

## **Outlines of lectures on mental diseases / By Alexander Morison.**

### **Contributors**

Morison, Alexander, 1779-1866.

### **Publication/Creation**

London : Longman, Rees, Orme, Brown & Green and S. Highley, 1826.

### **Persistent URL**

<https://wellcomecollection.org/works/bsnmcpz4>

### **License and attribution**

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

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



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

OUTLINES  
OF  
LECTURES  
ON  
MENTAL DISEASES.

OUTLINE

OF

LECTURES

ON

THE HISTORY OF





3

OUTLINES  
OF  
LECTURES  
MEDICAL SOCIETY  
OF LONDON

ON

MENTAL DISEASES.

BY

ALEXANDER MORISON, M. D.

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

---

“ The care of the human mind belongs to the practitioner of Medicine. It is the most noble branch of our office.”—GAUBIUS.

---

SECOND EDITION,

WITH THIRTEEN ENGRAVINGS.

---

LONDON:

LONGMAN, REES, ORME, BROWN & GREEN,  
AND S. HIGHLEY, LONDON.

---

1826.

3

OF THE  
THE  
SOCIETY

# MENTAL DISEASES.

ALEXANDER MORISON, M.D.

OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH,  
AND OF THE ROYAL INFIRMARY OF EDINBURGH,  
AND OF THE ROYAL HOSPITAL FOR INSANE,  
AND OF THE ROYAL DISPENSARY FOR THE POOR,  
OF THE CITY OF EDINBURGH.

THE SECOND EDITION, CORRECTED.  
EDINBURGH: PUBLISHED BY P. NEILL, PRINTER,  
AT THE SIGN OF THE BELL, IN THE MARKET.

MDCCCXXXI.

WITH AN APPENDIX, CONTAINING  
A LIST OF THE NAMES OF THE PATIENTS  
WHO HAVE BEEN TREATED AT THE  
ROYAL HOSPITAL FOR INSANE, SINCE  
THE YEAR 1820.

---

*P. Neill, Printer, Edinburgh.*

1 VOLUME, BOUND IN ONE VOLUME.  
LONDON: PUBLISHED BY P. NEILL, PRINTER,  
AT THE SIGN OF THE BELL, IN THE MARKET.

1831.

TO

SIR HENRY HALFORD, BARONET,

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON,

PHYSICIAN TO HIS MAJESTY,

&c. &c.

THIS ATTEMPT

TO FACILITATE THE STUDY OF A DIFFICULT BRANCH

OF MEDICAL SCIENCE,

AND TO EXCITE THE ATTENTION OF THE PROFESSION

TO ITS IMPROVEMENT,

IS RESPECTFULLY DEDICATED,

AS A MARK OF ESTEEM FOR HIS CHARACTER AND TALENTS,

AND OF GRATITUDE FOR HIS FRIENDSHIP,

BY HIS OBLIGED SERVANT,

ALEX. MORISON.

St James's Square, }  
LONDON, }  
1st September 1826. }

TO

SIR HENRY HALLAM, BARONET

MEMBER OF THE HOUSE OF COMMONS

AND OF THE SOCIETY OF FRIENDS

OF THE

THIS ATTEND

TO FACILITATE THE STUDY OF A DISTINCT BRANCH

OF MEDICAL SCIENCE

AND TO EXCITE THE ATTENTION OF THE PROFESSION

TO ITS IMPROVEMENT

IS HEREBY REQUESTED

AS A MARK OF ESTEEM FOR HIS CHARACTER AND TALENTS

AND OF GRATITUDE FOR HIS FRIENDSHIP

BY HIS OBLIGED SERVANT

ALEX. MORISON

St James's Square  
London  
14th March 1832

## CONTENTS.

---

	Page
INTRODUCTION, . . . . .	1
Of the Brain and Nervous System, . . . . .	11
— Intellectual Principle, . . . . .	16
— Mental Faculties, . . . . .	19
— Understanding, . . . . .	20
— Will, . . . . .	26
Of the Insane State in general, . . . . .	30
— Febrile Delirium, . . . . .	31
— Insane Delirium, . . . . .	32
Description of Mental Symptoms occurring in the In-	
sane state, . . . . .	34
— of Corporeal Symptoms, . . . . .	38
Nosological Divisions, . . . . .	41
Incipient Stage, . . . . .	42
Confirmed state of Mania, . . . . .	43
— of Monomania, . . . . .	46
Different species of Monomania, . . . . .	48
Of Suicide, . . . . .	52
Of Dementia, . . . . .	55
Decline and Convalescence, . . . . .	58
Incurable state, . . . . .	60

Type of Insanity,	-	-	-	-	61
Of the Prognosis,	-	-	-	-	62
Causes of Insanity,	-	-	-	-	65
—— Physical,	-	-	-	-	69
—— Moral,	-	-	-	-	69
Prevalence of Insanity,	-	-	-	-	72
Appearances on Dissection,	-	-	-	-	74
Treatment of Insanity.					
Moral means,	-	-	-	-	77
Medical Treatment,	-	-	-	-	84
Deviations modifying the Treatment,	-	-	-	-	88
General Observations,	-	-	-	-	95
Diagnosis of Diseases of the Insane,	-	-	-	-	98
Of Idiotism,	-	-	-	-	99
— Imbecility, general and partial,	-	-	-	-	101
Delusions with Consciousness,	-	-	-	-	107
Hypochondriasis,	-	-	-	-	108
Disorders of the Passions,	-	-	-	-	112
—— in Sleep,	-	-	-	-	118
Medical Jurisprudence of the Insane state,	-	-	-	-	122
Explanation of the Plates,	-	-	-	-	125

## PREFACE.

---

IT will be readily admitted, that Mental Disorders claim our utmost efforts to relieve them, both on account of their importance and their frequency, and because a knowledge of them is indispensable, not only to the practitioner more immediately engaged in the treatment of diseases of the mind, but also to every one who is called upon to give a certificate of the mental condition of his patient. It is much to be wished that the signs of approaching derangement might be well understood by *every* medical student, since he may have it in his power not only to prevent suicide, to which so many valuable members of society have fallen victims, but, by early attention to the incipient state of insanity, he may sometimes be enabled to arrest its farther progress.

Although the subject of mental derangement is generally allowed to be the most difficult branch of medical science, it must be granted, at the same time, that much may be done to improve our knowledge of it, and that too little attention has hitherto been paid to mental diseases in the education of those destined for the medical profession.

The propriety of Medical Students devoting a part of their time to the study of the mutual influence of the Mind and Body in a state of Disease, cannot be denied; and it is generally admitted, that mental diseases being numerous and varied, and requiring the combined influence of medical and moral management, demand for their consideration a distinct course of lectures, since it is not possible, in the longest period allotted for the consideration of Diseases in general, to give sufficient time to this interesting branch of medical science.

In the Course of Lectures of which the present publication is an outline, I endeavour to give, in as condensed a form, and in as perspicu-

ous a manner as I can, a general view of the Brain, the organ of intelligence, and of the Nervous System :—a concise description of the faculties, or modes of acting, of the Mind in its Sane state ;—of the most striking phenomena of its various Aberrations, including its passions and its delusions, with and without consciousness ; and to characterize (as distinctly as the present state of our knowledge permits), the Insane state in general, and its various divisions, viz. Febrile Delirium, General Insanity, Partial Insanity, Fatuity, Idiotism, and Imbecility.

I endeavour to draw attention to the incipient stage of Insanity, the knowledge of which is of so much importance to the prevention and cure of the disease, and to the mode of treating the Insane state in all its forms, by medical and moral means ; pointing out the advantages and disadvantages of public, and of private seclusion, with the means of restraining the furious, encouraging the timid, employing the tranquil, and counter-acting disordered inclinations and affections, and the discrimination necessary to adapt them to each individual case.

I describe the various causes which either directly or indirectly tend to produce Insanity, as stated and defined by those who have preceded me in the inquiry, together with the result of my own observation and experience; and notice the various points to which medical testimony may be required in doubtful cases of Madness and of Imbecility, as well as the means of improving the condition of the Imbecile; and, what is of the most anxious consideration to parents whose children unfortunately derive from them an hereditary disposition to Mental Derangement, viz. the mode of Education most likely to counteract it, or to lessen the frequency of its occurrence. I likewise notice a variety of subjects connected with Nervous Disorders affecting the Mind, but not amounting to Insanity.

The sources whence the materials of the Lectures have been derived, are numerous: they have been verified, as far as possible, by extensive observation and inquiry in many hospitals for the treatment of the insane at home and abroad, and the opportunities afforded by seventeen years' inspection of the Lunatic Houses in the county of

Surrey,—the performance of which duty has been considered deserving of the unanimous thanks of the Magistrates.

Anxious to investigate the history of the Morbid phenomena of the Human Mind, and desirous, as far as in me lay, to add my mite towards the relief of suffering humanity, I have been induced to direct my attention to the nature and causes of Mental Disorder, and to the means of its prevention, mitigation and cure. In this pursuit I acknowledge myself much indebted to the labours of many eminent medical men.

If in the judgment of those best qualified to decide upon questions of this nature, I shall be thought to have, in the smallest degree, added to the knowledge already obtained upon this subject, or to the means which may tend to mitigate or lessen the frequency of the most calamitous of human events, I shall console myself in the reflection that I have not altogether lived in vain.

How far the arrangement of these Lectures may tend to facilitate the study of Mental Dis-

eases to the medical youth, is left to the decision of others ; and indeed one principal inducement to the publication, is the hope that some useful hints may be derived from their observations.

I have endeavoured to make this edition something more full and satisfactory than the first, and to illustrate some of the species of Mental Disease by engravings ; and it shall be my study to improve the intervening period of each course with such additional facts, and such farther illustrations, as it may be in my power to collect.

# OUTLINES OF LECTURES

ON

## MENTAL DISEASES.

---

**B**EFORE proceeding to consider the principal subjects of these Lectures, it may be proper to take a cursory view of the opinions of the ancients on the nature of Insanity, and their mode of treatment.

Mention is made of Melancholy and Madness at a very early period in sacred and profane history: they were ascribed to possession by an evil spirit, or a demon.

This notion of demoniacal possession was strengthened by the doctrine of transmigration of souls; and madmen in consequence of it fell un-

der the care of the priests. Those of Egypt are said to have employed moral treatment extensively and successfully.

HIPPOCRATES conceived supernatural interference unnecessary in the production of Insanity, and ascribed great influence to the bile.

ARETÆUS distinguished the delirium of Phrenitis from that of Mania.

CELSUS, and CÆLIUS AURELIANUS, treated of the moral management of the insane.

ALEXANDER TRALLIANUS considered determination of blood to the head as conspicuous in producing insanity.

But the ideas of the ancients regarding the proximate cause,—as the influence of Demons, the imaginary qualities of the Bile and Pituita, &c. render their distinctions obscure.

With regard to their mode of treatment,—Evacuation was the leading indication,—and Hellebore was considered almost a specific.

Other remedies, however, were employed,—as Bloodletting—External Stimulants—Friction—Uction—Bathing—Gestation—suspensory Beds—and Music.

VAN HELMONT and BOERHAAVE recom-

mended the prolonged immersion in cold water ; but until the middle of last century, the moral treatment of insanity was little attended to.

The Insane appear to have been much neglected in former times.

They have even been burnt as sorcerers and witches, or have wandered about as objects of derision and of pity, until their situation attracted attention about three hundred years ago, and led to the foundation of Hospitals for the reception of the Insane.

The first of which we have an account in this country, was Bethlehem Hospital, founded in 1553 ; and, since that time, many others, both in this country and abroad, have been established.

A singular establishment, founded on the supposed influence of a female saint, has, according to tradition, existed upwards of one thousand years in Brabant.

Notwithstanding these and other measures for the relief of the Insane, abuses in the management of them have prevailed to a great extent, and until a very recent period.

The probable causes of which are conceived to be, the concealment and mystery with which the

management of the Insane has been conducted, preventing the nature of their disorders being generally known : hence, the ignorance of many of those who undertook the charge of them ; the difficulty of the subject, and the disagreeable circumstances attending practical inquiries on it, having given a distaste for this branch of science ; the mistaken notions as to the mode of treating the Insane leading even to cruelty, and this sanctioned by medical authority, at a very recent period,—all which have led to unnecessary restraint, and have left the unhappy sufferers to the care of improper persons.

These abuses and prejudices are nearly dissipated, at least in this country ; and we may now look forward to progressive improvement in the knowledge and treatment of these diseases.

OF THE  
BRAIN AND NERVOUS SYSTEM.

---

In Man, and in the Vertebral Animals, the Nervous System consists of an organ of a glandular appearance, with a long cord called Spinal connected with it, and Nerves issuing from or connected with both: these are surrounded by membranes of different degrees of strength.

The Brain is one of the earliest formed organs in the foetus, where its relative proportion to the rest of the body is great. At birth it is  $\frac{1}{8}$ th or  $\frac{1}{6}$ th, and in the adult about  $\frac{1}{33}$ th part of the whole.

Its consistence is more fluid in the foetus than after birth: its specific weight in the adult is about 1300 to 1000. This varies according to age, sex, and occupation, and likewise disease.

In the brain, we distinguish a white or cream-coloured portion, called Medullary, which consti-

tutes the greater part of the organ, having more firmness and density than the other portion, called Cineritious, which is more or less coloured, apparently depending on bloodvessels, forms a thin layer upon the convolutions of the surface of the brain, and is found in other parts of it mixed with medullary substance. The Cineritious portion contains more fluid than the Medullary, being reduced by desiccation to  $\frac{2}{10}$ ths of its weight, whilst of the medullary there remains  $\frac{4}{10}$ ths. The cineritious is by some considered as a glandular and secretory substance, and as forming points of increase; for the medullary fibres, according to them, assume a regular distribution, diverging towards the convolutions, and converging towards the commissures. Both substances, when examined by the microscope, appear to be composed of very minute globules, fixed together by extremely fine membrane or gelatinous mucus: in the medullary portion these are larger, and more in a right line assuming the appearance of fibre, than in the cineritious portion, in which they are confusedly mixed together.

The quantity of blood sent to the brain is great, and the mode of circulation peculiar. Lym-

phatic vessels have not hitherto been demonstrated, but their existence is highly probable.

The brain is in part divided into two equal portions called Hemispheres: these are intimately connected by medullary unions called Commissures. It is also divided into three portions by transverse fissures,—the Cerebrum,—the Cerebellum,—and the Medulla oblongata. The last portion, situated at the base of the cranium, is connected with the Spinal Cord.

Connected with these parts are the Nerves, which issue in pairs, and which exhibit, when viewed by the microscope, a similar appearance to that of the brain.

The Nerves attached to the lower part of the brain are chiefly, though not wholly, appropriated to the organs of the External Senses. Those issuing from the spinal cord, thirty pairs, have a double origin from it; that from the anterior part are Nerves of Volition; that from the posterior part, having ganglions, are Nerves of Feeling.

The system of nerves called the Intercostal or Great Sympathetic Nerve, is connected with the brain and spinal cord,—has many little swellings

called Ganglia,—forms numerous networks or plexuses of small nerves,—is distributed over all the viscera of the thorax and abdomen, and is the medium of general sympathy of these viscera with each other and with the brain. At the same time, by this arrangement, the vital motions are withdrawn from the influence of the will.

With regard to the Relative Size of the Brain in man and in other animals,—in general, but not without exceptions, it is larger in proportion to the size of the body in man; and, without exception, it is said in respect to the proportion the brain bears to the bulk of nerves issuing from it.

As to the Fabric of the Nerves, two opinions are held,—one that they are solid capillaments,—the other that they are minute hollow cylinders.

The latter opinion has been corroborated, by the circulation of colourless fluids in the capillary vessels of the sanguiferous system, although it is well known that very subtile fluids, as the Electric and Galvanic, are transmitted by solid substances.

The Nervous Power is generally presumed to be an extremely subtile fluid, of a very peculiar nature produced in the brain ; and

Sensation and Motion to be the result probably of different nerves, and of a nervous fluid differently modified.

This is inferred from the anatomical appearance of the origin of the Spinal Nerves,—from the power of motion alone, or that of sensation alone, being abolished in Paralysis ; although alteration in the appearance of the Nerves can very rarely be detected.

With regard to the Relation between the different parts of the Nervous System—there is a communication by the nerves between every part of the body and the brain ; for compression or division of a nerve deprives the part of the power of Motion and of Feeling ; and compression on the brain has a similar effect.

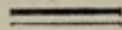
In the production of Sensation, there is an impression on the extremities of the nerve,—transmission of this along it,—and reception of it by the brain, producing some change therein. In the production of Motion this process is reversed.

Hence the conclusion that the Brain is the

*Sensorium commune*, or organ of Sensation with consciousness, and of Voluntary Motion; and that

Nerves transmit to the brain impressions made on the organs of the senses,—and communicate moving power to the muscles: but

We are unable to explain the connection between the external impressions, the movements of the nerves and brain, and the mental perception consequent thereon.



#### OF THE INTELLECTUAL PRINCIPLE.

That the Nervous System is the organ of the Intellectual Principle, is inferred from the dependence of this principle on the growth and decay of the brain,—from the superiority in point of size of that organ in man to that of other animals.

From the difference frequently observed between the brain of those possessed of understanding, and that of Idiots.

From the effects of wounds, concussion, and compression of the brain, in suspending or per-

verting the mental faculties, and their recovery on removal of the cause.

Objections to the presumed connexion between the brain and the mind have been made,—because that organ has sustained loss of substance, without perceptible alteration in the intellectual faculties,—because Hydrocephalus does not always deprive a person of intellect,—and because the appearance of volition has been exhibited by acephalous children.

Various conjectures have been offered respecting the particular seat of Intellect.

Some have placed it in the entire brain—others in the membranes—in the cavities—the halitus of the cavities—the gelatinous mucus uniting the globules—in the commissures—in the corpora striata—in the pineal gland—in the centrum ovale, &c.

Some have considered the Cerebrum to be the organ of Sensation and Voluntary Motion, and the Cerebellum to be that of the Involuntary and Vital Motions,—others have conceived the seat of Sensation to be in the cerebrum, and that of Volition in the cerebellum.

Another conjecture is, that the organs of the

Senses are the seats of sensation,—the cerebrum that of intelligence,—and the cerebellum of volition.

