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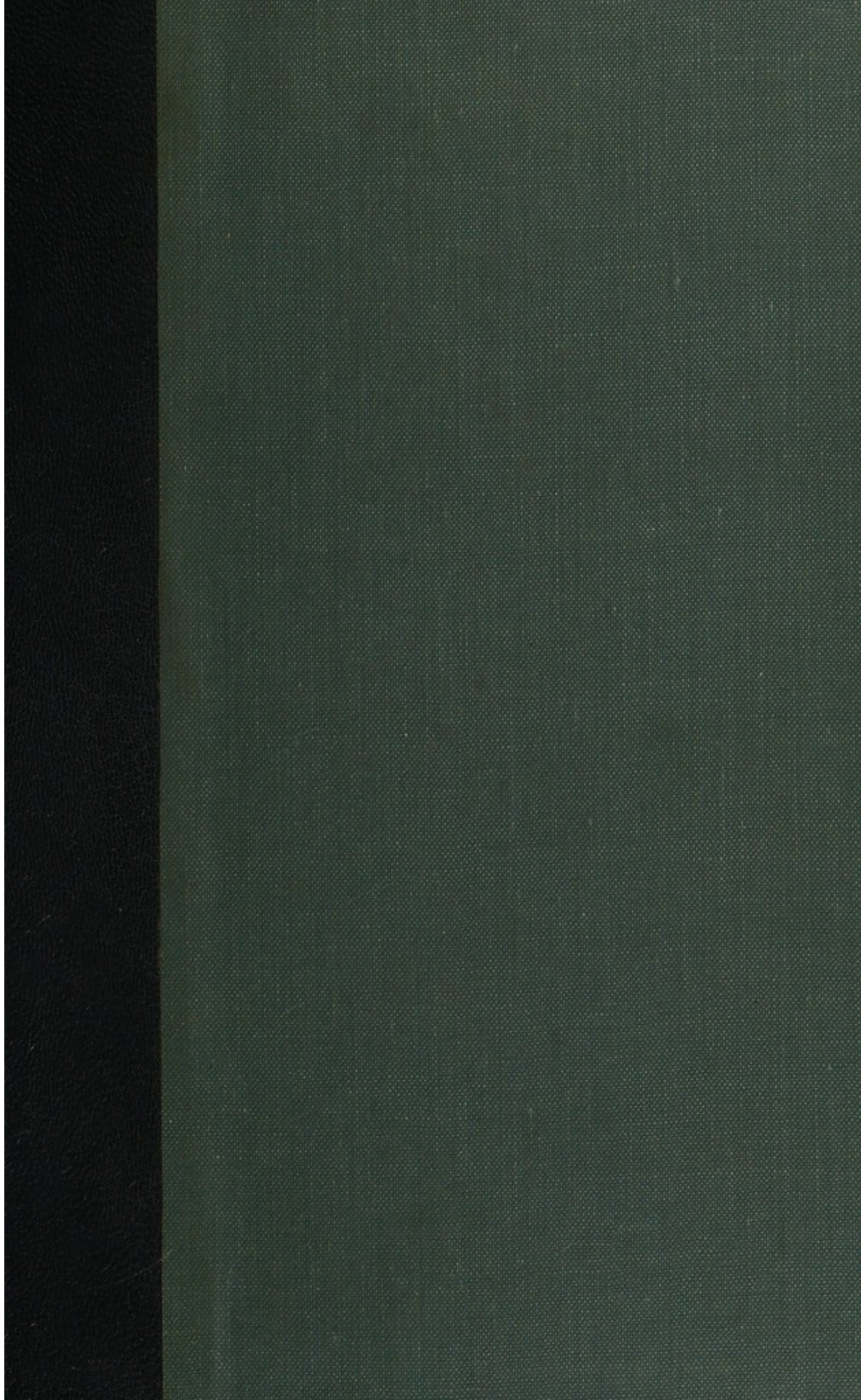
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MENTAL DERANGEMENT.

A

TREATISE

ON

MENTAL DERANGEMENT.

Printed by A. & C. Black, 11, St. Paul's Churchyard, London.



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A  
TREATISE  
ON  
MENTAL DERANGEMENT.

CONTAINING  
THE SUBSTANCE OF THE GULSTONIAN LECTURES,  
FOR MAY, MDCCCXXII.

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BY FRANCIS WILLIS, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

---

*Γίνονται μεν οὖν καὶ μετὰ πυρετοῦ βλάβαι τῶν ἡγεμονικῶν  
ἐνεργειῶν ὡς ἐπὶ ΦΡΕΝΙ΄ΤΙΔΟ΄Σ τε καὶ ΛΗΘΑ΄ΡΓΟΥ, γίνονται δὲ  
καὶ χωρὶς πυρετοῦ, καθάπερ ἐπὶ ΜΑΝΙ΄ΑΣ τε καὶ ΜΕΛΑΝΧΟΛΙ΄ΑΣ.*

GALEN, De Locis Affectis, lib. iii. Aldus.

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LONDON :  
PRINTED FOR  
LONGMAN, HURST, REES, ORME, AND BROWN,  
PATERNOSTER-ROW.  
1823.





A  
TREATISE

OR

# MENTAL DERANGEMENT.

CONTAINING

THE substance of the LONDON LECTURES  
FOR MR. NICHOLSON.

BY FRANCIS WILLIS, M.D.

LECTURER OF THE ROYAL COLLEGE OF PHYSICIANS

IN PHYSIC.

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LONGMAN, HURST, REES, ORME, AND BROWN,

Printers, Strand.

1823.



TO  
JOHN WILLIS, M.D.

*THE FOLLOWING TREATISE*

IS

GRATEFULLY INSCRIBED,

IN REMEMBRANCE OF

THE VERY KIND COMMUNICATION OF HIS  
KNOWLEDGE AND EXPERIENCE

DURING

THE PROFESSIONAL STUDIES AND PRACTICE

OF

HIS OBLIGED

AND AFFECTIONATE NEPHEW,

THE AUTHOR.



TO

JOHN WILLIS, M.D.

PHYSICIAN

THE POLYCLINIC HOSPITAL

IS

GRATEFULLY ACKNOWLEDGED

THE PUBLICATION OF HIS

WORKS ON THE

ART OF MEDICINE

AND SURGERY

AND THE

ART OF

THE

ART

OF

PREFACE.

---

HAVING been appointed to deliver before the President and Fellows of the Royal College of Physicians three medical lectures, in pursuance of the will of the late Dr. Gulston ; I was naturally led to select the subject treated of in the following pages.

Sensible of the difficulty and importance of the undertaking, it is with considerable apprehensions, that I offer them under their present form.

If I shall, happily, in the smallest degree have pointed out the nature and causes of mental derangement, the means of preventing it, and the principles to be adopted for its cure, I shall derive full satisfaction for the time and attention bestowed on this small volume.

8. QUEEN ANN STREET, LONDON.

*March, 1823.*

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# A TREATISE, &c.

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## CHAPTER I.

### ON THE NATURE AND ORIGIN OF MENTAL DERANGEMENT.

BEFORE I enter upon the subject of mental derangement, I propose to take briefly into consideration the state of man while his reason is perfect, and his understanding sound; to examine if the mind at that time has any connexion with the body; whether we ought to look upon them as most intimately united, and, consequently, partaking of each other's impressions; or as two distinct



parts, independent of each other, and, therefore, incapable of mutual actions. This is the more necessary, because derangement has been considered by some to be merely and exclusively a mental disease, curable without the aid of medicine, by what are termed moral remedies : such as travelling, and various kinds of amusements.

Gaubius, however, who has so ably written upon this subject, says, “ In  
“ that variety of parts which compose  
“ the human fabrick, there is a most  
“ elegant fitness, by which they conspire  
“ to constitute a whole : likewise, the  
“ faculties of the mind, though they dif-  
“ fer as to their manner of acting, yet  
“ have they all a sameness of nature, and  
“ mutually depend upon one another :

“ finally, the mind itself and the body,  
“ which are things, according to the  
“ opinion of most men, extremely differ-  
“ ent; when they coalesce to constitute  
“ man, they associate so intimately, and  
“ with so close a contexture, that they  
“ seem to penetrate each other; and, if  
“ we may use the chemist’s phrase, we  
“ may affirm, that they melt one an-  
“ other down into one common mass;  
“ so that, whilst life remains in vigour,  
“ where the mind is, there the body  
“ is, and wherever the body is, there the  
“ mind is also; nor can there scarce a  
“ particle of us be found, in which a  
“ mixture of each may not be discerned.”

He adds, that “ the mind can hardly be  
“ well governed without a proper care

“ of the body to which it is joined.”\*  
If, contrary to the opinion of Gaubius, the mind and body were distinct, having no connexion with each other, if what affected the one had no influence on the other, then mental derangement must arise from causes, and be cured by remedies, that solely and exclusively operate upon the mind; but this idea cannot, I think, for a moment be rationally entertained. It is, therefore, my intention to point out, as clearly as I am able, the intimate connexion subsisting between the two; to shew, that so far from the mind and body being insensible to each

\* Vide (p. 2.) A Philosophical Discourse on the Management and Cure of the Disorders of the Mind. By H. D. Gaubius, translated from the original Latin by J. Tapprell, M. D.



other's impressions, nothing can affect the one without influencing the other ; that, instead of delirium, derangement, and insanity, being merely mental disorders, each of them must be, in fact, and in its origin, a bodily one. Moreover, that, although they may appear to be removed by remedies, which were intended to divert the mind from its own thoughts, the cure is nevertheless brought about generally and really by the action of these remedies on the body. I do not intend, however, by this opinion, to deny the necessity of a co-operation of management and moral remedies with the efficacy of medicine.

That the body and mind operate upon each other, and that medicine has a powerful influence on the body, will no

doubt be readily admitted; how much then must we lament, it should ever be gravely pronounced from the lips of any of medical experience, that “medicine is of no use in the disorders of the mind;” an opinion highly detrimental to the practice of Physic, and its ulterior happy results! Yet I remember to have heard formerly at a lecture, that furor uterinus was a disease exclusively of the mind, and on that account incurable. In order to elucidate this, the lecturer quoted, but I think very inaptly, the words of Shakspeare,

“Canst thou not minister to a mind diseas’d,”

in aid of his own opinion. But the diseased mind here intended by Shakspeare, belonged to the effect of conscience,



which no medicine pretends to touch ; and not to those effects produced by bodily and mental causes of a very different kind. I thought myself mistaken in his meaning, till he more particularly defined it, by stating the difficulty of curing this malady to arise from its being a disease of the mind and not of the body ; therefore, said he, “ there is nothing “ to be done, but to separate the patient “ from others ; and thus to eradicate the “ ideas engendered by this complaint. As “ to physic,” he exclaimed, what can it “ effect ? how can mental disorders be “ benefited by it ? When one man thinks “ himself a king, another a cobbler, another that he governs the world with “ his little finger, can physic,” said he, “ make them think otherwise ?” Furor

uterinus, we see, then, he considered to be exclusively a mental disorder, and one not to be cured by physic. Thus he most unguardedly delivered an opinion, contradicted by every day's practice; and so fatal to the success of medical science, that it ought not to pass unnoticed. For, to deny the advantage of medicine, and to decide against the trial of it in these instances, must obviously tend to paralyse the efforts of professional men, whose talents and exertions, if skilfully directed, might prove successful.

The passage which the lecturer quoted from Shakspeare,

“Canst thou not minister to a mind diseas'd,”

has often been adduced, but certainly erroneously, and without due consider-



ation, for the purpose of proving the disease of the mind to be incurable. No one was ever so thoroughly acquainted with the human mind, both in its sane and insane state, as Shakspeare. This knowledge, displayed through every part of his works, seems peculiarly his own. Has the progress of mental disorder at any time been more accurately or beautifully described, even by a physician, than by him? But, as we have already seen in the passage alluded to, he is not pointing at a state of mental delusion, he is representing the troubled mind of one, who had been accessory to a murder, and makes Macbeth *ironically* ask the physician,

“ Canst thou not minister to a mind diseased,

“ Pluck from the memory a rooted sorrow,

“ Raze out the written troubles from the brain,  
“ And, with some sweet oblivious antidote,  
“ Cleanse the stuffed bosom of that perilous stuff,  
“ That weighs upon the heart ?”

Here is no derangement : it is not intended to be understood as such. Lady Macbeth does not fancy, does not imagine, that she has committed murder : she is really conscious of it, and feels that she has actually committed it. Her troubled mind is the irresistible consequence of so foul a deed. Can a physician's skill persuade her to disbelieve it ? or can medicine erase it from her memory ? Shakspeare makes the doctor say, “ This disease is beyond my practice, therein  
“ the patient must minister to himself.” Macbeth too exclaims, “ Throw physic  
“ to the dogs, I'll none of it.” Had it been fancy or delusion in Lady Macbeth,



“some sweet oblivious antidote” might have removed the horrible idea from her mind. Opium or narcotics of some kind might have produced sound and refreshing sleep, broken the chain of her delusions, wholly erased them from her mind, and left her to the calm conviction, that her past frightful impressions were fallacious and without foundation. But could narcotics of the most powerful influence, could sleep the most refreshing, obliterate the memory in such a manner, that the murderer when awake, should so forget the murder itself, as not to need as Shakspeare says, “more of the divine  
“than the physician?”

But to advert again to the disease of furor uterinus. The lecturer asserted, that it was a mental complaint, wherein



physic could do no good ; yet he afterwards proposed to bleed, purge, give bread and water in this disease, and reduce a patient to the utmost ; hereby contradicting himself. For to what purpose does he prescribe to the body, if the disease, as he pronounces it, be altogether a mental one ?

We are first excited to satisfy hunger and thirst by our bodily feelings. These desires, therefore, evidently arise from the body. If they become excessive, must they not be considered as diseases of the body ? The voracious appetite and insatiable thirst that take place in diabetes may be compared with the furor uterinus. They all emanate from the body, and thence prompt the mind to gratify the feelings which they severally

create. It would, indeed, be difficult to determine upon the immediate cause of this disease. It is certain, however, that the more the sensual desires are indulged in, the more is the gratification of them sought for ; until at length they become morbid, the state of feeling in their peculiar organs being so altered as to create a desire in the patient as insatiable as it is irresistible. Instances of these effects are numerous and deplorable, where the utmost coercion is sometimes hardly found to be sufficient for prevention. But, since the desires have been already shewn to originate from the body, may we not reasonably infer, that the disease in question, furor uterinus, is not what the lecturer asserted, a mental complaint,

but, as his method of cure subsequently tends to prove, a bodily one.

---

Having, I hope, satisfactorily demonstrated, that a mistaken opinion exists relative to the operation of agents upon the mind, and consequently, as to the nature and origin of mental derangement; I shall now proceed to consider its real or probable source, and begin, as I proposed, by taking briefly into consideration the state of man while his reason is perfect.

The intimate connexion which subsists between every part of the body, by means of the nerves; the distribution of them upon the organs of the senses, as well as on the thoracic and abdominal viscera,



necessarily leads us to the contemplation of their use in the animal economy. When we observe their commanding influence over the rest of the body, we cannot but acknowledge their importance ; but, when we see them constituting the medium of communication between the body and the mind, their claim to our first and early attention is fully established. It is to this very important part of our frame, that we are indebted for the reception of all our impressions. When we hear, see, feel, taste, the mind is alive to certain objects of pain and pleasure. How does it become so ? doubtless, through the medium of the nerves. They receive the impression, and the mind, whatever that is, becomes hereby sensible of it. If the nerves, for



example, of one or more organs are impaired or in any way obstructed, do not their functions deviate from the healthy state? Are not sounds in this case either imperfectly or too sensibly heard, and objects doubled or indistinctly seen?

These facts, I think, will make it evident, that, for the reception of a true representation of any external object, or, in other words, for the transmission of a correct and faithful impression on the mind, the nerves should be in a perfectly healthy and natural state. We may infer this from diseases of the body, such as palsy and epilepsy, which, by disturbing the nervous system, never fail to weaken the mind. In every case of palsy the mind is somewhat affected, and, generally speaking, its affection

keeps pace with that of the body. As the one is weakened and put out of order, so is the other. A man of the strongest mind, best understanding, and most quiet disposition, may in a moment, in addition to the loss of power and motion, be bereft of these qualities : he is then incapable of connecting his ideas ; his observations are childish ; he alternately laughs and cries ; his temper becomes irritable ; his countenance idiotic : but as his health improves, his mind returns to its natural state.

This not only clearly points out the intimate connexion between the mind and body, but that the nerves are the immediate channel of communication between them. Why else should the mental faculties be almost invariably

weakened by diseases that affect the nervous system. This idea is by no means new. Gaubius says, "I am almost brought to doubt, whether the mind, while it is joined to the body, would ever begin to think, unless it was first excited thereto by some representation from the organs of the senses." \* Dr. Cullen observes, "Physicians, in seeking for the causes of the different states of our intellectual functions, have hardly looked further than into the state of the motion of the blood, or into the condition of the blood itself. It is very probable, that the state of our intellectual functions depends chiefly upon the state and

\* Vide Gaubius, page 28.



“ condition of what is termed the nervous power.” \*

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Conceiving that sufficient has been said to shew that the mind is liable to variation from changes in the health of the body, I shall next consider the reciprocal actions of the body on the mind, and *vice versâ*.

When the mind and body are both in a state of health, the reciprocal actions, which are continually taking place, have no discernible effect upon either ; all goes on quietly and harmoniously ; so that an unreflecting observer might consider

\* Vide book iv. chap. 1., paragraphs 1540 and 1541. First Lines of the Practice of Physic, by William Cullen, M. D.



them as distinct and incapable of acting upon or disturbing each other. The heart receives and expels the blood ; the secretions and excretions are all regularly performed, the mind continuing unconscious of them.

On the other hand, our daily occupations and accustomed scenes do not apparently quicken or diminish any action in the body : their intimate union, however, may be clearly demonstrated.

1st. Diseases of the body, such as heart-burn and indigestion, oftentimes produce much mental distress.

2d. The passions of the mind make a great revolution in the body. In some, they create serious bodily indisposition, while in others, they assist in restoring it to health. A languid circulation, loss of

appetite, and want of energy throughout the system, are invariably the consequences of grief; while their reverse are the effects of joy.

Gaubius well observes, that “the  
“body and mind are so conjoined in  
“man, that, when both are in tranquil-  
“lity, and in their most natural state,  
“they seem to carry on their mutual  
“commerce in some parts only; but,  
“as often as there happens any con-  
“siderable agitations, any great change  
“in either of them, that change will  
“sooner or later affect the other part,  
“and by degrees spread itself over the  
“whole man.”\*

It appears, however, not likely, that

\* Vide Gaubius, page 37.

the mind and body can be both strongly impressed at the same time, so that both shall be very sensible of it ; suppose, for instance, that any one is much engaged in business, or quite absorbed in thought, the body in either case becomes insensible, both to external and internal impressions : he is deaf to conversation going on in his presence, is regardless of cold, hunger, or thirst ; he is indeed lost to every thing, except the subject upon which his mind appears to be wholly occupied. But if any sudden or extraordinary impression is made upon his body, as by a kettle of boiling water falling upon him, or any such like accident, he is immediately roused from his subject, becomes incapable of connecting



his ideas upon it, and possibly may forget it altogether.

