

*Bakewell*  
*of D. Honor. G.*  
*With the respectful compliments*  
*of the Author*

AN

ESSAY

ON

INSANITY.

TRANSLATED FROM THE AUTHOR'S LATIN INAUGURAL DISSERTATION  
COMPOSED ON THAT SUBJECT,

AND SUBMITTED TO THE

FACULTY OF MEDICINE IN EDINBURGH,

PREPARATORY TO RECEIVING THE DEGREE OF M. D. IN THE  
PRESENT YEAR.

BY

SAMUEL GLOVER BAKEWELL, M. D.

Orandum est ut sit mens sana in corpore sano.

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INSANITY

THE HISTORY OF THE MIND IN THE NINETEENTH CENTURY

BY J. E. SPENCER

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1864

TO

THOMAS BAKEWELL,

OF SPRING VALE, IN THE COUNTY OF STAFFORD,

WHO HAS MADE IT THE PRINCIPAL OBJECT OF HIS LIFE

TO AMELIORATE THE CONDITION OF LUNATICS,

BY ENDEAVOURING TO DISSIPATE THE PREVALENT ERRORS AND

PREJUDICES WHICH HAVE OPERATED TO THE INJURY

OF THOSE INDIVIDUALS,

TO DISSEMINATE A KNOWLEDGE OF THE TRUE NATURE AND

PROPER MODE OF TREATMENT OF THEIR MALADY,

AND, BY HIS PERSONAL EXERTIONS, TO PROMOTE THE COMFORT, AND

EFFECT THE RECOVERY OF THOSE PLACED UNDER HIS

OWN MORE IMMEDIATE SUPERINTENDENCE,

THIS ESSAY IS DEDICATED,

WITH AFFECTIONATE ADMIRATION,

BY HIS SON,

SAMUEL G. BAKEWELL.



THOMAS BARKWELL

ON BEING ASKED IN THE COUNTY OF STERLING,

WHO HE MADE IT THE PRINCIPAL OBJECT OF HIS LIFE

TO ILLUSTRATE THE CONDITION OF LEARNING

IN RELATION TO THE STATE OF THE REVENUE RECORDS AND

MEANS WHICH HAVE OPERATED TO THE IMPROVEMENT

OF THOSE INDIVIDUALS

TO ILLUSTRATE A KNOWLEDGE OF THE TRUE NATURE AND

PROPER MODE OF TREATMENT OF THEIR MINDS

AND BY HIS PERSONAL TESTIMONY TO PROMOTE THE COMFORT AND

WELL-BEING OF THOSE TO WHOM HE IS APPLICABLE

AND MORE IMMEDIATE SUPERINTENDENCE

THIS TREATISE IS DEDICATED

TO THE BOARD OF THE AMERICAN

OF THE SOCIETY

THOMAS BARKWELL



## ON INSANITY.

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THE disease of Insanity has, until these few years, attracted a much less share of the notice of the modern physician than it deserves. The ancients appear to have bestowed more thought upon it than we have done, and to have had as correct notions of its nature as the generality of practitioners of the present day. Indeed, I think we may collect from their writings, that they knew more of it than we do, and practised a more judicious treatment. Still the information we have from them is vague and unsatisfactory, and it is left for us to obtain, what is so very desirable, a correct idea of its pathology and treatment. Medical men are now happily prosecuting an inquiry into these points, and endeavouring to remove the ignorance concerning them, which, it must be confessed, too much prevails among the profession.