And, according to Dr GALL's system, the different convolutions of the brain, viewed as expansions of internal nervous bundles, are the seats of each propensity, feeling, and intellectual faculty.

## OF THE MENTAL FACULTIES.

---

### THE MODES OF ACTING OR STATES OF THE MIND.

The phenomena of Mind have been variously arranged, into those

Of Understanding, and of Will.

— Intellectual and Active Powers.

— Sensations, Thoughts, and Emotions.

— Intellect, Sentiments, and Propensities.

— Animal Powers, Intellectual Faculties,  
and Moral Powers.

— Faculties of Understanding,—Election,  
—Emotion.

— &c. &c.

The difficulty of forming a satisfactory arrangement, will appear from the variety that has been proposed: the first of the above, and the oldest, is, I believe, the most generally adopted, and, for this reason, although open to objections, it is here followed.

## OF THE UNDERSTANDING.

Intellectual phenomena may be viewed under two divisions :—Those made known to us by the External Senses through the medium of Perception, and the other by Consciousness.

The external senses are the immediate instruments of sensation, by which ideas are excited in the mind, upon objects being presented to them.

Consciousness is the operation of the mind, by which it perceives or feels what is passing within itself,—the feeling we have when we look inwards upon our minds. It appears to be peculiar to rational beings, and accompanies other mental operations. It is coeval with distinct perception, and is suspended during sleep, and certain diseases.

Sensation is the change in the organs of sense occasioned by impressions acting upon their nerves. Perfection of sensation varies in different persons. It depends very much on the attention paid to the sensation. Extraordinary acuteness of sensation is unfavourable to distinct perception, and may lead to preponderance of particular ideas,

and consequent insanity. In a morbid state of the body, sensations are sometimes fallacious. The mind is generally occupied with more sensations than one; or there may exist sensations, thoughts and emotions.

Perception is sensation transmitted to the sensorium, and exciting consciousness, and it is the basis of the other faculties: it is gradually acquired by the infant, the first movements of which are instinctive. The term Simple Sensation, without Perception, has been applied to nervous action, not attended with consciousness. The mind being furnished with perceptions derived from the senses, when any of these is wanting, a proportional deficiency of ideas is the consequence. Perception seems to modify impressions received by the senses, giving a distinct idea of external objects perceived through the medium of more senses than one.

Attention—is the effort of mind fixed on an object of sense or of thought, with a wish to know it: it is powerfully influenced by the Will. When attention is excited, sensations and thoughts are rendered more vivid. The duration of the state of attention is very limited. It seems more en-

during in some animals than in man, probably from their incapacity of recollecting former perceptions, which withdraw the attention of man from objects of present sensation. When directed to our thoughts, it is termed **Reflection**, or voluntary **Recollection** of ideas. There are natural limits to its duration, as ocular spectra when the eye is long directed to an object of sense, and confusion of thought and delirium, when long directed to objects of reflection. It may be much improved by cultivation.

**Memory**—by this faculty ideas are after an interval recalled or suggested: it is improved by distinctness of perception, and by frequent repetition of impressions. Memory differs not only in facility and power of retention, but also in its objects. Some excel in memory of persons—of places—of words—or of sounds. The retentive power of memory is increased by the attention being excited by propensity for the objects of it. The memory is most powerful in early life: it is intimately connected with association, and is passive or active. Brutes appear to have little or no active memory, or power of recalling ideas; but they

possess passive memory, or recognition, perhaps in a more acute degree than man.

Association—is an important principle in the mental constitution, to which many of its phenomena may be referred. By it, thoughts once brought together, are afterwards apt to return when one of them is suggested to the mind. It resembles what is termed Sympathy in the body, when, from causes acting immediately upon one part, so as to produce sensation or motion, one or both of these effects are produced in another part. In the same way, the sight, or the idea of an object, may recall to mind the thoughts which occupied it, when formerly seen or thought of, and this after the lapse of many years.

Habit—the inclination to repeat, and facility in the repetition of an action, is the result of habit, which is greatly dependent upon association; for actions are rendered so easy by repetition, as we see in the acquirement of any art, that nothing seems wanting but to attend to the first step, the rest following as it were unconsciously. The force of sensations, too, is diminished, and their effect changed by habit.

Habits—mental and corporeal, are most easily

acquired in early life : hence the importance of attending to the judicious selection of ideas and feelings at that period.

Imagination.—Ideas, the materials upon which the mind may be said to act, have been divided into Simple and Compound : the former are derived from experience ; the latter, or notions of complex objects, which consist of parts, and which may be conceived separately, the mind can form for itself ; the process by which simple or complex notions or objects are combined, and ideas of objects it has never seen are formed is termed Imagination, which, therefore, implies the process of joining together ideas in new way or novelty of combination. Invention is therefore dependent on imagination.

Judgment—is the mental operation which takes place on examining perceptions or thoughts, and comparing them, and which terminates in a conclusion ;—while

Reason—draws general conclusions from any number of comparisons. Although, to a certain very limited degree, reasoning may be carried on by the deaf and dumb, the rapidity in the succession of our ideas demands the use of language

to detain them a sufficient time to enable us to compare, in order to form a judgment of them. A train of reasoning cannot be pursued, without recollecting the sounds or words associated with the ideas or feelings in the mind.

Other means are employed when the operation is complicated, as in mathematics, where diagrams excite the ideas we wish to detain; and, when vision is lost, the same may be done by a palpable diagram of wood. By extending this invention, a considerable degree of education can be communicated to the blind.

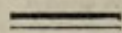
The brute creation not having the means of detaining their ideas, are incapable of comparing them, and consequently of reasoning to any extent; but they are possessed of another endowment in a superior degree to man—that of Instinct.

The Moral Sense or faculty dependent on reason, is that which teaches us to check our passions, and regulate our conduct. Some have considered this as a separate faculty, the diseased manifestations of which have been treated of by Dr RUSH.

Instinct—is an internal impulse to action, performed without deliberation, and which supplies the place of reason.

In early life, man is much guided by instinct, and is sometimes guided by it in maturity: hence we see that there are two sources of his determinations; one that of internal impressions, giving rise to various instincts; the other, impressions received by the senses, giving rise to rational conclusions.

What have been termed Secondary Faculties of Sensation, including various capacities of the mind,—as the sense of beauty—sublimity—novelty—propriety—honour, &c. are dependent on previously received ideas.



## OF THE WILL.

*Volition* is the mental act preceding or accompanied by voluntary movement in the body, or change in the mind. It is the consequence of a feeling of pleasure or of pain, and anticipates the result. The same influence of the will, producing

voluntary motions of the body, is exerted over the operations of the mind.

Volition to move a limb may take place in a paralytic, but becomes abortive, unless the brain, nerves and muscles, be in a fit state to be excited. Muscles in general voluntary, become in certain states, as Chorea, Tetanus, &c. involuntary, although consciousness remains.

Volition is excited towards the effect we wish to produce, not towards the muscles producing that effect.

The mind is conscious of a power to choose between motives, or of freedom of the will to act or not to act, according to the dictates of reason.

The *Appetites* and *Propensities*, which have been ranged under the division of Will, are directed to the preservation of existence—propagation of the species—and preservation of the offspring.

Pleasing or painful feelings, give rise to desires, and aversions, the sources of affections, and passions. The former, the *affections*, are the calmer emotions which are compatible with the

active state of the mind ; the latter, the *passions*, are the stronger feelings of the mind.

The more vehement the emotion, the less ability the mind has to resume its active state.

The passions are accompanied by uneasy feeling at the præcordia, and are productive of the most powerful effects on both mind and body.

The term *Sound Mind* has been applied to one wholly free from delusion, all the intellectual faculties existing in a certain degree of vigour, and harmony ;—the propensities, affections, and passions under the subordination of the judgment and the will, the former being the controlling power—with a just perception of the natural connexion, or repugnancy of ideas.

*Unsound Mind*, sufficient to excuse the commission of crime, is marked by delusion ;—confounds ideas of imagination with those of reality—those of reflection with those of sensation—and mistakes the one for the other.

A *Vigorous Mind* is one possessed of acute perception—the power of recollecting, separat-

ing, and arranging ideas, and of controlling its thoughts.

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

Incapacity of controlling thoughts, words, and actions, is a feature of imbecility, and may exist without delusion.

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

OF

## THE INSANE STATE IN GENERAL.

The characteristic symptoms of the insane state are

*Delirium, or intellectual disorder.*

*Want of sleep.*

*Headach.—Affections of sensation and motion.*

*Altered physiognomy.*

The difficulty of giving a satisfactory definition is so great, that some of the best practical authors decline attempting it.

LOCKE, SAUVAGES, and CULLEN, conceive false Judgment to be the characteristic of Insanity.

BATTIE, CRICHTON, and others, are of opinion that the judgment remains unimpaired, the Perception being disordered.

There appears to be general derangement of

the mental powers, to a greater or less extent, and no sufficient reason to exempt that of judgment.

Delirium may be considered under three divisions :—That of

Violent Diseases, or Febrile Delirium.

Intoxication.

Insanity.

These may be distinguished without much difficulty.

Febrile delirium is generally preceded by unusual rapidity of thought, and acuteness of perception. Sometimes a single idea, or train of ideas occupies the mind ;—the eyes move with rapidity, are sensible to the light, and have an expression of wildness ;—the sleep is short and imperfect, interrupted by frightful images. Sometimes incoherent and wandering thoughts, and delusive perceptions, quickly succeed each other. Out of this state the patient may be roused, and exhibit a transient appearance of reason, giving an answer, though seemingly without reflection.

Or he may express in a loud voice, and with rapidity, the ideas which rush, as it were, through

his mind, the train of which is not to be interrupted by questions.

In Febrile Delirium, the senses perform their functions imperfectly, or not at all. Circumstances occurring during its continuance are not remembered, or but slightly. Consciousness and volition are suspended, the patient appearing in a sort of dream or stupor; and its duration is comparatively short, a few days or weeks at most.

The appearance of delirium is likewise exhibited in a certain stage of Intoxication;—the person talks incoherently, and acts irrationally—his ideas are indistinct and confused, and the power of comparing them fails.

An inquiry into preceding circumstances—the smell of the liquor taken, and the appearance of the person, sufficiently mark this variety of delirium, which is in general transient;—though sometimes the consequence of intoxication is a more lasting variety, in which tremor is a characteristic symptom. Certain poisons produce delirium.

In Insane Delirium, the senses are perfect, so that objects are perceived, although their qualities may be mistaken.

Volition is often powerfully exerted, and consciousness to a certain degree may exist.

The power of comparing ideas correctly may exist on many subjects; and occurrences are often remembered.

The duration of Insane Delirium is considerable. Hereditary disposition acts powerfully in inducing insane delirium, and not at all in febrile; but constitutional derangement is not essential in the former.

The general idea of the insane state may be comprehended in "delusion, incoherence, and unreasonable conduct."

DESCRIPTION OF MENTAL SYMPTOMS OCCUR-  
RING IN THE INSANE STATE.

With regard to *Consciousness*—the Insane are seldom conscious of their disorder; but there are exceptions to this, and it is a good sign when they begin to be sensible of it. They are frequently conscious of what is passing around them.

The *Perception* is false or diseased. These errors of perception are called Delusions,—Hallucinations or Illusions. Delusions without consciousness are either diseased perceptions, referred to objects of external sense, or of internal sensation, or abstract notions of the qualities or conditions of persons and things, and of the patient's relation to them.

The variety of these delusive sensations and notions is very great.

Delusions are manifested by any of the Senses, but most frequently by those of Vision and of Hearing. The senses of Smell, Taste, and Touch, are likewise subject to them.

In hallucinations, the organ of the sense is not

implicated. They are entirely dependent on intellectual operation ; for the blind and the deaf are subject to hallucinations of Vision and of Hearing.

Errors of perception are, however, sometimes attended by affections of the organ of the sense to which the phenomenon has relation. These are Illusions—in those of vision, the eye—of hearing, the ear—is affected.

Illusions of vision may be modified by the degree of light.

Illusions of the external senses resemble those of internal sensation, which form the prominent feature of Hypochondriacal insanity.

Hallucinations, then, are dependent on the state of the intellectual organ.

Illusions on that of the organ of sense.

Delusions regarding abstract notions are very various.

1. They may be accordant with the general character—modified by education, habits, and occupations ; or they may be

2. Of an opposite description. ;—they may be

3. Modified by the cause of the delirium ; or,

4. Quite unconnected with the character of the patient, or the cause of the disease.

It is impossible to persuade the Insane of the falsity of their delusions.

With regard to the state of the

*Attention*—Maniacs are incapable of confining their attention ; and in Monomaniacs it is absorbed in one ruling idea. In Dementia it is lost ;

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

—— *Imagination*—considered as an active faculty, is generally enfeebled ; though in some cases the invention is active, and has been displayed in mechanics, poetry, and music ;

—— *Judgment*—while Maniacs are not capable of comparing objects, and forming a judgment—Monomaniacs can judge and reason, some-

times with great acuteness, except on the subject of their delusion.

With regard to the state of

*Volition*—some are unconsciously and irresistibly impelled by their delusions: others, though aware of the impropriety of their conduct, cannot restrain themselves, or all power of decision is lost; some cannot determine to do the most common act.

—— *Appetites and Propensities*—they undergo changes which occasionally modify the character of the delirium. In some they are ungovernable, being no longer kept in subjection by sense of propriety.

—— *Affections and Passions*—they are strikingly changed, and disordered without visible motive. This change frequently ushers in the disease. So long as altered affections and propensities continue, an apparent cure in other respects cannot be depended upon.

DESCRIPTION OF CORPOREAL SYMPTOMS OC-  
CURRING IN THE INSANE STATE.

*Want of sleep*—is a prominent feature in the early and active stage.

In Insanity, the mind seems to be in a passive state: ideas pass through the mind without exertion; hence probably want of sleep is endured so long without exhaustion.

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

The Fatuous and Idiotic generally sleep well.

*Headach*, sense of tightness, and binding in the head, are frequent, particularly in the incipient stage.

With regard to *Sensation* and *Muscular Motion*.—The sensibility is diminished in Fatuity and Idiotism, and in many cases of Mania and Monomania. Cold, blisters, and even the actual cautery, and pins thrust into the flesh, seem not to be felt in some cases. The stomach and bowels

frequently require stronger doses of medicine than in health ; the contrary state, however, sometimes takes place.

The insane are supposed to resist contagion more than others.

This diminished state of sensibility requires careful examination on the part of the physician, as the patient can give no account of himself.

The muscular energy is sometimes increased to an astonishing degree ; but more frequently debility prevails. Sometimes convulsive affections, catalepsy, epilepsy, or palsy, appear ; but in most cases the functions of the muscular system continue unimpaired, and the Insane seldom require to be kept in bed.

With regard to the state of the *Cerebral Circulation* and the *Physiognomy*.—Increased force of pulsation in the carotid arteries is common ;—the face is frequently flushed ;—the eyes animated, glistening, or staring, or abstracted and suspicious, sometimes protruding.

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

The physiognomy is very various ; that of the

Maniac, is agitated and almost convulsed ; that of the Monomaniac, is often contracted, and desponding; or bearing the expression of his fancied character, or predominating ideas ; that of the Fatuous and Idiotic is silly and unmeaning.

The *Digestive Organs* are generally disordered in the beginning—costiveness is frequent.

With respect to the *General Circulation, &c.*—Febrile symptoms very often occur, but with little diminution of muscular strength.

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

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

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

# NOSOLOGICAL DIVISIONS OF INSANITY.

Mental diseases present themselves in a variety of forms, and different divisions have been proposed. By the ancients they were divided into Mania and Melancholia.

Other divisions have been proposed by CULLEN, ARNOLD, SPURZHEIM, and PINEL. That which is here adopted is PINEL's arrangement, modified by ESQUIROL, comprehending

Mania, or General Insanity.

Monomania, or Partial Insanity.

Dementia, or Fatuity ; and

Idiotism.

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

---

The order in which the phenomena of Insanity generally make their appearance, may be considered under three divisions :

An Incipient Stage.

An Active or Confirmed Stage ; and,

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

Insanity is sometimes suddenly produced ; but the action of the causes of the disease being for the most part gradual and repeated, the delirium creeps on by degrees, and there is generally an *Incipient Stage*, an acquaintance with which is of the utmost importance. This may exist before any suspicion is entertained of it. In the account given by relations, we often find that traces of the disease had appeared before alarm has been taken.

The symptoms occurring in the Incipient stage are,—Neglect of usual occupations—change of temper and affections—restlessness—indecision—absence of mind—love of solitude. The corporeal health also often suffers. Similar symptoms announce a threatened relapse, of which patients are sometimes warned, by experiencing the same feelings and the same intrusive ideas that had preceded the former attack.

The incipient stage may exist a long time after the first observation, before madness is confirmed.

The symptoms *immediately* preceding an attack

are,—Unusually early rising—incessant talking, or unusual silence—altered tone of voice—disposition to quarrel, especially with friends and relations—unusual gestures—redness of the eyes—unusual sensations in the head, or other parts of the body.

The *Active* or *Confirmed State* of Mania, or General Insanity, is marked by exuberance of ideas, expressed with rapidity, and in the utmost confusion and incoherence. The delirium extends to objects of every description—the attention is continually wandering—the efforts of volition are vague and unsteady—the affections are perverted;—the muscular power is often much increased—the excitement is expressed by disorderly motions, cries, and threats—the irritability is great—the restlessness incessant, there being little or no sleep. Costiveness is generally a symptom; and emaciation takes place.

There is a peculiar expression of the countenance and eyes. The sensibility is sometimes much increased, sometimes the contrary. The incoherence is often more remarkable in the beginning; for when the corporeal excitement subsides, the ideas, though decidedly insane, become more connected.

If kept under strict restraint, the patient has frequently a considerable command over himself.

Delusions are rarely dwelt on in Mania.

Fits of fury, which may be regarded as fresh paroxysms of delirium, frequently occur. These consist in increased excitement, and violent rage against certain objects, present or absent. Sometimes this suddenly subsides, and is as suddenly renewed.

The duration of violent paroxysms, or furious fits, is very various, from one or more days to several months. They are generally succeeded by depression of mind and body.