---

Let us now see what happens if either the mind or body deviates from the healthy state.

Providence has ordained, that after labour we shall rest, that the wasting of the body shall, also, be supplied by food; it is obvious, therefore, that, if we totally neglected food and rest, so much disease would follow, as would soon render us incapable of existing.

If a man, whose habits of living are regular, and whose mind is unaccustomed to business, is so unexpectedly and anxiously engaged, as to break in upon his

usual hours of rest, the consequences are frequently more serious than mere fatigue and hunger : more or less fever, accelerated pulse and head-ache, demonstrate that the body has suffered from the fatigue ; and the actions of the man evince the irritable state of his mind. He loses the controul of himself, becomes fretful and peevish, eats and talks with great rapidity ; doing and saying many things, from which, at another time, he would have refrained. As soon, however, as this business is completed, and he is able to obtain his regular rest, these symptoms gradually cease. Suppose, however, that this person, instead of being harassed in mind and body for a few days, is so for the space of six weeks together ; that he is engaged, can-

vassing for an election; and becoming zealous in the cause, is induced to exert himself to the utmost by travelling day and night, totally neglecting his own health for the success of his party; all the symptoms are naturally increased; a fever is commenced; the pulse quickens; his irritability now prevents him from continued attention to any thing. In addition to this, great watchfulness and confusion of intellect succeed; one step further is only wanting to constitute a deranged man, viz. his mind being impressed with false ideas, which will soon controul all his thoughts and actions.

Notwithstanding these immediate and general causes for this sudden change in his state, how are we distinctly and more minutely to explain, why this new state



of his should be followed by false ideas ; why delusive impressions should ultimately be the consequence of hurry and excessive fatigue of body and mind on some constitutions ?

We have seen, that, whatever the mind is, it is reasonable to suppose it indebted to a part of the body, namely, the nervous system, for objects upon which to exercise itself. We could have no ideas at all, either true or false, of sounds or colours, were they not first represented to it by means of the organs of the senses. I have shewn, that it is not likely the mind should be excited to action in any great degree, and the body be made sensible to strong impressions, at one and the same time ; that if the mind be engaged in deep thought, the body is in-

sensible to cold, or hunger; or that if the body be in great pain, the mind is incapable of attention to any other object. I have endeavoured, likewise, to demonstrate, that, while we are in health, the actions of the body and mind are regular and steady; that all impressions made upon our nerves are communicated to our senses in their true light; that the mind, also, is capable of great attention; but that, if we exert ourselves too much, we weaken both mind and body; that irregular actions take place; that every thing is hurried; that we become gradually more incapable of connecting our ideas; that, thus confused, we should soon, if we did not put a stop to our exertions in time, be in danger of a state of derangement.

Before, however, I hazard a conjecture as to the reception of false ideas, let us consider to what we are indebted for that perfect regularity, which is continually subsisting, both in the mind and the body.

I apprehend, that this is to be attributed to a peculiar state of the nerves, which may be called TONE. It is well known, that we are more capable of giving an opinion upon a difficult subject at one time than at another; more especially when we are least fatigued both in body and mind: and, on the contrary, that, when we are greatly fatigued in either, we cannot well fix the mind to one point, or restrain it from wandering.

May not then the incapability of connecting our ideas be fairly ascribed to a



change in the health of the nerves? May not continued anxiety induce disease, and, at length, deprive them of that state which I have denominated TONE, thus laying the foundation for the consequences I have described.

Dr. Cullen says, “ That although this “ disease” (meaning insanity) “ seems to “ be chiefly, and sometimes solely an “ affection of the mind, yet the con- “ nexion between the mind and body in “ this case is such, that these affections “ of the mind must be considered as de- “ pending upon a certain state of our “ corporeal part; that the part of our “ body more immediately connected with “ the mind, therefore more especially “ concerned in every affection of the in-

“tellectual functions, is the common  
“origin of the nerves or brain.”\*

Be the real causes of derangement, however, what they may, to which I shall hereafter more particularly advert, the facts are undeniably these, that no man can keep his mind deeply or intensely occupied on any very interesting subject, so as to be for many days and nights deprived of sleep, without the liability of producing a confusion of ideas, which, by a continuance of the same deprivation, might ultimately end in deranged ones; that the restoration of his mind can only be brought about by means the reverse of those which tended to disturb it, those means being necessarily rest and quiet.

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\* Vide paragraphs 1537, 1538. Cullen.

If, to any sudden or slight change in the condition of the nervous system, momentary deviation of the intellect can be traced, we shall have good reason for believing, that more serious changes will lay the foundation for still greater aberrations.

*Fright* sometimes operates so strongly upon the mind, as to lead to a firm belief in imaginary sounds and objects: the momentary deviation of the intellect in this case can be attributed to no other cause than an alteration of the nervous system, produced by the fright. Its effects on the body are sufficient proofs of this, such as a pale countenance, quivering lips, palpitation of the heart, and tremor over the whole frame. Can the heart, lips, or cheeks, distinguish sounds



or objects? Can they, I repeat, produce any change in themselves? Both mind and body are evidently under the influence of that common link, the nervous system. In some cases, a swoon or syncope comes on and the whole system becomes dead to all impression, the circulation at the same time ceasing, thereby shewing its dependance on the nerves.

The following case may serve to illustrate this temporary derangement of mind:—

A young girl living in the same house with a patient in a raving delirium became so terrified, that she one night called up her landlady, under the impression that the patient had escaped out of his room, and appeared at her bedside. She afterwards fainted away.

Other instances of slight aberrations, may be observed in the effects of opium, and other narcotics, which sometimes occasion horrid thoughts to pervade the mind. In a very painful operation, the most incoherent expressions are also uttered. Indulgence in wine and spirituous liquors will affect, likewise, the soundest understanding.

The cases produced by the last mentioned causes furnish a fac simile of almost every one that occurs; some are gay, others are sad; many rave and quarrel with their best friends. A sound sleep restores them, but, as long as they continue to indulge in drinking, so long does the derangement continue; thus proving that it arises from some alteration in that state of the nerves, which is



required for the steady and regular operation of the intellectual faculties.

Dr. Ferriar, in his essay towards a theory of apparitions, confirms this opinion. "Instead," he says, "of regarding these stories (viz. of ghosts) with the horror of the vulgar or the disdain of the sceptic, we should examine them accurately, and should ascertain their exact relation to the state of the brain, and of the external senses. The terror of nocturnal illusions would thus be dissipated to the infinite relief of many wretched creatures, and the appearance of a ghost would be regarded in its true light as a symptom of bodily distemper, and of little more consequence than the head-ache and shivering attending a common catarrh." \*

\* Vide Ferriar, page 138.



From a consideration of the source then of temporary delusions, we may easily, I conceive, comprehend how the frequent or continued application of an exciting cause may induce a more permanent state of derangement.

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My endeavour in the preceding observations is not to point out what constitutes a MIND, for that is wholly out of our reach; but to shew that the nerves are the medium of communication between the mind and the body, that the mind varies from alterations taking place in them, that mental derangement should be considered for the most part as primarily a disease of the body, particularly of the nerves; and that the cure ought to

be attempted by means principally acting upon the body.

I know it is often objected that grief, one of the passions of the mind, produces this malady, that, therefore it is in this instance exclusively a mental disease. But every one afflicted with grief, is not necessarily deranged, nor does any derangement take place unless the grief be excessive, and of long continuance.

The fact is, in grief the mind is so absorbed, that the whole body grows torpid and dead to impression, the appetite fails, and the circulation becomes slow: then follow sleepless nights, and all those dreadful symptoms that precede derangement.

This then may be traced to the disease of the body brought on by grief,

which, because it is sometimes cured without the aid of medicine, by moral remedies, such as travelling and amusements, is deemed by some to be merely mental.

But do the moral remedies, which are so much relied on, affect the mind only? Do not they from their very nature conduce to general health, by their influence on the body? In reality, these remedies act as ALTERATIVES upon the body, exciting to action those parts, that have become torpid; and restraining those, that are too active. A pleasant fatigue too is produced by these slight exertions of body and mind, the result of which is refreshing sleep: this being once obtained, the health of the body and mind generally and gradually returns. If it



were a mental disease, applications to the mind alone ought to restore it; but this is not probable. Sleep will sober a drunken man, whilst reasoning with him would be altogether useless.

## CHAPTER II.

### DESCRIPTION OF THE HIGH STATE.

**H**AVING hitherto endeavoured to prove by such reasons and arguments as I have been able to bring forward, either from my own impressions, or from the sentiments of those of superior knowledge, and greater experience, that the connexion between the mind and body is such that one cannot be disordered without more or less affecting the other ; that the body also is the main source, whence, the malady of the mind has, for the most part, its beginning ; and, also, that by the application of remedies principally to the

body must the ultimate cure of the mind be expected. Having, I hope, made myself understood on these points, I shall immediately enter on the subject of this Treatise.

There are two States of Derangement, which I shall take particularly into consideration. Both of them may in their progress pass into delirium, and again subside into derangement, and both by neglect and improper treatment may end in insanity; so that derangement, delirium, and insanity, are to be regarded as different degrees of mental disorder.

One state of derangement is characterized by an unrestrained behaviour, by an irritability which urges on the patient in pursuit of something real or imaginary to the ruin of himself, and the annoyance



of his friends, and ultimately leads him, if opposed in his disordered wishes, to acts of extreme violence.

The other state is marked by an unusual lowness, sometimes amounting to despair, a loathing of life, and every thing connected with it, accompanied too often by an uncontrollable effort to rescue himself, by his own hand, from his real or imaginary distresses.

The distinction between these two is in general sufficiently discernible from a cursory view of the patient to enable the experienced physician at once to decide.

But every case varies with the constitution; some partaking so much of both states, being neither HIGH nor Low, that a person, unused to see such, might easily be deceived, and even think the

patients well ; for their desire of liberty is so great, that in the hopes of deceiving, they will artfully conform to any rules, till finding their cunning unavailing, they exhibit such decided symptoms as clearly determine the case.

The whole nervous system appears to be the seat of disorder in the former state. The stomach and other viscera seem to be more especially affected in the latter.

The distinction between delirium, mental derangement, and insanity, has been so ably and correctly drawn by my late relative\* in his examination before a Committee of the House of Commons†, that any attempt of mine to interfere with it would be weakness and presumption.

\* Dr. Robert Darling Willis.

† Vide Report, Dec. 17. 1810.

He says, " In *delirium*, the mind is actively employed upon past impressions, upon objects and former scenes, which rapidly pass in succession before the mind, resembling in that case, a person talking in his sleep; there is also a considerable disturbance in the general constitution, great restlessness, great want of sleep, and a total unconsciousness of surrounding objects. In *insanity*, there may be little or no disturbance apparently in the general constitution, the mind is occupied upon some fixed assumed idea, to the truth of which it will pertinaciously adhere, in opposition to the plainest evidence of its falsity; and the individual is always acting upon that false impression. In



“ insanity also, the mind is awake to objects which are present. Taking insanity, therefore, and delirium, as two points, I would place *derangement of mind* somewhere between them.”

It will be evident from this definition, that delirium is distinct from insanity, neither can there be any difficulty in distinguishing delirium from mental derangement ; because an unconsciousness of surrounding objects, together with much mental and bodily disturbance are the characteristic symptoms of the former. But the greatest caution is sometimes necessary in distinguishing mental derangement from insanity. The characteristic symptoms of insanity are a firm belief in an assumed idea, upon which

the patient is always acting, without any apparent bodily disease. In mental derangement there is also a firm belief in an assumed idea, upon which the patient is continually acting, but with this difference, that it is always accompanied with bodily disease. This amounts, sometimes, almost to as much as attends delirium ; at other times it is apparently so trifling as scarcely to be discovered, even by those, who are conversant with the disorder. No case, therefore, ought to be abandoned in a hurry, as decidedly incurable.

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I proceed now to describe the advancement and progress of the HIGH state of mental derangement. This I shall endeavour to represent in its worst degree,

because the principle which I shall hereafter lay down for the cure of a case of the greatest danger, will be equally applicable to those of a milder nature, where no danger exists.

The late celebrated Dr. Monro, whose fame was established by the superiority of his skill and success in disorders of the mind, appears to have represented the first symptoms of this high state so well, in a treatise written by him in answer to Dr. Battie, that I shall prefer giving his description of them, to any that I might otherwise have thought fit to offer. He says, “ High Spirits, as  
“ they are generally termed, are the first  
“ symptoms of this kind of disorder ;  
“ these excite a man to take a larger  
“ quantity of wine than usual ; for those



“ who have fallen under my observation  
“ in this particular, have naturally been  
“ very sober, and the person thus af-  
“ flicted, from being abstemious, reserved  
“ and modest, shall become quite the  
“ contrary, drink freely, talk wildly, ob-  
“ scenely, swear, sit up till midnight,  
“ sleep little, rise suddenly from bed, go  
“ out a hunting, return again immedi-  
“ ately, set all his servants to work, and  
“ employ five times the number that is  
“ necessary ; in short, every thing he does  
“ or says, betrays the most violent agita-  
“ tion of mind, which it is not in his own  
“ power to correct; and yet, in the midst  
“ of all this hurry, he will not misplace  
“ one word, or give the least reason for  
“ any one to suppose he imagines things  
“ to exist, that really do not, or that they

“ appear to him different from what they  
“ do to other people. They who see  
“ him but seldom, admire his vivacity,  
“ are pleased with his sallies of wit, and  
“ the sagacity of his remarks, nay, his  
“ own family are with difficulty per-  
“ suaded to take proper care of him,  
“ until it becomes absolutely necessary  
“ from the apparent ruin of his health  
“ and fortune.” \*

This picture is evidently taken from the acts of a man of property, whose establishment was large, and who was fond of field sports. Had he been of a literary turn, and in possession of a good library, he would probably have been occupied in arranging it; an endless task!

\* Vide page 7. Remarks on Dr. Battie's Treatise on Madness, by John Monro, M. D.



for it would no sooner have been completed, if that had ever happened, but he would have been dissatisfied with it, and begun *de novo*. A tradesman in the state here described, might have been ordering in goods of every body he met with, and in much larger quantities than he really wanted ; many, probably, that were useless to him ; or he might have been for ever settling his accounts, and never finishing them.

These symptoms are only a prelude to others much worse. They differ according to the occupations of the individual ; but whatsoever his employment may be, his actions and expressions are always characterized by unusual hurry and bustle. After a continuance of this perturbed state of mind, conversation be-



comes distressing and irritating; his ideas more and more confused; his relations appear unkind in their behaviour towards him; their countenances, actions, and expressions, are all in his conception quite changed. To those whom he most loved, he now has an utter aversion. During this state of his mind, derangement commences. The unfortunate man takes up a firm belief in an assumed or visionary idea, which may frequently be traced to something that had engaged his attention at the early period of his illness.

To constitute derangement of mind, his aberrations must be attended with bodily indisposition. If the latter be not apparent, the chance of cure is hereby diminished; the case then partaking more of insanity than derangement. If, on

the other hand, the symptoms of bodily indisposition increase, delirium ensues; and then the patient “ begins to rave, “ and talk wildly and incoherently; “ swears, as if in the most violent rage; “ and then immediately after, bursts out “ into fits of laughter; talks obscenely, “ directs offensive and contemptuous language against his relations and those “ around him; spits at them; destroys “ every thing that comes in his way; “ emits loud and discordant screams, and “ continues in this way till he is quite “ exhausted. The state of rest which “ follows, is generally short and sleepless; “ the patient is obstinate, will not speak “ one word; clenches his teeth if any “ thing is offered him to swallow; or else, “ with a degree of cunning, he pretends



“ to drink a little ; but immediately  
“ squirts it out again on the person who  
“ offered it. At once, however, he again  
“ breaks out into all the wild and extra-  
“ vagant language and actions he com-  
“ mitted before. If kept in strict coercion,  
“ he has often so much command over  
“ himself as to behave mildly and mo-  
“ destly ; and were it not for the general  
“ expression of his countenance, and the  
“ peculiar glistening appearance and  
“ rapid movement of his eyes, he might  
“ impose on many of the bye-standers,  
“ and make them imagine that the state  
“ of phrensy was over.” \*

This is by no means an exaggerated

\* Vide vol. i. p. 160. An Enquiry into the Nature and Origin of Mental Derangement, by Alexander Crichton, M. D.



representation. The symptoms of the complaint may vary in every individual. In some, the irritation is never so great as to end in delirium. When it does, the paroxysm continues for a longer or shorter period in different cases ; in some instances, for only a few minutes ; in others, the patients talk incessantly, for twenty, thirty, forty, or fifty hours, and then cease, apparently from exhaustion. After an hour's rest, they begin again more violently than ever, particularly if they should have fallen asleep ; for this scarcely ever benefits the mind at first, but only recruits the body, enabling the patients to exert themselves with still greater vigour. During this state, we find, that women are more prone than men to talk obscenely ; the most modest

of them will utter the most indecent expressions. This circumstance, even Shakspeare has noticed in his character of Ophelia. \* Many exhibit talents which they do not possess when in health ; and which, being foreign to their disposition, gradually forsake them at the approach of convalescence.

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So far these symptoms may appear to indicate a great disturbance of the mental faculties alone, therefore requiring solely moral remedies and soothing measures. Notwithstanding which, it is to be feared, that this state would proceed to insanity, unless prevented by timely and skilful re-

\* Hamlet, Act IV.



medies, applied more to the body than the mind ; for these cases have their beginning from some irregularity in the body, to which the applications must principally be made, in order to ensure success.

These observations naturally lead me to notice what I have sometimes heard, that physicians particularly conversant with, and eminent in the cure of the disorders of the mind, are not to be entrusted with those that ordinarily and exclusively happen to the body. Such a remark has been made before me more than once, with reference to a relative of mine lately deceased, \* to whom I have before alluded ; but this opinion arises, I presume, from a misconception, that the mind, and the mind only, is to be at-

\* Dr. R. D. Willis.



tended to in cases of derangement. As I have shown, however, the state of the body in these cases to require, at least, equal attention with that of the mind, I humbly conceive, that, independently of the occasional practice of the mental physician in disorders exclusively of the body, his acquaintance, by means of his mental practice, with almost every variety of disorder to which the body is liable, renders him surely competent and able to prescribe to the complaints incident to both body and mind, be they of whatever kind or character they may.

