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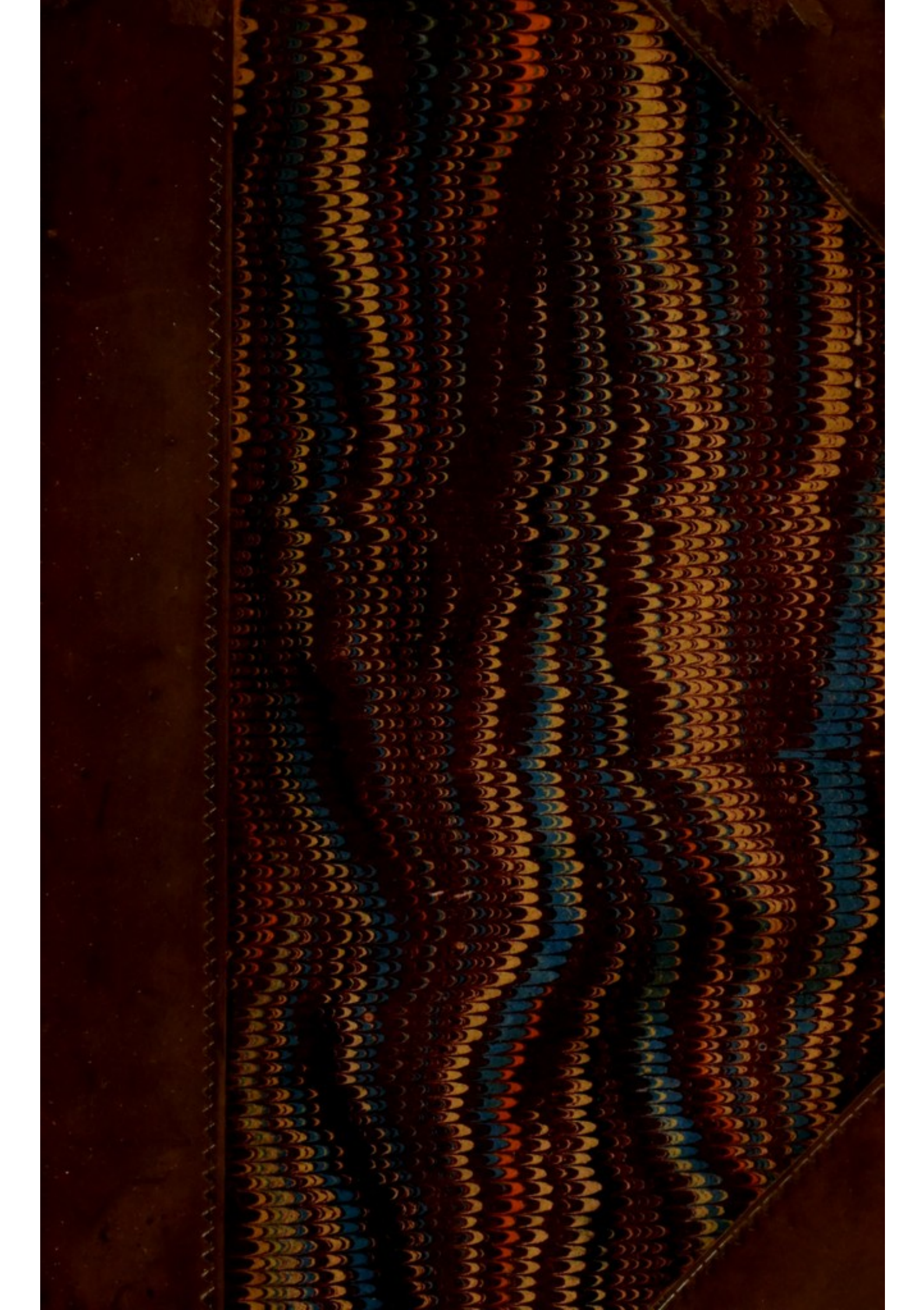
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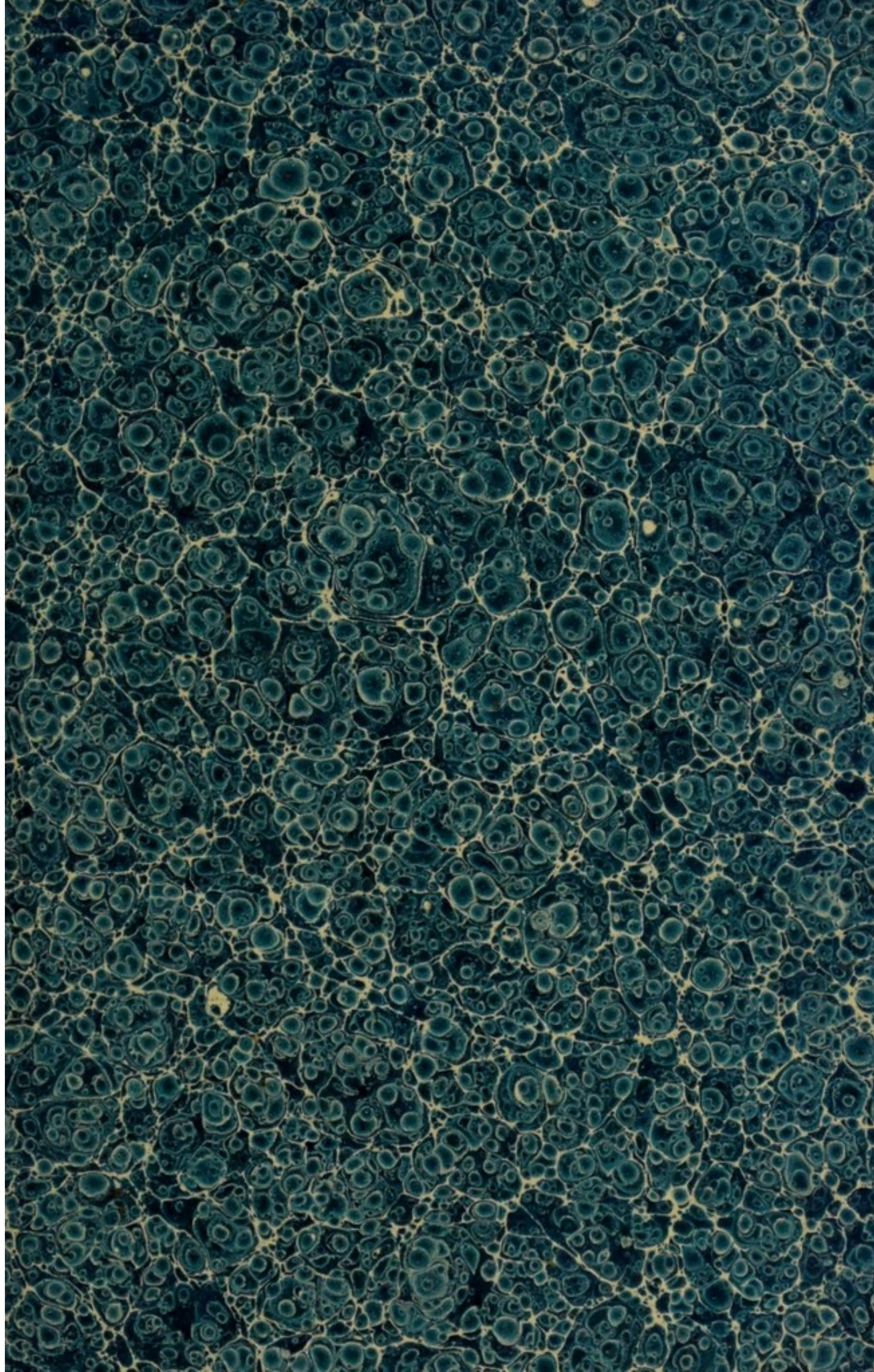
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Al. J. G. G. Del. et Sculp.