The cause of these fits of fury in Mania, is various. Sometimes the Maniac starts out of a short slumber in a fit of fury. In most Maniacs, the irascible emotions being easily excited, they are ready to fly out the moment an impression is made—they take no precautions like the Monomaniac, and are totally inattentive to safety and comfort. In partial Insanity, one and the same delusive idea is often the exciting cause of a furious fit.

In some Maniacs, there is an appearance of

gaiety and satisfaction, and in others of extreme despondency.

There is more difficulty in ascertaining the state of mind in Mania than in Monomania. The description of it has been elucidated by the accounts of those who have been insane; for, on the restoration of reason, they frequently can relate all that has occurred about them during their disease; and this recollection, it has been observed, is not renewed in some until another paroxysm is about to take place.

The course of the disease is more rapid than that of Monomania.

## OF MONOMANIA, OR PARTIAL INSANITY.

This is the most frequent form of the insane state. It is sometimes the sequel of general insanity: the gradation from general to partial insanity is imperceptible. It is not always accompanied with depression: on this account the term Monomania has been proposed by ESQUIROL. There is sometimes considerable difficulty in detecting partial insanity, until the subject on which the mind is deluded be touched upon.

Monomania with depression, the Melancholy of authors, has been termed Lypemania.

The distinction between Mania and Monomania, consists in the alienation being *general* in the former, and in the latter *partial*, or confined to a few objects.

In most cases, its approach is gradual, the mind for a time retaining energy and strength sufficient to resist the intrusive ideas which at length overwhelm it, and occasion false propositions to be announced and maintained.

It is greatly modified by the prevailing temperament.

Indifference and aversion to friends and relatives is very remarkable in monomania. Moral restraint disappears, and propensity to suicide frequently occurs.

Several species, which are characterized by the predominant ideas and emotions, may be distinguished.

Monomania may pass into Dementia. It may be intermittent; or the different species may alternate with each other, and with Mania. Delusions sometimes occur in addition to those which constitute the leading feature of the species.

These species may be included under the following :

In the 1st, Pride and Vanity are conspicuous.

In the 2d, Religious ideas characterize the delusions.

In the 3d, Fear predominates.

In the 4th, Love.

In the 5th, Diseased internal Sensations occasion delusion, and this constitutes Insanity with Hypochondriasis and Hysteria.

In the 6th, Grief or Depression forms the prevailing character of the disease.

These species may be more or less combined.

In the *first* species, the ideas relate to dignities, honours, genius, &c. The patients are generally loquacious, self-conceited, easily excited, and prodigal. Though the rich are not exempted, this species prevails most among the poor.

It frequently terminates in loss of memory, dementia, and palsy.

The term Theomania has been applied to it when united with Religious Ideas, or when the patient thinks himself the Deity.

In the *second* species, Religious Ideas predominate. The delusions are in some cheerful and happy; but in most cases they are combined with terror, in which case the variety is called Demonomania. This species frequently leads to suicide or homicide.

In the *third* species, Fear is the characteristic feature. It has been termed Panaphobia. There may be dread of one object only, of more, or of every object, modified by education and by manner of life. It is sometimes the effect of terror:

The subjects of it are more subject to hallucinations than other insane. It frequently leads to suicide ; and is sometimes fatal, without other disease, occasioning great emaciation and debility.

In the *fourth* species, Ideas of love predominate. The term Erotomania has been applied to it. The object of affection may be real or imaginary, or even inanimate. It is distinguished from the melancholy of disappointed love by the presence of delirium—from Satyriasis and Nymphomania by the nature of the discourse and seat of the disease, which in these last is local irritation ; in the former the seat is wholly in the mind. Erotomania is occasionally met with in young females, and the cause of the complaint mistaken. It sometimes leads to suicide, and occasionally terminates in jealous fury, producing sanguinary catastrophes.

In the *fifth* species, Diseased internal sensations are the causes of the delirium, and it occurs frequently. It differs from Hypochondriasis, in which the patient exaggerates his uneasy

feelings, but has not delirium. In this species he labours under delusion as to their nature, sometimes ascribing them to animals within his body ; at other times he is under delusion as to his form ;—and these delusions and his fears are permanent.

Organic disease in the abdominal viscera is sometimes met with in this species. The delusions are modified by education, mode of life, and predominant ideas.

When hysteria is combined with this partial insanity, uneasy sensations in the abdomen, uterus, and appendages are complained of, and the subjects of delirium generally relate to the uterine system.

In the *sixth* species, Depression and Melancholy predominate. The term Lypemania has been applied to it.

The physiognomy of this species is strongly marked with sadness and suspicion. Persons labouring under it are generally thin and sallow—their skin is dry—their excretions are diminished in quantity, and unhealthy—they are silent, averse to motion, and seek solitude—their tem-

per and habits are changed for the worse—fear, suspicion, and peevishness prevail—their sensibility of body and of mind is for the most part diminished;—many are inclined to starve themselves, and have passed a long time without food, and suicide is frequently attempted by other means.

## WITH REGARD TO SUICIDE.

The propensity to suicide occurs under circumstances differing widely from each other. It is not peculiar to sex, age, or country. It is frequently modified by religion, laws, and customs,—has been recommended by some philosophers, but is condemned by Christianity, and by all modern systems of legislation, although sanctioned by custom among widows in certain parts of India.

The impulse to commit suicide given by violent emotions is frequently transitory.

When occurring in febrile or insane delirium, it is generally the effect of hallucination or of illusion. In hypochondriasis the purpose sometimes occurs, but is seldom carried into effect. Severe corporeal distress has sometimes induced the sufferer to destroy himself.

Some terminate the existence of others before they put themselves to death—sometimes from mistaken affection—at other times from a wish to have time for repentance before being put to death.

Example has some influence in leading to suicide.

Climate is not to be considered as a cause, but seasons seem to have some influence in leading to it. It is more frequent in summer than in winter. Intemperance and Onanism are causes; Nostalgia and Pellagra have also led to it. Hereditary predisposition is conspicuous as a cause of suicide, as well as of insanity. It is most frequent in the middle period of life, and rarely occurs in childhood and old age.

Suicide is supposed to be more frequent in England than in other countries, but it seems to be increasing in them.

Unwearied perseverance is often exerted to accomplish self-destruction, and the strictest watch is necessary to prevent it. Some have recourse to the first means they can find—others make a selection.

Women more frequently have recourse to poison, starvation, drowning, or hanging;—men to fire-arms and cutting instruments.

Suicide is sometimes reciprocal—sometimes feigned.

The propensity sometimes returns at intervals.

Attempts have, in various ages, been made to prevent the frequency of suicide—by the Senate of Miletus—the King of Saxony—West India proprietors.

It is probable that exposure of the bodies, and their dissection—the means generally employed, may have some effect.

Suicide, in the greater number of cases, may be regarded as the effect of incipient or of confirmed insanity.

## OF DEMENTIA OR FATUITY.

In this there is a general failure of the mental faculties, loss of memory, incapability of reasoning, and general incoherence, the desires and aversions are nearly extinct; frequently there is some peculiar action often repeated, called *tic* by the French. The sleep is in general good, as well as the appetite, which is sometimes depraved. The habits are uncleanly. The physiognomy is peculiar—the features relaxed—the eyes dull, and without expression—the regard unsteady—and the whole character vacant, stupid, or as if astonished.

The fatuous are sometimes mischievous.

Dementia is a frequent termination of long continued insanity. It is also occasioned by other diseases, or injuries of the brain, as apoplexy, palsy, and epilepsy—by excessive study—abuse of pleasures—onanism—and by too debilitating treatment in recent insanity. It is also the consequence of old age. It is frequently accompanied by palsy and by epilepsy.

With regard to the distinction between De-

mentia, Mania, and Monomania :—In Dementia there are few or no ideas—no attention—and no determinate will. Mania and Monomania are chiefly marked by errors of perception and by exuberance of ideas, or by the attention being rivetted on a few ideas in the Monomaniac, while the Maniac cannot controul his attention.

Dementia is sometimes complicated with these.

There are three varieties of Dementia—Acute, Chronic, and Senile.

In the acute variety (of ESQUIROL), the sleep is disturbed ; this seems nearly the same as the Melancholia Atonita of SAUVAGES.

It has been caused by fever—hemorrhagy—and excessive evacuations in Mania. When from the last cause, it has sometimes been cured, and the return of reason has been preceded by Mania.

In like manner, catalepsy has occurred during the existence of active insanity of some months duration. This state of catalepsy, in which life was scarcely perceptible, has continued for weeks, and, according to Dr SUTHERLAND, has subsided, and reason has been restored.

A temporary state of Dementia sometimes occurs after an epileptic attack, and goes off in a few days.

More hopes of cure, therefore, may be entertained in the acute than in the other varieties of Dementia.

THE DECLINE AND APPEARANCE OF CONVA-  
LESCENCE IN GENERAL, AND PARTIAL  
INSANITY.

The return of reason is in general gradual, though cases of immediate recovery do occur ; but the latter are more subject to relapse than the former.

Favourable signs :—The attention is more easily arrested in the maniac, and more easily diverted in the monomaniac—persons about the patient are noticed—he becomes more tranquil—sleeps better—uneasy feelings cease—the natural affections, and usual occupations are resumed—he begins to listen to conversation, and the natural degree of sensibility is restored—the alimentary canal returns to a healthy condition, and perhaps the menses—the patient begins to regain his flesh and natural expression.

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

The signs of perfect cure are in many cases not sufficiently positive to enable us to decide. A certain space of time, and a trial how the return to usual occupations is borne, are sometimes required. The most unequivocal sign of recovery is, when a person who has been insane admits that his mind has been disordered, and communicates details of his state during his illness.

Sufficient allowance is sometimes not made by relatives for persons newly restored to reason, and relapses are the consequence.

## TERMINATION IN THE INCURABLE STATE.

In general, the approach of this is gradual. Sometimes, however, it takes place rather suddenly, in which case palsy usually precedes or accompanies it.

The signs are,—a state of quietness and dullness succeeding the agitation and fury of the active state—the sleep restored without improvement in the mental faculties—unmeaning laughter, and incoherent discourse. When these occur there can be little doubt that the disease is incurable.

## THE TYPE OF INSANITY.

It generally assumes a continued form ; but an exacerbation of symptoms often takes place in the evening.

It is also sometimes remittent. The duration of the remission is very variable ; and the recurrence of the disease is generally marked by white tongue, and other symptoms of febrile irritation.

It is occasionally intermittent ; and the renewal of the disease affords a good opportunity of observing the different stages of Insanity.

*Relapses* are more common perhaps in mental disorders than in any other.

Increased susceptibility of the action of the exciting causes is the consequence of a first attack.

Women are more liable to relapses than men, especially in the lower ranks, and the proportion of relapses is greater in hospital than in private practice.

## THE PROGNOSIS, OR PROBABLE EVENT.

A hasty unfavourable prognosis is to be deprecated. As it is often time alone that can enable us to decide, we ought not to despair of recovery, and abandon a rational plan of cure too soon.

With regard to what may be said on the subject with some degree of confidence, the prognosis is more favourable in early than in advanced life, though cases commencing above the age of sixty have recovered.

It is more favourable in Mania than in Monomania, especially when with depression.

Chronic Dementia and Idiotism may be considered incurable, still the condition of the patients may be improved.

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

The longer the disease has lasted, the less favourable is the prognosis. If the disease has subsisted more than two years before proper treat-

ment has been adopted, little expectation of cure is to be entertained.

The prognosis is unfavourable in hereditary, and it is favourable in puerperal Insanity. The combination with epilepsy, or palsy, is hopeless; and such patients are excluded from some of the hospitals for the reception of the insane. The return of suppressed discharges, of former inclinations, habits, general appearance, and tone of voice, are favourable signs. When the disorder has been produced by causes acting suddenly, as intoxication, &c. the prognosis is more favourable.

The mean time in which cures take place, according to PINEL, is six months—according to ESQUIROL, twelve months.

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

Of 2804 females (785 of whom were received as incurables), according to ESQUIROL, — 604 were cured in the first year of treatment—502 in the second—86 in the third—41 from the third to the tenth. A much larger proportion of cures than this has been given by some authors.

According to Dr HASLAM, 4832 women, and 4042 men, it appears from the records, were ad-

mitted into Bethlehem Hospital in forty-six years, of whom 1402 women, and 1155 men, were discharged cured.

Of 92 cases of puerperal Insanity, 56 recovered, according to ESQUIROL ; and of 80, according to HASLAM, 50 recovered.

So long as an incurable state is not made manifest in the early progress of the disease, by some almost certain sign, such as the occurrence of palsy, we ought not to despair, and abandon all treatment ; for, although a cure be not effected, much may be done to render the life of the sufferer more comfortable.

### CAUSES OF INSANITY.

The causes of insanity are either corporeal or mental. Some of them predispose to derangement—of which are hereditary disposition, and certain acquired dispositions of mind in either sex ; and in the female sex, the puerperal state and the critical period. Others are occasional or exciting causes.

The corporeal are included under the term Physical Causes, and the mental under that of Moral Causes.

---

#### PHYSICAL CAUSES.

Climate, seasons, age, and sex, have been conceived to exert an influence in the production of insanity.

What has been referred to the first of these, Climate, may, with more probability, be referred to a change in the state of civilization. To this may be ascribed the increase of mental disorder

in Great Britain and in France, and the diminution in Greece.

With regard to the influence of Seasons, it appears that Spring and Summer are more conducive to that of Mania—Autumn to that of Partial Insanity with Depression—and Winter to that of Dementia.

The heat in summer produces exacerbation in many cases of insanity, and increases the tendency to suicide.

With respect to Age,

Infants are nearly exempted, although children under ten years of age occasionally exhibit symptoms of general and of partial insanity. It is sometimes coincident with rapid growth—and with the efforts of the constitution in establishing the menstrual discharge.

In old age, the first appearance of insanity (Dementia excepted) is rare, although instances have occasionally occurred in persons whose age has exceeded 80, and even 100. It is, however, most prevalent between the ages of 25 and 40.

Sex.—In some countries, as in Great Britain and France, there are more females insane than males; but this is not the case in all. Females are exposed to exciting causes from which males are exempted, as

The puerperal state, which seems to give a predisposition to insanity, and frequently calls it into action, when there is hereditary disposition; this cause acts more extensively in the higher than in the lower classes.

The critical period of female life also frequently leads to the development of insanity.

In the treatment of mental disease, it has been observed that there is an influence exerted by one sex over the other.

With regard to the influence of occupation and condition in life, it may be observed, that professions requiring great mental exertion are more liable to insanity than others, and likewise those which lead to hazardous speculations; and that persons who are most independent, in consequence of their rank and fortune, are, comparatively speaking, more subject to it than the middle class. This may be accounted for in part by intermarriages and excesses.

The two extremes of civilized society furnish the greatest relative number of insane.

Regimen and diet may likewise exert an influence in leading to mental disorder; abstinence is equally conducive as excess. Abuse of spiritous liquors has often produced insanity; and it is said that the children of habitual drunkards are more subject to it than those of others.

The secretions and excretions exert an influence in the production of mental disorder.

Suppressed perspiration has occasioned it; and a costive state of bowels is a frequent concomitant.

Excessive evacuation of semen, whether by coition or onanism, but especially the latter, produces mental disease.

Of all the causes of insanity, hereditary disposition is the most important: it is sometimes so powerful as to produce the disease without the concurrence of exciting causes.

It may not, however, manifest itself in the immediate issue.

The transmission of hereditary disposition is said to be more frequent by the mother than by the father. It ought not to be considered an in-

surmountable obstacle to cure : the tendency only is transmitted—a greater than ordinary susceptibility of the action of other causes.

The probability of the occurrence of the disease, where hereditary disposition exists, may be inferred from irregularity of temper, habits, &c.

Injuries done to the brain, by compression, concussion, and otherwise, sometimes produce insanity ; but more frequently febrile delirium, convulsions, and palsy, and occasionally dementia.

Disorders of the alimentary canal, the liver, and the uterus, are conceived by some to have great influence in the production of insanity ; and suppressed discharges, and cutaneous affections, seem to predispose to it.

Certain diseases may act as moral causes.



#### MORAL OR MENTAL CAUSES.

They occasion by much the greater number of cases of insanity. The action of these causes may be modified by education—by mode of life—and by worldly condition.

Education conducted with too great severity may lead to insanity; but the opposite extreme is a more common cause of it—an education not conducted on the principle of bringing the inclinations and affections under the controul of religious and moral principles, and of repressing ideas of hurtful tendency, but encouraging false and romantic notions, and ideas above the rank in life.

The minds of some have likewise been weakened by terrifying tales in early life.

Excess of ignorance, and excess of study, both tend to weaken the mind, particularly the latter, when directed to a few ideas. The consequences of this excess of study, or of application to business, are—an irritable state of body and of mind—restless nights—febrile symptoms—diminished power of attention—confusion of ideas—and, if persisted in, insanity.

The predominant ideas of the times, whether religious or political, have great influence in producing mental disorder.

With regard to the influence of religion as a cause of insanity, although excessive devotion, and contrition or remorse of conscience, may oc-

casionally lead to it, especially in melancholy dispositions, in general, doubt of doctrines previously professed, precedes madness from religion : the mind, in suspense as to what regards eternal salvation, is easily upset.

Religion has less influence in this respect in the warmer climates, and the Catholic countries, than in the temperate climates, and in countries where latitude of religious opinion is permitted ; free governments, and political commotions, being favourable to the production of insanity, while despotic governments are not.

The emotions of mind produced by ardent and ungratified desires—by domestic troubles—and by the affections and passions—are frequent causes of insanity.

Some of the latter, as terror, anger, and passions produced by reverse of fortune, act immediately ; but more commonly the action is gradual and continued, as that of grief, love, jealousy, disappointed pride, shame, the struggle between religious and moral principles and passions, &c.

## PREVALENCE OF INSANITY.

Insanity is generally believed to be more prevalent in the British dominions than in any other country; but the returns made of the number of Insane are imperfect. That of Scotland makes them amount to nearly 5000, or about 1 in 400 of the population. In England, the number is not correctly known; but it must be more than 6000, as stated in Dr BURROWS's publication. ESQUIROL states the number in France at little more than 7000; and this also is probably underrated.

If the proportion in England and in Ireland, compared to the population, be equal to that in Scotland, the average number of insane in the British empire must be great.