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Let us now see what the *bodily* symptoms are, that accompany the HIGH state of mental derangement.

Upon entering the room of a patient in this state, the first striking symptom is his irritability. He appears incapable of remaining one moment in the same posture, or confining his attention to one thing. This restlessness may proceed to extreme violence. If he continues in his chair for any time, he turns from side to side, puts his hand to his head, picks his fingers, takes up any thing that is near him, puts it down again directly. As this irritable state increases, he breaks every thing that comes in his way, resists all advice as well as control; more especially, if it be attempted by any of his own family or servants. The next striking symptom is the countenance; and more particularly the eyes. The former is usually mottled and bloated, like that

of a man given to drinking; and the latter are sometimes terrific, even to those accustomed to the sight of such patients. The upper eye-lid is much elevated, shewing the tunica albuginea, which is of any other colour but white. The pupils are much dilated, the eyes glisten, and together with the eyelids are in continual motion. The effect on the countenance of such a patient will be mostly sufficient to give a correct idea of his health, both in body and mind. The head, if not in pain, is attended with an unusual sensation. The pulse varies; but it generally keeps pace with the irritability. A white and tremulous tongue, similar to what occurs in hysteria, with dry lips, which may become furred, brown, and black, usually accompany the high



state of mental derangement. Thirst, however, is not always complained of, but salivation not unfrequently occurs. In some instances, saliva is secreted in such quantities as to run from the mouth like clear water. In others, it is peculiarly white and frothy, and dries upon the teeth and lips, forming *sordes*. The temperature of the body varies very much, the head is frequently extremely hot, whilst the feet, hands, and fingers, are as cold as marble. In some, the whole skin is dry and harsh; in others, the perspirations are partial, cold, and clammy. The patient seems to experience great distress in the præcordia, the respiration is hurried and unequal, the breath very hot, and often offensive. He does not

desire food, but will eat and drink voraciously if any thing be given him ; he is incapable of discriminating between one taste and another.

Upon administering medicine, a complete change will be found to have taken place in the sensations of the body. The stomach is insensible to a common emetic ; and the bowels, which are mostly confined, refuse to answer the usual doses of purgative medicines. A blister produces very little pain and a trifling discharge. The evacuations pass insensibly, and the body is not susceptible of heat or cold. In short, every organ will be found more or less disordered, and the natural sense of feeling throughout the frame perverted.

In examining these symptoms, it must appear evident that there exists bodily disease of a very serious nature, not to be remedied by such means as tend to affect and operate exclusively upon the mind.



### CHAPTER III.

#### ON THE REMOTE AND PROXIMATE CAUSES OF THE HIGH STATE.

BEFORE I can enter upon the method of treatment in the high state of mental derangement, as described in the last chapter, it is necessary to take into consideration both its remote and proximate causes.

1st. As to its remote causes.

Dr. Hallaran has drawn, what he calls, a practical distinction between that species of the disorder, which may evidently be referred to mental causes, styled by him mental insanity, and that which proceeds from bodily disease. “ In the

“ mode of cure,” he says, “ I would argue  
 “ the necessity of the most cautious at-  
 “ tention to this important distinction,  
 “ lest, as I have often known to be the  
 “ case, the malady of the mind, which is,  
 “ for the most part, to be treated on  
 “ moral principles, should be subjected  
 “ to the operation of agents altogether  
 “ foreign to the purpose, and that the  
 “ other of the body, arising from direct  
 “ injury to one or more of the vital or-  
 “ gans, may escape the advantages of ap-  
 “ proved remedies.”\* In support of  
 this distinction, Dr. Hallaran has brought

\* Vide (page 1. and 2.) an enquiry into the Causes  
 producing the extraordinary addition to the number  
 of the Insane, together with extended Observations  
 on the cure of Insanity. By William Saunders  
 Hallaran, M. D.

forward two great causes of this disorder essentially differing from each other :

1st. An enervated constitution, arising from the use of ardent spirits or other improprieties, he has established as one cause that may ultimately produce insanity.

2d. A mind worked upon by zealously entering into popular and political dissensions, he has described as another cause.

I cannot but differ widely from Dr. Hallaran in his practical distinction ; for, whether the disorder is produced by causes, that immediately affect the mind, as disappointed ambition and loss of fortune, or those that act primarily on the body, (such as excess in drinking, and other sensual desires,) the disorder,



when produced, is identically the same, owing its origin to disease of the body, which is to be cured by means more immediately applied to, and acting upon, the body. It does not follow that every man who loses his fortune or meets with disappointment is to become deranged; but, if either of these circumstances operate so powerfully upon the mind as to cause sleepless nights for any length of time together, the body necessarily suffers for want of its natural rest, and the health is hereby as much disordered as it would be after spending many nights in continued intoxication. In both these examples, the sufferers are rendered incapable of attending to business; they alike become confused, restless and ir-

ritable, and liable to be deranged, which refreshing sleep, in both cases, at an early period, might prevent. An attempt to cure such, however, by remedies which act solely on the mind, would be altogether vain. Were we to shut a deranged man up in a room, allow him no exercise, give him no medicine, and thus make no use of bodily applications, but of arguments and mere mental amusements, we should clearly leave the more effectual remedies untried.

That Dr. Hallaran's distinction did not lead to much practical good may be inferred from his own words; for, when speaking of the cases produced by terror and disappointed ambition, he says, "Sad to relate; but few of either of them

“ have been permitted to witness the  
“ present decided proof of their temerity  
“ and improvidence.”\*

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In order to be more particular with respect to the remote causes of this complaint, I think they may be divided thus, into two kinds:—

1st. Into those which act primarily upon the body.

2d. Into those which act also upon the body, but primarily upon the mind.

1st. Whatever acts so powerfully upon the body as to deprive it of its necessary rest and support, may, as we have remarked before, also weaken the mind,

\* Vide Hallaran, page 13.



and render it incapable of attention, till, at last, confusion and misconception arise. Among such causes may be mentioned excess in drinking, typhus, continued, puerperal, and intermittent fevers, hysterical affections, copious blood-letting, a long course of mercury, especially in an irritable constitution, and frequent doses of opium. For these all tend to enervate the body.

2d. Every thing which, by its powerful effect upon the mind in the first instance, deprives the body of its natural rest, or by the suddenness of its application, suppresses or excites the usual evacuations, may produce the same disease. Among these, might be enumerated the passions of the mind; sudden news, good or bad; enthusiasm in all

popular commotions, and its consequences ; as were evinced by the rebellion in Ireland, (to which Dr. Hallaran alludes in the passage just quoted from him,) and the revolution in France. In short, whether the mind or body be first affected, bodily disease takes place previous to any mental derangement.

As an example of a case produced by a cause acting primarily on the body, a drunken man may be instanced. But in order to illustrate a case where the body is principally concerned, though the mind was primarily affected, I shall introduce Lear, who is represented by Shakspeare as having lost his reason on account of the ill behaviour of his daughters.

In this case, ingratitude naturally and

very justly excited his anger. His agitation of mind is thus described. In speaking to his daughter Goneril, who, with a hope of increasing her own dowry, wished him to diminish the number of his household, and lessen his dignity as a king, he exclaims, —

“ Darkness and devils !

“ Detested kite ! blasts and fogs upon thee !

“ The untented woundings of a father’s curse

“ Pierce every sense about thee !”

A shock of the whole frame must necessarily be expected to succeed to the violence of a passion like this. It may well be supposed that Lear felt something extraordinary, so as to impress him with a presentiment, a consciousness, that he should lose his reason, which is by no



means uncommon in such cases ; or why does he afterwards thus feelingly express himself? —

“ Oh, let me not be mad ! not mad, sweet heaven !

“ Keep me in temper : I would not be mad.”

The violence of Lear's anger in this instance, and in others equally strong, shews that his daughter's conduct had stung him to the quick, and had so enraged him, that his mind became un-governable. Similar causes will, more or less, produce similar effects on all. Such mental disturbance cannot take place without occasioning a corresponding one in the body. But, though passion and anger are in this example of Lear at the height, no derangement has yet taken place. When he is shut out in the

storm, we have another instance of his violence. He thus breaks out against the ingratitude of his daughters: —

“ Blow, winds, and crack your cheeks; rage, blow:  
“ Crack nature’s moulds.”

And again,

“ I tax not you, you elements, with unkindness:  
“ I never gave you kingdoms, called you children.”

Under such paroxysms of passion, the poet well knew that neither mind nor body could continue any length of time in a rational and sound state. Lear accordingly, we observe, begins to be confused and incapable of connecting his ideas.

“ My wits begin to turn.”

The alteration of feeling which appears previous to the derangement is also noticed by Shakspeare, as well as the incompatibility of the mind and body to be both equally alive to strong impressions at one and the same time.

Lear says to Kent, —

“ Thou think'st 'tis much, that this contentious  
“ storm  
“ Invades us to the skin ; so 'tis to thee :  
“ But where the greater malady is fixed,  
“ The lesser is scarce felt. Thou'dst shun a bear ;  
“ But if thy flight lay toward the raging sea,  
“ Thou'dst meet the bear i' the mouth. When  
“ the mind's free,  
“ The body's delicate : the tempest in my mind  
“ Doth from my senses take all feeling else,  
“ Save what beats there — filial ingratitude !”

In another part he says, —

“ We are not ourselves,



“ When nature, being oppressed, commands the  
“ mind  
“ To suffer with the body.”

The ingratitude of his daughters continues uppermost in his mind ; hence he is incessantly thinking and acting upon this one impression. We plainly see, that to the shock first received by his mind, thence strongly affecting the body, is to be attributed the derangement which succeeds. Having appointed the Fool, Edgar, and Kent as his advocates, he proceeds, as he imagines, to bring his daughters to trial, exclaiming, —

“ I'll see their trial first ; bring in the evidence.

“ Arraign her first ; 'tis Goneril.”

As his disorder increases, delirium ensues ; he talks wildly and incoherently,

his mind being no longer confined to this particular subject, but actively employed upon many, which rapidly succeed each other. He is represented in this state, fantastically dressed up with flowers.

The poet, instead of supposing this an incurable malady, as some have conjectured, from the words in Macbeth,

“ Canst thou not minister to a mind diseased,”

has pointed out the necessity of seizing Lear before he is exhausted by the paroxysm:—

“ *Cord.*                    Seek, seek for him,  
“ Lest his ungoverned rage dissolve the life  
“ That wants the means to lead it.”

He has even laid down the principle

upon which his recovery is to be brought about, making the physician say, —

“ Our foster-nurse of nature is repose,  
“ The which he lacks; that to provoke in him,  
“ Are many simples operative, whose power  
“ Will close the eye of anguish.”

Lear is proceeding favourably, —

“ *Phys.* Be comforted, good madam, the great  
“ rage,  
“ You see, is cured in him,” —

when the death of Cordelia, towards whom he had himself acted so harshly, is such a blow to a frame already worn out with disease, that he is unable to survive it. Had he not, however, been recovered from his state of phrenzy, previous to the death of his daughter, that event



would have made no impression on his deranged mind: it would have passed unheeded and unfelt by him; for his mind, under its delusion, was rendered incapable of any sober reflection. But being restored by remedies necessary to the body, "rest," as the poet says, having "balm'd" his "broken senses," and Lear having regained all the natural feelings of a father, to the force of these, his frame being exhausted, he falls a sacrifice.

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I shall now consider the proximate cause of the disorder, which as far as it can be ascertained, appears of much greater importance than the remote one; for it is to the removal of the former, that our remedies are to be directed.

Those who contend that this complaint is exclusively a mental one, are not aware of any change in the health of the body, upon which it may depend; consequently, they can see no reason for the application of medical means. They vainly hope to remove, by reason and argument, what is principally to be effected by medicine. Those, again, who acknowledge that bodily disease is the cause, are at variance as to the nature of that disease. Dr. Cullen, as I have already shewn, supposes it to depend upon a peculiar state of the nervous system: this likewise seems to be the opinion of Dr. Crichton\*; for he says, “Upon the whole, I conclude that the delirium of maniacs, when it has the peculiar cha-

\* Vide Crichton, vol. i. p. 174.



“ racter of that which has been described,  
“ always arises from a specific diseased  
“ action of those fine vessels that secrete  
“ the nervous fluid of the brain.” Mr.  
Hill speaks to the same effect.\* But Drs.  
Arnold, Cox, and Mayo, conceive a de-  
termination of blood to the brain, or an  
increased activity in its vessels, to be the  
proximate cause. “ We are led,” says  
Dr. Arnold, “ by a knowledge of this  
“ cause to very useful and important  
“ practical conclusions, and directed to a  
“ rational method of cure ; since it points  
“ out to us the great advantage which  
“ we may expect to derive from evacu-  
“ ations, in almost every recent and  
“ violent case of insanity ; and espe-  
“ cially from topical evacuations from

\* Hill on Insanity, p. 131.



“ the head, and from such other means  
“ as can in any way divert the impetus  
“ of the blood from the vessels of the  
“ brain, and abate their preternatural  
“ activity.” \*

In proof of this theory and the efficacy of this treatment, what is brought forward? A multiplicity of dissections, shewing turgid blood-vessels, water effused into the ventricles of the brain, and thickening of its membranes; one or other of which may be found every day in the brain of those persons who never were insane. Dr. Cox informs us, “ that in the majority of maniacal per-

\* Vide (vol. ii. page 277.) Observations on the Nature, Kinds, Causes, and Prevention of Insanity, by Thomas Arnold, M. D.

“ sons that have been opened after death,  
“ more or less organic injury of the brain  
“ has been discovered, and that the said  
“ organic injury seems to be, for the most  
“ part, the consequence of an inordinate  
“ determination of blood to the head ;  
“ a fact,” he adds, “ of extreme impor-  
“ tance in a curative point of view.” \*  
“ I know no collection of appearances,”  
says Dr. Mayo, “ obtained by dissection  
“ from the heads of insane persons, that  
“ can be compared in accuracy and detail  
“ with the cases of Mr. J. Haslam. These  
“ dissections illustrate very fully the in-  
“ crease of action connected with this  
“ disease, as well as the prolonged and

\* Vide (page 29.) Practical Observations on In-  
sanity, by Joseph Mason Cox, M. D.

“ continuous nature of such vascular ex-  
“ citation.” \*

That those symptoms which are usually termed symptoms of a preternatural activity, or an increased action of the vessels of the brain, such as pain and sense of fullness in the head, flushed cheeks, suffused eyes, and dilated pupils, are mostly present in those cases where delirium or derangement occur, I readily admit; that upon an examination after death, we find a turgescence of the blood-vessels, and much other deviation from the healthy state, I also admit; but that these, either separately or conjunctively, are the causes of the delirium, I should

\* Vide (page 12.) Remarks on Insanity, by Thomas Mayo, B. M.



deem improbable. Does a hot skin, for example, produce a pain in the head? a pain in the head, a thirst? or a thirst, a quick pulse? All these bespeak a general affection of the constitution; confusion of ideas, derangement, and delirium, are also symptoms which mark an increased disorder of the system.

Does any one attribute the delirium of a drunken man to his quick pulse? his flushed cheeks? or glistening eyes? or imagine his death, (knowing him to have drank an immoderate quantity of spirits,) to be caused by a turgescence of the vessels in his brain? Were we to starve a man to death, the brain must necessarily undergo some alteration; but would it be consistent in us to attribute his death to that alteration, when both

the one and the other will admit of a much more rational explanation ?

Of these different opinions, I apprehend that of Dr. Cullen to be nearest the truth ; which supposes that a peculiar state of the nervous system is the proximate cause. In proof of this opinion, I shall not go into the dissecting room, and examine, whether a brain is hard or soft, dry or moist, loaded with blood or otherwise ; because, having ascertained this, I should then have to learn, which of these conditions is best adapted to a sound mind ; which of them is a cause, and which an effect of derangement ; and by what applications these states or conditions could be altered or improved.

Necessary as it certainly is for a physician to examine the dead body, and to



make himself acquainted with the anatomy of the human frame, how much more requisite is it for him to acquire a knowledge of the living body and of its disordered functions, an attention to which can alone materially tend to any practical good. Dissection may lay open to his view many unhealthy appearances; but can it explain to him why ipecacuanha sickens, or aloes purge; why wine intoxicates, or death follows starvation? or can it assist him in preventing these effects? Such information can surely never be obtained from a dead body. In confirmation, therefore, of the opinion of Dr. Cullen, I shall refer to the remarks I have previously advanced, as well as to the history and progress of the disorder, and shall conclude the subject of dissec-



tion, by inquiring, (in the very sensible words of an author before alluded to,) whether it is perfectly reasonable to look for “ such appearances as are entitled to “ be considered causes of a disease, which “ has been acknowledged to be so inti- “ mately connected as to its proximate “ cause with the state of the vital prin- “ ciple, when that principle is for ever “ departed?” \*

\* Hill, page 153.

## CHAPTER IV.

ON BLEEDING FOR THE CURE OF THE HIGH  
STATE. — ITS IDENTITY WITH THE PHRENI-  
TIS OF THE ANCIENTS.

SINCE I have endeavoured to demon-  
strate that we are indebted to the nerves  
as the agents through which our senses  
are imparted, I know not to what we can  
more reasonably attribute this disease,  
than to their disordered and unnatural  
state. It is upon this supposition that  
I proceed to the examination of the  
method of treatment usually recom-  
mended and adopted for the cure of a  
patient. In doing which I shall consider,

1st. THE PRESERVATION OF HIS LIFE.

2nd. HIS IRRITABILITY.

3rd. HIS GENERAL HEALTH.

4th. HIS MENTAL DISORDER.

My arrangement may appear strange to those, who are not very conversant with this complaint, and who regard the mental affection as alone, and immediately demanding our assistance. But, considering this as a consequence of the disordered functions of the body, the necessity of first restoring the latter will soon, I trust, become evident. To what purpose should we reason with a drunken man? or attempt, by the most persuasive arguments, to change his ideas, however erroneous? A person in his sound senses we have seen cannot give his attention to the most trifling subjects, while labouring under bodily pain, or until the mental suffering, that accompanies that pain, is removed, and the mind becomes composed. How then can we expect a man, whose



mind is deranged, to listen to our arguments? Again, an attempt to persuade a man, whose restlessness is such, that he cannot keep still for one moment, to compose himself and divert his mind, by reading, or by playing at some amusing game, is useless, until the irritability of his constitution be first diminished. Lastly, as this excessive irritability, which is a constant attendant on this state of the disorder, is continually tending to wear out the constitution, the life of the patient becomes the first consideration. In many cases there is not the least danger of death, but in very many the danger is most imminent. This generally will be in proportion to the existing irritability. The patient who, naturally weak when in health, can now resist the force of

two or three men, break from his confinement, and talk incessantly day and night, with a voice ten times louder than usual—such a patient, whatever his bodily symptoms may be, is in the greatest danger. Death, in fact, during this unnatural state of exertion, is to be momentarily apprehended from exhaustion. But if to relieve this state, we employ means which tend to debilitate the constitution, how much greater reason have we to expect a fatal result!