LONDON 1728







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form of memory has been deemed by those, who desire that the knowledge of things should invariably precede that of words,* and unphilosophical as *it is* in comparison with the more scientific memory, it conspires with the latter in after life towards effecting great intellectual achievements. Few very great thinkers have been without it: in our age, Porson was perhaps its greatest instance. As minds of that class on which I am particularly dwelling, ripen, and attain the requisite conditions, the great acquisitive instrument, the inductive power, will be in its turn developed; and this in many cases has occurred with unexpected strength, if no exhaustive stimulants have been prematurely applied. Now, to *assume* that *all* may be similarly, and at the same age of mental life, indoctrinated into the use of this power—that minds of the class which I am concerned with, are competent or adapted to pursue a process of investigatory acquirement, or even to be taught to pursue it, and to substitute in minds of this class, at an early stage, inquiry for passive reciprocity or belief, is calculated to hurry, to bewilder, and to confuse. I have indeed had occasion to observe the seeds of intellectual disorder sown by this dangerous anticipation of an undeveloped element of the mind.

This subject, I am aware, should be tenderly dealt with. The systems of the present day, in which my caution may seem to apply, have been brought into action by a most extreme tendency in the opposite direction of previous systems. These had been hardened, by the concurrent indolence of teachers, into a state which was totally unfitted for active and energetic intellects; and which offered to minds of the more passive kind no outlet into philosophical thought, when the period for such thought might have arrived with *them* also. At these systems Pestalozzi and De Fellenberg have struck a vital blow.

* “Point ou très peu de livres; l'enfant est son livre à lui même, il agit au lieu de lire.”—*Esprit de la Méthode de Pestalozzi, par M. Jullien.*

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SUPPLEMENT

TO

for the Author

THE CROONIAN LECTURES

MEDICAL TESTIMONY AND EVIDENCE
IN CASES OF LUNACY

By THOMAS MAYO M.D. F.R.S.

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SUPPLEMENT TO THE CROONIAN LECTURES.

IN the work, to which these pages are a supplement, I advert to 'a peculiar state, under which,' I observe, 'the leading subject for consideration is an orgasm, or an intense and sometimes sudden desire, which leads the sufferer to perform some criminal act; this orgasm, not always susceptible of being construed into delirium, as not being always attended by a morbid delusion, or by a state of inconsecutive thought. In regard to this condition of the case, I observe, a question instantly arises, whether, in the absence of direct, it admits of constructive, proof of delirium,* that is, of a morbid state of intellect; or, in the absence of such proof, must be removed into the category of vice?' This subject, partially alluded to in relation to the

* Appendix, A.

homicidal orgasm, I propose to resume in the same point of view.*

There is another question, which has, I believe, mischievously influenced the answer to the above in many medical witnesses, but which I shall leave untouched, except so far as I may be obliged to advert to it, since it belongs to the judicial phase of the subject *alone*, viz., what will be the appropriate punishment of the crime, supposing irresponsibility is negatived by the medical witnesses in a given case?

Now, in my endeavours to throw light on this subject, I wish to be understood as making an excellent article in the Medical Jurisprudence by Dr. Alfred Taylor, which dwells fully on the same subject, my book of reference, as supplying data for enquiry, and assisting their application. Valuable as that part of his great work unquestionably is, its eminently suggestive character not only leaves room but makes room for further tentamina. It is, indeed, highly probable that, whatever additions may at present be made to our acquaintance with the whole subject, in

* Appendix, B.

respect to principles and rules, the application of them will remain, in most cases, a matter in which precedents, and cases recorded at different times, will take much effect.

Dr. Taylor, almost in entering upon the subject of homicidal insanity,* grapples with that class of cases in which this plea is of difficult application—in which, it would appear, that ‘the chief evidence of the existence of insanity is in the act itself; of the existence of insanity, in the common acceptation of the term, before and after the perpetration of the crime, there may be no evidence whatever, or it may be so slight as not to amount to proof. These cases,’ he proceeds to say, ‘are regarded by some writers as instances of insanity of the moral feelings only; and this condition has been called Moral Insanity. Its existence as a state, independent of simultaneous disturbance of the reason or intellect, is denied by a great majority of lawyers; and there is no doubt that an unrestricted admission of the doctrine would go far to do away with all punishment for crime,

* Medical Jurisprudence, page 848, 9.

for it would then be impossible to draw a line between insanity and moral depravity.'

I need not say to those who have read the work to which this is a supplement, that the want of this dangerous plea, for which I can see no restrictions which will make it safe, appears to me always unreal; in other words, that I do not think that in those cases 'which are rendered difficult by the absence of evidence of past or present disturbance of mind,' the direct application of the theory of moral insanity, which we both deprecate, or its indirect application, whereby it is argued that the act proves its own insanity in the absence of intellectual disturbance, is required either by the written or the unwritten laws of justice.

This being my supposition, I proceed to consider the question, whether certain cases, of which intellectual unsoundness cannot be predicated, need be withdrawn from the category of acts, which are dealt with as the acts of responsible agents. If I succeed in proving the negative, the grounds are so far removed, on which the fiction of moral insanity was set up in favour

of such cases, either under that name or by making the enormity of the act prove its unsoundness, and they are left to the application of such rules as to the amount of responsibility, as govern other homicidal acts performed with equal deliberation.

