidence in the allurements of the professions, each year more laborious and exacting. Commercial enterprise, which is happily asserting a higher claim on the attention of the upper classes, may attract some; but the majority will drift unless fate or fashion create a current sufficiently strong to excite or compel the beings it bears along to make some effort for their salvation.

Education can do little unless it takes the form of developing *mind* in place of amassing *information*. It is doubtful whether the intellect which has been crammed with knowledge is

not as likely to drift as that which has simply lain fallow and inert. Any force of action which can preserve must be awakened within. The mind can only be maintained intact by its own energy ; no mere movement from without will suffice to infuse it with life, or withstand the forces that strive for its destruction. Just as the presence of somatic life is the safeguard of interstitial life in the physical organism, so energy, purpose, soul, is the only sufficient preservative of the integrity of mind.

Drifting, idly, helplessly, and carelessly on the stream, a mind will become so weak that it may instantly fall to pieces on the first rock, or founder in a rising storm. This is a grave subject, and it would be worth a world of trouble to impress it forcibly and conclusively on the public mind. A large proportion of the cases crowding private asylums are of the class in which minds capable of work but wasting strength in idleness have drifted through Borderland and are now hopelessly insane. It is too late to undo the mischief thus wrought, but much additional misery and disgrace may be avoided if it can be pressed home upon the conscience of men and women

whose lot in life supplies them with no strong motive for exertion, that their only safeguard is *work*. It is no use pretending to "take exercise." Only work with a purpose will avail. Better hunt, shoot, climb mountains, row, or fish than remain idle; but though the mind may be beneficially employed, it must be energised with an ambition to excel, and nerved to enterprise, if it would be safe.

The loose fibre of many a moral character is the warning symptom of a mental decrepitude likely to supervene. In the history of nations nothing is more plainly illustrated than the truth that a race that falls into an inert mode of existence shows a marked tendency to degenerate. Providentially—as we say—a crisis commonly occurs to rouse the slumbering intellect. When this does not happen the decadence is unchecked, and its progress is more rapid as the impetus of descent increases. Families and individuals are exposed to the like danger. The race or the man that ceases to labour will cease to live. The issue may be delayed, but the doom is fixed. The value of work as a cure for insanity in nearly all its forms is admitted, its worth as a pro-

phylactic against mental disease needs to be enforced. It is the great remedy for mind weakness, the secret fount of health, the only preventive against premature decay. It is the worship Nature owes to the Creator. *Laborare est orare.* The religion of life and sanity is *work.*]

COUNSEL.

[THE sum of what I have tried to teach in these last light sketches is briefly this: There are three regions of what Dr. Wynter called Borderland which are especially full of peril, and ought to be marked "Dangerous." First, that in which an active mind with vigorous faculties falls suddenly into a condition of embarrassment; second, the breakdown which occurs when a weak or imperfectly developed mind is staggered and paralysed by a task too great for it, but which it has been lured or driven to undertake; and, third, the drifting of vacuous or purposeless minds into imbecility and—if I may say so—disintegration from disuse.

I will not go so far as to assert that *mind* is a mere product or outcome of *matter*. That dissimilar intellectual manifestations are found associated with different degrees of develop-

ment in the brain, and nervous system generally, is evident; but that in itself proves nothing, because the capacity of the instrument may limit the display of the power. Take a simple illustration of my meaning. The simple circumstance that a particular piece of music is not played may be due either to the inability of the performer or the imperfection of the instrument. It is impossible to be sure which of these causes has produced the result without knowing something of both performer and instrument.

The difficulty in determining what may be due to the performer and instrument respectively, in regard to manifestations of mind, lies in the fact that no man can finally determine whether there is a power outside the brain which uses that organ as an instrument. If there be, then mind is independent of matter, except in so far as its expression must be limited by the brain with which it is associated. This is the old theory. A modern notion, which I am not prepared to adopt, without stronger evidence than has hitherto been advanced in its support, is that which makes mind a mere function of matter,

and reduces intellectual work to the level of a form of energy essentially physical, and in no discoverable sense differing from that which expresses itself in muscular action. This is the position in which the advanced mental philosophy of the day leaves mind. If the grandiloquent paraphrase of continental moonraking with which the English public is just now regaled as mental philosophy, may be accepted as a specimen of the brain work likely to be done by those who glorify the grossest materialism and call it science, I question whether we shall have cause to be proud of our mental philosophy, or count energy as progress.

Meanwhile mind disorder or disease undoubtedly needs to be treated simultaneously in two directions, and by different measures and methods. Mental derangement is generally a symptom of physical disease, either functional or organic. Insanity may, however, be reflex in its nature, that is, a mental cause may act upon, and react from, a physical centre, producing mind symptoms. No system of remedy can be complete which does not

comprehend all courses and causes of morbid mental phenomena, the direct and the reflected, the intellectual and the material—functional or organic. Self-treatment, and of this I am now chiefly thinking, must be addressed first to the physical state, in which case the assistance of a general physician or practitioner will be required; and, second, to the mind itself.

Is the breakdown a failure of working power or of intellectual ability? An intelligent person can usually decide this question by a simple process of introspection, or watchful friends may do it for him. If the faculties have previously been strong and clear in their action, the embarrassment—always provided it is not simple exhaustion, with which I have nothing to do in this work—is probably due to a lack of general working power, that is, non-development of the faculty of mind-control. If, however, the collapse has occurred when the mind has been brought to bear on some unusual work, as in the case of children set to new tasks, or even that of adults engaging impulsively in some unwonted intellectual exercise, the failure may be more

serious, and the condition resemble that of a man who has overstrained his physical power, and is threatened with permanent decrepitude.

It is of the highest practical moment to determine which of the two states exists, because in the case of bewilderment prolonged rest will be injurious, while in that of mental strain it is the one indispensable means of averting permanent mischief. On the peril of allowing a mind to drift I need add nothing to the warning given. Those who dare the risk of intellectual indolence must endure the terrible consequences of vicious mental courses ending in fatuity.

Let no one linger in Borderland without recognising the perils that abound there, and none suppose that the accident of having wandered into a dangerous district implies ruin, or precludes the possibility of escape. The great point is to clear the mind as speedily and completely as may be practicable from the toils of the destroyer. The two most trusty counsellors in the emergency are Hope and Common-sense. With

the aid of these friends in need, the demons of hereditary disease and idiopathic insanity may be kept at arm's length, and, generally, vanquished; but to insure victory the sufferer must strive instantly and earnestly to restrain and recover *himself*.]

THE END.



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