Remedies which have a powerful tendency to weaken the body, are sometimes, I fear, in the worst cases of delirium, unskilfully resorted to; whether the patient be old or young, strong or weak, whether labouring under the high or low state of this disorder, it is deemed a case for the

lancet, or for cupping, and (erroneously I am persuaded) blood is copiously drawn from the patient. The advice of some authors concerning these measures betrays much inconsistency. While they extol bloodletting as most beneficial in the cure, nay, even as essential to the safety of a patient, they, at the same time, very forcibly demonstrate its impropriety and mischievous tendency; they shew, in fact, that the nature of the complaint forbids its use.

“ Bleeding to any great extent,” says Dr. Hallaran, “ does not often seem to be “ desirable, and except in recent cases, “ does not even appear to be admissible. “ Unless, therefore, in young persons “ where the pulse stands at from 96 to



“ 100, with a white tongue, hot skin, and  
 “ suffused eye, it should not be resorted  
 “ to. When these appearances are pre-  
 “ sent, it will undoubtedly be found ex-  
 “ pedient, if not essential to the SAFETY  
 “ of a patient. But *the great tendency*  
 “ *in all cases of insanity to change their*  
 “ *type and form, the great inequality of*  
 “ *the circulation, and the subsequent torpor*  
 “ *even of the arterial action, accompanied*  
 “ *at times with excessive debility in the*  
 “ *most acute cases, would establish the*  
 “ propriety of looking carefully for the  
 “ unequivocal appearances, which would  
 “ alone give a sanction to this antima-  
 “ niacal remedy.” \*

\* Hallaran, page 50.

“ Where the patient is strong,” observes Dr. Haslam, “ and of a plethoric habit, and where the disorder has not been of any long continuance, bleeding has been found of considerable advantage, and, as far as I have yet observed, is the MOST BENEFICIAL REMEDY that has been employed. The melancholic cases have been equally relieved with the maniacal, by this mode of treatment. When the raving paroxysm has continued for a considerable time, and the scalp has become unusually flaccid, or where a *stupid state* has succeeded to violence of considerable duration, no benefit has been derived from bleeding; *indeed these states are generally attended by a degree of bodily weakness*

“ *sufficient to prohibit such practice, independently of other considerations.*” \*

“ As attended,” says Dr Mayo, “ by increased activity in the circulation of the brain, *mania* appears to require DEPLETORY TREATMENT. — The approach of a paroxysm is notified by the eye, the pulse, the carotids, the flushing of the face, the augmented diurnal exacerbations of the patient ; finally, by mental symptoms. Often in this disease, as in apoplexy, the mental faculties seem to obtain activity, if not correctness, for a short period previous to the attack. A paroxysm is throughout to be resisted by medical means ; but those

\* Observations on Madness and Melancholy, by John Haslam, page 313.

Hill on Insanity, page 65.



“ adopted while it is impending seem  
“ most effectual to determine its magni-  
“ tude. On the question of depletion  
“ during the paroxysm, there are contra-  
“ indicants to be considered. *The patient*  
“ *is in danger from exhaustion. Depletion*  
“ *has a direct effect in weakening him,*  
“ AN INDIRECT EFFECT IN PREVENTING  
“ HIS WEAKNESS by lessening excitation.  
“ These views are important, and ren-  
“ der it very difficult to seize the point  
“ to which depletion may be carried  
“ during the paroxysm.”—“ Our means  
“ of cure may be briefly enumerated :  
“ they consist of occasional cupping or  
“ bleeding, of the use of issues or setons,  
“ of *continued* purgation, of nauseating  
“ medicines ; finally, of the class of su-  
“ dorific and refrigerant medicines.” \*

\* Mayo, chap. 3.

The preceding extracts all concur in representing the liability of this disease to terminate fatally from exhaustion, independently of the use of such means as are AVOWEDLY calculated to hasten this end. Is it not then surprising, that they who are sensible of the evil consequences of venesection should still recommend it, and thus mislead those who have not the same opportunities of judging of its effects. “ It is an “ undoubted truth,” says Mr. Hill, “ that “ in fifty maniacs labouring under the “ highest degree of the sthenic form, not “ more than from seven to ten of them “ will require this most powerful means “ of reduction of the vital power; and “ let it never be forgotten, that *sudden* “ and profuse bleeding is always (even

“ in this form, however furious) highly  
“ dangerous, and *never* necessary.”\* “ It  
“ frequently happens,” says Monsieur  
Pinel, “ that bleeding, practised as it is  
“ without rule or bounds, is found to  
“ exasperate the complaint, and to cause  
“ periodical and curable mania to dege-  
“ nerate into dementia or idiotism.” †  
Again, he says,

“ What are we to think of the practice  
“ of repeated blood-letting, which is so  
“ universally the fashion of the present  
“ day, without attention to the dis-  
“ tinctions of the exciting causes, the  
“ varieties of sex or of individual con-  
“ stitution, and the different species and

\* Hill, 287.

† Treatise on Insanity, by Ph. Pinel, translated  
by D. D. Davis, M. D. p. 252.



“ periods of the complaint? Let not the  
 “ results of experience and observation  
 “ be confounded with the errors of a  
 “ doctrine, depending for its support  
 “ upon prejudices, hypotheses, pedantry,  
 “ ignorance, and the authority of cele-  
 “ brated names.” \*

To question the propriety of a practice which is so much in use for the cure of mental diseases, may, I am well aware, appear in me presumptuous. I should, indeed, feel less excuse for advancing an opinion against it, had I not the sanction of some eminent physicians of old † in

\* Vide Pinel, page 220.

† Sydenham, in his book on Intermittent Fevers, mentions a peculiar mania, sui generis, which would not yield to any kind of evacuants, and observes, that if patients survive a repetition of such measures,

my favour; and were I not indebted to the experience and example of my re-

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they most assuredly sink into an incurable fatuity: his words are,

Quamquam licet hic loci non contemnendum symptomatis genus referre, quod non tantum purgationibus, et evacuationibus aliis quibuscumque, venæ-sectioni præsertim, cedere dedignatur, verum et ab illis vires sibi acquirit. Illud autem peculiaris quædam est, ac sui generis *mania*, intermittentes diuturniores (quartanas præcipue) nonnunquam excipiens; quæ communem medicandi rationem aspernatur, et post evacuationes fortiores adhibitas, in miseram quamdam *stultitiam* degenerans, non nisi cum ipsa *ægrorum vita terminatur*. Miratusque sæpenumero sum, nullam hujus rei mentionem ab auctoribus factam fuisse, quum non raro accidisse viderim. Cum reliquæ amentię species copiosis evacuationibus, et venæ-sectione, et catharsi, ut plurimum persanentur; *hæc neutram potest ferre*. Sed cum jam æger in sanitatis limine est, si vel enema ex lacte saccharato semel injeceris, statim de novo recrudescet malum. Et si reiteratis purgationibus, venæ-sectioneque, contranitamur, ejusmodi



latives, to whose success, on the cure of these disorders, I may be permitted to refer ; which has greatly arisen from their decided conviction of the danger of the lancet, and from a thorough reliance on the salutary expediency of a very different practice, in those especial cases of delirium and derangement *cum febre*, which are the subjects of this treatise.

The ancients have accurately described the symptoms of this disorder, under the title of phrenitis.\* Being well ac-

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evacuationes morbi quidem ferociam possunt domare, ægrum vero certissime, non tantum fatuum sed et incurabilem omnino reddent. — Opera Univers. Thos. Sydenham. Sect. prima, cap. v. p. 101.

\* Incipiam ab insania, primamque hujus ipsius partem aggrediar, quæ et acuta, et in febre est. Græci φρενίτιν appellant.      \*      \*      \*      \*

Phrenitis vero tum demum est, cum continua



quainted with its nature, they considered blood-letting as dangerous in the

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dementia esse incipit ; aut cum æger, quamvis adhuc sapiat, tamen quasdam vanas imagines accipit ; perfecta est, ubi mens illis imaginibus addicta est. Ejus autem plura genera sunt : siquidem ex phreniticis, alii hilares, alii tristes sunt : alii facilius continentur, et intra verba desipiunt ; alii insurgunt, et violenter quædam manu faciunt ; atque ex his ipsis, alii nihil nisi impetu peccant, alii etiam artes adhibent summamque speciem sanitatis in captandis malorum operum occasionibus præbent ; sed exitu deprehenduntur. — Celsus, lib. iii. cap. 18.

Itaque *phrenitidis ratio formalis* in eo consistere videtur, quòd spiritus animales, imprimis in toto *cerebro*, plurimum irritati, in motus inordinatos, et valdè confusos, simulque impetuosos adigantur ; proinde ut functionis cujusque animalis actus depraventur, et variè pervertantur ; rerum ideæ simul plurimæ, è memoria suscitatae, veteres cum novis, aliæque aliis malè conjunctæ, aut divisæ mirè confundantur ; phantasmata multiplicia, et penè innumera,

treatment of it. They have, it is true, recommended this remedy; but they have qualified their advice, by warning

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eaque tantum incongrua, imaginatio suggerat; sensibilibus species distortas, duplicatas, aut incohærentes *sensorium commune* repræsentat; hinc ut mens et voluntas conceptus, et passiones non nisi ridiculas et impertinentes eliciant, atque corporis actiones ferè tantum irregulares edi faciant. Porro non tantum in *cerebro* sed etiam in *cerebello*, et ubique in *nervoso genere* spiritus, velut cæstro perciti, tumultuantur; quare *phrenitici* non solum delirè loquuntur, sed inæqualiter respirant, vociferantur, pugnos cedunt, manus, et pedes jactant, quin et membra quæque viribus intensis cumque impetu validissimo exerunt; reverà ut tota videatur *anima* in toto corpore furiosa excandescere, et debacchari, seu potius *incendio correpta* inflammari. Et quidem phrenitis nullo modo aptiùs definiri potest, quam quod sit totius animæ sensitivæ, sive spirituum animalium quoad totam eorum hypostasin, phlogosis sive inflammatio.— Willis, cap. x. De Delirio et Phrenitide.



us to be careful how we resort to it, even in the early stage of the disease; “patients,” they observe, “are liable suddenly to sink.”\*

\* Ἄτὰρ καὶ φλέβα τάμνων, μὴ πολλὸν ἀφαιρέειν, κῆν ἐν ἀρχῇ τάμνης, φρενίτις γὰρ εὐτρεπτον ἐς συγκοπὴν κακόν.  
Aretæus, Θεραπεία φρενιτικῶν.

Quapropter sedulo cavendum est, ne dum catharsi, aut crebriori sanguinis missione morbum eradicare facessimus, *functionem vitalem* subito debilemus.—Willis, cap. x. De Delirio et Phrenitide.

Phlebotomandi autem disciplinam, vel magnitudini passionis moderationem faciendi congruam, libris quos *de specialibus adjutoriis* scripturi sumus, docebimus; *principaliter monentes ne usque ad animi defectum*, quem Græci *λειποθυμίαν* vocant, *adjutorium intendere* nitamur. Timendum enim hoc sæpe est accidens quod Græci *σύμπτωμα* vocant: quamvis enim in omnibus passionibus, si sit *mortuosum*, plus tamen in phreniticis afficitur malè *prætacta nervositas*.—Cælius Aurelian, lib. i. cap. 10.



Aretæus and Trallianus have pronounced “wine to be most efficacious in mitigating the fury of a paroxysm, and promoting tranquil and refreshing sleep.” \*

I am fully aware that the disease under consideration has been commonly supposed to be the *mania* of the ancients ; and has, indeed, been treated of under that title by modern authors, who have written upon mental disorder ; it is not improbable, therefore, that the opinion I have just advanced may be received with some hesitation ; yet, I feel assured, that

\* "Αλκαρ μούνον ἐστι οἶνος, . . . κραταιὸς δὲ στηρίξαι δυνάμιν ἐς ζωὴν· ἄριστος δὲ μειλίξαι θυμὸν ἐν παραφορῇ. — Aretæus, Θεραπεία φρενιτ.

Μεταβάλλει γὰρ (videlicet, οἶνος) αὐτῶν τὸν θυμὸν καὶ τὸ ἄγριον ἦθος εἰς εὐθυμίαν. ὕπνον τε φέρει. — Trallianus, περὶ φρενιτ.

all, who will enter upon the examination attentively, will ultimately concur with me.

The HIGH state of mental derangement has been traced to be a disease of the nerves ; and, as I have before stated, is characterized not only by a disturbance of the mental faculties, but also by great bodily indisposition, which is most observable in the *præcordia* ; where the heart, lungs, and diaphragm are in a state of the utmost disorder. Hippocrates, in his description of phrenitis, observes, “ That patients suffer an excruciating pain in the region of the diaphragm, that fever succeeds, and they lose their senses.” \* “ The nerves of

\* Φρενίτιδες \* \* \* τὰς φρένας ἀλγέουσιν, ὥστε μὴ εἶσαι ἂν ἀψασθαι, καὶ πῦρ ἔχει, καὶ ἔκφρονές εἰσι. — Hippocrates, De Morbis, lib. iii.

“ phrenitic patients,” says Aretæus, “ are  
 “ principally affected, the fever is con-  
 “ tinual.” \* “ It is indeed very likely,”  
 says Willis, “ that phrenitis is occasioned  
 “ by an excitement of the spirits, rather  
 “ than by an inflammation of the brain.” †

Mania was evidently considered by the  
 ancients similar in some respects and  
 liable to be mistaken for phrenitis ; in  
 their writings, therefore, we find them  
 “ distinguished by the latter being always  
 “ accompanied with fever, while fever

\* Οὐκ ἤκιστα δὲ τῶν ἄλλων τοῖσι φρενιτικοῖσι τὰ νεῦρα  
 πονεῖ.—συνεχέες γὰρ τοῖσι φρενιτικοῖσι οἱ πυρετοὶ.—  
 Aretæus, Θεραπεία φρενιτικῶν.

† Certè verisimilius est phrenitida hoc ritu à  
 spirituum phlogosi, potiùs quam à meningum aut  
 cerebri inflammatione, excitari.— Willis, cap. x.  
 De Delirio et Phrenitide.



“is never present in the former.” \*

Aretæus has further shewn the effect of this fever on the mind, thereby pointing out the same diagnosis between phre-

\* Μανίης τρόποι, εἶδеси μὲν μυρίοι, γένει δὲ μᾶνος εἷς. ἔκστασις γάρ ἐστι τὸ σύμπαν χρόνιος, ἄνευθεν πυρετῆ. — Aretæus, περὶ μανίης.

Διορίσεις δὲ καὶ ἀπὸ τῶν μαινομένων τῆς φρενιτικῆς, ὅτι ἢ μὲν μανία ἄνευ πυρετῆ θεωρεῖται, ἢ δὲ φρενίτις, ὡς εἰρήκαμεν, ἀεὶ μετὰ πυρετῆ. — Trallianus, περὶ φρενίτιδος.

Cum plures sint modi, quibus *imaginatio*, et per consequens *mens et voluntas*, aliæque superioris animæ potentiæ, perverti, aut depravari solent, illæ omnes communi *desipientiæ* vocabulo insigniuntur. Hæc autem affectio distinguitur in *breviorem*, quæ *delirium* appellatur; ac *longiorem* seu continuam, quæ aut feбри conjuncta est, et dicitur *phrenitis*, vel sine febre contingit, eique aut *rabies*, aut *tristitia*, aut stupiditas adjungitur; proindèque in *maniam melancholiam* et *μωρωσιν* dividitur. — Willis, cap. xi. De Delirio et Phrenitide.

nitis and mania, which has been already given to distinguish derangement from insanity. "Phrenitic patients" says he, "are mistaken in their perception, they see objects which are not present, as if they were present ; things invisible to others are conspicuous to them : maniacs are correct in their perception of things, but wrong in their judgment." \* Galen, moreover, has classed this disease with those of the thorax, and not with those of the cranium, as is usual in the present day : he has likewise explained why the term phrenitis was adopted. "The an-

\* "Οἶδε μὲν γὰρ (scilicet φρενιτικοὶ) παραισθάνονται, καὶ τὰ μὴ παρόντα ὀρέσσι δῆθεν ὡς παρόντα, καὶ τὰ μὴ φαινόμενα ἄλλα, κατ' ὄψιν ἰνδάλλεται; οἶδὲ μαινόμενοι ὀρέσιν μόνως ὡς χρῆ ὀρῆν, ἢ γιγνώσκουσι δὲ περὶ αὐτέων, ὡς χρῆ γιγνώσκειν. — Aretæus, περὶ μανίης.



cients," he says, "named the lower part of the thorax *φρένας*, from observing that a derangement of the understanding occurred when the diaphragm was inflamed.\*

Although we suppose the brain to be more especially concerned in all the mental operations, it is to the region of the diaphragm that we still refer all painful and pleasurable sensations of the

\* Τὸν δὲ κάτω τοῦ θώρακος ὄρον, οἱ μὲν παλαιοὶ πάντες, ὠνόμαζον φρένας, εἶθ' ἀπλῶς ἐπελθὼν αὐτοῖς, εἶθ' ὡς τινες οἴονται, διότι φλεγμαινόντος αὐτοῦ βλάπτονται τὴν φρόνησιν οἱ κάμνοντες. — Ἐπ' ἄλλω δ' οὐδενὶ μορίῳ τὸ διηνεκὲς ἐστὶ τῆς παραφροσύνης, ὅτι μὴ διαφράγματι μόνω. πλησίον γὰρ πῶς ἤκει τοῦ διηνεκοῦς, ὡς δι' αὐτὸ τοῦτο δοξασθῆναι τοῖς παλαιοῖς, ἐπὶ τῷ μορίῳ τούτῳ φλεγμαινόνται, γίγνεσθαι φρενιτικούς, ὀνομάσαι τὴν φρένας αὐτὸ διὰ τὴν αὐτὴν ὑπόνοιαν ὡς καὶ τῷ φρονῆντι μορίῳ συμβαλλόμενον τι. — Galen, lib. v. De Locis Affectis.

Willis, cap. x. De Delirio et Phrenitide.



mind ; it is in this region that the agony of grief, the pangs of disappointment, and the excess of joy, are so sensibly felt. Nothing, indeed, can operate strongly on the mind without in some degree disturbing the regularity of the functions of the viscera in this region ; hence, in palpitation, syncope, sighing, sobbing, and convulsive laughter, which are all natural consequences of mental emotion, the heart, lungs, and diaphragm are more or less concerned.

This did not escape Shakspeare in his beautiful delineation of Lear's disorder ; who, previous to his derangement, thus complains, —

“*Lear*. Oh, how this mother swells up toward my heart !