I may first observe that Dr. Taylor distinctly avows, that the persons, whom I am about to adduce from his work, as considered by him insane, must be so considered, as 'having passed the bounds of reason, and thus intellectually insane.' But it is my purpose to point out the grounds on which these cases are truly susceptible, or otherwise, of this construction. This enquiry may conduct me to a different conclusion from that which Dr. Taylor arrives at, who thinks that these persons deserved to be considered as homicidal monomaniacs.*

To me they appear types of that form of the homicidal state in which there is sufficient resemblance to the true maniacal orgasm to deceive; but quite sufficient difference from it to

* Medical Jurisprudence, page 850.

make the deception, if acted upon, mischievous to the public.

The first of these cases, Greensmith, tried at the Midland Circuit, July, 1837, was a person of industrious habits and an affectionate father; but having fallen into distressed circumstances, he destroys his children by strangling them, in order, as he said, that they might not be turned out into the street. The idea only came to him on the night of his perpetrating the crime. After he had strangled two of his children in bed, he went down stairs, where he remained some time; but thinking he might as well suffer for all as for two, he returned to the bed-room, and destroyed the two he had left alive. He shook hands with them before he strangled them. He left the house, and went to a neighbour's, where he said nothing of the murder, until he was apprehended the next day, and taken before the coroner, when he made a full confession. Not one of the witnesses had observed the slightest indication of insanity about him. 'He spoke of the crime which he had committed without the

slightest excitement. He made no defence.' It was affirmed in evidence respecting this man by a medical practitioner, that his sister had been under his care for entertaining a similar delusion (tendency?); namely, a desire to destroy herself and her children. 'The prisoner was found guilty, and sentence was passed on him; but through the active interference of a medical witness, he was subsequently respited on the ground of insanity.' Now what is there in this case exceptional to the normal characteristics of deliberate homicide or murder? The act belongs to a large class of similar acts, including suicide, in which the fear of poverty—a very normal motive—induces persons relatively indifferent to their own and others' lives to commit it? He was equally willing to do the deed and suffer the penalty. But there was no paroxysmal state, no evidence of an orgasm. He had an intelligible motive for his murderous act; and neither principle nor tendency countervailed it. The jury, strictly conforming with the law on the subject, found him guilty of the crime of murder; and as far as the facts before us go, they appear to have been right.

There is an impression, which pervades the reasoning of many persons on this subject, that in cases in which malignant feelings are not imputable, a homicidal orgasm, a paroxysmal state, is presumable *a priori*. They cannot conceive motives of a less overpowering kind as conquering in such minds the indisposition to shed blood. They leave no space in their estimate of the human mind for a class of persons who, from indifference, and not from malevolence, are reckless of the lives of others, just as there are many, and often the same persons, who, without any want of selfishness in other points, are reckless in respect to their own life, and part easily with it. To pursue the subject of relative indifference to life through all its phases would be interesting; though occasionally this inquiry would tend to lower the intellectual and moral dignity of great exploits, by connecting them with a condition of mind under which the agent is perfectly ready to shake off this mortal coil for any or almost for no reason.

That the love of life is distributed in very varying amounts must be obvious; it is, I think,

equally obvious, that we are not entitled to consider it abnormal in its deficiency any more than in excess; yet less to consider *that* person as insane, who deals with his children's life as lightly and indifferently as he would with his own; though we may recognise in his mind the presence of kindly feelings, that might, under other circumstances, effectually antagonise this indifference. A selfish man may commit suicide, and a man under no malevolent dispositions may murder his children, without thereby affording ground for the plea of insanity. The man Greensmith was indulging a desire to preserve his children from poverty, which could have taken *this* form only in a mind thus gifted with indifference to death; and the moral facility afforded to his dreadful crime by his conscious freedom from malevolence or hate, is, perhaps, an additional reason for extending to it even the full penalty of the crime.

In the present state of education of the lower orders, far more directed as it is to the acquisition of utilitarian knowledge than to the cultivation of the moral sentiments, a philanthropic

mania in medical witnesses on criminal trials may easily produce a national tendency to infanticide under the fluctuation of fortune, to which this very commercial country is liable.

The confidence unhappily generated in the public mind, that crimes even of a deeper hue can find impunity under the pretext of mental unsoundness, is illustrated in the defence set up by Mr. Ballantine for a prisoner under charge of matricide in the course of this month (October) at the Old Bailey.* The disproof of suicide in this case, which would have involved the proof of matricide, was not sufficiently complete to satisfy the jury. They therefore acquitted the prisoner, with the full approbation of the judge, Baron Alderson. Meanwhile, the counsel for the prisoner, Mr. Ballantine, in his defence, took the following ground: that if the jury should be unable to acquit her of the charge of destroying her mother, they should accept the plea that she did this in an unsound state of mind. Now, what was the evidence adduced to the latter effect? There was none; unless some disposi-

* See trial of Mary Jolley, *Times*, October 25th.

tion expressed by the prisoner herself to commit suicide could be so described. Indeed, no medical witness was supœnaed to this point. Mr. Ballantine apparently intended that the enormity of the crime should constitute the proof of the insanity of the criminal.

To return to the case of Greensmith. I have endeavoured to prove that it is not the case of a homicidal monomaniac, *i. e.* of one possessed of that irresponsibility which such a state confers. Dr. Taylor, from whom I quote the case, thinks differently. But, if I rightly construe his opinion, aware of the hazardousness of the doctrine of moral insanity considered as conferring this privilege, he does not, as he thinks, rest his opinion upon that assumption, but helps himself by assuming, that *intellectual* unsoundness must here be taken for granted;* in other words, that the case should be presumed to contain both the essential elements of insanity, being proved to contain one. This is not an effectual way of solving the difficulty; and the author offers no guarantee that his argument

* Page 851.

will not be applied to cases that he would readily admit deserve no palliation.

Of the case of Brixey, the second of the two cases which I proposed to examine as adduced by Dr. Alfred Taylor, he justly observes, that 'it shews plainly that in some instances the law makes no difficulty in admitting the plea of insanity, even where the commission of the crime appears to depend on perverted moral feeling only;' in other words, that the law is extremely inconsistent. For in another part he also justly observes, 'that the existence (of moral insanity), as a state independent of simultaneous disturbance of the reason or intellect, is denied by the great majority of lawyers.' The case is as follows:* 'Ann Brixey was a quiet inoffensive girl, a maid-servant in a respectable family. She had laboured under disordered menstruation, and a short time before the occurrence, had shewn some violence of temper about trivial domestic matters. This was all the evidence of her alleged insanity, if

* Med. Jurisprudence, page 864.

we except that which was furnished by the act itself which she committed. She procured a knife from the kitchen on some frivolous pretext, and while the nurse was out of the room, she cut the throat of her master's infant child. She then went down stairs, and told her master what she had done. She was perfectly conscious of the crime that she had committed; she appeared to treat the act as a crime, *and shewed much anxiety to know whether she should be hanged or transported.* There was not the slightest evidence, that at the time of the act, or previously, she was labouring under any delusion or any intellectual aberration whatever. The prisoner was acquitted on the ground of insanity, *probably* caused by obstructed menstruation.' Now, considering the extreme frequency of some catamenial disturbance in women, and the obvious capacity of *this* woman for appreciating the nature of punishment, it would appear to me reasonable to protect the public against a danger, the causes of which are so extensively present, by at least having recourse to *some* punishment, in cases in which punish-

ment was confessedly an object of fear and anxiety. The enormity of the act seems at first sight to place it out of the pale of sane actions, considering the absence of any reasonable motive: but as far as the statement goes, it may very properly be classed among a very normal class of actions, those, namely, through which a paroxysm of bad temper wreaks itself, without reason, upon the first *passive* object that comes in the way.