The official reports give a very inadequate idea of it; for we find the last return made to Parliament, and published in March 1826, states the number in Scotland to be about 600 in public asylums and licensed houses; whereas the clergymen of each parish made a return in 1818, and the number is stated to be,

In Public Asylums,.....	441	}	...600
In Private Asylums,.....	159		
With their friends,.....	.....		1356
And at large,.....	.....		2877
In all,			<hr/> 4833

Besides no return was received from fifty parishes.

Of 4647 of the above insane in Scotland, the large proportion of 3495 is stated to be idiotic and fatuous. The proportion of idiots in Switzerland is likewise very great. And it is worthy of remark, that, in both countries, scrofula is likewise prevalent.

It has been a question whether insanity is on the increase or not. This has not been determined; but it is conceived to be so by many; for both public and private establishments for the reception of the insane have increased. And there can be little doubt that the number of Insane increases with civilization.

It is stated to be very small in South America, and among the Indian tribes, &c. and to be very considerable in China.

It is therefore probable, that the increasing civilization and luxury of this country, co-operating with hereditary disposition, tends rather to increase than diminish the number.

## APPEARANCES ON DISSECTION.

We find great difficulty in forming conclusions on this part of the subject, our knowledge of the intimate structure of the nervous system and its pathology being very imperfect; and slight changes, which we have not hitherto succeeded in detecting, may cause the most important effects.

Want of reason appears to be connected with defective development of the brain in Idiots in whom the skull is frequently remarkable, the forehead being depressed, and the volume in many cases, though not in all, reduced.

Little can be inferred from changes observed in the skulls of madmen, except that they seem to be effects of previously increased action of the vascular system, and therefore they are not without interest.

The pericranium or scalp is sometimes looser than usual.

In the brain and spinal chord, and in their membranes, marks of increased vascular action are very frequently found, especially in the arach-

noid coat—the cerebrum and cerebellum are sometimes softer, and sometimes firmer than natural, or they are partially so; and sometimes they are wasted.

Serosity is frequently met with, and occasionally erosions, tumours, or osseous deposition.

Frequently, however, no diseased appearance can be detected; it is chiefly when Dementia has occurred that the most remarkable changes are found;—a source of error has arisen in mistaking recent cases of febrile for insane delirium.

Various conjectures have been offered on the proximate cause of Insanity, by CULLEN, ARNOLD, CRICHTON, SPURZHEIM, &c.

The Proximate Cause must depend on very slight derangement of the organization; were it otherwise the disease would probably not be susceptible of cure: hence it is not surprising that, in the early stage, we cannot trace any morbid appearance; and though it be inferred that madness is always connected with disease of the brain, or its membranes, since changes are more frequent in it than in any other disease, nothing decisive has yet been obtained by dissection. But when the disease goes on, more palpable changes are pro-

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

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

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

## TREATMENT OF INSANITY.

This has generally been considered under two heads:—that of Moral Management and of Medical Treatment. Of late years both of these have been considerably improved.

Certain rules are to be observed in all cases, and, in particular, the previous history of the patient ought to be minutely ascertained, to enable the physician to acquire from the beginning a desirable influence over his mind. Dangerous weapons are to be removed, and proper attendance and restraint if necessary, to be procured.

---

---

MORAL MEANS.

The indications to be fulfilled by these are the removal or diminution of moral causes—the separation of the patient from persons and objects tending to excite—the dissipation of delusions—the restraint of disorderly inclinations—

and the encouragement of the timid and desponding, &c.

Domestic treatment is seldom admissible from the patient being unconscious of disease, and his aversion to relatives on account of the necessary restraint imposed. It is more common in Russia than elsewhere, and it is said with tolerable success.

Removal from objects which tend to keep up the disease, is effected by Seclusion. This is not hastily to be adopted. Persons in febrile delirium have been sent to a madhouse ; therefore we ought to wait a reasonable time. Seclusion may be unnecessary where the patient has no aversion to the place, and to the persons about him ; and delusions have been dissipated by judicious intercourse with others. But when insanity is completely established, in most cases it is indispensably necessary.

Seclusion may be effected in a private house, or in a public asylum.

The advantages of the former, private seclusion, are, that scenes which might be injurious are avoided, and the medical attendant has it in his power to give his undivided attention to the

case. This mode is to be preferred in recent cases, where circumstances permit, and especially where the mental disease is but in a slight degree; the only disadvantage that attends it seems to be the expence.

The advantages of public establishments for the reception of the insane are, that they afford greater facility, and at less expence, for the treatment—the construction of them may be adapted to fulfil all the ends that may be wished for, and in the best manner—intelligent attendants may be instructed in their duty—the patient may be withdrawn from every cause that might counteract the intentions of the physician, and they open an extensive field of observation for improvement. The disadvantages are, that circumstances are said to occur in them which may have an injurious effect on the insane, especially in remissions and convalescence, and that the idea of having been confined in a madhouse is distressing to the patient, and painful to relatives. Granting this to be the case, the number of those who cannot afford private treatment is so great, that public establishments must be resorted to by many.

Hospitals for the Insane are to be rendered as

comfortable, and as unlike a prison, as possible. They ought to be cheerfully situated—well ventilated, heated, and lighted—have convenient warm, cold, and shower baths—an infirmary for the sick—and sufficient ground for air, exercise and occupation.

Large hospitals, and especially large wards, are attended with disadvantages; a great number of insane kept together are seldom sufficiently tranquil.

The male and female patients are to be kept quite separate; the curable ought always to be kept apart from the incurable; and the noisy and dirty from the quiet and cleanly. Melancholy convalescents ought not to be kept together.

There ought to be a sufficient number of attendants, by whom the patient's confidence or good opinion is to be cultivated, and in whom mildness and command of temper are indispensable, as well as strength and firmness. They should never be found fault with in the presence of the patients.

*Of Restraint.*—It has been observed that restraint sometimes tends to recall habits of self-control, and to check the propensity of acting from the impulse of the moment; but restraint and coercion are to be resorted to only for the benefit of the patient, and not for the convenience of the keeper.

The Strait Waistcoat, where restraint is necessary, is in general sufficient. The patient ought to be looked after when it is on, as it has some disadvantages, especially in hot weather; and substitutes for it have been recommended. These are manacles, or wrist and ankle-cuffs, of steel or of leather—what has been termed the muff—and the tranquillizer, or arm-chair. In securing a patient, tight ligatures must be avoided; and blows or ill treatment must never be permitted.

*Of Occupation and Recreation.*—After the active stage of the disease has been subdued, for until then medical treatment and suitable restraint are alone applicable, moral discipline may be tried.

The objects to be kept in view are, by exciting

attention to salutary impressions—to render the ideas of the Maniac more coherent, and to divert those of the Monomaniac—to withdraw the mind from unreasonable ideas, and, by giving employment to it, to excite a different train of ideas and feelings.

The advantages of bodily labour are generally admitted, the health is improved, and the mind is led to form intellectual combinations. Indulgence should be held out to induce the patient to occupy himself in operations within doors and without, which employ and amuse the mind without fatiguing it.

It is of great importance to establish regular habits as to rising in the morning, taking food and exercise at stated times. This not only contributes to health, but renders the patient more manageable.

Arguments tending to prove the patient's insanity are to be avoided in the active stage of the disease, for the attempt not only loses his confidence, which ought to be preserved, but increases irritation. This must therefore be deferred until convalescence commences, and even then it requires caution.

When patients become tranquil, if in an hospital, they may be removed to a more quiet class, and judicious conversation and cheering advice administered—by degrees the effect of religious discourse and consolation may be tried.

Amusements of various kinds, as drawing, music, &c. may be useful auxiliaries; even plays have been tried, but their utility is very doubtful. We may likewise endeavour to excite salutary emotions, as affection of friends—the hope of liberation—emulation by the example of others, and sometimes that of shame.

The termination of seclusion, by admitting the visits of friends, may produce a powerful impression, but they require great consideration, for, when too soon permitted, increased excitement may be the consequence. It is therefore a good general rule to defer those interviews till wished for by the patient.

If he admits that his head has been disordered, communicates freely details of his previous condition, returns with pleasure to objects of his affection, and former occupations—and this lasts for some time, his look, during attentive examination, not betraying imperfect recovery—the in-

sanity may with safety be pronounced at an end. In some cases, it is time alone, and a trial how a return to usual occupations is borne, that can enable us to pronounce with certainty.

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

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

---

#### MEDICAL TREATMENT.

The Treatment in the ordinary course of the disease ought to be mild and simple ; great caution is necessary in the employment of violent remedies, which may interrupt the salutary efforts of nature.

*In the Incipient Stage.*—When called in time, much may be done in the way of preven-

tion, by putting a stop to the action of hurtful causes, moral and physical, and by attending to the corporeal symptoms.

A strict watch must be kept on the patient, where much irritation, or a disposition to suicide, exists. To want of decision in applying proper restraint under such circumstances, may be ascribed the loss of many valuable lives.

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

*In the Active State, or Stage of Excitement.*  
—Antiphlogistic and soothing remedies are indicated.

Where patients are disposed to be furious, much light is to be avoided ; and benefit is sometimes derived by placing them in darkness. The *moon* appears to have no other influence upon the insane than what may depend upon the light it affords.

Darkness is hurtful in Monomania with depression.

The hair should be cut short, or shaved, for much hair increases the heat of the head, and prevents the ready application of remedies, and

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

Warm bathing, which allays irritation, softens the dry and rough skin, and preserves cleanliness, is employed with advantage in many cases, but with caution, when feebleness, narrow chest, or tendency to apoplexy, or hemoptysis exists.

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

When the mental disorder continues after the corporeal symptoms have been attended to, and no definite indication presents itself, empirical means have been employed, in particular bleeding, which, although absolutely necessary in some cases, has been too indiscriminately employed. It is absurd to bleed a madman merely with a view to calm his fury, for he is often rendered more violent after the operation. The extent to which bleeding has been carried is scarcely credible.

Emetics, too, have been employed without dis-

crimination. They are not often necessary in the ordinary and mild course of the disease, although occasional gentle vomiting is admissible in most cases, where the stomach appears to be disordered; but violent emetics, frequently repeated, as well as external stimulating applications, are hazardous in the early stage of excitement. These last have likewise been too indiscriminately employed.

Heavy columns of cold water poured on the head, called the *douche*, and sudden immersion in cold water by surprise, have also been much abused; but cooling applications to the head are often useful, and are favourite remedies with many. A very useful mode of applying this is by a cap made of sponge, or by a handkerchief applied in the form of a turban to the shaved head, and kept moist with cold water and alcohol. Cold clay and ice applied in the same manner have been recommended; and, in hysterical insanity, the application of cold to the uterine region, by means of sponge or cloths soaked in cold water, is very beneficial.

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

a powerful effect in taming the furious maniac, but many practitioners consider it hazardous.

A mercurial course has also been employed empirically.

*Deviations* from the ordinary progress of Insanity, which modify the disease, and require appropriate treatment, may proceed from congestion—an inflammatory, or rather subinflammatory state—increased sensibility—diminished sensibility—and debility.

*Congestion* is known, by strong pulsation in the carotid arteries—flushed face—little or no sleep.

In a large proportion of the Insane, a greater or less degree of this state of congestion in the vessels of the brain is supposed to exist, and it may be kept up for a long time.

In the Treatment of this state, purgatives are particularly useful; likewise cold applications to the head. Abstraction of blood is also sometimes required, and warm pediluvia and hip-baths are useful.

Blisters to the head, or nape of the neck, are

doubtful remedies, where much cerebral irritation exists.

The *Inflammatory State* is a more advanced stage of the last-mentioned state of congestion.

It is indicated by pain and tension in the head—the eyes blood-shot and glistening—the pulse in the carotid arteries and at the wrist is quicker and harder than in congestion—the thirst is urgent—and the skin hot and dry.

The treatment consists in unloading the vessels of the head, by bleeding from the temporal artery or jugular veins, cupping and scarifying, &c.—cold applications applied to the head—warm bathing, and active purgatives.

In *Increased Sensibility*, without signs of congestion, or inflammation, the patients are generally emaciated and pale, very restless and uneasy, and extremely sensible of cold and external stimuli. This state is most commonly met with in insanity with depression, and in hypochondriasis.

The treatment consists in irritation of the bowels by active purgatives, with sedative medicines and nourishing diet, and the use of the warm bath. Various sedatives and antispasmo-

dies, as opium, hyoscyamus, digitalis, camphor, musk, &c. have been much employed. External stimulating applications must be avoided in this state of the disease.

In making trial of medicines in the insane state, although it is well known that very large doses may be given, and with benefit, we ought to begin with the ordinary dose.

*Diminished Sensibility, or Stupor*, characterizes acute Dementia, and, when it lasts long, indicates an incurable state. It is sometimes the effect of congestion to a great extent, and sometimes of effusion. At other times no signs of either appear.

The Treatment consists in applying external stimulants of various kinds, especially such as raise vesicles or pustules—the insertion of a seton—or the application of Moxa. Emetics repeated at intervals of some days, have been recommended, especially if no signs of congestion appear. Diuretics—the douche—electricity and galvanism—have likewise been employed.

The state of *Debility* is indicated by paleness,

emaciation, and general feebleness—weak, small, sometimes frequent pulse. Sometimes there is violent delirium—more commonly appearance of dementia. This state is brought on by the abuse of reducing remedies—by want, or obstinate refusal of food—long confinement, and bad habits.

The Treatment is to be directed to strengthen the digestive organs. Bark and other tonics may be useful. Debilitating practices are to be prevented.

Obstinate refusal of food must be counteracted by means suited to the particular delusion leading to it. We must ascertain whether the loathing of food may not be produced by disorder in the alimentary canal, or by retained fæces.

The treatment of *Puerperal Insanity*, which is more frequently cured than other varieties, consists principally in the judicious administration of purgatives—sudorifics—warm baths—issues, or blisters. The state of the breasts likewise must not be overlooked.

With regard to *Intermittent* and *Remittent Insanity*, it is observed, that periodical insanity

is seldom completely cured. Patients are frequently aware of the approaching fit, by the occurrence of the same intrusive ideas that preceded the former.

When well marked remissions have occurred, bark has been of service; and when intermissions have observed regular periods, change of scene has sometimes interrupted them.

*The Incurable State.*—After the intellectual disorder, with want of sleep, has subsisted for a considerable time, if the functions of the body resume their usual state, and the mental disease continues, there is much reason to fear that it will not be cured. Under these circumstances, some of the empirical means above enumerated may be tried with caution;—such as sudden shocks by strong emetics—plunging the patient unawares into a cold bath—and powerful shower-baths. The rotatory machine sometimes appears to have been useful, as well as a moderate course of mercury. Before these means are tried, if the patient is plethoric, previous evacuation should be had recourse to.

*Dementia* is in general accompanied by debility—sometimes by a chronic inflammatory state, ascertained by dissection.

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

Where debility prevails, which is most frequently the case, tonics and stimulants, generous diet, air and exercise, are indicated.

And in the chronic inflammatory state occurring in dementia, local bloodletting, purgatives, and the insertion of an issue.

Although very little hope can be indulged in dementia taking place after insanity has subsisted some time, still, as we risk nothing, rational attempts are to be persisted in, especially when the patient is not far advanced in life. Occasionally the occurrence of active mania, and of acute disease, has operated a cure.

*Convalescence* may be impeded by certain states; such are—debility—an irritable state with sleeplessness—plethora—suppressed menses—costiveness—headach.

In the state of debility, the tonics already noticed, with sea-bathing, and travelling, may be useful; and if there be any suspicion of paralytic tendency, a blister or seton in the nape of the neck.

An irritable state in convalescence is to be treated with anodynes and warm-bathing.

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

Stimulating the rectum with aloëtic purgatives—warm hip-baths—and pediluvia—may be useful when the *menses* are suppressed.

Other symptoms, as costiveness and headach, require appropriate remedies.

In order to guard against *Relapses*, causes likely to renew the disease are to be avoided, and means taken to strengthen the body, and to enable the mind to resist the causes. The slightest warning about the head should be attended to, especially sensations similar to those preceding former attacks.

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

#### GENERAL OBSERVATIONS.

With regard to *Cleanliness*,—it is difficult to keep a number of insane persons clean. This may be facilitated by separating the dirty patients from the others—by the immediate removal of all excrementitious matters—by attempts to induce the habit of evacuation at stated times. The state of the bladder and rectum should be frequently examined, when there is any reason to suspect retention of urine, or hæmorrhoidal tumors.

*Air*.—This ought to be dry, and of proper warmth. The insane suffer much from cold. Both these points are well attended to in many of the recently erected establishments.

*Humidity*.—The urine being passed at all

times, produces a very hurtful humidity in the clothes and beds of dirty patients. Excoriations, and even mortification, have been the consequences. Regular evacuations of this ought to be encouraged; and the effects of incontinence lessened by wearing a gum-elastic urinal.

*Dress.*—This ought to be suitable to the season; and in particular warm in winter. Some must be restrained from tearing off their clothes. Leather mitts have been used for this purpose; and sometimes the strait-waistcoat.

*Beds.*—The best form of bedsteads appears to be that which gently slopes from both ends to the middle, with a groove to carry off moisture. A mattress having a moveable centre-piece, or straw to be changed every day, is best adapted for the very dirty.

Restless and mischievous patients require to be fixed in bed.

*Diet.*—In the stage of excitement, light diet is necessary; for full diet increases turbulence; but the same diet cannot be suitable for all the patients in a large asylum. It therefore should be varied according to the state of the patient, and regular hours of taking it should be enforced.

Various delusive motives induce patients to refuse food. The means of overcoming their refusal, when obstinately persisted in, are—Dr HASLAM'S Key—Dr SUTHERLAND'S Instrument—the hollow gum-elastic Bougie, &c. These are very seldom necessary; for a little management in most cases will succeed, without having recourse to instruments.

## DIAGNOSIS OF THE DISEASES OF THE INSANE.

This requires much attention on the part of the practitioner. Though the insane occasionally live to a great age (80 or 90), still Insanity, generally speaking, may be said to shorten life; and the life of an insane person ought not to be insured at the same rate as another, on account of the probable progress of diseased action in the brain, and the accidents he is subject to.

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

The acute diseases to which the insane are most subject, are—fevers—inflammations, and apoplexy.

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

## IDIOTISM.

IN Congenital Idiotism, the intellectual faculties have never been developed. It commences with life, or shews itself very early; while Dementia does not take place till after puberty. It exists in various degrees, from complete idiotism to what is termed Imbecility.