“ *Hysterica passio* ! ———

“ Oh me ! my heart ! my rising heart ! ”

Whether, then, we look upon the disordered functions of the thoracic viscera as symptoms of bodily disease, or consider the extraordinary quickness of the imagination, the wild association of ideas, and the unnatural volubility of language, which occur in this complaint, as marks of mental disturbance, what term, I would ask, could be found more appropriate to designate this disease, than the one adopted by the ancients, which comprises the acute disorder both of the body and mind?

Dissection has certainly disclosed that turgescence of the vessels of the brain, and thickening of its membranes, take place in this complaint; hence, the effect has been confounded with the cause, and hence, phrenitis and inflammation of the



brain \* have become synonymous terms ; but would it not be very remarkable, if the

\* Dr. Sutton has noticed this error in the description he has given of the disease under the suitable appellation of *Delirium Tremens*.

“ But the disease,” says he, “ termed idiopathic  
 “ phrenitis, has been generally considered to be of the  
 “ inflammatory kind, and most frequently to consist of  
 “ active inflammation of the brain, attended with fe-  
 “ ver ; and therefore to require the most powerful  
 “ antiphlogistic remedies, such as copious blood-  
 “ letting, active purgatives, vesicatories, &c. The  
 “ investigations of anatomists have supplied us with  
 “ numerous instances of the state of the brain under  
 “ this disease, which have disposed the profession to  
 “ entertain not only the most serious apprehensions  
 “ for the event of such cases, but have stamped a con-  
 “ firmation on the practice which has been for many  
 “ years pursued. Nevertheless, upon however strong  
 “ a foundation this practice may appear to rest, it  
 “ will be proper to point out, that misconceptions  
 “ have prevailed respecting the nature and treatment  
 “ of a disease, which has generally gone under the



brain, the most delicate and essential organ in the body, exhibited no marks of disease after the constitution had suffered such agitation and disturbance as I have heretofore described.

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“ name of Phrenitis:” Dr. Sutton then very candidly acknowledges that he himself mistook both its nature and treatment. “ The one party,” says he “ with myself, considering the disorder to be active  
 “ inflammation of the brain, or its investing mem-  
 “ branes, conducted the treatment according to this  
 “ supposition: the other, without pretending to any  
 “ precise notions of this affection, in so far as the  
 “ contents of the cranium might be concerned, were  
 “ in the habit of using opium in large and repeated  
 “ doses. I very soon perceived that the latter prac-  
 “ tice carried with it all the success.”

Vide Preface to Tracts on Delirium Tremens,  
 by Thomas Sutton, M. D.

From this short review of the opinions of some of the antient physicians, I think it will appear, that while we have retained a title, the most comprehensive that could be selected for the disease under consideration, its original sense and meaning has been mistaken; and by this oversight, a complaint well known and accurately described by them, has latterly escaped that observation and attention, which, from its very nature, it so decidedly demands above all others.

## CHAPTER V.

## ON THE CURE OF THE HIGH STATE.

I NOW proceed to describe the method which I am disposed to think best adapted to the cure of the patient, and, first, according to the arrangement already laid down, shall consider,

## THE PRESERVATION OF HIS LIFE.

I signified that in general the more violent a patient is in delirium, the more death is to be apprehended from exhaustion. We have seen that the irritability of



a man in his sound senses may be allayed by means, which tend to procure rest, and give support to the system; how much more necessary is it then that these same means should be prescribed when that irritability is greatly increased, and liable every moment to destroy life. For the purpose of explaining my opinion, and pointing out the principle upon which a cure should be conducted, but more particularly to describe the sort of remedies which experience has shewn most likely to save a patient, when in imminent danger, I shall relate a case in point.

The patient was a young lady, of a naturally irritable constitution; who, having been in a very nervous state for many months, was, from domestic occurrences, thrown into a most violent delirium; on

the sixth day from the attack of which she was placed under my care. With short intervals of cessation, she had been continually raving for four successive days and nights ; labouring, at the same time, under such irritability, that four persons had been employed to watch and prevent her from getting out of her bed. While in this state, and previously to her becoming my patient, leeches had been applied to her forehead and temples, cupping-glasses to the back of her neck, and a blister to her head ; purgatives also were given ; barley water with weak broth had been the only sustenance allowed. Her state, as I found it, was this : she had ceased to rave, probably from exhaustion, having been wholly without

sleep ; she had become obstinately silent, but was still in perpetual motion ; her pulse was 130, her whole skin very hot, and completely parched ; her face flushed and bloated ; her eyes suffused with blood, and wide open ; yet she could discern nothing ; she was also unconscious of her evacuations ; her tongue was brown, her lips and teeth covered with sordes : In attempting to feed her with a spoon, she clenched her teeth ; if we succeeded in putting any thing into her mouth, she spit it out after keeping it there a moment ; so that it was impossible to administer any medicine without using force. Had the lady died in this state, and dissection been desired, a turgescence of the vessels of the brain, water effused



into its ventricles, or some other deviation from the healthy state, would probably have appeared. Her death might then have been attributed to one or more of these circumstances.

Viewing this case differently, and, considering that she had been incessantly raving, till from exhaustion, she could rave no longer; that she had not closed her eyes for five successive days and nights; that weak broth had been the only sustenance allowed her, I inferred, that although there might be some disease in the brain, either congestion of blood, or effusion of serum, the patient was necessarily nearly worn out, and her life in danger.

Under this impression, therefore, I immediately ordered her two glasses of old.

port wine, and two hours afterwards three ounces of a decoction of bark with some of the tincture, as the only means of saving her life. In four hours, from my first seeing her, she was in a sound sleep, but only for a short time. Upon her awaking, the same quantity of decoction of bark was again given, when she slept three hours together. On the following morning, her life was comparatively safe; although she was still unconscious where she was, and took no notice of persons in the room, she no longer clenched her teeth or spit; but, when breakfast was offered to her, she put the cup naturally to her mouth; and after obtaining more sleep from a continuance of these remedies, she was able to answer questions correctly; in short, her irrita-

bility began to subside, and her sense of feeling to return in some degree from the moment they were first applied.

This is a strong case, and by no means a solitary one in practice; as in this instance a change from a lowering to a strengthening plan brought the patient from a state of great danger into one of safety, is it not a fair conclusion, that Tonics, in cases of delirium, ought to be prescribed, and that medicines, which tend to enervate the patient, should be avoided. A greater or less quantity of tonic medicines than were here given may be required; musk, in large doses, is sometimes necessary to secure the life of the patient in similar cases, but this does not alter the principle of cure.



We see, at least, that the stimulus, which many are so afraid to produce by prescribing bark and wine, gave the constitution, on this occasion, its proper tone and power. Instead of agitation or violence being thus created, sleep was the result ; proving, that, however dangerous these remedies may appear in theory, they are found to be far otherwise in practice. I shall now take into consideration,

#### THE IRRITABILITY OF THE PATIENT.

Let us suppose a case, either one of mental derangement which had been attended with delirium, or one that had not. The latter has already been characterized, by the patient always acting upon an assumed idea, accompanied with

apparent bodily indisposition; which, if the symptoms increase, may pass into delirium.

In mental derangement then unaccompanied by delirium, the irritability may be very great, yet no immediate danger apprehended. The medicines that are applicable to save the life of a patient advanced in delirium are alike useful, (though in a less quantity in this state of derangement,) to prevent him from falling into delirium. Wine, bark, and musk, therefore, with the addition of henbane, hemlock, tartar emetic, and foxglove, may all, or each of them, be given, in both states, to allay the irritability which happens to belong to either. If this irritability proceed from a weak state of the constitution, occasioned by

blood-letting, puerperal fevers, or typhus ; bark, provided the bowels are open, will be of the greatest service. In proportion to the quickness of the pulse, and increase of heat and irritability, the more is this medicine requisite. Is it not a mistake to suppose that a quick pulse and a flushed countenance necessarily preclude the use of tonics and stimuli? These symptoms appear more frequently than otherwise to be the consequences of debility. If a person, by shipwreck, or other accidents, be deprived of sustenance for many days together, shall we continue that deprivation, because we find a quickened pulse and a flushed face follow the reception of very small quantities of food into his stomach? Notwithstanding these apparently mis-



chievous effects, which are but temporary, the constitution is hereby actually benefited, and gradually rendered capable of bearing its accustomed stimuli, whilst the consequent re-action becomes less and less perceptible. The just and practical inference to be drawn from this, is not that stimuli are themselves injurious, but that the patient is in danger from weakness ; and that unless he be allowed to take that quantity which he can bear without feeling any serious inconvenience, the result may be fatal. Slight causes, whether applied to the mind or body, produce similar effects in women during pregnancy, and after their accouchement. A man, who in health can drink a pint of wine without experiencing any sensible effect, might be intoxicated by a single

glass when recovering from a fever. These cases alike evince debility and the necessity of support.

Although hemlock and henbane be valuable in allaying irritability, they are nevertheless dangerous if administered without due caution ; while one dose will moderately soothe, another of greater quantity will stupify. In some cases, irritation is even increased by very small doses, whilst the constitution is under the first and immediate influence of them.

Tartar emetic, another valuable remedy, in irritable cases, requires also to be cautiously administered. Where a patient shall be in no danger, but incessantly talking, a quarter of a grain of tartar emetic, by nauseating, may restrain him ; but if

this medicine were injudiciously continued every hour for any space of time, he would probably become more irritable than ever, and weaker; while his voice and actions would deceive, and suggest the idea, that he was stronger, at the very time he might be approaching to a state of danger. The same result would, in all probability, follow the use of antimony in any form, of digitalis, or of the spiritus minderceri, if given too often and in too large doses, without due attention to their effects.

I purposely omit to mention opium, because, as it confines the bowels, and frequently produces watchfulness, I do not think it a desirable narcotic in this disorder.

We learn then that the knowledge of



means abstractedly is not sufficient in the cure of this complaint. Judgment and experience are also required, to direct us as to the proper time when to apply these remedies, and when to omit them, in order to insure success ; but, I humbly conceive, that it cannot be expected, we shall ever be enabled to discover by a view of the dead, however minute and close the inspection, any thing whereby to assist us in the cure of the disorders of the mind. This must alone be derived from the living ; from a most attentive observation of the effects of remedies, both on the body and mind, watching their variety on different constitutions ; till experience, though it may not render the application of remedies certain, teaches us where they may be safely administered

and likely to succeed. We come now to the consideration of,

## THE GENERAL HEALTH.

Suppose then that danger is past, and the irritability lessened; but that a sense of fulness in the head, flushed cheeks, and suffused eyes continue, indicating, as is imagined, a preternatural activity in the vessels of the brain, still these symptoms are not the *causes* of the mental derangement; but, as I have attempted to shew, they, in conjunction with it, point out a general disorder of the system, which it should be our object to remove; not by taking away the blood, thereby weakening the constitution and creating irritability; but by encouraging an equal

circulation throughout the whole frame by every means in our power.

Some very useful medicines, calculated to answer these purposes, are objected to, because they have been found ineffectual of themselves to cure this disorder ; but is it not unreasonable to expect to find a *specific* for a complaint, that arises from such a variety of causes, and of which every part of the body more or less partakes ? Having no *nostrum* to offer myself, nor having had any communicated to me by those of greater experience, I shall only remark in this place, that a combination of medicines, capable of acting mildly upon the whole system, and taken regularly two or three times a day for a considerable time, in addition to the use



of baths, pediluvia, exercise, &c. as the case may require, will be found very efficacious in altering the morbid state of the constitution, and in restoring its natural and healthy condition. “When a  
“physician,” says Huxham, “knows what  
“kind of medicines are required, he can  
“be at no great loss to serve himself  
“with proper drugs out of the vast *ma-*  
“*teria medica* with which we at present  
“abound. He should select a few of the  
“most effectual for his use of each sort,  
“and stick to them, and not run into  
“the immense farrago which some are so  
“fond of. By so doing, he will soon be  
“acquainted with their real virtues and  
“effects, and readily distinguish between  
“the symptoms of the disease and those

“ caused by the medicine, which is a  
“ thing many times of no small im-  
“ portance.”\*

This advice of Dr. Huxham, is in no complaint of more consequence, than in the one of which I am treating, where the effects of medicines on the mind as well as on the body, should be particularly attended to. In those cases, especially, which partake more of insanity than derangement, the delusion being strong and the bodily disease scarcely apparent, this knowledge is of the utmost importance. We must strictly attend to the changes of the mind and body, and endeavour so to apply our remedies to

\* Vide Preface, p. xiii. to an Essay on Fevers, by John Huxham, M. D.

the one and management to the other, that they may both gradually improve together, lest we render the body apparently free from any disease, and leave the mental delusion more confirmed than ever. This brings me to the last, though not the least important consideration, the cure of,

#### THE MENTAL DISORDER.

We will suppose the bodily health improved, but the mind of the patient still wholly engrossed by some delusive idea, which directs all his thoughts and actions. With a view to the ultimate removal of this, we must persist in our exertions to complete the recovery of the general health, on which it may princi-



pally depend. Sound and refreshing sleep\* is the greatest *desideratum* in the cure both of the body and mind. It not only strengthens the one, but composes the other, and prevents the patient from dwelling on, and brooding over his erroneous impressions. We should, therefore, endeavour to procure him a continuance of it for many nights together. Having by this means, in some measure, restored the tone of his nerves, it should be our next care to divert his mind from time to time, when awake, from its usual association of ideas, and draw his attention to other points.

The narcotics I have already spe-

\* *Omnibus vero sic affectis somnus et difficilis et præcipuè necessarius est, sub hoc enim plerique sanescunt.* — Celsus, lib. iii. chap. xviii.

cified. These, together with such bodily exercise as is calculated to produce a pleasant fatigue, will be the most appropriate remedies to accomplish our first object.

As to the second, we know that a man of sound mind, when absorbed in thought or deeply engaged in business, is insensible to what is passing in his presence; we can hardly hope then by the introduction of friends, the exhibition of pictures, the representation of plays, or similar amusements, to make any useful impression upon one of unsound mind; but since we have seen the former capable of being roused by any thing that suddenly alarms his mind, or irritates his body, it is reasonable to infer that any shock which the latter shall receive, be it from

what cause it may, will produce in a degree a similar effect, that may in his state prove of use to him. What then is likely to be better calculated for the purpose than an emetic? It not only cleanses the stomach of much viscid matter, and thus assists in restoring the general health, but by the nausea it creates, and the disturbance it occasions, rouses the patient, and dissipates his thoughts. Moreover, by its action upon the whole frame, it excites perspiration, produces fatigue, promotes sleep, thereby conducting to the restoration of the tone of the nervous system, and to a probable return of that state, which is requisite for the steady and healthy operation of the intellectual faculties.

“The evacuation by vomiting,” says



the late Dr. Monro, “ is infinitely preferable to any other, if repeated experience is to be depended on.—I never saw or heard of the bad effects of vomits in my practice, nor can I suppose any mischief to happen, but from their being injudiciously administered.—The prodigious quantity of phlegm with which those abound who are troubled with this complaint, is not to be got the better of but by repeated vomits; and we very often find that purges have not their right effect, or do not operate to so good a purpose, until the phlegm is broken and attenuated by frequent emetics.” \*

The opinions of Dr. Cox and Mr. Hill †, coincide with that of Dr. Monro. But

\* Monro, p. 50.

† Hill, p. 295. Cox, p. 105.

Dr. Hallaran observes, " I cannot too forcibly resist the practice of administering emetics to insane patients, in such doses as may suddenly promote the violent action of the stomach at a time when the vessels of the head may be surcharged with arterial blood, and when the danger of over-distention is to be apprehended." \*

Dr. Haslam too, considers vomiting to be mischievous in some cases, and has never seen any benefit arise from the use of emetics.

" However strongly this practice," he observes, " may have been recommended, and how much soever it may at present prevail, I am sorry that it is not in my power to speak of it favour-

\* Hallaran, p. 52.

“ ably. In many instances, *and in some*  
“ *where blood-letting had been previously*  
“ *employed,* paralytic affections have  
“ within a few hours supervened on the  
“ exhibition of an emetic, more espe-  
“ cially where the patient has been of a  
“ full habit, and has had the appearance  
“ of an increased determination to the  
“ head.” \*

My experience leads me to agree with Dr. Monro, Cox, and Mr. Hill, both as to their advantage and safety. Some cases, I conceive, could not be cured without them. In many of those from which I have drawn my opinion, the pulse was 100, and the patient similar in appearance to that described by Dr. Haslam. Blood-letting, however, did

\* Haslam, p. 328.



not precede the emetic, and some mulled wine was given after its operation.

A blister at a distance from the head by the irritation it produces, and by other effects also, is one of those very serviceable remedies which may be recommended to accomplish our second object. The opinions of Dr. Hallaran, Cox, Haslam, and Mr. Hill, coincide on this point ; but Dr. Monro says, “ I never  
“ saw the least good effect of blisters in  
“ madness, unless it was in the beginning,  
“ while there was some degree of fever,  
“ or when they have been applied to par-  
“ ticular symptoms accompanying this  
“ complaint.” \* Hippocrates has taken notice of the advantage of a counter-irritation in mental disorder, where he ob-

\* Monro, p. 47.

serves, in an aphorism, that “ hæmorrhoids occurring in phrenitic and melancholic patients is salutary.” \*

After a judicious application of such means as are suitable to the restoration of the bodily health, we find the stomach and bowels begin to answer the usual doses of medicine; the excretions and secretions to be more healthy, tranquillity of body and composure of mind to take the place of hurry and confusion; the natural sense of feeling to return, and the patient sensible of his delusions, or at least in a fit state to listen to such arguments as may tend to convince him of them.

\* Τοῖσι μελανχολικοῖσι, καὶ τοῖσι φρενιτικοῖσιν, αἰμορροΐδες ἐπιγιγνώμεναι, ἀγαθόν.

Hippoc. Aphor. sect. vi.

Gaubius has evinced, in his treatise on these complaints, a greater knowledge of the method of treatment in the cure of them than any other physician, antient or modern. His remarks apply so closely to this part of my subject, that I shall offer no apology for quoting him at some length. "If experience teaches us," says he, "as I have shewn above, that the  
" mind perceives differently according to  
" the various conditions of the body to  
" which it is joined, and that she may be  
" disturbed by the body in her operations,  
" and at some times be hindered from  
" thinking as she would, and at other  
" times be compelled to think according  
" as the body commands; doubtless a  
" physician making a proper use of the  
" power which their intimate alliance



“ affords him, can by his medicines so  
“ act on the body as to give relief to  
“ the mind, though he pay no regard at  
“ all to the causes or effects, which are  
“ in, or are feared to be in the body.