The acquittal here ought at any rate to have been an act of mercy of the crown, and not to have assumed the attributes of an act of justice in emanating from the jury.

The tendency to discover mental unsoundness, pursued with the energy which professional zeal generates, particularly when this is unscrupulously applied in aid of our natural anxiety to avert a capital punishment, is liable to produce a very retrograde state of psychology, as well as morals. We employ ourselves in enlarging the list of the abnormal qualities of the human mind, before we are acquainted with the normal. I should strongly advise some of my brethren

to temper their one-sided zeal, by endeavouring to suppose themselves retained, not only by the friends of the criminal to discover, if they can, a flaw in his mental soundness, but by the public also, to protect them against the outbursts of the pseudo-insane, and then to ask themselves where the *juste milieu* is placed. I do not inculcate their sincerity. Those in fact only are professionally employed, whose prior convictions on the general subject render them *willing* to embrace the cause of the criminal. Nor do *I* remember an exception to this plan, until Dr. Sutherland and myself were subpoenaed by direction of Government, to give evidence last Spring in the case of Buranelli, with a view, of course, to the expression of our opinion, *whatever that might be*.

Having thus adverted to homicidal acts, in which our right to call them by a term significant of insanity seems questionable, I shall now endeavour to ascertain the points of difference between these cases, and others to which the homicidal orgasm, as an evidence of insanity,

may justly be imputed. Without venturing upon the unanswerable query, What constitutes the essence of this fearful orgasm, we may affirm, that its practical relation to the subject of irresponsibility consists in the answer to another query, How far it has obliterated the power of self-control, through its influence on that half-moral, half-intellectual principle — the will. The following vivid extract from M. Esquirol, brings this point into strong relief:—‘Under the influence,’ he observes, ‘of this state, a female ten days after accouchement, feels herself seized suddenly and without a motive by a desire to kill her infants. A mother of four children is impelled against her will to destroy them, and finds it necessary to quit her house in order to escape the action of this impulse;’ no motive is here alleged: ‘another mother is similarly impelled to cut the throat of that one of her children whom she loves the best: a female at the period of menstruation feels a disposition to kill her husband and children.’ The following case from the ‘*Maladies Mentales*’ is eminently descriptive.

M. N.* was twenty-one years old at the period of his case, at which M. Esquirol describes it. 'He was tall, of a meagre figure and nervous temperament, peevish and gloomy. His moral qualities were close. He had lost his father at fourteen, and shewed little affection to his mother. At eighteen his spirits became lower; he avoided society of his own age, but he worked with diligence in a house of business; and neither his conversation nor his conduct manifested any unsoundness of mind. But he declares that he feels a kind of impulse which leads him to commit murder; and that there are moments at which the desire comes on him to kill his mother and his sister. This calamity is not realised. But before he was removed to the hospital at Charenton, he had nearly put to death a Swiss soldier, whom he met in the street, and whose sabre he seized. Meanwhile, there was no appearance of delirium. The treatment at Charenton was very properly medical as well as moral—warm baths, leeches, etc.—many physical symptoms of oppression and excitement

* M. Esquirol, *Maladies Mentales*, tome ii. page. 348.

presenting themselves. After a stay at Charonton, the duration of which the author does not exactly state, he leaves it apparently free from his homicidal tendencies; and, moreover, improved greatly in general health, in spirits, and in his domestic and social affections.'

Now, what is it that warrants us to draw a line between the cases here illustrated or portrayed, and those of Greensmith and Brixey, which I have above adduced as undeservedly classed among the insanely homicidal. The point of distinction (certainly one more fitted for the appreciation of judges than of a jury) is, that in all these latter cases, that power in the absence of which reason is practically undistinguishable from instinct, is abstracted. Of this loss the individual himself is sometimes conscious—often, indeed, in sufficient time to give due notice. It is important to observe, that the acts performed under these circumstances are essentially motiveless; or, more properly, are opposed to those influences of character which would determine an opposite conduct if the will were not in abeyance. *This motivelessness ap-*

pears to me essential to the genuine homicidal orgasm. It is important to bear this in mind, because it is my practical purpose to point out what homicidal acts may be conceived to partake of the irresponsible nature of insanity, which could not be so considered, except as produced by the homicidal orgasm as above characterised, the ordinary attributes of insanity, incoherence or delusion, being absent.

In drawing these distinctions, I am happy to say, that I am not at variance with Dr. Alfred Taylor. He says, that 'If a patient has not the power to banish from his thoughts the propensity to kill, he has passed beyond the bounds of reason, and is really insane.'* So I think. But in estimating this absence of power, I am not equally in agreement with him. I see no direct evidence in the case of Greensmith that the power of the will was abolished. And the evidence in the case of Brixey was inadequate. Each, in the interests of society, required to be held responsible to the extent of *some amount of punishment*.

* Page 853.

Conformably with the view which I adopt which brings the true monomaniacal orgasm into the class of instinctive ones, we often find it exhibiting all the characteristics of a gratified appetite, when the orgasm has been carried out to its full destructive issue, and that, too, even while an under-current of regretful associations is beginning to set in. Thus, after depriving a young girl of life, M. Voelkner, a sentimental German, whose case is given in Dr. Spurzheim's work on Insanity,* and by Dr. Crichton, goes to the guard-house, surrenders himself at once (a characteristic, also, of the orgasm), telling what he has done, and adding, that it now causes him much regret. He was immediately taken to the prison, where he slept calmly the whole night; for he acknowledged that uncommon uneasiness, which he had experienced for three weeks before, had ceased on his committing the act.