That Insanity is well deserving of this examination, will readily be assented to by those, who are at all aware of the suffering it inflicts on the unhappy subject of it, and the misery and confusion it introduces into society, and among the families of the afflicted. The grievous nature of this malady is sadly too evident, in some of its forms, which are painful in the highest degree to witness, and call loudly on us for effec-

tual sympathy and relief. Lunatics are often weighed down by the most grievous melancholy. Loss of character, of property, of the affection of their friends, is impressed upon their minds with all the hideousness of reality, and indeed produce, I believe, more distress of mind than these misfortunes would, were they actually to occur to them in a state of health. These impressions are frequently so strong and painful as to hurry them on to suicide. The torments of hell itself seem to beset some unfortunates.—They conceive that the phials of God's wrath are about to be poured forth upon them for some imaginary unpardonable crime—that they are damned for ever. “Hope never comes to them that comes to all.” They abandon themselves to unmitigated despair, and refuse to be comforted.

It is thought by many, that, in some instances, the lunatic, instead of suffering much, revels in the enjoyment of pleasurable feelings, as evidenced by his animated eye, his eloquent language, and loud laugh. I fear this is a mistake. My Father once observing to a gentleman who had recovered, that during his illness he seemed happy—“Be that as it may,” he replied, “I assure you that I would at this time more willingly meet death in his most terrific appearance, than the thoughts of a relapse, even for a very short time; you cannot possibly have any conception of the horror I feel at the thoughts of it.” Another gentleman writes to him in the following words: “For God's sake, take care that my medicines are forwarded in due time. I have fancied that the occasional use of such has, for these thirty years, prevented a relapse of that dreadful complaint, and I assure you as a friend, I could better support the thoughts of the loss of every sixpence



of my property, and sustain all the horrors of poverty in my old age, than the thoughts of the want of those medicines." Another remarked, after a sudden recovery by a fall, that he appeared to have been in a troubled dream. This, most of us know by experience, is not a pleasant state; and we can well understand that the tumultuous and excited state of the feelings, which maniacal patients generally exhibit, is scarcely compatible with true happiness, which has more of placidity and serenity in its character.

But, supposing that they are happy in this state, we must remember that, if means of cure are not used, the disease will most likely assume a worse form;—gaiety often alternates with depression of spirits, and sometimes terminates in it as a permanent form, or in fatuity,—a state scarcely less deplorable, in which the sufferer is degraded from the rank of an intellectual being, to a level with the beasts that perish,—in which his tastes, both mental and bodily, are disgustingly perverted,—and in which he is too often seen grovelling in a state of the most repulsive wretchedness.

To society, the lunatic becomes a positive loss, or an offensive nuisance; he can no longer benefit mankind, by his wisdom as a statesman, his researches as a philosopher, or his benevolent exertions as a philanthropist. Where the real nature of his malady is not discovered, and its consequences prevented by timely restraint, he may bring ruin on himself and his family, by lavish expenditure, and unproductive projects; he may produce hatred towards himself, and alarm among his neighbours and acquaintance, by his intemperate language and violent conduct; he is a constant annoyance and source of disquietude; "he scattereth abroad firebrands,



arrows, and death," and saith, unconscious of the evil he is doing, "Am I not in sport?"

To his own family and nearest relatives, he is cruelly changed. He becomes suspicious, where he before reposed the fullest confidence. He frequently imbibes notions concerning them, which lead him to fly from their affectionate advances, or to treat them with harshness and cruelty. The doting parent and fond wife—the warmly attached brother and sister—alike meet with an unkind repulse, with curses, and, it may be, with actual violence, where they had used to hear the language of tenderness, and receive the caress of affection. No longer able to contribute to his own support or that of others, he becomes a burden to those who formerly trusted to him for their maintenance, or were looking forward to his occupying some useful or independent situation in life. He may thus live for years, a cause of great expense, without giving even a kind word or look in return for the unceasing attention and disinterested sacrifices made in his behalf. Cases of this kind are far worse than bodily sickness, where, except in very severe cases, the sufferer can continue to direct his own affairs, and acknowledge the kindness of his friends. Besides all this, there is the disgrace which attaches itself to this humiliating malady. It is undeserved, it is true; but, with the present views of society, it does exist, and is one other added to the many disagreeable circumstances connected with the complaint.