“ He hath such things at hand which  
“ his art furnisheth him with, that can  
“ compose the mind though ever so vio-  
“ lently agitated, that can divert her  
“ from thinking upon what she is ever  
“ so closely bent upon, that can oblige  
“ her to keep holyday by erasing for a  
“ while all her ideas, and introducing a  
“ kind of general oblivion. An opiate,  
“ by laying the body fast asleep, can per-  
“ form all these things.

“ The physician hath auxiliaries at his  
“ command, which may recall the mind  
“ again, when she hath ceased to think ;

“ or, at least, after she hath lost all con-  
“ sciousness of thought, which can in-  
“ terrupt her too attentive and close  
“ reflection ; finally, which can dissipate  
“ ideas that have been too long present,  
“ and substitute others in their room.  
“ Such is the power and virtue of those  
“ remedies which stir the humours, ir-  
“ ritate the nerves, or give pain.” \*

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Although I have now considered the method of treatment under four heads, I do not mean, that we are strictly to confine ourselves to the rules or advice contained therein in every case indiscriminately. I do not contend that wine

\* Gaubius, p. 108.

and bark are always to be given in the first instance ; that an emetic is never to be prescribed until the bodily health is restored ; or that blood is on no account whatever to be taken away. There may be cases of this disorder in which blood-letting may be required, and prove serviceable ; but such I believe to be very rare. To give wine and bark when the stomach and bowels are loaded and confined, would, doubtless, be injurious. Emetics and purgatives would at this time be the most necessary and useful remedies.

My object, in making this division, has been rather for the purpose of laying down more clearly the principle upon which we should attempt the cure of a disordered mind ; of explaining why we



must not look for its restoration until much improvement has taken place in the health of the body ; of pointing out the effects, both advantageous and injurious, that may happen to arise from our remedies, and of demonstrating that we must be directed in our practice, not by the dissection of the dead, but by an attention to the living ; by an examination of the symptoms, not only both past and present, but also of those which are to be apprehended from the countenance, behaviour, irritability, and disordered functions, both of the mind and body. By such symptoms must we be always guided in our practice ; bearing in mind, that patients, from the very nature of this disease, are, as we have before observed, likely to sink suddenly, unless supported. Where

we think it necessary, therefore, to employ such means as have any tendency to weaken or lower the system, we should do it with caution ; watching their effects, both on the mind and body, lest a state of danger should surprise us when least expected.

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It is hardly possible to describe the various alterations the mind and body undergo during the progress and amendment of this disorder. The patient is seldom in the same mood two days together ; sometimes he varies two or three times in one day. There are particular symptoms of recovery, that often mislead those but little conversant with this com-



plaint; such as pain in the head, and a general aching and soreness, which patients complain of after remedies have been applied for some time. These symptoms are generally strong proofs of a return of natural feeling; they rather shew the propriety of the means that have been used, than the necessity for others. Relapses are always to be expected; but in favourable cases an increased amendment may be looked for after each, till the cure is effected. The progress towards recovery should be judged of from the symptoms, not of the mind only, but also of the body. Daily improvement, however, must not be hoped for in either; we must draw our conclusions from the occurrences of a week or a fortnight. The pulse will not



fall from 130 to 70 as rapidly as in other complaints : it may continue about 100 for some weeks, without causing any alarm, provided the patient be supported. As irritation subsides, the pulse gradually diminishes.

If a patient, after having been perpetually restless, can sit quietly in his chair, even for half an hour, we may judge favourably of him, though his delusions are equally strong ; but when he remains composed for whole days together, proving thereby a great subsidence of irritation in the nervous system, we may look for a return of reason. This, it may be necessary to state, takes place very gradually. As the bodily health improves, and the nerves recover their tone, the mind also gains strength.

From being unable to give his attention to any thing, the patient can now read and converse like any one else; he begins to feel his situation, to reflect upon his delusions, to doubt as to the truth or fallacy of them; and, after supposing that he may possibly be in error, he ultimately becomes so satisfied of the absurdity of his ideas, that he wonders how he could ever have believed them to be true.

Many imagine, that when a patient can converse quietly and rationally upon general subjects he is a sane man; hence, this state is sometimes denominated a *lucid interval*; no man, however, can be considered sane, until he freely and voluntarily confesses his delusions. Every physician acquainted with the disorder knows



that a patient may be capable of conversing correctly upon many subjects, and even of restraining himself for a time from alluding to that upon which his delusion turns ; if, however, this particular subject be accidentally brought to his attention, he will give evident proofs of his derangement. This state is not therefore properly an interval of sanity ; for though we see the patient capable of being clear and lucid on many subjects, still, finding him at the same time lost and bewildered on one, he cannot, with any propriety, be deemed in his senses, or of sound mind. This fact, moreover, explains why the experienced physician will never certify to the sanity of any individual, without having frequently examined him in new situations, and under



different circumstances; while the inexperienced, through his ignorance of the complaint, often does it, in confirmed cases of insanity, because the patient is capable of saying the Lord's prayer, repeating the multiplication-table, or playing a game of whist.

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Thus far I have attempted to shew what may be done by medical means towards the restoration of a patient; in doing which, I hope I have amply refuted a most extraordinary assertion, levelled against those who have made this branch of the profession their particular study; viz. that “ in mania the powers of “ medicine have been little tried; and “ those most conversant in this line have

“ sat down with hopeless apathy, so far  
“ as it is concerned.” \*

Medicine, indeed, will mostly be found insufficient of itself, without a due co-operation of management, which is not confined to one or two considerations, but to many; and must be always regulated with reference both to the state and circumstances of the patient.

I will suppose him to be a gentleman of education, able to meet such expences as may be required to establish a cure. In this case, before any medical applications be made use of, he should be at once removed from his own home, out of the presence of his relations and friends,

\* Vide Life of Dr. R. D. Willis, in the “ Picture of the present State of the Royal College of Physicians,” published in 1817.

who have been accustomed to indulge him, and placed under the care and observance of those who are total strangers to him. This, in the first instance, will alarm his mind, and be the means of checking its aberrations. By this change, too, and by an uniformity of management, which embraces firmness on the one hand, and indulgence on the other, (to be exercised as either may be deemed proper and salutary at the time,) will a patient of this description have the best chance and expectation of a cure. The personal interference of relatives should not be permitted; neither should any correspondence be allowed, until the patient is sufficiently recovered to be able to appreciate and reflect upon the advice that is given him, and until he can him-



self write without touching upon his delusion, except in confessing his own conviction of it. Few patients ever shew any signs of recovery until they have been made sensible of controul; nothing, indeed, sooner leads a patient to reflection than seeing himself under the absolute direction of his physician.

Patients being generally much alarmed at their sudden removal to a strange place, will for a time quietly submit, in hopes of favour, and of soon being at liberty to return home; but this does not continue long; they become impatient, and attempt, by cunning and various stratagems, to elude the vigilance of their attendant. Some of them, finding they cannot escape, become obstinate: they refuse food and medicine; object to walk

out, to go to bed, or to get up, except at their own hours. When medicine is given to them they spit it out again; when walking out, they lie down, and oblige their attendants to carry them home. They are like forward and unruly children, who are continually trying to get the better of their parents and nurses; objecting to do what they are desired, and determined upon what they are forbidden.

This leads me to consider the situation of medical men attending these disorders, as it respects their responsibility, anxiety, and trouble; and, above all, their treatment of a patient. Not only is their solicitude called forth for the cure of his bodily indisposition, but also for the restoration of his mind. Hence, their anxiety must be unceasing, and their diffi-



culties alike numerous and irksome. This especially arises from the necessity of a nice discrimination of the conduct proper to be adopted towards patients differently circumstanced; some requiring one kind of treatment, some another, according to the manners and habits to which they have been severally accustomed. The same medical remedies, especially such as the body requires, will be necessary to be administered for the cure of both rich and poor; while the moral remedies, as applicable to the mind, will vary, of course, according to their different degrees in society, and their consequent incapacity for the reception of the same impressions from one and the same treatment. The man of fortune and education, for example, will require a greater nicety



in our moral treatment of him than the poor and illiterate; for he that serves, will not feel so acutely, even under his derangement, as he that is served; yet firmness of conduct in the physician will be equally requisite in the cure of both.

It is a great point to obtain the good will of the patient, whatever be his condition, by kind and soothing treatment; preserving, at the same time, such command over him, as may be necessary to his ultimate cure. If strict controul be required, we must exercise it, however displeasing to the patient, and unpleasant to our own feelings; we must, indeed, be also regardless of the opinions of those unacquainted with its necessity, who may be disposed to blame and censure us. In vain shall we prescribe

remedies in mental disorders, if resolution be wanting to administer them. In vain shall we endeavour to bring about a cure, if we consult the disordered patient's will, or the opinion of his friends, in preference to our own practical knowledge, in determining whether he shall walk, take his medicines, or conform to our directions. Our experience, if we would effect a cure, must be uniformly opposed to his insensible and ungovernable state. Such restraints must be resorted to, and such benevolent (though miscalled harsh) means must be enforced, as the case may require. Happy would it be, if indulgence alone would prevail. This, I fear, will generally be found to promote rather than lessen the violence of the disease. However unpleasant, therefore, the enforcement of



restraint; whatever censure may, through the ignorance of the inexperienced, fall upon us; so long as we have the cheering prospect before us, of restoring a patient to his senses, and to his former enjoyments in life, can we desire a greater encouragement than this, to our firmness and perseverance in means so salutary and effectual, though to the physician often so painful and distressing?

It sometimes, however, fortunately happens, that the very threatening of a patient with any particular restraint or discipline supersedes the necessity of its enforcement. It is surely both humane and prudent, that this should first be attempted. Some think that soothing measures alone would answer the end; these, therefore, reprobate the use of the



*waistcoat* as needlessly severe, which, if more experienced and better informed, I am confident, they would be induced to commend, as the kindest and most benevolent mode that can be adopted. Imagine, for instance, a person in a high state of delirium, running about almost naked, turning over every thing near him, threatening to kill any one who dares to touch him, at the same time loud and frightful in his voice, and so totally lost as to be quite insensible to any thing said to him. Can words alone soothe and soften in such a case? Can they have any effect, during his present state, in preventing him from either being starved to death in his nakedness, or from wearing himself out by his violence and want of rest? How shall quiet, so requi-

site and essential, be obtained for him in this state? Surely the only way is by restraining and subduing him. Without such control, too, how are we to administer his food and medicine, or how prevent him from injuring himself or others? \*

There are other states of derangement where there is no violence, such as low and desponding cases, which need the same restraint, for reasons equally obvious and imperious. But the strait waistcoat is not only required for the purposes

\* *Ex his autem eos, (videlicet phreniticos), qui intra verba desipiunt, aut leviter etiam manu peccant, onerare asperioribus coercionibus supervacuum est. Eos vero, qui violentiùs se gerunt, vincire convenit; ne vel sibi vel alteri noceant. Neque credendum est, si vinctus aliquis, dum levare vinculis cupit, sanum jam se fingat; quamvis prudenter et miserabiliter loquatur, quoniam is dolus insanientis est. — Celsus, lib. iii. cap. 18.*



I have just described, it is salutary in itself; it alarms the mind, and forces it to reflection; it subdues the spirit, and necessarily produces rest. It has the effect also of creating perspiration, so requisite in these cases. In fact, so great are the benefits arising from this mode of restraint, that it would argue more than weakness, and little less than inhumanity, not to enforce it when manifestly required.

The following case exhibits such convincing proofs of the truth of what I have advanced, namely, of the efficacy of a strait waistcoat, combined with a tonic plan of treatment, that I deem it worthy of insertion in this place.

A gentleman who had been out of health for some time, being rendered anxious by business, gradually lost his



natural rest, and becoming incoherent in his language and conduct, I was requested to visit him. I found him in great agitation, incapable of sitting still, passing from room to room, holding conversations with persons whom he imagined to be present. Amongst other things, he fancied that a group of people were dancing under the grate, insects crawling upon his clothes, and animals playing upon the carpet. Improbable as he acknowledged this to be, still the more he looked, the more he was convinced of the fact. His pulse was 96, skin hot, face and eyes suffused with blood, pupils dilated, and upper eyelids much elevated. I learnt that his bowels had been acted upon by medicine, and that he had been without sleep for three nights. A proper

person having been procured to attend upon him, a draught composed of decoction of bark and camphor mixture was ordered to be given every three hours. He grew more irritable, passed a very unquiet night, and in the morning showed a disposition to be violent, threatening to jump out of the window, unless permitted to leave his room. The waistcoat being put on, he was confined in bed. His involuntary and uncontrollable efforts were thus checked, and he fell asleep for four hours; at the moment of awaking he was very clamorous, but, on continuing the medicine, went to sleep again, had a very good night, and awoke calm and collected, observing he had been under strange delusions. He was advised to remain in bed, to take two grains of calomel,

and continue the medicine three times that day. On the following morning, having passed a second good night, his pulse was 68, skin cool, countenance natural, and his language and conduct so perfectly consistent, that, my attendance became unnecessary. He nevertheless, by his own desire, took the medicine for a few days longer, and remains quite well.

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The length of time necessary for the establishment of a cure and its prognosis, will greatly depend upon the period which has elapsed between the commencement of the disorder and the time at which advice is called for. It will depend also upon the symptoms then present, and the effects of the means first employed.



The prognosis of a patient's return to reason is the more favorable where bodily disease is most conspicuous. His life, however, may for this reason be in greater danger. Still, provided skilful means are early administered, and the patient survives, the recovery of the mind is almost as certain to follow that of the body, as night follows day. But if, by improper treatment in the first instance, the cure of the bodily disease is prevented from taking place within a reasonable time, a fixed state of insanity is often an inevitable consequence. Again, should the health of body improve, and the mind in the mean time evince no signs of amendment, the prognosis of its restoration becomes less favorable, and the case then approaches

nearer to insanity, thereby lessening the hope of a cure.

Few cases recover so rapidly as the one last mentioned, because the same measures are seldom as quickly enforced. Weeks, and sometimes months, are suffered to pass in vain attempts to reason a patient into his senses, or in applying means but ill adapted to the end in view; the fever increases, the delusions become stronger, agitation, violence, and obstinacy successively ensue. Sleep alone is now insufficient for the cure; it is likewise obtained with greater difficulty, and much is necessary before the mind receives any benefit. It may, indeed, require many months to accomplish what we have seen the possibility of effecting in a few days.

Whilst I am treating upon the probable termination of the HIGH state of mental derangement, I cannot select, I conceive, a more appropriate occasion for correcting a misunderstanding of the author\* of "Observations on Madness and Melancholy," respecting the general answers given by my late grandfather†, before the Committee of the House of Commons, appointed to enquire into an exalted case of this description. ‡

Anxious, however, as I am to take this opportunity of bringing the subject before my readers, I should certainly have abstained from it, if the name and expe-

\* Observations on Madness and Melancholy, by J. Haslam, 1809. p. 251.

† Francis Willis, M. D.

‡ Vide Report of the Examination of the Physicians, dated Dec. 1788.



rience of the author did not give a stamp of validity to his assertions, whether made in prejudice or in error. As there seems to be an intention to throw discredit on the skill and practice of him whose reputation it is my duty to vindicate, I am solicitous that his professional character should be made to stand or fall, not by mistaking his meaning, but by fairly examining and interpreting his answers. He was the last man to be satisfied with a reputation obtained at the sacrifice of truth and honour. But, as Mr. Pitt well observed in the House of Commons in 1789, “ The severe cross-  
“ examinations he experienced were cal-  
“ culated to puzzle simplicity, and leave  
“ the coolness, which ought always to ac-  
“ company the delivery of evidence, too

“ unguarded.”\* The author says, “ it  
“ was deposed by that reverend and  
“ celebrated physician, that of patients  
“ placed under his care within three  
“ months after the attack of the disease,  
“ nine out of ten had recovered.” Upon  
this he adds, “ that he should have been  
“ more satisfied as to the truth of that  
“ assertion, had it been plausibly made  
“ out; but he required some other evidence  
“ than the *bare assertion of the man pre-*  
“ *tending to have performed such cures.*” †

Mr. Hill, in his very intelligent and  
useful work, has been induced to animad-  
vert on this extraordinary and illiberal

\* Vide Debates in the House of Commons,  
Jan. 16. 1789.

† Vide (page 251) Observations on Madness and  
Melancholy, by J. Haslam.

insinuation. His observations upon it are the result of great good sense and feeling; whilst, at the same time, he fully corroborates my grandfather's statement, by his own practical knowledge. "Increasing years and considerable attention," says he, "do not appear to have convinced Mr. Haslam, that the assertion which the able physician just mentioned made upon a solemn occasion, in the year 1789, was the absolute undisguised truth, viz., that of patients placed under his care, *within three months* after the attack of the disease, nine out of ten recovered. Without feeling," he adds, "any apprehension of being found guilty of the presumption just deprecated, the writer of this Essay is enabled to cor-



“ roborate the affirmation of Dr. Willis,  
“ from the sources of considerable ex-  
“ perience.” \*

I cannot help thinking, that had the author more attentively and minutely looked into the answers, he would not only have been spared the trouble of some of his remarks, but would have since regretted the spirit in which they were made, by discovering this eminent physician clearly to have meant, instead of nine out of ten indiscriminately, that nine out of ten of that species of the disorder, namely, *delirium and derangement cum febre*, under which the exalted patient more particularly laboured, had

\* Vide (pages 203, 204, 205, 206.) An Essay on the Prevention and Cure of Insanity, by George Nesse Hill, Medical Surgeon at Chester.

recovered if brought under his care within three months after the attack of the disease. For it is to this, that, in his answers, he is alone referring. Such must appear to every reasonable and candid enquirer, to have been the sense and meaning intended to be conveyed by the answers in question. He did not comprehend in them that determined and settled case of insanity, where the mental faculties alone are distractedly engaged, exclusively of any participation with the body. He did not intend when he delivered this opinion, to comprise the *mens insana in corpore sano*.

I shall, therefore, dwell no longer on this point than to express my regret, that the author should have cast a doubt on this physician's veracity, tending to

depreciate his fame, when, in the great case already alluded to, he so manifestly confirmed by the result of it, against every prejudice and against many opposite opinions, all that he had at first foreseen and confidently predicted; hereby establishing, notwithstanding the author required "*other evidence than his bare assertion,*" that it may be possible for one to possess a clearer insight into mental disorders than another, and by an extraordinary perception and vigour of mind, joined to the practice of many years, be "so fortunate as to discover remedies," which even "great preparatory study" may never attain to. Every science is doubtless from time to time capable of improvement, and none more so than that of medicine. From



what is its advancement generally to arise, but from the high talents, extensive practice, and persevering study of those who dive into, and discover sometimes what the greatest acuteness and industry in others have not been able to find out. I have very little doubt, that not only the writer of these "Observations," but others of high professional character also, who were not at the time, perhaps, wholly without prejudice, will now be ready to alter their opinions; and that the author will likewise be sorry to have styled the account of this physician's success as "*bold, unprecedented*" and "*marvellous,*" when it proves to have been but the fair and natural result of superior skill and great experience.