As the orgasm thus described as independent of will almost resembles the unreasoning urgency of a physical appetite, so, I believe, it will be

* Page 184. Taken from the *Psychologisches Magazin*.

repeatedly found in a peculiar degree associated with physical causes, and capable of being prevented by medical means. On this point, the case quoted by me above from M. Esquirol's work is instructive. So, also, is the case of Mrs. Brough, tried in 1854 for the murder of her children. But this latter case did not turn simply on the proof of homicidal orgasm; the evidence went to prove in her the ordinary symptoms of insanity. Phenomena drawn from a physical source may thus assist the judicial diagnosis of this orgasm.

In the case of Brixey, it may be considered as highly probable that she had no more than that amount of mental culture and principle which is the average endowment of girls in her sphere of life in England; that, under catamenial disturbance, being overtaken by a wayward impulse of temper, according to the laws of hysteria, and having no counteractive resource in her mind, she *deliberately* secured the means of gratifying it — namely, the kitchen-knife — and selected the victim most within her power. Another girl so situated, if less indifferent to

human life, more disposed to start at the sight of bloodshed, might have broken a valuable piece of furniture.* No evidence is given in this case which warrants the hypothesis that the power of will was suspended in her. Supposing my interpretation correct in kind, I cannot reconcile the act with any hypothesis that gives it irresponsibility. The condition, under which she performed it, normally appertains to our present state of civilisation, in which opulence, and therefore luxurious living, far exceed moral cultivation. In the better classes, however, there is sufficient nurture of the mind to prevent such deplorable results of the wayward tendencies connected with the hysterical condition. But it is not thus with the lower orders. In this case, and in a similar one described in my work itself, the delinquents were young servant-maids, to whom I will concede the supposition that they were as well educated for purposes of self-restraint as the majority of their class. Thus

* A case of a nursery-maid, similar in kind and event to this, is adduced in my work on Medical Testimony, etc., page 59.

situated they enter service, live on more and better food than they have been accustomed to, incur the constitutional disturbance above alluded to, which is liable, according to idiosyncrasy to terminate in the catastrophes recorded, or in some milder excess. With respect to such results, I have no doubt, first, that they may be mitigated or prevented by education; secondly, that they should be the subject of punishment when they occur.

The tendency of my argument in this respect is to limit certain indefinite generalisations of insanity, which, no doubt, if left to themselves, will be eventually discarded in favour of more mature views; but, perhaps, not before they have done some social mischief, by occasioning a practical fusion of normal and exceptional states of mind. But in the course of this experimental procedure, much moral evil, which is a fair subject for the preventives of education, will be withdrawn from its province; and the mad-house will be allowed to supersede the school. To the author, Dr. Alfred Taylor, some of whose views on this subject I have

endeavoured, perhaps with inadequate means, to improve, I willingly express my acknowledgments for a more enlarged acquaintance with the whole subject than I have found in any other in our language. Had I read his admirable article which I have so often alluded to, before I wrote my own work on the same general subject, as carefully as I have done since, this supplement would have been rendered unnecessary, as I should then have expressed my entire acquiescence with his general views, and my respectful dissent from him on particular points.

Though I am strongly inclined to the opinion, that controversy is, on the whole, unfavourable to knowledge, yet I cannot close these remarks, supplementary as they are to a former work, without taking notice of *some* strictures passed on that work in a review of it.* Certainly, ‘*opinionum commenta delet dies*’; but facts distinctly stated on authority, which seems respectable, are apt to hold their place in public belief long enough to do considerable mischief.

* Medico-Chirurgical Review, No. XXXII. page 371—2.

The fact, which I wish now to extinguish, is set forth, not very clearly I admit, in an article by Dr. Bucknill. It is to the effect, that in this work reviewed I consider insanity a disease of the mind in a sense which excludes and negatives its intimate connection with bodily structure and functions.

Now on this point I refer him, or rather his readers, for he ought already to have read a book which he *appears* to review, to the following passage in the work reviewed:—

‘All states of mind,’ says Mr. John Stuart Mill, ‘are caused either by states of body or by other states of mind; both these causes have to be considered by us, when it is a question of medical treatment in cases of mental disease. But when we are called upon, not to propound the treatment of such cases, but merely to certify their reality, the physical phenomena, on which they may depend, are not fairly within the cognizance of the audience addressed; and our reasoning, as drawn from this quarter, will, generally speaking, have little or uncertain effect.’*

* Outlines of Medical Proof in Cases of Insanity, p. 13.

This passage requires no comment as confutatory of any supposition, that I consider insanity a disease of the mind in a sense which excludes its intimate connection with bodily structure and functions.

Much more is said about my work by Dr. Bucknill, and all to its discredit, which I will leave unanswered, partly on the grounds above given, partly from an old-fashioned notion, that criticisms on a work formed on an imperfect perusal of it do not require notice. But I am tempted to some further remarks by the circumstance that he has selected for his peculiar disgust, and as being 'out of the pale of scientific argument,' one passage of that work, which had also been selected by the reviewer of Sir Benjamin's psychological enquiries,* himself one of the most eminent physicians in London, expressly for its *value* in illustrating the mental phase of insanity. The paragraph to which I allude in the Quarterly Review is so very valuable, in relation to the whole of that subject, that I will quote it, at the risk of betraying some vanity.

* Quarterly Review, vol. xcvi. p. 86.

After speaking of the tendency of some persons to 'refer insanity in all its forms to some corporeal disease,' 'it is,' the Reviewer goes on to observe, 'quite impossible to connect insanity with any *given* disease of the brain. The instances of sudden recovery, after years of mental malady, are numerous and authentic. Is it probable that an organic change, the supposed cause of madness, could be so quickly removed? The whole theory of education and of morals hinges upon the postulate that the mind can be and is changed. The development of our faculties, the perversion of our will, the slavery of a dominant passion, are wrought by methods and motives, and not by medicine. We find, too, that the largest amount of cures effected among the insane, result from moral means; indeed in most, if not all, establishments for lunatics, the practice is almost exclusively directed to soothe and divert the mind by occupation, and to substitute for the habits of disordered mental association, a wholesome current of thought and feeling, the physical treatment being little more than the corporeal supervision which most are wont to

exercise over themselves in daily life. Lastly, of the causes of madness, the most potent are moral. Our passions of all poisons are the deadliest and the most penetrating. We quote from one of our highest authorities on the diseases of the mind, Dr. Thomas Mayo, a passage not less profound than eloquent.' The Reviewer then quotes that passage from my work, which Dr. Bucknill describes as 'beyond the pale of scientific arguments.' I subjoin it in the Appendix.* But neither do I in this passage, nor does the Quarterly Reviewer, who through it illustrates his own view, propose to release the mind from the influence of the body, in respect to its own morbid states, or to deny, that such morbid states can be originated as well as maintained by physical causes, and require physical as well as moral treatment; or, lastly, to overlook the fact, that *enduring* mental disease, however caused, must have a deteriorating influence on the physical system.