The last stage of Dementia or Fatuity has been termed acquired Idiotism.

Congenital Idiots rarely live to a great age; and the more complete the state of idiotism is, the shorter time do they live.

There is frequently something faulty in the formation of their heads, and the position of their eyes; their mouth is gaping, and slavers; their lips are thick; their gums are unhealthy, and their teeth soon decay; some are deaf, or deaf and dumb; they are often lame; their sensibility, physical and moral, is obtuse; they are deficient in sensation, perception, and attention. Some are in constant motion; some laugh; others weep; occasionally they are prone to mischief.

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

The *Cretins* of Switzerland are the idiots met with in the narrow valleys of the mountainous districts. They are often deaf and dumb, and the other senses are imperfect: they frequently have enlargement of the thyroid gland.

Children born in perfect health, but apparently of a scrofulous constitution, have continued to improve in body and mind until some years after birth, when they have become Idiots; and cases have occurred, where in early youth the mental faculties have made an unexpected development, and have emerged from threatened idiotism.

In Idiotism, when congenital, the treatment is limited to the preservation of cleanliness, and the encouragement of occupation: the general health must be attended to.

## IMBECILITY.

Mental deficiency is of two kinds :

The one, in which there is Imbecility, or a weak state of all the Faculties. The other, in which there is Imbecility of one or several of the Faculties, and there are different degrees, from what has legally been termed Unsoundness, or *non compos mentis*—that degree of imbecility which renders the person incompetent to the management of himself and his affairs—to the ordinary standard of intellect.

The Imbecile are those in whom all the intellectual faculties manifest themselves to a certain extent, and who are capable of partial education. They are also subject to violent emotions, as fear, anger, lust, and grief; while Idiots have neither intellect nor affections, or at least in a very obscure degree.

Sometimes a propensity to music and mimicry is shewn by them: they are frequently given to steal—have occasionally committed murder—and are sometimes made the instruments of crimes by

villains. Houses and stacks of corn have been burnt in this way.

The mind may be weak from birth, or it may be enfeebled by disease at any period of life.

The causes of imbecility are—hereditary disposition—scrofula—epilepsy—convulsions—severe illness, or injury done to the head in early infancy, and hydrocephalus.

Some have attributed the production of imbecile children to fright, or other violent emotions affecting the mother during pregnancy.

In cases of mental deficiency, much has been effected by a well directed education, in conducting which, the principal object must be to improve the power of attention, and encourage the particular bent of the capacity.

When there is *hereditary* disposition to insanity, much discrimination is required in conducting the education of the children.

Imbecility, fickleness and indecision, violent temper, and timidity, each require a different management—to strengthen the feeble faculties—restrain violent passions—and encourage the timid disposition.

*Dotage.*—The mental imbecility of old age is hardly to be regarded as a disease. The different senses and faculties fail by degrees: of the latter, the memory is generally the first. It is sometimes prematurely induced by excesses.



#### PARTIAL IMBECILITY,

Is weakness of one or more of the mental faculties—of perception or apprehension—judgment—memory—volition, &c.

When the perception is feeble or dull, the term *Dullness* or *Stupidity* has been employed. This is sometimes hereditary, or it may proceed from defective education—from intemperance—and corporeal diseases.

There is a striking difference in this respect among certain nations.

*Impaired Memory* may be a natural defect—or it may be the consequence of various diseases—injuries of the head—habits of inattention—old age, &c.

When the judgment is remarkably deficient, there is generally an unusual degree of *Credulity*. In most cases, the judgment is naturally weak ; but in others, credulity is in some measure voluntary, from indolence.

*Indecision* or *Fickleness* is also natural or acquired. Firmness and consistency of character may be greatly promoted by judicious management in youth : hence the importance of early habits of governing the will by the reason, and of restraining the impulse of the moment. Indecision is often the first striking symptom of incipient insanity.

*Disorders of Attention* are conspicuous in the various genera of insanity, and of mental imbecility.

The mind in thinking may be in a *passive* state, when thoughts follow each other independent of volition, as in musing, dreaming, and mania, or when entirely occupied by objects of sense ; or in an *active* state, when the mind exercises command or controul over its thoughts, or changes its condition.

The relative degrees of these states in different

individuals powerfully influence character, command of thought being much increased by cultivation and exercise.

The term *Absence of Mind* is applied when the attention is wandering, and does not readily yield to the dictates of the will—a state nearly allied to the suspension of thought during sleep.

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

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

The term *Abstraction of Mind* is employed, when the attention is fixed by the will on some ideas not connected with surrounding objects. This state may be occasioned by intense study, or by overwhelming passion.

That of *Studium Inane*, or *Brown Study*, has been applied to the state of mind which takes place when the attention is voluntarily relaxed, and allowed to indulge in passing ideas.

As the faculty of attention is capable of being invigorated, it is of the utmost importance to cultivate it in early life, being more readily arrested by certain objects than others; and it is important to ascertain these, to select them in the first instance for cultivation, and the attention may afterwards be transferred to other pursuits. In the treatment of all the varieties of partial weakness of mind, corporeal causes are, if possible, to be removed, and mental instruction suited to the case assiduously cultivated.

The improvement of the strongest faculties tends directly to invigorate the others.

## DELUSIONS WITH CONSCIOUSNESS, &amp;c.

We are said to labour under delusion, when images in the mind make a stronger impression on the sensorium than what external objects do.

Delusion is distinguished from Insanity, because it may exist with consciousness; but it has strong affinity with, and sometimes terminates in it.

*Delusions with Consciousness*, are those in which the person imagines he sees objects or hears sounds; but his judgment not being implicated, he can be made sensible that they have no real existence. They have been termed Spectral Illusions, or the apparition of spectres: they are generally connected with bodily disorder, and disappear by the removal of the corporeal cause.

They appear contrary to the person's inclination,—when alone, or in company,—with the eyes open or shut, and they affect the senses both of Vision and of Hearing.

*Permanent Delusions* sometimes remain after general delirium, during a long life in every other respect sane.

But when the existence of these is believed in, the person ought to be considered insane in whatever regards these delusions.

Delusions likewise occur in *Hypochondriasis*, *Hysteria*, and in other affections in which the temperament called *Nervous* predominates.

The former disease, *Hypochondriasis*, consists of dyspeptic symptoms, with mistaken fear about the patient's health, and is distinguished from partial insanity.

*Hypochondriasis* generally comes on by degrees. Disorder of the digestive organs first shews itself—the appetite is variable—the digestion is performed with difficulty, and with pain—eructation of wind, costiveness and headach—wandering pains in the limbs, epigastric and hypochondriac regions, especially the right, are felt, also oppression of breathing, and strong pulsation of the heart and abdominal aorta, with sensation of sinking—sometimes also sensation of constriction in the throat, and copious dis-

charge of urine, as in hysteria. The patient is likewise very susceptible of impressions from the weather, heat, cold, light, and noise—his sleep is not so much disturbed, as other symptoms might lead us to expect; though he is subject to uneasy dreams, his feelings are most comfortable in the evening, and least so in the early part of the day.

These symptoms, after some continuance, give rise to alarm. The patient conceives his disease to be dangerous, or unknown to the physician: he incessantly broods over his maladies—can fix his attention upon no pursuit—fears difficulty in every undertaking, and is firmly persuaded that he is dying—talks of his complaints with every one he meets, and often changes his medical adviser.

This complaint is more frequent in men than in women—in towns than in the country—and in middle age than in the young and the old.

What are termed the Melancholic and the Nervous or Irritable temperaments predispose to it, and a sedentary, luxurious mode of living, as well as moral affections, call it into action.

In *Hysteria* the mind is very variable ; sometimes melancholy, at other times quite the contrary, with involuntary tears or laughter without motive. Occasionally the delusive sensation of a ball in the throat is felt.

With regard to Treatment, corporeal affection being manifest, much benefit may be derived from medicine, and attention to the digestive organs. Friction, warm bathing, and diaphoretics are peculiarly useful ; and, when signs of congestion in the abdominal viscera appear, mercurial preparations and mineral waters. The hæmorrhoidal discharge is generally beneficial, hence continental physicians employ leeches about the anus. Opiates have been much employed, but the temporary ease they afford is frequently followed by aggravation of the symptoms. Camphor and hyoscyamus are sometimes of use.

Exercise on horseback is to be recommended in hypochondriasis, as the circulation in the viscera of the abdomen is promoted by this mode. Hypochondriacs sometimes require to be humoured by prescribing for their imaginary diseases.

Moral treatment must likewise be attended to, by travelling and amusement, gently withdrawing the attention from subjects of painful thought, and by cheerful and consoling conversation, and especially by the patient's own efforts to acquire self-controul.

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

As corporeal disease is less prevalent in such cases than in hypochondriasis, medicine is of less avail. Removal of the causes, and strengthening the body and mind by suitable means, may be tried.

*Religious Delusions* in most cases must be considered as instances of partial insanity, but sometimes as the subject of imposture.

## DISORDERS OF THE PASSIONS.

The Passions, themselves disorders of the mind, lead to others of greater magnitude, and to various corporeal changes of a morbid description. They have been variously arranged into Primitive and Social, Expansive and Oppressive, Pleasing and Painful, Stimulating and Depressing, &c. The last mentioned appears to be the most applicable considered in a medical view—the passions which excite, and those which depress, the actions of the vital system.

In mental emotions suddenly excited, the brain, heart, lungs, and diaphragm are powerfully affected, giving rise to headach, palpitation, and disordered respiration. These uneasy feelings excited in the thorax are so remarkable, that some have conceived this part of the body, the *præcordia*, to be the seat of the affections and passions.

The Exciting Passions are marked by increase of pulse, respiration, and heat, increased vigour,

and occasionally by palpitation of the heart, and by tears.

The Depressing Passions induce torpor of the circulating and absorbent systems, sense of anxiety and oppression, slow and laborious breathing, slow and weak pulse, want of appetite, debility, languor, paleness and emaciation, and frequently tears.

The Exciting Passion of *Joy* is powerfully stimulant. It has produced fevers, delirium, fainting, and death—tears sometimes occur and give relief; immoderate laughter also has been produced, which is said to have terminated in death. Some have considered this passion more likely to cause insanity than even grief, but this is doubtful.

*Pride*, which seldom appears in early life, unless nurtured by precept or example, has sometimes produced Insanity.

*Ambition*, or ardent desire, is productive of greater excitement than pride—rouses to extraordinary exertions, even to the last moment of existence, of which history affords striking examples.

*Anger*, with its compounds *revenge*, *jealousy*, *suspicion*, and *envy*, is of a painful nature, producing violent and offensive expressions and gestures, similar to those occurring in *Mania*. It rouses body and mind to increased action—affects the biliary secretion—increases the circulation—produces flushing or paleness—and obscures the senses. Violent anger has immediately occasioned insanity, various diseases, and even death. The secretions of saliva and milk are sometimes vitiated by this passion.

Jealousy and suspicion are frequently conspicuous symptoms of incipient insanity, and misanthropy or hatred of every one is sometimes a feature of confirmed insanity.

The treatment of the exciting passions when violent may require abstraction of blood, and purgatives; but moral treatment is chiefly to be employed—judicious conversation, tranquillity, and the proper application of moral and religious principles; reverse of fortune has sometimes operated beneficially.

The Depressing Passion of *Longing*, in which love, hope, and fear are combined, assumes diffe-

rent forms, one of which is Nostalgia, or longing for one's country, or place of desire, a powerful affection, producing corporeal disease, and marked by sadness, love of solitude, loss of appetite and of strength, fever, and sometimes death. It obtains complete possession of the mind, and absorbs every other feeling. It is frequent among the inhabitants of mountainous districts, although not confined to them. It is powerfully excited by national music. When violent, nothing avails but the return, or hope of speedy return, to the desired place.

*Love* produces febrile symptoms, and increased sensibility, and, when hopeless, sometimes insanity and suicide.

The misery *Avarice* occasions is strongly expressed in the name given to the sufferer. It often steals on by degrees under the appearance of prudent economy, and sometimes terminates in madness, the leading feature of which is, dread of poverty in the midst of affluence.

*Fear and Anxiety* produce paleness and weak digestion. Fear has diminished the force of circulation so much as to stop bleeding from an open vessel, and produce syncope. It occasions

diarrhœa, incontinence of urine, and cold sweat. It has suddenly changed the colour of the hair.

Fear increases the tendency to receive contagion. It has produced palsy, epilepsy, aneurisms of the heart, insanity, and death. In an extreme degree fear has operated as a stimulus.

Shame, in which fear is a constituent, occasions strong pulsation of the heart, and blushing.

*Grief* appears under two forms, the one sudden, immediately producing violent effects, as insanity, or even death; the other slow and lasting, producing various chronic diseases. By diminishing the force of the circulation, it produces slow transmission through the lungs, hence sighs and sobs. It increases the malignity of contagious fever and scurvy, and the liability to receive infection. It has suddenly changed the colour of the hair, disorders the stomach, and produces tears, which often give relief.

Comatose sleep is sometimes the effect of the diminished irritability. The biliary system is frequently disordered, and sometimes violent gastrodynia is produced by grief. Despair, a modification of this passion, is of a more selfish na-

ture ; it frequently leads to suicide. It has been caused by disappointed pride or ambition—gaming—bodily suffering—dread of poverty—remorse—and sometimes false views of religion.

In the Treatment of the Depressing Passions, occasional relief may be obtained by attending to corporeal symptoms, but much is not to be expected from medicine ; more is to be effected by kindness and soothing consolation, and change of scene.

In the *Mania without delirium* of PINEL, defined, wayward and unmeaning passion, urging to indiscriminate acts of violence—a hurried and tumultuous air, flushed countenance, and glaring prominent eyes. There is no delusion, but violent and ungovernable passion.

This is sometimes the effect of ill directed education, particularly in those children having hereditary disposition to insanity.

The *running a muck* among the Malays appears to be a similar affection.

## DISORDERS IN THE SLEEPING STATE.

In profound sleep the involuntary organs alone preserve their activity; and, in sleep accompanied with dreaming, some of the mental faculties, as those of Perception, Judgment, and Volition, are in a torpid state; others, as those of Memory and Imagination, are active, and the ideas in dreams are influenced by association.

There is no consciousness of sensations or ideas, yet some entertain the opinion that these do occur, although very faint.

The circumstance of our seldom using words to detain ideas in dreaming, may account for the most incongruous appearances not seeming wonderful to us, since they can only do so in consequence of comparing the present idea with former ones furnished to our mind by experience. In delirium, ideas, in like manner, rush through the mind, without being detained by words.

Sometimes one or more of the external organs

of sense do not associate in the general torpor, and hearing and seeing are effected during the dream ; while increased torpor may take place in some organs, as those of hearing and feeling, so that loud noise, or strong movement, may not rouse the dreamer. Certain organs only may be roused, as those of speech—of locomotion—of generation and urine.

When those of locomotion are excited, somnambulism is produced : in this state superior capacity and address are sometimes displayed. There is considerable resemblance between the somnambulist and the insane person, but in the former the perception is more completely suspended, although his sensations correspond with the ideas regulating his actions.

A disposition to somnambulism is sometimes hereditary, and it is said to occur more frequently in males than in females, and in youth than later in life. Intense application of mind, and a morbid state of the stomach, especially when combined with cerebral plethora, are sometimes exciting causes. The eyes of a somnambulist are sometimes open. It is prudent not to awaken him suddenly.

What has been termed *Ecstasis* occurs in the waking state. It resembles somnambulism, by insensibility to external impressions suddenly occurring, followed by sleep-walking and talking, without recollection of what had taken place. Both affections appear to be connected with a disposition to epilepsy. Determination of blood to the head seems to give rise to ecstasis.

*Incubus* or *Night-mare* differs from somnambulism, in the sufferer being conscious of an attempt to perform voluntary motion, and in there being great uneasiness and oppression of breathing.

The same phantasms frequently recur in incubus, and the dream is generally remembered, while that in somnambulism is seldom recollected.

Some of the inferior animals, as dogs, appear to be subject to it.

Disordered stomach, and uneasy position, are the usual exciting causes.

With regard to the Somnambulism of the Magnetists, the effects alleged by them to de-

pend upon human magnetism, are referred by many entirely to the imagination of the magnetised.

As to Treatment in the different species of sleep disturbance, the bowels must be attended to—irritation allayed—plethora diminished—and the strength recruited. Anodynes are sometimes useful.

Fastening the somnambulist to his bed before he goes to sleep, is a necessary precaution, and may break the habit.

The use of a hard matrass, with slight covering, thereby rendering the sleep less sound, has been useful in other varieties of sleep disturbance.

## MEDICAL JURISPRUDENCE OF THE INSANE STATE.

The principal points of medical testimony in cases of doubtful idiotism and madness are,

*The proofs of derangement—the propriety of restraint—and the occurrence of lucid intervals.*

In cases of doubtful idiotism or imbecility, congenital or acquired, the appearance of the person, his previous conduct and conversation, and the power he possesses of attention, memory, and enumeration, in what relates to the most common concerns of life, must be attentively examined.

Insanity is sometimes *counterfeited*. This may in general be detected; for the difficulty of sustaining the insane character, either in the active or in the passive state, is very great.

Criminals or their friends occasionally set up the plea of insanity, to exculpate from acts committed under the influence of violent passion, or of intoxication.

The absence of delusion in the one case, and

the attending circumstances on the other, will in general be sufficient to lead to a right conclusion.

When a crime, as murder, arson, or theft, is committed by a person in the incipient stage of insanity, it may be difficult to decide whether it is the effect of this, or of moral depravity.

In all cases where motives of cupidity or revenge are not sufficiently proved to account for the crime, and the accused person has exhibited the symptoms of incipient insanity above mentioned, we are entitled to refer it to mental disorder.

Considerable time, and patient investigation, are required to ascertain the true state of a *monomaniac's* mind, if he has a wish to conceal it. We may arrive at it, by talking to him about the origin of his illness—about his former proceedings—observing the association of his ideas—and inducing him to write upon different subjects; for the manner of expressing his ideas in writing, generally betrays his insanity.

The distinction between monomania with depression, hypochondriasis, and delusion with consciousness, must likewise be attended to; and in

examining the insane, we must recollect that they may appear rational when under restraint, but when at liberty break out into acts of insanity.