Since doubts, and even misrepresentations, unaccountably arose, regarding the education, degree, and practice of Dr. Willis, when he was called to the late king in 1788, I think it proper in this place to give a plain and concise history of him, which will afford a full and complete answer to all the misstatements, which ignorance or wilfulness has fabricated to the prejudice of his name and memory.

He was designed by his father for the church, and with that view was sent to Oxford, where, when of proper age, he entered into holy orders. But so strong was his natural inclination in favour of physic, that even while an under graduate, his time was especially employed in the study of it. He became a FELLOW, was

some time Vice Principal of Brazen Nose College; and in 1759 took the regular degree of Doctor of Physic in the same university, having before this period practised for several years.

During his residence there he had the good fortune to obtain the acquaintance of the celebrated Dr. Alcock, from whom he received every encouragement and assistance that friendship could suggest toward the attainment of his favourite pursuit. This eminent and skilful physician, who had studied under Boerhaave, Gaubius, and Albinus, was permitted on account of his superior talents and acquirements, to read lectures on anatomy and chemistry in the Museum, without the appointment of Regius Professor.\*

\* Vide Life of Nathan Alcock, M. D., in Chalmers's Biographical Dictionary.



A constant correspondence was maintained between them after Dr. Willis's removal to Dunston, in the neighbourhood of Lincoln, where he was first called into general practice, which in a few years became so extensive as not to be confined to his own county. Richard Dalton\*, Esq. of Knaith, in Lincolnshire, having left a considerable sum for the foundation of a general hospital at Lincoln, my grandfather, in conjunction with others, took a very active part towards

\* It is due to the memory of Mr. Dalton, to state that his benefaction upon the whole amounted to 1050*l.*, and that upwards of 14,000 Patients have been admitted into the Hospital since its first establishment. If the nature of my Treatise would permit, I could here gladly enlarge in commendation of those, to whose unremitting superintendance and care, its general success is so much to be attributed.

its establishment, and in 1769 was appointed, in concert with Dr. Petrie, physician to the hospital ; for the six following years he never ceased his regular attendance at it twice a week, although at the distance of nearly ten miles from his residence. Having very early succeeded in the cure of a decided case of derangement, and been equally fortunate in other similar cases, his name became so eminent for restoring the disordered mind, that patients were brought to him from great distances. So much, indeed, did his fame and success in diseases of this nature increase, that he might at any time have resigned the labour and fatigue of his general practice ; but being of a very active turn of mind, and a lover of his profession, it ended

only with his death, which happened in his ninetieth year\*, at Gretford, near Stamford, (to which place he had removed in 1776,) the present residence of my uncle, Dr. John Willis, to whom, by permission, I have dedicated this Treatise.

\* He was born in 1718, and died in 1807.



## CHAPTER VI.

DESCRIPTION, CAUSES, AND CURE OF THE LOW  
STATE.—ITS IDENTITY, WITH THE LETHAR-  
GUS OF THE ANCIENTS.

HAVING discharged a duty to which I felt myself called, and already completed the history and progress of the HIGH state of mental derangement, with the method of treatment, which experience has shown to be essentially useful in the cure of it, I proceed to the consideration of the opposite or Low state. This I have previously remarked is characterised by an unusual lowness, sometimes

amounting to despair, and frequently accompanied with the desire of self-destruction.

The symptoms which precede derangement in the Low, are very different from those of the HIGH state. In the place of hurry and unusual violence, we find great apathy, and profound listlessness. A patient in the former state, instead of enjoying the company of his friends, delighting in his accustomed amusements, and following his ordinary occupations, shuns society and seeks solitude ; he prefers his bed to any other place ; neglects his dress, disregards his food, and is averse to exercise : he is even unwilling to move from his seat ; but if he does, it is with a slow step ; he will sit for hours together without seem-

ing to be capable of motion. He seldom speaks ; and if spoken to, he does not answer till the question has been put to him two or three times ; he is, in short, totally lost and regardless of every thing, except the subject upon which his mind appears to be wholly employed.

A pallid and fixed countenance, dull eye, scantiness of secretions, loss of appetite, languid circulation, long and deep inspiration or sighing, all accompany this inactivity of mind. The patient now obtains very little sleep, yet, owing to the general torpidity of his constitution, he is with difficulty roused. Disturbed and restless nights succeed, more or less attended with fever and debility. After a continuance of this state, perpetual watchings, confusion of ideas, and de-



rangement, may ensue without any other apparent symptoms. Very often, however, indigestion is the primary affection, the description of which, I shall quote from M. Daubenton.

“ Most people,” says he, “ who lead a  
“ sedentary life, and are not obliged to  
“ exercise some active employment, com-  
“ plain of their digestion : they perceive  
“ the food lie heavy on their stomach  
“ after a meal. This uneasy sensation is  
“ accompanied with a sort of torpor,  
“ which impedes the functions of the  
“ body, and obscures the mind : this  
“ state of uneasiness gradually subsides,  
“ the corporeal powers resume their  
“ energy, and communicate to the stomach  
“ sufficient force to overcome the obstacle  
“ opposed to it. The progress of its

“ action manifests itself, by the quantity  
“ of air it causes to be discharged from  
“ the mouth, the escape of which is  
“ often accompanied with noise. The  
“ effort made by the stomach to expel it  
“ is frequently indicated by a painful  
“ sensation, which ceases the moment it  
“ escapes; after its escape, the indigestion  
“ terminates, and the stomach recovers  
“ its natural state; but, if the stomach  
“ be incapable of disencumbering itself  
“ of the air which oppresses it, the indi-  
“ gestion is more violent and of longer  
“ duration; if it continues till the time  
“ when the body becomes tranquil, and  
“ is extended in bed, the air then escapes  
“ from the stomach with more difficulty;  
“ its quantity augments to such a degree,  
“ that it acts not only on that organ, but

“ on other parts of the body by nervous  
“ sympathy. It produces heaviness, or  
“ giddiness of the head, a sense of oppres-  
“ sion, and of heat in the chest; palpita-  
“ tion of the heart, trembling of the  
“ knees, cold in the legs, and a sweat to  
“ break out over the whole body. In  
“ one word, a state of sensation so very  
“ uncomfortable, as to compel a frequent  
“ change of position, and of even en-  
“ tirely quitting the bed. These move-  
“ ments promote the escape of the air  
“ from the stomach and procure relief.  
“ When the quantity of the air is dimi-  
“ nished, the stomach is more at liberty to  
“ pursue its proper mode of action; the  
“ air escapes by degrees, and the in-  
“ digestion terminates. If the uneasy  
“ state of the stomach is not sufficient



“ altogether to prevent sleep, the repose  
“ is troubled by frightful dreams, repre-  
“ senting horrid spectres, from whose  
“ fangs it is impossible to escape, or  
“ situations of distress, with which it is  
“ in vain to contend ; while deep groans  
“ and inarticulate sounds alone issue  
“ from the labouring bosom of the un-  
“ happy sufferer, amidst his struggles to  
“ implore assistance.” \*

Unless the preceding symptoms are early attended to, they harass the patient till the uneasiness they occasion prevents him from pursuing his usual occupation ; should his nights continue disturbed, his fever increases, his countenance betrays the greatest alarm and anxiety, he grows

\* Daubenton, on Indigestion, translated from the French, by Alex. P. Buchan, M. D.

suspicious of his dearest friends, is surrounded with imaginary horrors, and dreads to be left a moment alone. At length, the delusions becoming fixed, his mind is impressed with some false idea, such as believing himself poisoned, or that evil spirits within are tearing him to pieces. With the view of being relieved from these visionary and distressful evils, he is sometimes unhappily induced to look upon life as irksome, and death desirable; and, hence, to meditate self-destruction. If not already in confirmed delirium, he is rapidly approaching towards it.

It is hardly to be credited to what an extent of inconsistency patients are led, by a pertinacious adherence to the notions they entertain, notwithstanding

the plainest evidence of their falsity. It is well known, that many in the greatest affluence, often fancy themselves ruined; whilst others of the strictest honour and integrity imagine, they have been guilty of the most disgraceful actions. The former of these two instances would, if permitted, deprive themselves of the necessaries of life. They borrow money for the maintenance of their families, lest they should starve, though at the same time, in possession of great abundance. The latter, for fear they should be taken up and committed for the supposed crimes, conceal themselves. So suspicious, indeed, are they that persons passing in the street are acquainted with their dishonour, and in search of them, that they dare not appear even at the windows.



This concludes the history of the Low state. It may come on suddenly or gradually, according to circumstances; but whether the mental or bodily symptoms are first developed, the disease ultimately assumes the same form, requiring a similar mode of treatment; yet it may nevertheless exist, independently of some of those symptoms I have described.

With respect to the REMOTE CAUSES, those which occasion the high state, may also produce the low; but why such different states should arise from similar excitements, it may be difficult to determine: this appears to depend more upon the constitution and natural disposition of the individual, than upon any thing else. We may instance the case of Lear, whose irritable nature was manifested by

his behaviour to Cordelia, and his hasty banishment of Kent.

*Lear.* Peace, Kent !

Come not between the dragon and his wrath.

—— Kent, on thy life, no more.

—— Out of my sight !

*Gon.* The best and soundest of his time has been but rash —”

The ingratitude of his daughters threw him, at times, into violent bursts of passion, and thence by degrees into a paroxysm of the high state of derangement. Had he been by nature cool and thoughtful, not easily ruffled, but always able to suppress his feelings, he would probably have fallen into the low state, from the same circumstance.

The remote causes may, as in the high state, be considered under two

heads, according as they primarily affect the body or the mind.

Under the first division, we may include whatever by immediate application offends or injures the stomach and other abdominal viscera, creating indigestion, the effects of which are strongly exemplified in the subsequent case.

A young lady, after eating some heavy paste, had been attacked with a sensation of burning heat at the pit of the stomach, which increased till the whole of the upper part of her body, both externally and internally, appeared to her to be in flames. She rose up suddenly, left the dinner table, and ran out into the street, where she was immediately followed, and brought back. She soon came to herself, and thus described



her horrible ideas, that she had been very wicked, and was dragged into the flames of hell. She continued in a precarious situation for some time. Whenever she experienced the burning sensation, of which she first complained, the same dreadful thoughts recurred to her mind. She seized hold of whatever was nearest, to prevent her from being forced away, and such was her alarm, that she dreaded to be alone. This lady had been long distressed by family concerns, and harassed by restless and disturbed nights, which had greatly injured her health.

Persons addicted to drinking spirits, especially in hot climates, frequently become dyspeptic, and are sometimes the subjects of the Low state, which

may likewise be the consequence of hypochondriasis and hysteria.

Under the second head of exciting causes, we may consider whatever operates so powerfully upon the mind, as to paralyse, as it were, the whole frame, and in particular the viscera of the abdomen. Amongst such may be mentioned great anxiety of mind, severe disappointment, loss of reputation and property, long continued attention to any important concern, and accidentally killing a near relation or friend.

A case of sudden delirium terminating in suicide, has been ably drawn by Shakespeare, in his character of Ophelia, whose father falls by the hand of her rejected lover, and the gradual progress of

derangement, with the deplorable condition and melancholy appearance of the sufferer, is very truly delineated by the same poet, in his character of Hamlet, whose malady arises from disappointed love.

*Ham.* “ I have of late, (but, wherefore, I know not,) lost all my mirth, forgone all custom of exercises: and, indeed, it goes so heavily with my disposition, that this goodly frame, the earth, seems to me a sterile promontory.”

*Pol.* “ And he, repulsed, (a short tale to make,)  
“ Fell into a sadness; then into a fast;  
“ Thence to a watch; thence into a weakness;  
“ Thence to a lightness; and, by this declension,  
“ Into the madness wherein now he raves.”

*Oph.* —— “ As I was sewing in my closet,  
“ Lord Hamlet — with his doublet all unbraced;  
“ No hat upon his head; his stockings loose,  
“ Ungartered, and down-gyved to his ankle;  
“ Pale as his shirt; his knees knocking each other



“ And with a look so piteous in purport,  
“ As if he had been loosed out of hell,  
“ To speak of horrors — he comes before me.”

I have attempted to show, in my first chapter, that a general affection of the nervous system is the PROXIMATE CAUSE, both of the HIGH and Low state of Derangement; but it is not improbable, that, in the Low, the nerves of the abdominal viscera are most disordered.

When treating upon the method of CURE of the former, I enumerated many remedies and applications that will be found equally useful in the treatment of the latter. In this, as in the other, it should be our first object to procure sleep; our attention should then be directed to the indigestion, which has doubtless taken place. We must be careful to distinguish

the restlessness, which is a consequence of nervous irritation, from that which is an effect of disordered bowels ; because patients in this Low state, when severely troubled with heart-burn and flatulence, are very apt to become violent and unmanageable, requiring very different remedies to those prescribed in the HIGH state. Bark, which is so useful and necessary to allay irritation in the latter, might, by loading the stomach and confining the bowels, increase the distressing symptoms of indigestion in the former. Emetics and purgatives in the first instance are mostly required, which should be followed by medicines that tend to restore the tone of the stomach, and other abdominal viscera, such as mild alteratives, tonics, and cordials.

The principle and remedy advised by M. Daubenton for the cure of indigestion, namely, to stimulate the stomach by ipecacuanha, given in small doses, with a view of detaching the glairy and viscid matter from its coats, without exciting vomiting or nausea, would, if early adopted, most probably prevent this disease from assuming the decided form I have described; but, being once suffered to take place, it often requires large doses to produce any sensible effect, proving, either that there is an accumulation of phlegm in the stomach, or that its natural sensibility is much diminished, for,

“When the mind’s free, the body’s delicate.”

Twenty grains of ipecacuanha frequently fail to excite vomiting; in some cases they do not even create nausea; in



these therefore, we cannot expect much benefit to arise from one or two grains. When the stomach has been thoroughly cleared by an emetic, small doses prove advantageous.

Dr. Mayo, conceiving that indigestion arises from an affection of the brain, proposes “to substitute for purgation, the “cupping-glasses or the lancet.” “Flatulence,” says he, “is probably more “often dependent, in this disease, upon “the state of the brain, than upon the “influence of violent purgatives. Thus “it is often ushered in by increased action “of the carotids, and considerable mental excitement. Indeed, in other diseases, we have seen flatulence so often “immediately preceded, that we have “had a right to consider it occasioned

“ by mental excitation, or, in other words,  
“ by disordered cerebral action. In cases  
“ of cerebral action, where warm and  
“ stimulating purgatives have entirely  
“ failed to remove the symptom, it has  
“ been relieved by cupping or bleeding.”\*

Grief and mental agitation do certainly, by sympathy, disorder the stomach, producing heart-burn, flatulence, &c. ; but it is difficult to comprehend upon what principle Dr. Mayo prescribes his remedies ; how he expects them either to prevent the accumulation of flatus, or to be the means of extricating it, when collected. For although the brain may be primarily affected, the stomach seems to become the seat of disease. Can the cupping-glasses or the lancet restore it ?

\* Mayo, page 27.

For my own part I think that flatulence is more frequently the cause of “increased action of the carotids, and mental excitement,” than the effect; should, however, Dr. Mayo’s observations be found correct in practice, his discovery is invaluable; and reasoning *à priori*, we may hope to see other symptoms of indigestion yield to his remedies.

Patients in the Low state occasion ten times more anxiety to the physician than in the opposite one, because they are too often bent upon suicide. It is obvious, therefore, that such ought not to be left a moment alone, or allowed even the use of their hands, lest they become the means of their own death; how are we otherwise to guard against the various and extraordinary modes of self-



destruction which are daily resorted to. They sometimes resist all nourishment, to so great a degree, for the purpose of starving themselves, that it becomes absolutely necessary to administer both food and medicine by force.

The period required for a cure in the Low is generally longer than in the High, and the prognosis more unfavorable, because the attack is commonly insidious, and much time suffered to elapse before advice is sought for. It is remarkable, that patients who fancy they are poisoned or suffering internally, are less likely to recover than those who imagine themselves ruined in fortune, or disgraced by crimes.

The Low state of mental derangement appears to have been known to the

Ancients, by the name of *Lethargus*\* : for the latter is described by them as a

\* *Intelligimus lethargum ex obstrusione, atque hebetudine sensuum, pressura etiam, atque febre acutâ sive jugi, sive dimissionibus intercapedinata, pulsu magno, tardo, inani, et inflato. Sine his enim neque esse intelligi lethargus potest. — Cælius Aur. lib. ii. cap. 3.*

Erit præterea *tacitus* is, qui natura, atque sanitatis tempore fuerat multiloquus, tunc *piger*, ac non sponte *initians* loquelam, sed alienam prosequens: *suarum tacitus querelarum*, aut non digna ratione referens: *multo* etiam veluti *somno affectus*, nec quicquam *somnians*, aut eorum quæ somniaverit memor: *schema* jacendi frequenter *supinum*, contra solitam consuetudinem: *oscitatio jugis*, *extensio crurum*, tanquam è somno expergescentis. — Cælius Aurel. lib. ii. cap. 2.

Hujus morbi symptomata, quæ nunc ordine explicanda veniunt, præcipua sunt somnus, et oblivio functionis cujusque alterius cognoscentis aut spontaneæ cessatio, respiratio inæqualis et tarda, febris, et non rarò affectu in pejus eunte, spasmi, tendinum subsultus, ac demum convulsiones universales ac lethiferæ. — Willis, De Lethargo.

disease, in which great apathy of body and mind, together with fever and indigestion, are the characteristic symptoms. Aretæus particularly mentions the accumulation of flatus, and its consequent incessant change of position \*: I am inclined to this opinion, also, from finding it contrasted with phrenitis†, and more

\* Οἱ ληθαργικοὶ, τρομώδεις ἀπὸ χειρῶν, ὑπνώδεις, δύσχρωτες, οἰδηματώδεις, σφυγμοῖσι νωθροῖσι, καὶ μετάρσια τὰ ὑποφθάλμια, καὶ ἰδρώτες ἐπιγίνονται, καὶ κοιλίαι χολώδεις καὶ ἀκρατέες. — Hipp. Coacæ. Praenot. 192.

Φυσέων γὰρ συναγωγὸν λήθαργος, καὶ ἐν τῆσι κοιλίησι, καὶ ἐν τῷ ὅλῳ σκηνεῖ ἀργίη, καὶ νωθίη, καὶ ἀψυχίη. Διαπνευστικὸν δὲ κίνησις, ἢ δὲ ἐγρήγορσις. — Aretæus, Θεραπεία Ληθαργικῶν.

† Ὁ Γνήσιος λήθαργος, ὡσπερ ἡ φρενίτις, ἔχει μὲν τόπου ἐγκεφάλου, ὕλην δὲ ἐναντίαν τῇ φρενίτιδι. — Tral-lianus, περὶ Ληθαρ.