Assuming, as I shall still assume, that insanity is a disease of the mind in the abstract, I may

* Appendix C.

illustrate this diversity by reference to the outbreak of this disease, according as, in a given case, it springs up in the mind at once, or is evoked by physical causes. Thus, a man, in his ordinary health, receives a communication which greatly distresses him; a train of mental phenomena sets in from that point, which culminate in the delirium of mania: the disturbance of bodily health in this case is secondary; though in some instances very promptly perceptible. Another man is oppressed by epicurism and gluttony; the action of the liver is impeded, engorgement of mucous membranes occurs; his secretions are arrested; and on these physical symptoms ensues an attack of melancholia. We have here reverse pictures: in the first instance given, the immaterial element, besides being the subject of the disease, furnishes by its own operations the exciting cause. In the latter instance, to which the occasioning cause is supposed to have been physical, a functional or organic change has taken place in the brain, the presumed organ of the immaterial element, and out of this, on principles of which we recognise the

influence by experience, however vainly we endeavour to explain them, springs the disease in question: and this may be admitted without prejudice to one fundamental consideration, to which I had hoped, that men of science now converged,—that if there is a class of disorders, which may with justice be termed primarily physical, there is also a class of disorders which may be called primarily mental.

Now, I regret to say, that with such facts as the above, obvious, unquestionable, nay, of frequent occurrence, Dr. Bucknill in the same article in which he accuses me of exclusively metaphysical views of insanity, expresses his own belief that insanity is ‘referrible to organic causes alone.’ For I may justly presume that he entertains this opinion himself, since in the passage adverted to he expressly blames me for not entertaining it: yet is he himself the manager of an asylum, and cannot be altogether ignorant of the importance of measures primarily directed at the minds of his patients.

I regret to have been compelled both to defend myself and to inculcate another, at the

present stage of medical science, on the subject matter and mind. Properly contemplated, our science affords abundant testimony to the reality of this distinction, but not to the exclusion of either of the influences thus indicated in any of the relations to disease, in which man can be placed. This truth is susceptible of the most general application; but let it be observed, that to the belief in it we are mainly indebted for the scientific distinctness, which enables us to treat with confidence and often with success, the shifting indications of insanity in all its forms, whether moral or material appliances are wanted. Let it also be observed, as no slight evidence to the utility of metaphysical research, besides the clearness which it may impart to reasoning on less refined subjects, that to an argument of this kind* we are indebted for satisfactory proof of the main distinction which I have endeavoured to illustrate.

* Appendix D.

The first of these is the fact that the United States is a young nation, and its history is therefore a history of growth and development. The second is the fact that the United States is a large nation, and its history is therefore a history of expansion and conquest. The third is the fact that the United States is a diverse nation, and its history is therefore a history of conflict and compromise. The fourth is the fact that the United States is a nation of immigrants, and its history is therefore a history of assimilation and adaptation. The fifth is the fact that the United States is a nation of pioneers, and its history is therefore a history of exploration and discovery. The sixth is the fact that the United States is a nation of entrepreneurs, and its history is therefore a history of innovation and invention. The seventh is the fact that the United States is a nation of reformers, and its history is therefore a history of social and political change. The eighth is the fact that the United States is a nation of idealists, and its history is therefore a history of high aspirations and noble goals. The ninth is the fact that the United States is a nation of pragmatists, and its history is therefore a history of practical solutions and effective action. The tenth is the fact that the United States is a nation of optimists, and its history is therefore a history of hope and faith in the future.

The history of the United States is a story of a nation that has grown from a small colony to a great power, a nation that has expanded its territory and influence across the continent, a nation that has fought for freedom and justice, a nation that has embraced diversity and innovation, a nation that has pursued progress and prosperity, a nation that has dreamed of a better future and worked hard to make it a reality. The history of the United States is a story of a nation that has shaped the world and continues to shape it today.

APPENDIX.

PAGE 3 (A).

THE word "Delirium," which I have selected in conformity with Sauvages and Cullen, as expressive, with some qualifications, of the group of symptoms that constitute insanity, has been at times ambiguously used, and with some drawback to scientific conclusions. In the judgment delivered by Vice-Chancellor Page Wood, in the Manchester Will-case, we find delirium contrasted with insanity; the learned Vice-Chancellor's views having been founded, no doubt, on some nosological data, which led him to this use of the term. The consequences here were important; since, under this hypothesis, certain symptoms, taking the colour which it gave them, were placed by him in a kind of contrast with insanity, being *really* of this latter kind.*

* Report of Judgment, page 17.

PAGE 4 (B).

I AM the more disposed to inquire further into the nature and grounds of testimony and proof on this important subject, that an author of eminence on it has recently advanced views so very questionable on the subject, as are contained in the following extract:—

‘ If,’ says Dr. Forbes Winslow,* ‘ a *prima facie* case of mental derangement be established in favour of an accused person, the testimony of a scientific expert, although speculative, is legitimate and admissible. His object is to save human life by affording the prisoner the benefit of any doubt that may have been raised as to his sanity and responsibility when the overt crime was committed. The witness may, with the best intentions, come to a *rash and unjustifiable conclusion*; and, if such be the case, *no serious injury to society ensues*; and, as the result of his evidence, a fellow-creature is rescued from the hands of the executioner. On the other hand,

* Medico-legal Notes on the Case of Buranelli, by Dr. Forbes Winslow, page 64.

if, in a criminal case, a medical witness incautiously gives a wrong opinion, a monstrous act of injustice and cruelty may be perpetrated, for which there can be no remedy. A scientific witness has no right, if called upon, to give such evidence, from the conviction that he cannot do so without recklessly trifling with human life. When we consider how suddenly symptoms of homicidal insanity develop themselves, how transient and evanescent these attacks, that a man may be wildly delirious and irresponsible in the morning, and sane, rational, and responsible in the afternoon, how can a medical witness speak with satisfaction on the subject? If we were asked if Rush and the Mannings were of perfectly sane mind when they committed the brutal murders for which they justly suffered the extreme penalty of the law, we should certainly decline committing ourselves, if the lives of these miserable criminals rested on the answer we gave to the interrogatory.'

To me this passage appears neither more nor less than a distinct assertion of the rights of the criminal to protection against hanging, as of

higher moral authority with the medical witness than the rights of the public to protection against murder.

PAGE 30 (C).