Where the delusions may lead to mischief to himself or to others, the *propriety of restraint* is obvious; but where they are harmless, restraint may be safely relaxed; yet all must be carefully watched, lest some more dangerous delusion should seize them, when least expected.

To constitute a *lucid interval*, complete restoration of reason for a time must be established, by deliberate and repeated investigation. The time necessary to constitute it has not been determined.

## EXPLANATION OF THE PLATES.

---

THE appearance of the face, it is well known, is intimately connected with, and dependent upon, the state of the mind. The repetition of the same ideas and emotions, and the consequent repetition of the same movements of the muscles of the eyes, and of the face, give a peculiar expression, which, in the insane state, is a combination of wildness, abstraction, or vacancy, and of those predominating ideas and emotions which characterize the different species of mental disorder, as pride, anger, suspicion, love, fear, grief, &c.

Besides this moveable physiognomy, as it has been termed, other external signs, by which the different modifications of mental disorder might be ascertained, have been suggested. Some of those who adopt the phrenological ideas of Dr GALL, conceiving mental disorder to proceed from disease in the departments of the brain exercising the functions disordered, allege that this disorder is marked, in recent cases, by increased heat in particular parts of the head, and in cases of long stand-

ing by external enlargement or diminution, and internal diseased structure in those parts.

Masks of the insane have likewise been taken, to ascertain whether or not there exists any connection between what is termed the fixed physiognomy, or form and position of the bones of the face, and the different species of insanity.

The following series of Plates is intended to convey an idea of the *moveable* physiognomy in certain species of mental disease.

In making a collection for this purpose, I have great pleasure in acknowledging my obligations to my friend Dr ESQUIROL of Paris, for his liberal permission to avail myself of his extensive collection of busts and drawings illustrative of the subject; and also to Dr SUTHERLAND, and to Mr WASTELL of London, for the facility afforded me in selecting examples of different varieties, from a very large number of the insane.

## EXPLANATION OF PLATE I.

*The Frontispiece.*

## MANIA.

The upper figure represents a young Female in a state of frenzy, and confined by a strait waistcoat ;

And the lower figure the same person in a state of convalescence.

This young woman was seized with Mania on seeing a relation in convulsions. After remaining about a year in a state of mania, of which frequent fits of fury and perverted affections were the prominent features, she was restored to reason.

## EXPLANATION OF PLATE II.

## MANIA.

This Plate represents a married Female, who has been for several years in a state of Mania, subject to violent exacerbations. Her attention is occasionally excited by a sight of her son, and likewise by placing a mirror before her; but she is in general either in a state of fury, or in a state of abstraction, and is here represented in the latter.

From the duration of the disease, without the slightest amendment, it is probable that it will terminate in Dementia.



*Eng<sup>d</sup> by W.H. Lizars.*



THE HISTORY OF THE

MAINE

This little volume is a sketch of Maine's history, and is intended to be a companion to the larger work of the same author, which is now in the press. It contains a brief history of the state, from the first settlement to the present time, and is intended to be a useful and interesting work for the general reader.

## EXPLANATION OF PLATE III.

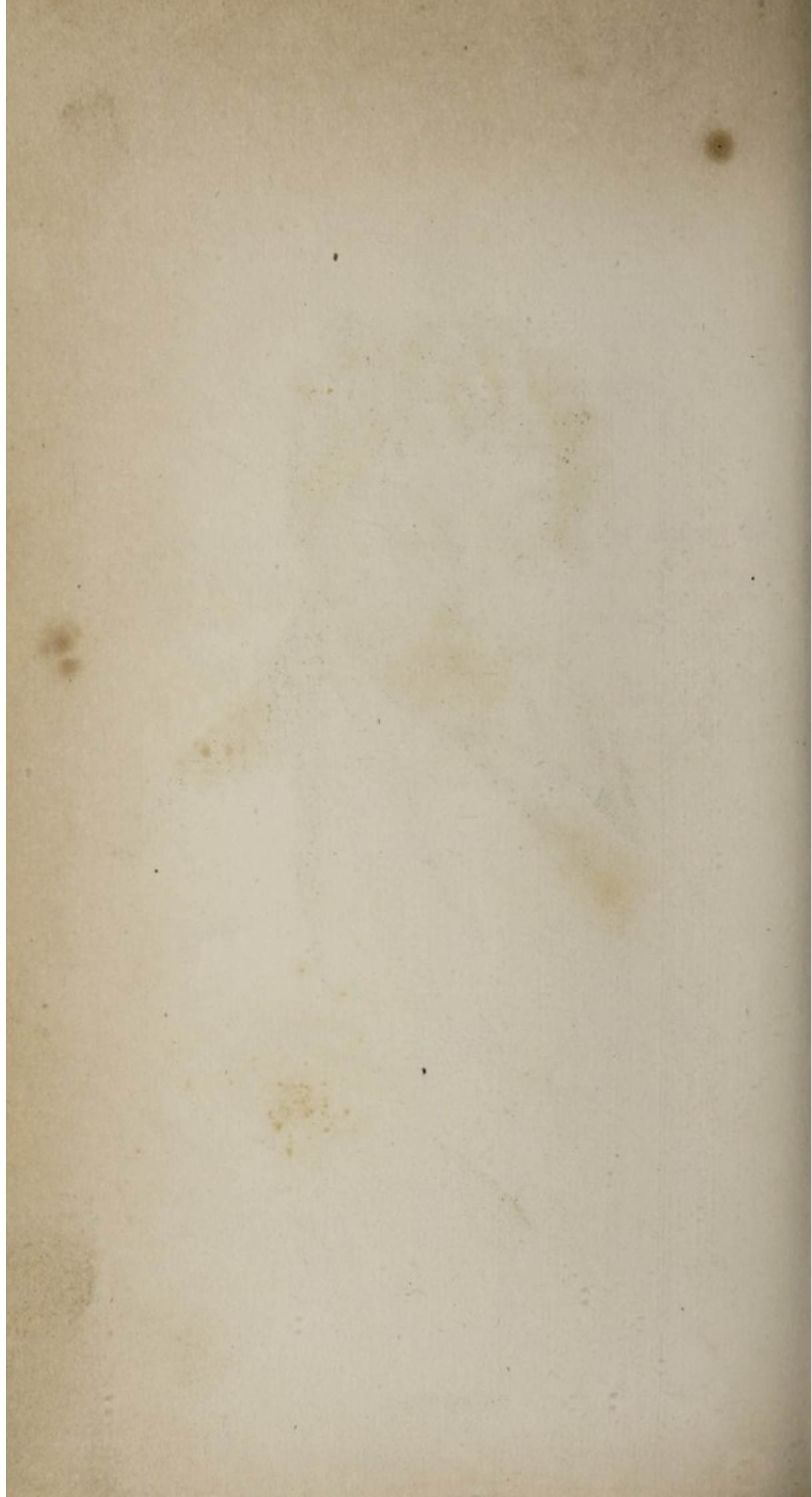
## MANIA.

This Plate represents a Man in a state of furious Mania, produced by the intemperate use of strong liquors. He continued in the same state until his death, a period of several years.

It may serve to give an idea of what several authors have noticed in their descriptions of Mania, viz. a protruding eye, or "*oculus bovinus*."



*Eng<sup>d</sup> by W.H. Lizars.*



## EXPLANATION OF PLATE IV.

## MANIA AND DEMENTIA.

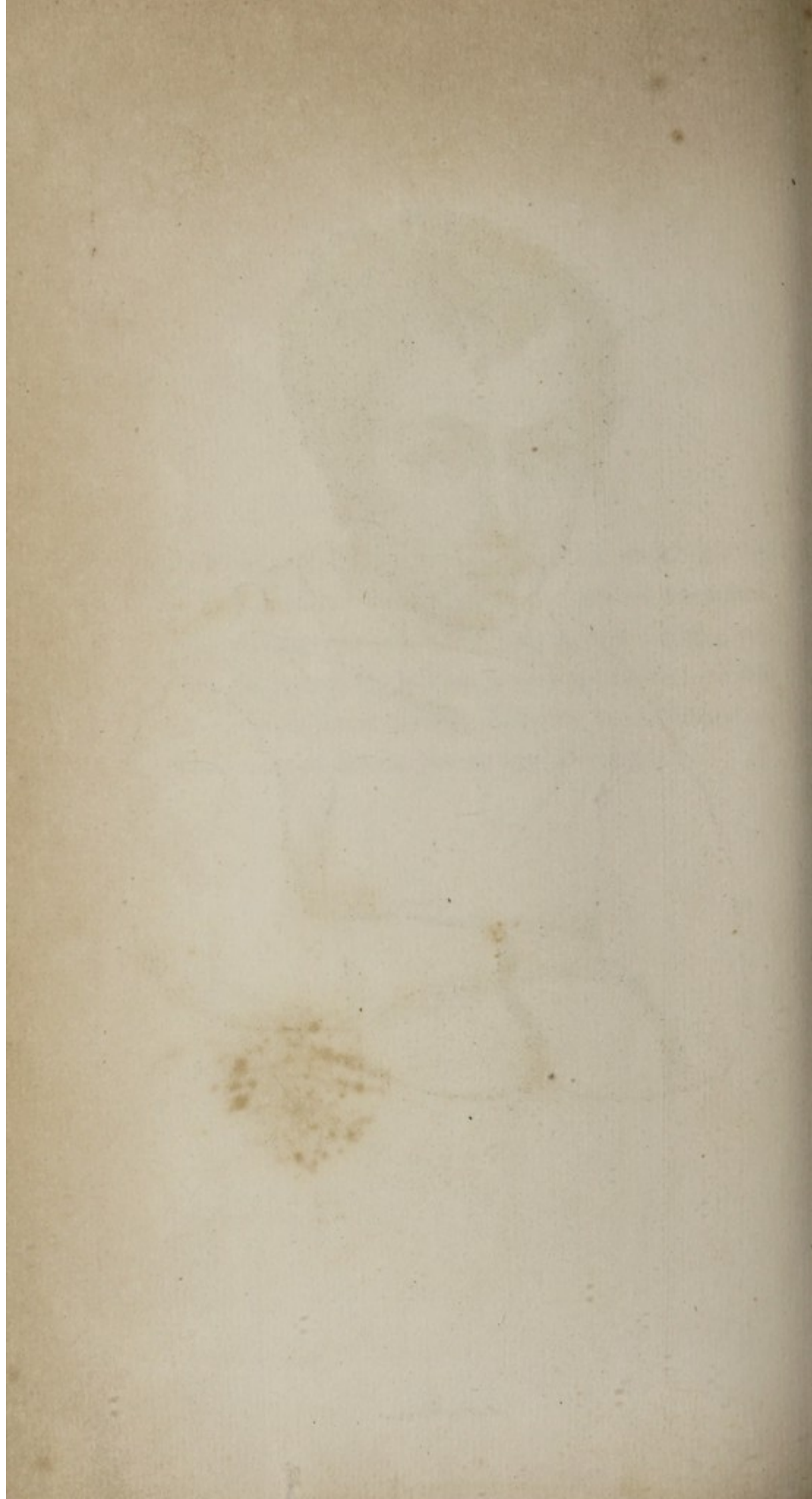
This Plate represents a female labouring under Mania with Dementia. She has been for several years in a state of insanity; she never speaks, and nothing attracts her attention; but she is very apt to hurt herself when not under restraint. She may be considered as a specimen of Mania passing into Dementia.

## EXPLANATION OF PLATE IV.

## MANIA AND DEMENTIA.

This Plate represents a Female labouring under Mania with Dementia. She has been for several years in a state of insanity: she never speaks, and nothing arrests her attention; but she is very apt to hurt herself when not under restraint. She may be considered as a specimen of Mania passing into Dementia.





EXTRACTS OF THE

MEMOIRS OF THE

Life of the late General Pitt Rivers, in which, although a  
Fugate, there is a wealth of incidents and personal  
notes. The illustrations are of high quality, and the  
descriptions are called to attention, but with a national  
character on subjects not connected with them.

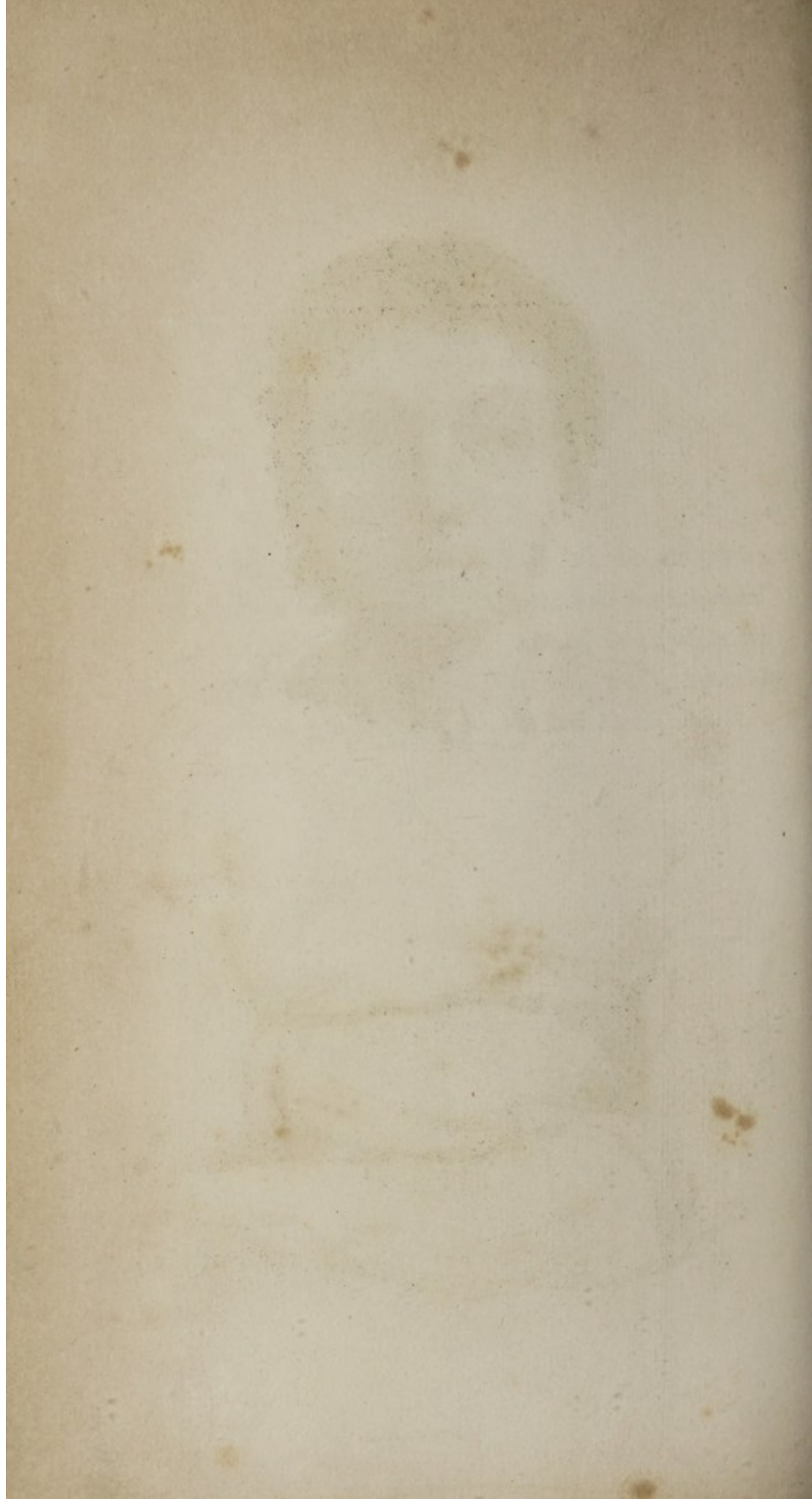
## EXPLANATION OF PLATE V.

## MONOMANIA WITH PRIDE.

This Plate represents a Female, in whom, although a Pauper, ideas of wealth and grandeur are predominant. She is liable to violent fits of fury, when her delusions are called in question, but talks rationally enough on subjects unconnected with them.



*Engd by W.H. Lister.*



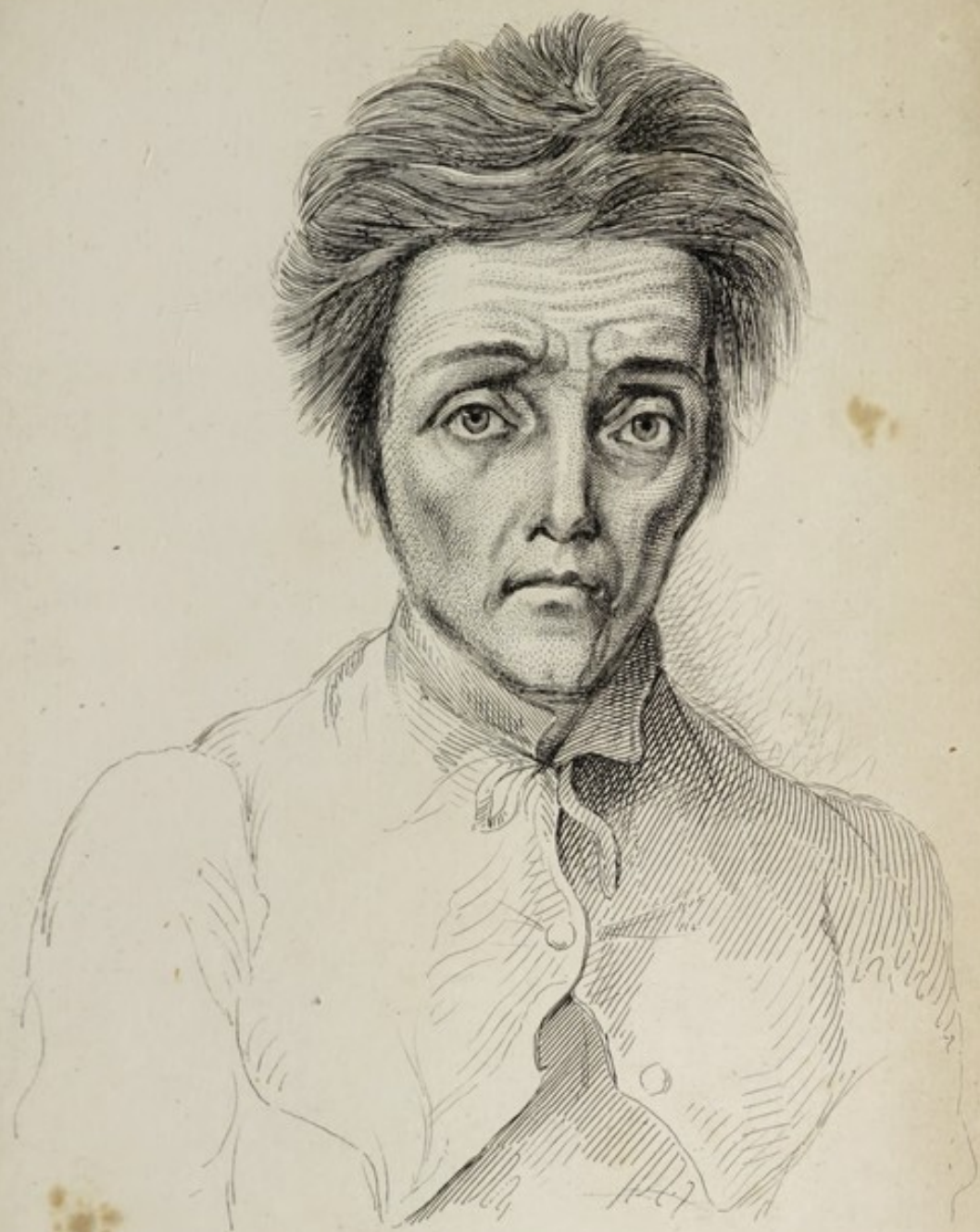
## MONOMANIA

This case is selected to give an idea of partial insanity with fear, what has been termed Phobophobia. The subject is a female, although, from her dress, she is that gives the idea of a male. Exclusive fear of every object and person keeps her in a state of perpetual distress: it is necessary to watch her closely, to prevent her committing suicide.