Alter quoque morbus est; aliter phrenitico contrarius. In eo difficilior somnus, prompta ad omnem



especially from the observation of Cælius Aurelianus, "That lethargic patients sometimes fall into phrenitis previous to their recovery, and those afflicted with phrenitis oftentimes become lethargic."\* The same thing happens between the HIGH and LOW states of derangement: the most violent patients are almost certain to become Low, previous to their

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audaciam mens est: in hoc marcor et inexpugnabilis pene dormiendi necessitas. *Λήθαργον* Græci nominarunt. Id quoque genus acutum est, et, nisi succurritur, celeriter jugulat. — Celsus, lib. iii. cap. 20.

\* Denique *vehementi stricturâ phrenitici* sæpissimè *in lethargiam* venerunt, ut, *declinante lethargiâ*, aliquando è contrario lethargi *in phrenitim* deciderunt. — Cælius Aurelian, lib. ii. cap. 1.

Aliqui denique é *lethargo* liberati, absolutam *phrenitim* incurrunt, ac deinde ad sanitatem perveniunt. — Cælius Aurelian, lib. ii. cap. 3.

cure ; and those who are at first Low, and lost to all sense of feeling, will have a better chance of recovery, if they fall into the HIGH state, and become irritable. That it is not *melancholia* is clear, because melancholia is a disorder *sine febre* \* ; and the one under consideration is always attended *cum febre*.

In the treatment of lethargus, the Ancients prescribe bloodletting and cupping : Aretæus, however, warns us against the use of these remedies, if lethargus is the consequence of phrenitis ; and proposes castor to expel the flatus and

\* Ἔστι δὲ ἀθυμία ἐπὶ μιῇ φαντασίῃ, ἄνευ τῆς πυρετοῦ. — Aretæus, περὶ Μελαγχολίης.

*Melancholia* vulgo definitur *desipientia sine febre* aut *furore, cum metu, et tristitiâ conjuncta*. — Willis, De Melancholia.

strengthen the nerves.\* Trallianus and Celsus direct castor to be given, combined with scammony.† Willis observes, that the prognosis is very unfavourable; and that no time ought to be lost in opening the jugular vein; after which he recommends blisters and sinapisms to be applied to the legs and feet, and the second day a vomit or cathartic to be given. ‡

Between the two extremes of mental derangement which I have now de-

\* Ἦν μὲν ἐξ ἐτέρης νόσου, ὁμοίον τι φρενίτιδος διαδέξεται ἢ λήθη, φλέβα μὲν μὴ τάμνειν, μηδὲ ἀθρόον ποθὲν κενοῦν αἷμα. — Συκίη ἤκιστα χρέεσθαι, ἢν ἀπὸ φρενίτιδος ἔωσι. — φύσας γὰρ ἄγει (καστόριον) ἄνω τὲ καὶ κάτω μετεξετέροισι δὲ καὶ οὔρα καὶ κοπριον. ἢν δὴ ποθὲν εἰς τὸ πᾶν διαθέον ἦκη, ἄτρομα, ἢδὲ κραταιὰ τὰ νεῦρα γίγνεται. — Aretæus, περὶ Ληθαρ.

† Trallianus, περὶ Ληθαρ. — Celsus, lib. iii. cap. 20.

‡ Willis, De Lethargo.



scribed, that is, between the HIGH state, which is marked by irritation and violence in the patient, and the Low state, in which an almost insuperable depression, accompanied, too often, by the wish to destroy himself, are the predominant symptoms, there is a variety of shades of the disorder affecting both mind and body. Some of these are allied to one, some to the other; and there are those which partake of both. Others, again, are perfectly harmless, having no tendency to destruction. An intimate acquaintance with the symptoms of these two extremes, and the effects of remedies applied to them, cannot fail to point out such means as may be serviceable in the intermediate states.

It is justly observed by the late Dr. *Monro*, that “the only cautions neces-

“ sary for those unacquainted with this  
“ complaint, are, not to be too hasty  
“ in their evacuations, nor to carry them  
“ beyond the strength and constitution of  
“ the patient; never to lose a proper  
“ authority over him, which they will  
“ always find necessary for his manage-  
“ ment; not to be imposed upon by his  
“ cunning artifices; nor to give him up too  
“ soon as an incurable. As to medicines,  
“ there can be no particular directions;  
“ all that are proper in other distempers  
“ will be found of use in this when ap-  
“ plied with judgment.” \*

Before I conclude the subject of acute disorders of the mind, it may be expected, that I should make some mention

\* Monro's Remarks, p. 59.

of the diet proper to be allowed in them. In the majority of cases, a plain and regular course of living, with a due attention to moderation, will be found essential to their cure. Patients, who have been accustomed to wine, ought not to be wholly debarred from it, though in every case it is not required. Those, who are much troubled with the symptoms of indigestion, should abstain from vegetables and too much liquid. When exhaustion is apprehended from violence, or a more gradual decay from a determination in the patient to starve himself, the most nutritious food, as strong beef-tea or gravy-soup, is proper to be administered; in the former case, wine and porter may be advantageously given.



## CHAPTER VII.

## ON LUNACY.

IN the preceding pages, I have, as I proposed, attempted an explanation of the nature, origin, and causes of derangement generally. I have given the history and progress of its two extremes when attended by fever, with the principle and means which experience has proved to be peculiarly beneficial in the cure of them; I have shewn the efficacy of medical science combined with proper management. If, however, notwithstanding our exertions to restore the mind with the body, the fever ceases, the bodily health improves, whilst reason does not return, the case then partakes

more of insanity than derangement.\* The former, I have before observed, is distinguished by the patient continually acting upon a false impression, without any apparent bodily disease. Of this, a striking illustration is given by Shakspeare, in one part of the character of Edgar, where his thoughts and actions are controlled by the foul fiend :

*Edg.* “ Away, the foul fiend follows me !” —

“ Who gives any thing to poor Tom ? whom  
“ the foul fiend hath led through fire and through  
“ flame, through ford and whirlpool, over bog and  
“ quagmire.”

— “ Take heed of the foul fiend !”

— “ Look where he stands and glares !”

---

\* *Phrenitis*, aut brevi tempore in salutem, aut mortem, cum *febre* terminatur; aut diu protracta, et post *febrem* superstes, demum vel sanatur, vel in alios morbos, nempe *Lethargum*, aut *Maniam*, aut *Melancholiam* transit. — Willis, cap. 10.

Insanity, like mental derangement, may be divided into two states, between which, also, there may be many shades of difference; the one characterized by violence, the other by lowness and a desire of death. Both are apparently free from any bodily disease, and liable to pass one into the other\*; and in both, the greater number of sufferers, although they may be incurable, are easily, by good management, rendered tractable and comfortable in themselves. I conceive these two states are the *MANIA* and *MELANCHOLIA* of the ancients. †

\* *Post melancholiam, sequitur agendum de mania, quæ isti in tantum affinis est, ut hi affectus sæpe vires commutent, et alteruter in alterum transeat; nam diathesis melancholica in pejus evecta furorem accersit; atque furor deferbens non raro in diathesin atrabiliariam desinit. — Willis, cap. xii. De Mania.*

† Γίνονται μὲν οὖν καὶ μετὰ πυρετοῦ βλάβαι τῶν



Whether a patient labours under *phrenitis*, *lethargus*, *mania*, *melancholia*, or their intermediate states, he is, doubtless, a fit object for an asylum, unless his means can procure him such attention in private as his malady requires. Since such numerous instances occur, how fortunate is it, that, besides the public lunatic asylums intended for *incurables*, there should exist also private ones in and about the metropolis, for the reception of the *curable*; some capable of containing many hundred patients; where every attention is paid that skill and hu-

---

ἡγεμονικῶν ἐνεργειῶν, ὡς ἐπὶ ΦΡΕΝΙ΄ΤΙΔΟ΄Σ τε καὶ  
 ΛΗΘΑΡ΄ΓΟΥ, γίνονται δὲ καὶ χωρὶς πυρετοῦ, καθάπερ  
 ἐπὶ ΜΑΝΙ΄ΑΣ τε καὶ ΜΕΛΑΝΧΟΛΙΑΣ. — Galen, De  
 Locis Affectis, l. iii.

manity can suggest ; and where acuteness of talent in the treatment of them, aided by long experience and uniform kindness, has produced the greatest success, demanding our utmost praise and commendation. If I more particularly allude to the establishment which my late uncle was in the habit of attending, I shall only be discharging a duty, by doing justice to the very superior manner in which it has always been conducted.

---

When mental derangement has put on the features of insanity, it sometimes becomes requisite to obtain for the patient the protection of the law. In this case, a certificate of his disorder being first obtained from a medical man, a petition is

presented to the Lord Chancellor, praying, that a commission in the nature of a writ *de lunatico inquirendo* may issue, to enquire into the state of the supposed lunatic.

This naturally leads us to consider what line of conduct should be adopted, for the purpose of satisfactorily ascertaining the real state of the individual, on whose account the enquiry is instituted.

Were we introduced to the patient with a view of undertaking his cure, we ought, certainly, to be admitted into his presence, with the very influence upon which we are hereafter to act; we ought to use no deceit, but openly and firmly, though delicately, acquaint him with his situation; but we must be careful how we confound this with a visit intended



for the mere object of examining whether a person be sane or insane. For knowing how much it must distress and alarm a man to be told he is deemed a lunatic, and considered incapable of managing himself and his affairs; we may expect the result of such a communication to be, either an attempt on his part to conceal what we wish to discover, or a state of agitation very difficult to be distinguished from a paroxysm of the disorder, and equally tending to mislead the judgment of the enquirer.

The visit of the physician ought, therefore, to appear natural and undesigned, while its real object should be carefully kept from the knowledge of the patient; who being speciously led to that conversation, upon which his supposed derange-

ment turns, will, if without suspicion, give immediate proofs of it, by voluntarily disclosing his delusions. Since also it is confessedly an act of humanity to pronounce a man insane who is *bonâ-fide* such; so is it equally humane in the physician to ascertain the truth, if possible, without unnecessarily wounding the feelings of the individual.

If upon examination before a jury, his lunacy is not at once decisive, if his manners are good, his behaviour mild, and his replies shrewd, “ a happiness that madness often hits on, which reason and sanity could not so prosperously be delivered of,” \* those who are called upon to judge of his state, with these appearances in his favor, are liable to be deceived by

\* Hamlet.

listening to the ingenuity and sophistry of counsel, and by not choosing to take advantage of that assistance, which would be more likely to lead them to the truth. I allude to the practice of juries, empanelled on commissions of lunacy, requesting physicians to withdraw during the examination of a patient. These, if allowed to remain in court, might, from their peculiar knowledge, disarm a patient previously put upon his guard; and might induce him to expose his delusions, though he had been tutored ever so dexterously to deny them. Whereas, neither a physician nor any one else can elicit from a man really in his senses, either traits or evidences of insanity.

---



During the course of the enquiry, a question may arise as to the difference between a sound, a weak, and an unsound mind, or between an unsound mind and lunacy.

In attempting an explanation of these different states, I shall wholly abstain from entering into theoretical, legal, or metaphysical definitions, and strictly confine myself to a consideration of them in a medical and practical point of view, to a statement of facts indeed, obtained from observation.

A sound mind is one wholly free from delusion. Weak minds again only differ from strong ones in the extent and power of their faculties; but, unless they betray symptoms of delusion, their soundness cannot be questioned. An unsound

mind, on the contrary, is marked by delusion, by an apparent insensibility to, or perversion of, those feelings which are peculiarly characteristic of our nature; some lunatics, for instance, are callous to a just sense of affection, decency, or honour; they hate those without a cause, who were formerly most dear to them; others take delight in cruelty; many are more or less offended at not receiving that attention to which their delusions persuade them they are entitled. Retention of memory, display of talents, enjoyment in amusing games, and an appearance of rationality on various subjects, are not inconsistent with unsoundness of mind; hence, sometimes, arises the difficulty of distinguishing between sanity and insanity.

An opinion was formerly entertained, that persons of disordered intellects are influenced by the moon, and that symptoms of their state are more clearly manifested at the full and quarters of it, than at other periods. This idea is now pretty generally exploded; nevertheless, the word LUNACY, which was derived from it, has remained, signifying, that confirmed unsoundness of mind, (from whatever cause it arises,) which prevents a man from managing himself and his affairs; I repeat *confirmed unsoundness*, because a person under the influence of liquor is of unsound mind, so is one in delirium or derangement *cum febre*, but they are not lunatics; the loss of reason in these cases is temporary, and its return usually expected. Should, however,



the fever cease, and the mind continue deranged, insanity or lunacy is the consequence, which is more or less perceptible according to circumstances. Besides the furious maniac and desponding melancholic, whose conditions are too evident to be mistaken, there are others, whose disordered minds lead them on to the ruin of themselves, their families, and their property, in wild and imaginary pursuits, in maintaining the dignity of a self-created title, or by flying from supposed persecution. Such persons, though carried away by their separate and distinct fancies, being each deluded on a particular subject, yet rational on others, are liable to deceive the inexperienced. Some again, are apparently bereft of any reasoning faculty, and lost to all sense of pro-

priety. Such can hardly deceive any body, although they may, indeed, raise doubts and difficulties, invite discussion, and lead to the adopting of nice and trivial distinctions.

Besides these marked divisions, a great variety will be found, from the most violent to the most harmless ; but whatever character may strictly belong to each state, they all, doubtless, exhibit that unsoundness, that vacuity of mind, which alike disqualifies them from the capacity of taking care of themselves and their concerns. Is it then reasonable, that either the one or the other of these persons should, by such distinctions, be deprived of the protection of the law ; that one man be at liberty to commit acts of violence ; another suicide ; a third,

to waste his patrimony in imaginary and delusive schemes to the ruin of his family ; or a fourth, to have his property injured by others, and himself exposed to ridicule and contempt ?

It is true, that a man may be violent and morose in disposition, weak in judgment, and fanciful in his ideas, and yet not a lunatic ; but if his disposition, his weakness, or his fancies, urge him on to commit acts characteristic of insanity, or allow him to obey, and consent to, the will and dictates of others, with a patience and forbearance incompatible with reason, notwithstanding the degradation and disgrace that may attach to his acquiescence herein, such a man ought, in fact, to be looked upon as a lunatic, for all the purposes which the good of society



requires, and his own safety and protection demand.

A person of unsound mind *ex nativitate* is, with regard to his incapacity, in the same state as one of insane mind from disease; but they may differ as to their mental symptoms. Although both of them entertain delusions, yet the former never having been capable of understanding things in their true light, puts the strangest and most irrational constructions upon what he hears and sees; suffers himself to be treated as a child, and can be made to believe the grossest improbabilities, — to lay them aside, and take up others. Such a character, prior to the institution of County Lunatic Asylums, might have been seen wandering about in almost every village, fantastically

dressed, — an object of pity, ridicule, and terror; and was usually known, from his extraordinary behaviour, by the names of Mad Tom, and Tom of Bedlam.

*Edg.* “ The country gives me proof and precedent  
 “ Of Bedlam beggars, who, with roaring voices,  
 “ Strike in their numb’d and mortified bare arms  
 “ Pins, wooden pricks, nails, sprigs of rosemary;  
 “ And with this horrible object, from low farms,  
 “ Poor pelting villages, sheep-cotes, and mills,  
 “ Sometime with lunatic bans, sometime with prayers,  
 “ Enforce their charity.— Poor Turlgood! poor  
 “ Tom!” *King Lear.*

On the contrary, the man of insane mind from disease, having been once *compos mentis*, pertinaciously adheres to some delusive idea, in opposition to the plainest evidence of its falsity; and endeavours, by the most ingenious arguments, however fallacious they may be, to support his opinion. Hence we see



that although the cause of their condition differs, the effect is the same: one has lost what the other never possessed,—a sound and perfect understanding. So much do they resemble each other sometimes in their conduct, that a physician cannot distinguish them, but from the information of their friends. Edgar, for instance, exhibits symptoms both of insanity and idiotcy; but we cannot ascertain the origin of his unsoundness, without being made acquainted with the early history of the person from whom Shakspeare borrowed his description.

LUNACY, therefore, in this view of it, resolves itself into a question of *compos* or *non compos mentis*: the conduct of the individual is the evidence of his competency or incompetency; and whether the



latter has existed *ex nativitate*, or been created by disease, his friends are clearly justified in taking proper steps for the humane purpose of placing him under the protection of the law.

---

Having now noticed the most important points that regard the care and comfort of those whose situation it has been my endeavour to describe and to relieve, I might, but for other reasons which are connected with the subject, take leave of it altogether. Impediments, however, still prevailing over which the physician has no control, I cannot suffer them to pass without observation, although, I fear, they are as difficult to be removed as it is painful to reflect upon their existence.

The mortifying truth is, that an impression has been attached to mental disorder in all ages, fatally operating against its more general recovery. Had this malady been received, not as a reproach, but as one in common with every other to which man is liable, numbers might have been preserved from perpetual confinement, and many from a premature and lamentable death.

When an instance of mental aberration takes place, the family become so alarmed lest it should be made known, that effectual measures are too seldom promptly employed. Out of delicacy to the afflicted, secrecy is made of chief importance, and a flattering hope indulged that the symptoms may be removed without resorting to any other than some ordinary medical treatment.



There are, indeed, many considerations connected with this disorder which make it desirable that it should be concealed from the knowledge of the world. But the very reasons that appear to dictate this secrecy will also show the necessity of taking immediate steps towards the cure; and should these be found incompatible with concealment, can there be any comparison, I ask, between the anxiety, distress, and consequences that attend the existence of this disease, and those feelings of delicacy, laudable and natural as they may be, which prevent its disclosure? Since the malady is grievous beyond all description, should not the cure be the only serious consideration with those concerned, and the publicity of it be looked upon as comparatively insignificant?

In support of my arguments, I can



safely appeal to those who may happen to read these strictures, whether there are not, in their own recollections, instances of the lamentable effects of this over-attention to secrecy; instances in which it may now be manifest to them, that, for want of timely and proper advice, some patients have been rendered ultimately incurable, whilst others have fallen a sacrifice to self-destruction.

With these observations I shall conclude. If, on the whole, it should appear that I have expressed myself with more confidence, than might be expected, in a subject of so much difficulty, yet of such infinite importance to society, let the sources, whence my arguments and opinions are drawn, be my excuse. Had I been deprived of the information,

which the experience of the ancient physicians, and of my relatives, has placed before me, I should not have ventured on the present work.

The principles here inculcated have been pursued, and acted upon, by my grandfather and uncles, for a very long series of years with acknowledged advantage and success ; at once, I trust, justifying the practice derived from them, and affording a sufficient reason for the publication of this Treatise, in which both the PRINCIPLES and the PRACTICE are so fully developed and explained.

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