‘ IN respect to the actual changes which may be worked in the human being under insanity, it must be remembered by those who engage in this arduous inquiry, that they may be contemplated as concerning our immaterial phase of being, in a light much more exclusive of that afforded by physiological consideration than we are accustomed to assume. That there should be a disease of the mind in the abstract, that such disease should work changes in us, viewed in this light, analogous to the physical changes of our bodily organs, is neither unnatural nor inconceivable. A parasitical growth—if, for want of a better, I may borrow this term from physical speculation—may take place under such disease, itself possessing vital functions and ener-

gies, but having no other relation to matter than the obvious one, on which the tenure of our present life is based, namely, that we have an immaterial and a material being indissolubly bound together for the duration of that life, while, for anything we know, the immaterial element may be just as subject to its proper affections as the material one is.*

PAGE 33 (D).

To justify the remark in the text, I can adduce no better evidence than the admirable statement of the argument, given by M. Condorcet in his life of Turgot, which I will not pretend to translate out of its own plastic language:—

‘Puisque l’existence des corps n’est pour nous que la permanence d’êtres dont les propriétés répondent à un certain ordre de nos sen-

* Medical Testimony and Evidence in Cases of Lunacy, page 24, 5.

sations, il en résulte, qu'elle n'a rien de plus certain que celle d'autres êtres, qui se manifestent également par leurs effets sur nous; et puisque nos observations sur nos propres facultés, confirmées par celles, que nous faisons sur les êtres pensants, qui animent aussi des corps, ne nous montrent aucune analogie entre l'être, qui sent ou qui pense, et l'être qui nous offre le phénomène de l'étendue ou d'impénétrabilité, il n'y a aucune raison de croire ces êtres de la même nature. Ainsi la spiritualité de l'âme n'est pas une opinion qui ait besoin de preuves, mais le résultat simple et naturel d'une analyse de nos idées et de nos facultés.'

for the OUTLINES
of the
Royal College of Physicians
MEDICAL PROOF.

REVISED AND CORRECTED,

from the Author
WITH

REMARKS ON ITS APPLICATION TO CERTAIN
FORMS OF IRREGULAR MEDICINE.