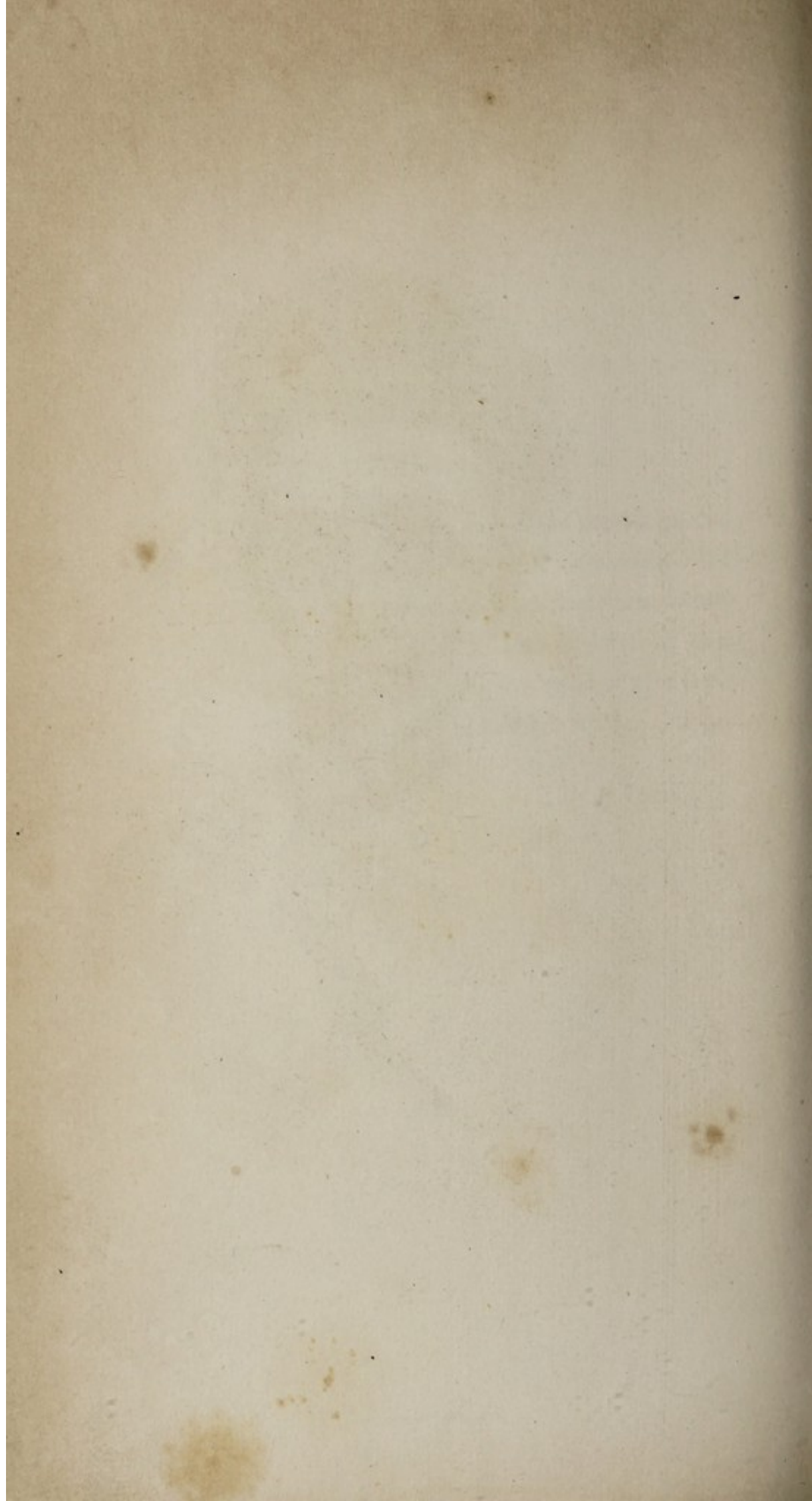
## EXPLANATION OF PLATE VI.

## MONOMANIA WITH FEAR.

This Plate is intended to give an idea of partial insanity with fear, what has been termed Panaphobia. The subject is a Female, although, from her dress, she rather gives the idea of a male. Delusive fear of every object and person keeps her in a state of perpetual distress: it is necessary to watch her closely, to prevent her committing suicide.



Engr'd by W.H. Livers.





## EXPLANATION OF PLATE VII.

## MONOMANIA WITH DEPRESSION.

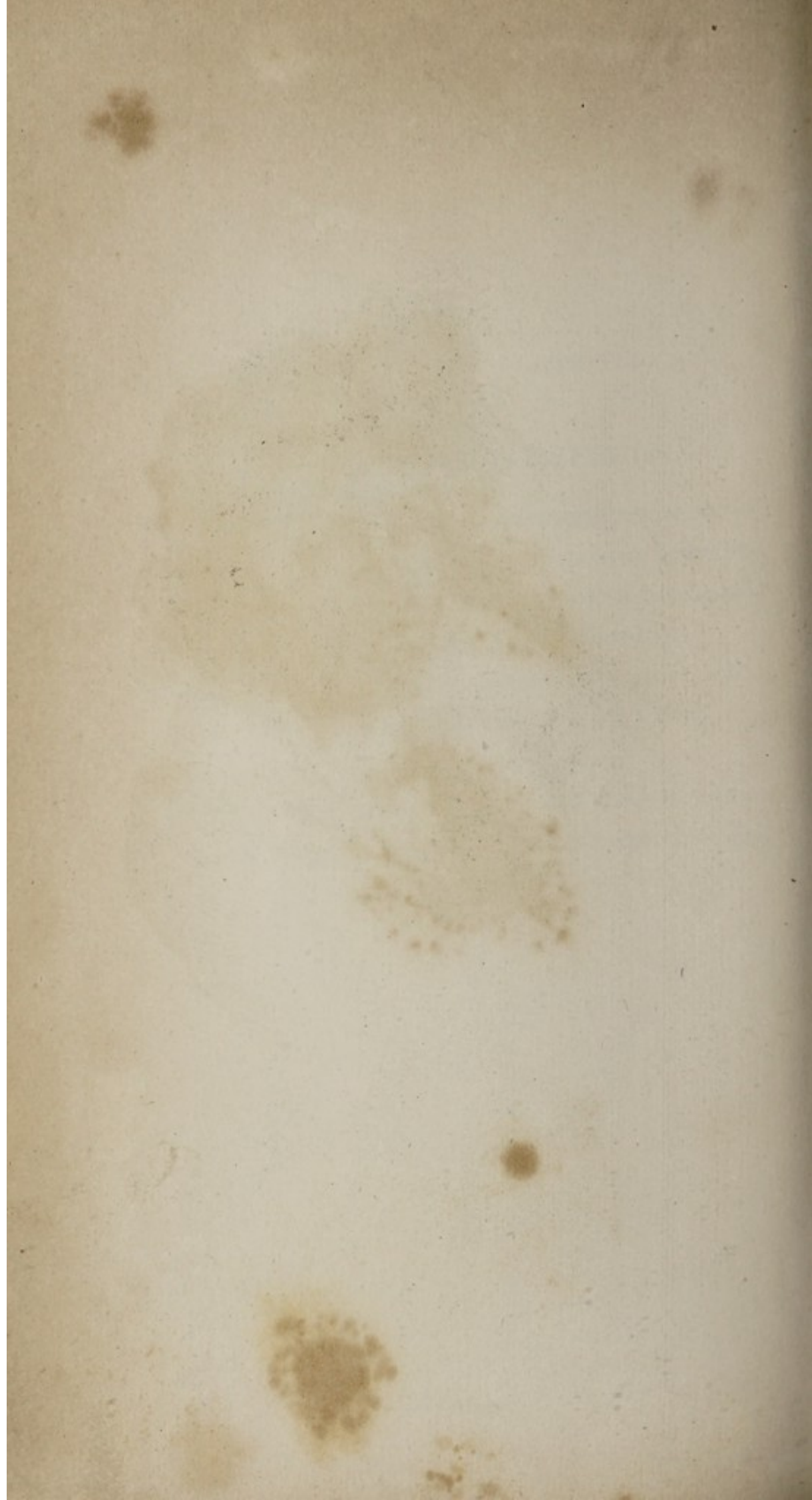
This Plate represents a Female labouring under partial insanity with depression, or, as it has been termed by Dr ESQUIROL, Lypemania. The cause of her malady was grief, occasioned by the loss of a brother.

She continued in a state of insanity two years and a half. Her death was preceded by marasmus, with slow fever.

She frequently refused her food; and used to sit in a state of complete abstraction, without speech or motion.



*Engd by W.H. Lizars.*



## EXPLANATION OF PLATE VII.

## MONOMANIA AND DEMENTIA.

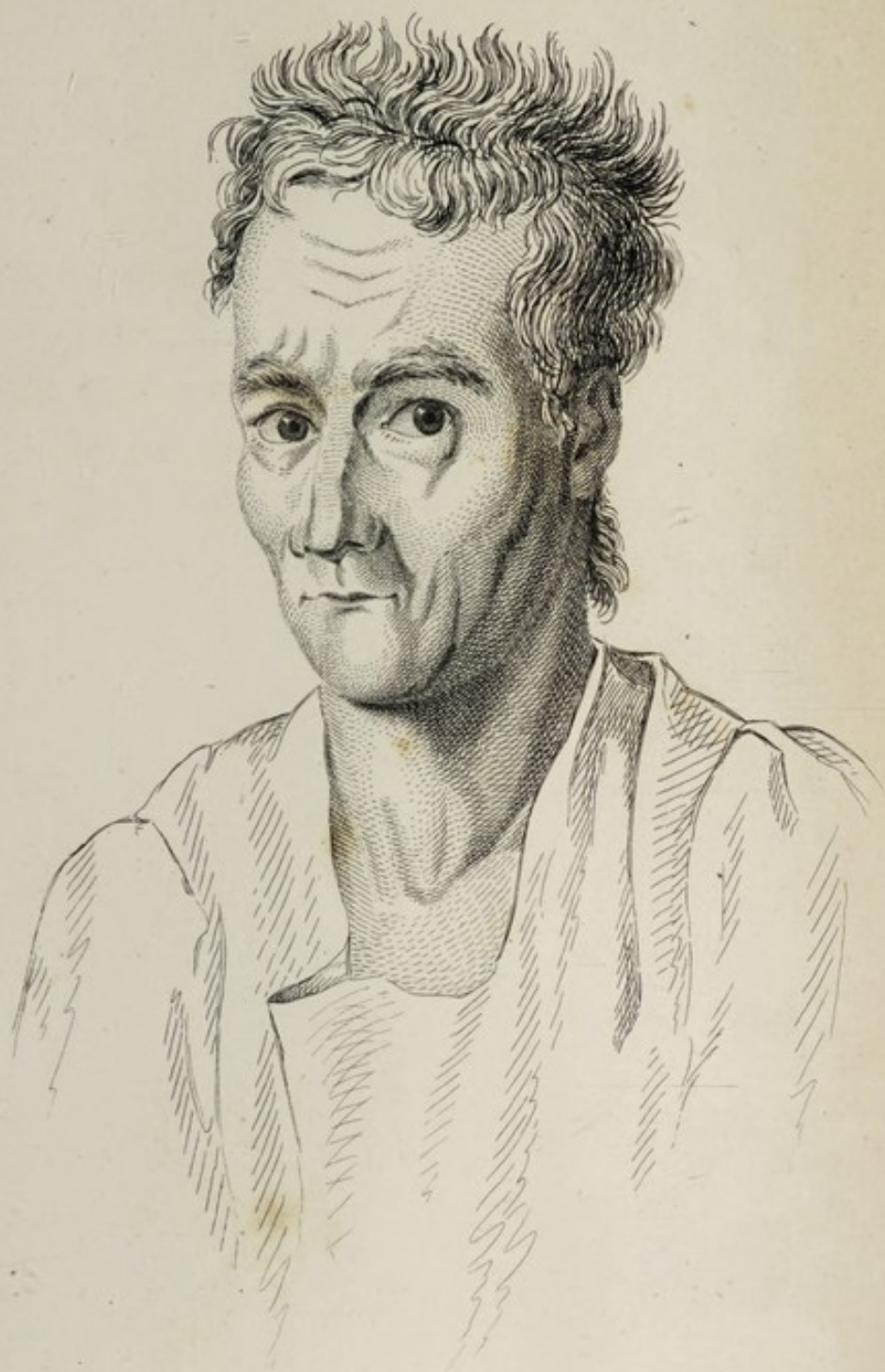
This Plate may serve to give an idea of the position of  
 partial insanity with depression into Fatality.  
 It represents a Female having hereditary disposition to  
 the disease, who lost her reason in consequence of the  
 death of a companion, and of the indulgence of evil  
 propensities.

## EXPLANATION OF PLATE VIII.

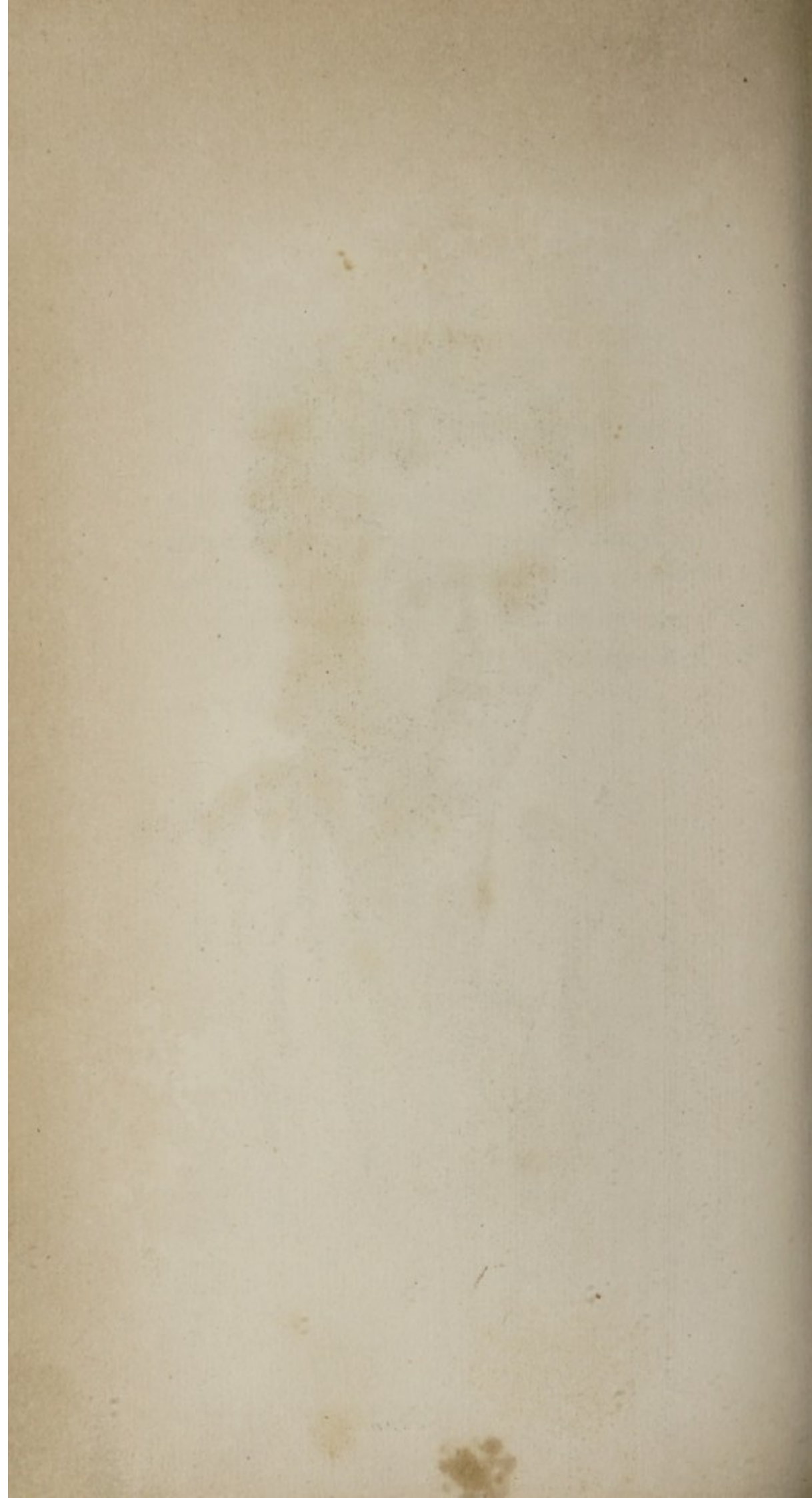
## MONOMANIA AND DEMENTIA.