It is scarcely surprising that the affection of relatives should suffer abatement under these chilling circumstances. Unless it is truly fervid and disinterested, and supported by a sense of duty, it will often fail in prompting to that untiring exer-

cise of kindness and attention, which the helpless state of the unhappy sufferer so urgently pleads for. Sometimes it does fail; and, in this case, nothing can be more deplorable than the situation of the lunatic. He is left neglected among strangers, without the employment of the means of cure, not unfrequently without the most common comforts of life. Instances have come under my Father's notice, where individuals have been left naked for years, with less attention to their cleanliness and comfort than is paid to those of swine,—without fire and without covering, until their bodies have been covered with hair, and have scarcely retained the semblance of those of human beings.

The property, the liberty, and even the lives, of lunatics are sometimes unjustly made victims to the laws of their country, through ignorance of the true character of this disease. These injuries to the individual call loudly for redress, especially the last. Nothing appears to my mind more unjust and more horrible, than that a man should be hurried into eternity in a state of Insanity, for a crime committed in a state of Insanity. Yet, unjust and horrible as it is, the fact has occurred frequently, and more than once lately. I am pretty sure such was the case in Scotland about twelve months ago, in the instance of a man of the name of HOWISON. Some years ago, my father was the means of rescuing from the same fate a man of the name of WRIGHT, of Lichfield.

The circumstances now enumerated are, I conceive, amply sufficient to establish the importance of Mental Derangement as a subject of inquiry and discussion. Other diseases are duly noticed by every Lecturer on the Practice of Physic, and there is little fear that the student of medicine will neglect



them. But it has hitherto fared differently with Insanity. Not being an every-day occurrence in ordinary practice, the study of it has been neglected; but it can scarcely happen, that any practitioner will not be called upon once or oftener to treat this disease; and, when the many evil consequences which may follow erroneous treatment, even in a single instance, are considered,—that not only is no relief afforded, but that positive and often fatal injury is done,—I trust that the neglect of the study of it will not continue much longer a subject of complaint. It is, at all events, desirable that we should be made acquainted with the opinions of those who have made this disease the subject of investigation. My Father has spent almost the whole of a long life in the company, and in the superintendence of lunatics. He has pursued, in a private establishment, a treatment practised with success by his uncle and grandfather with no less success; and, not content with the attainments of an empiric, he has been a diligent observer of every phase of the disease, and endeavoured to ascertain, by patient and anxious investigation, its true nature, and the principles upon which it ought to be treated. Candour, perhaps, requires the statement, that my Father has not received a regular medical education; and the knowledge of this may cause his opinions to be received with less confidence in their correctness. But I ask for them only a candid and careful examination, as the results of much experience, and of not unenlightened observation. As such, I shall venture to state them in this paper.

I shall not attempt to give a minute detail of the innumerable shapes which this Protean malady assumes; for, as many as are the cases of Insanity, so many are its forms. Each



case is infinitely modified by the previous habits of the patient, his mental constitution, and accidental circumstances. It would be utterly impossible to mention the half of the strange fancies which beset the minds of lunatics, and the peculiarities attending each case of lunacy. In the present paper, I shall content myself with mentioning only a few of them, under each of the divisions into which I shall arrange the different forms which Insanity assumes. There are, however, some features of very general occurrence, and observed in the great majority of cases. These are an abandonment of former pursuits,—a change in the feelings towards the nearest relatives, and most beloved friends,—a total reverse of character, and a remarkable appearance of the eye. The first is chiefly observed in the commencement of the disease, and is deserving of remembrance principally on this account. Hatred towards one or all of the members of an afflicted individual's family, is generally the consequence of his suspecting an intention, on their part, to injure him, or that they have already done so: or it is caused by perceiving a change in their manner towards him, of which he cannot see the true motive, and which, therefore, he attributes to an unkind one. The contrast between the past and present disposition and manners of the lunatic, is often very great, and of a very painful nature. The delicate and modest female will become indecent in her language, and offensive in her conduct; the man who was never known to utter an oath—whose every word and action bespoke the perfect gentleman—will blaspheme incessantly, and direct irritating language against all who come in contact with him; and persons, again, who never before exhibited a spark of religion, will delight in admonishing and exhorting their compa-

nions, and constantly carry with them a Bible or Prayer-book, which they diligently read and quote. The lively and social become morose and sullen; the peaceful, quarrelsome; and the thoughtful, giddy and foolish. Hence a knowledge of the previous character of an individual becomes necessary to enable us to discover, particularly at an early period, the existence of Insanity.