BY

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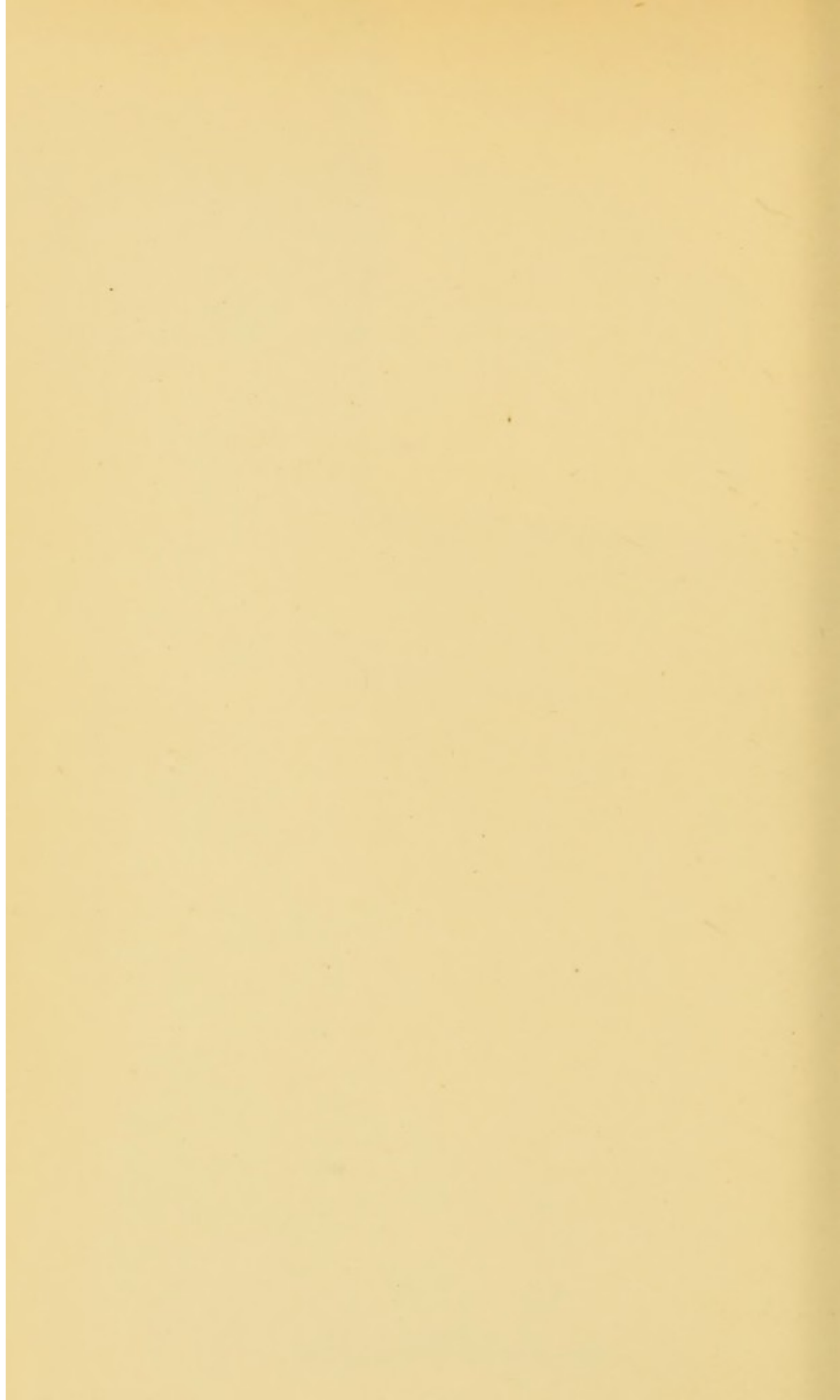
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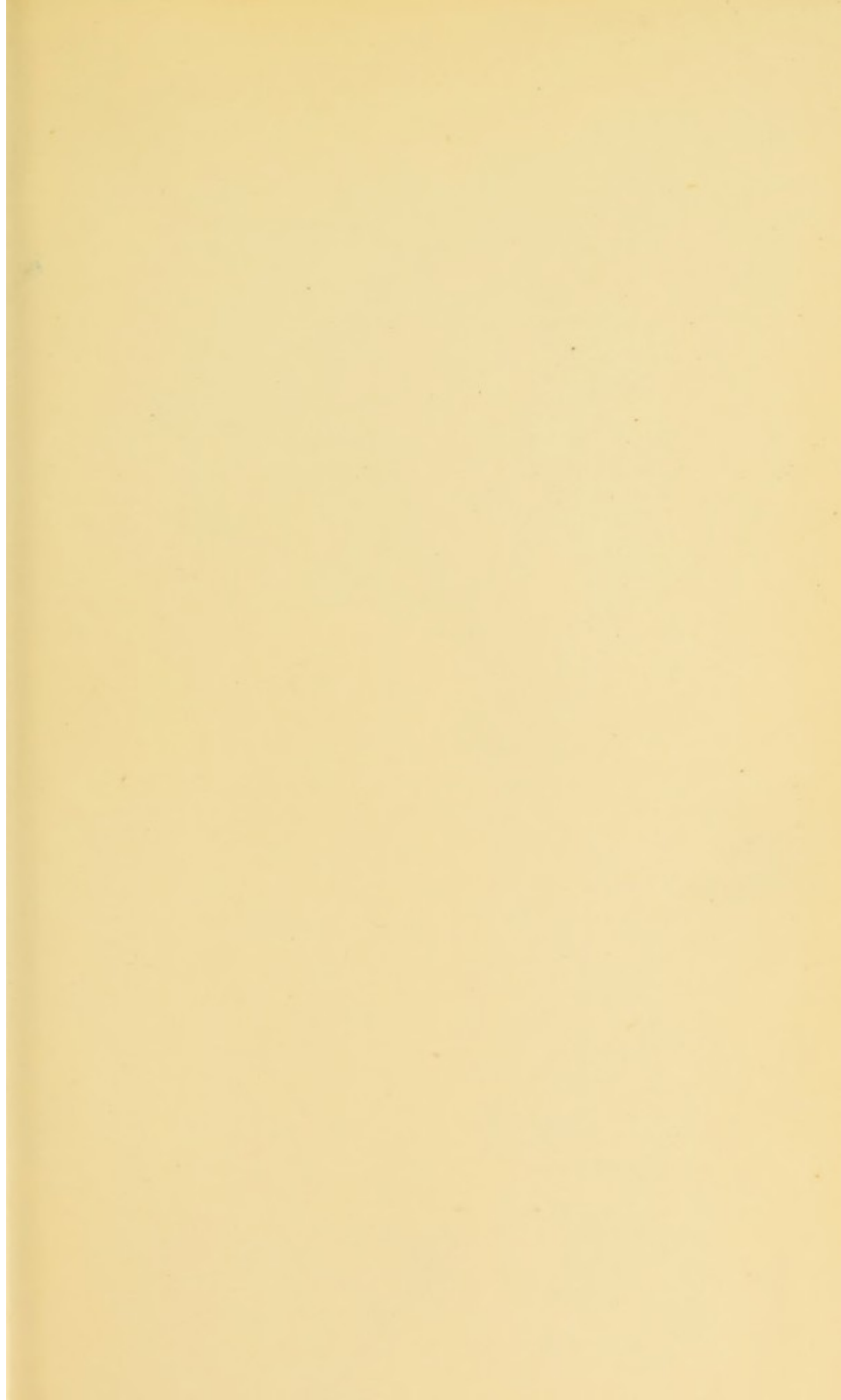
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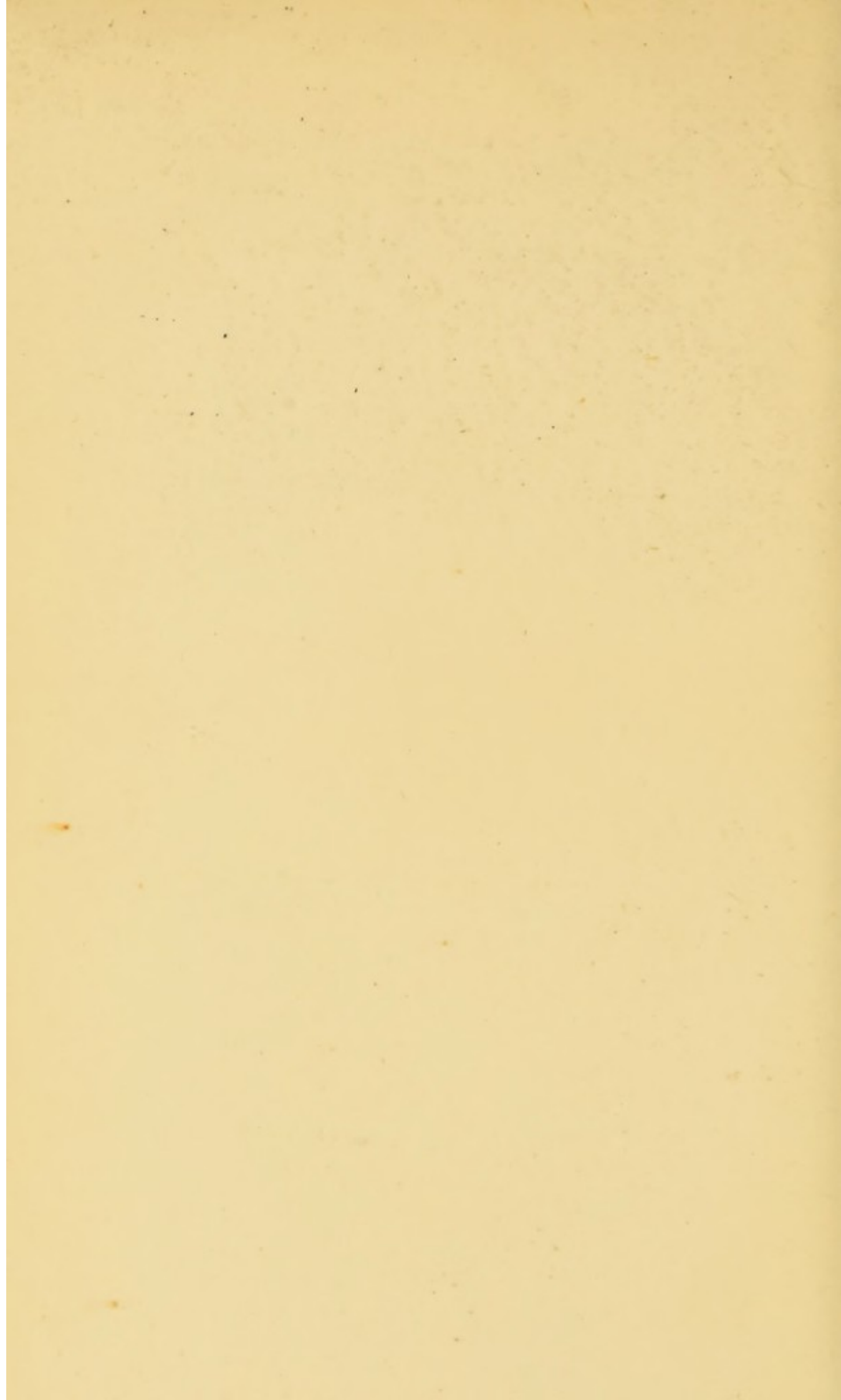
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