This Plate may serve to give an idea of the transition of partial insanity with depression into Fatuity.

It represents a Female having hereditary disposition to the disease, who lost her reason, in consequence of the death of a companion, and of the indulgence of evil propensities.



Eng<sup>d</sup> by W.B. Lissara.



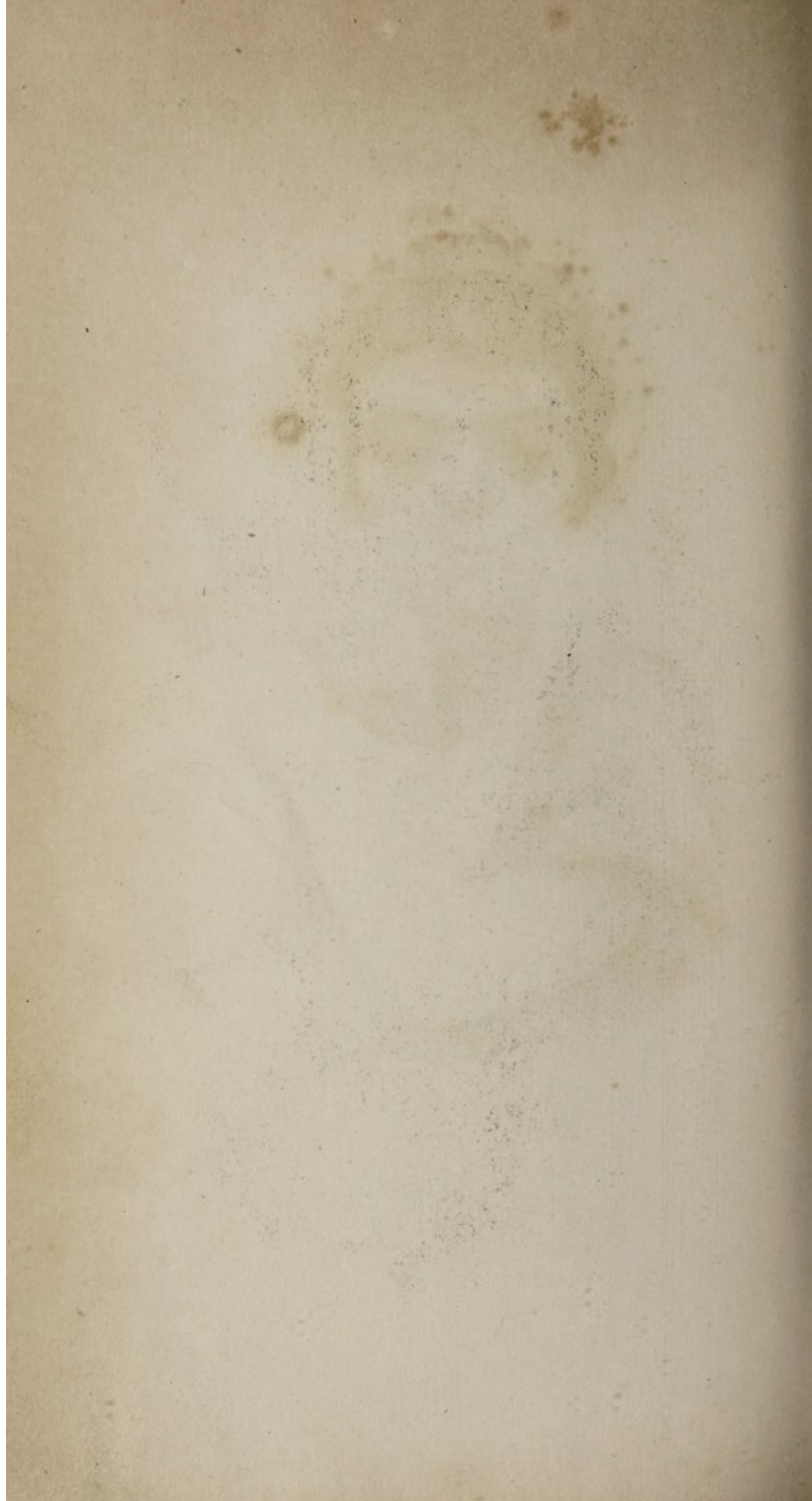


## EXPLANATION OF PLATE IX.

## DEMENTIA.

This Plate represents a Female in a state of complete Dementia, brought on, it is said, by having been violated. She never speaks or moves, and nothing attracts her attention. Her usual posture is the one represented. She likewise exemplifies what is called by French authors *tic*, a continually repeated movement. In her it is a slight smacking of the lips. She is perfectly harmless.





## EXPLANATION OF PLATE X.

## DREMENTIA.

This Plate represents a Female in a state of complete  
Dementia, preceded by a blind and furious fury.  
Her physical sensibility was almost abolished, her  
memory quite gone, and her ideas completely inco-  
herent.

She was generally in the position represented.

## EXPLANATION OF PLATE X.

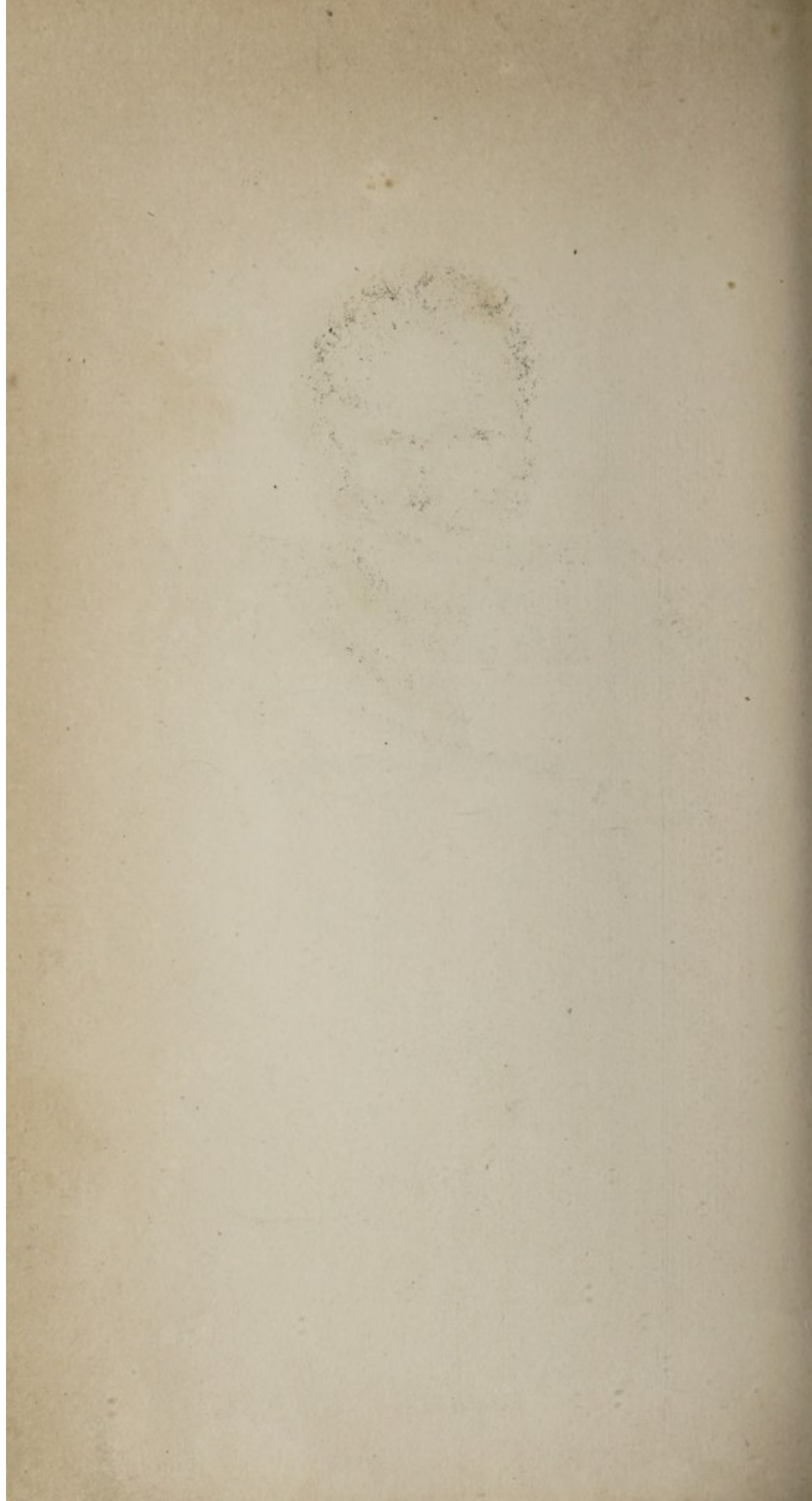
## DEMENTIA.

This Plate represents a Female in a state of complete Dementia, preceded by a blind and ferocious fury. Her physical sensibility was almost abolished, her memory quite gone, and her ideas completely incoherent.

She was generally in the position represented.



*Engd by W.H. Lizars.*



## REMARKS ON THE

## IDIOTISM

The first symptom is a fixed stare, with a large head  
 and a vacant expression.  
 The child is then liable to be seized with fits, but was  
 never able to draw breath, and her convulsions were  
 attended with much difficulty. She had been taught some words  
 and appeared contented to those who attended her.

## EXPLANATION OF PLATE XI.

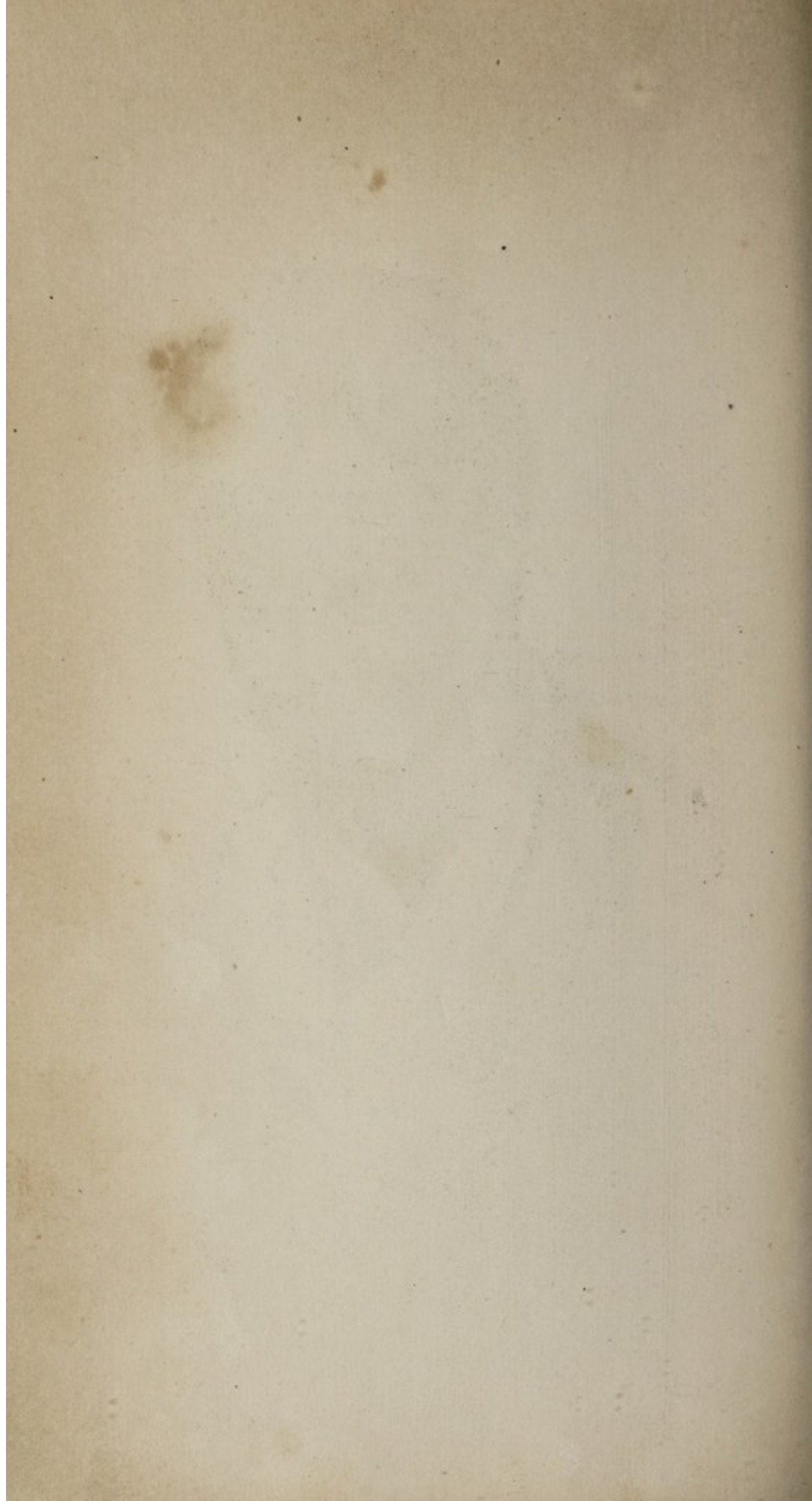
## IDIOTISM.

This Plate represents a Female Idiot, with a *large* head and good-humoured expression.

She attended to the calls of hunger and thirst, but was never able to dress herself, and her evacuations were passed involuntarily. She had been taught some words, and appeared grateful to those who attended her.



*Engd by W. B. Lewis.*



## EXPLANATION OF PLATE XII.

## IMBECILITY.

This Plate presents the lesser degrees of Imbecility to which the term of Imbecility has been given. This classification is very arbitrary, but, dressed merely in scientific terms, and attached to the calls of nature, but it has no decided character or position, and has not been able to learn any useful occupation, or even to read or write.

## EXPLANATION OF PLATE XII.

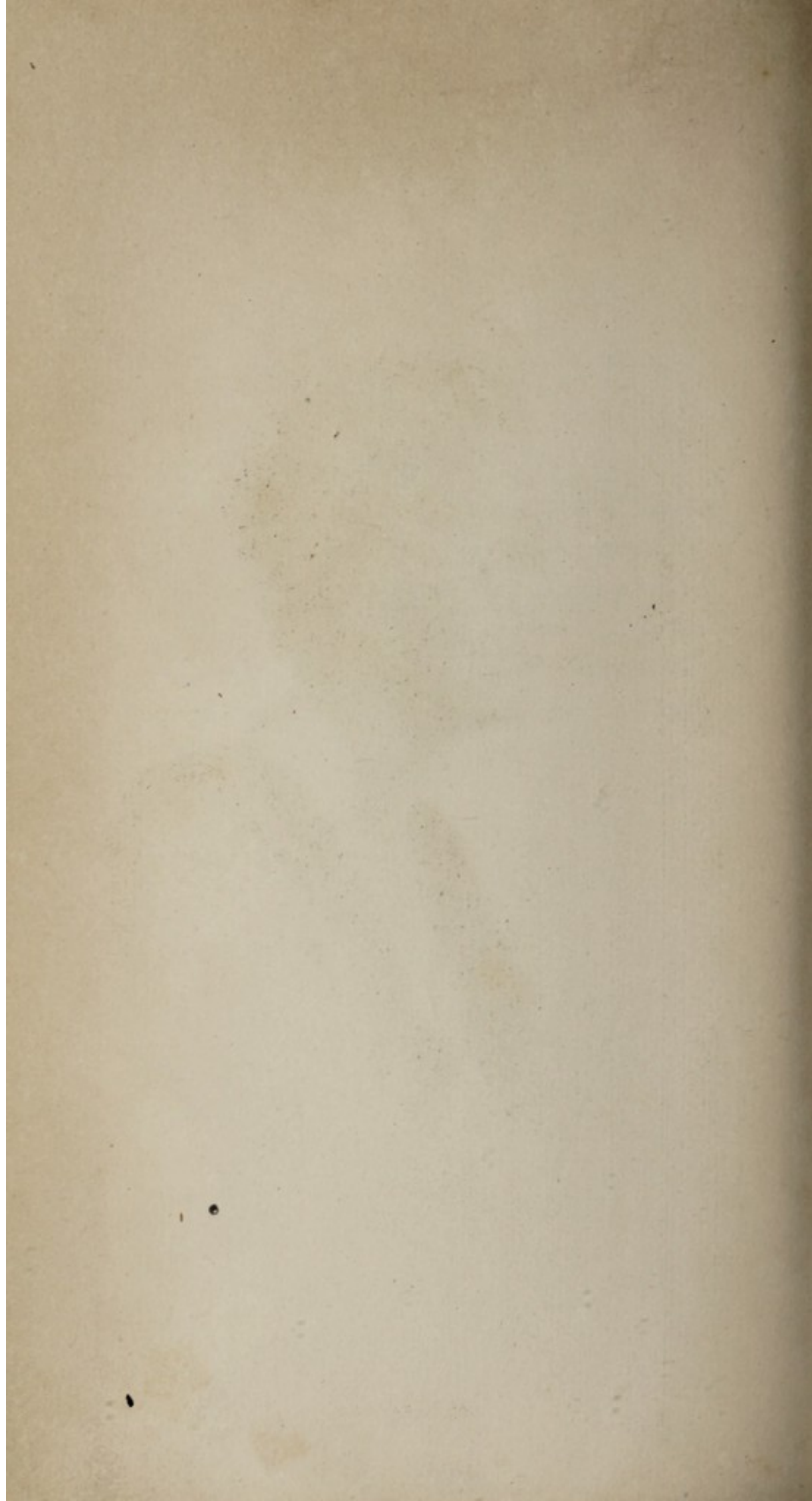
## IMBECILITY.

This Plate represents the lesser degree of Idiotism to which the term of *Imbecility*, has been given.

This female knew every one about her, dressed herself, satisfied her different wants, and attended to the calls of nature; but she had no decided character or passions, and had not been able to learn any useful occupation, or even to read or write.



*Engr. by W. H. L. L.*





## EXPLANATION OF PLATE XIII.

## IMBECILITY.

This Plate represents a Man in a state of Imbecility.  
He had received a good education, but indulgence in  
solitary vice brought on a state of general imbecility.



Eng. by W. H. L. & Co.