The eye has a very remarkable appearance, which alone will often lead a person accustomed to the disease to suspect mental derangement, and assist him generally in his diagnosis. It has a suffused and glistening appearance—it is wild, quick and restless, or vacant and staring, denoting a very slight, or no notice of present objects, and the occupation of the mind by some inordinate feeling. It may be expressive of any of the passions which affect the human mind; of suspicion, terror, wantonness, joy, grief, hatred, but of all in excess. It is difficult to give a description which shall convey a correct and vivid idea of it, but if once seen it will be readily recognised at any future period.

It may be as well, too, to observe here, that the approaches of confirmed Insanity are often very insidious, and that serious, if not irreparable, injury is done before attempts are made to check the progress of the complaint. It often commences by changes in the conduct, observed only by the individual's family, which they are unable to account for, but which they do not in the least suspect to have any connexion with Insanity. Among the most common precursory symptoms, may be mentioned capricious changes in the habits, pursuits, and temper, great disturbance of the feelings from slight causes, restlessness, incapability of mental application for any length of time,



defective memory, confusion of thought, giddiness, pain, or a sense of fulness, or a burning pain in the head, together with defective appetite and other symptoms of dyspepsia. Costiveness will generally be found to exist at this time. It is much to be lamented that people generally, and medical men in particular, are not more alive to these precursory symptoms, for they often exist a long time before the disease is fully developed; and it must be remembered that, where the exciting cause is so long in operation before it produces the unequivocal presence of the malady, the duration of the latter is proportionably protracted.

Many definitions have been given of Insanity, almost all of which are essentially wrong. Some have described Insanity to be delirium without fever; but, setting aside the fever, delirium differs very widely from simple mental derangement. In delirium, a person imagines he sees or hears what has no existence,—he seems as if dreaming and talking aloud in his sleep,—he is often unconscious of the presence of persons near him, and the senses generally are more or less affected;—none of which characters are possessed by Insanity. In fact, delirium should be restricted to its ordinary meaning, and applied only to those more severe disordered states of the intellect, which indicate, for the most part, acute affections of the sensorium, or the system generally. The greater number of definitions turn, on the notion, that mental derangement consists in a total loss, or partial impairment, of one or all of the mental faculties,—evidently an erroneous one,—for in the worst forms of the disease, the patient can be roused so as to exert any or all of them in the most perfect manner. The last author on mental derangement, Dr CONOLLY, after rejecting all



others, gives a definition in which he retains this notion. He says, "May we not consider it (Insanity) an impairment of any one or more of the mental faculties, accompanied with, or inducing a defect in the comparing powers," (in other words, the judgment). He, however, confesses that it is liable to objection, for the reason I have stated; he says, "Are we justified in saying that those faculties, including the comparing one, are impaired, which we see can sometimes be properly exercised?" After finding fault with almost all others, it may seem bold to hazard one of my own, or rather of my Father's, but it is one which he considers correct after the most patient investigation and careful endeavour to discover one, which should serve as a key to explain most, if not all, of the varieties of character this disease assumes. He defines Insanity to be "A morbid excitement, or undue energy of the involuntary thoughts and mental impressions beyond the control of Reason." To understand this, a distinction must be drawn between the intellectual faculties and the involuntary ideas or simple conceptions of thought. The first are properly those powers of the mind by which we acquire and accumulate knowledge, deduce conclusions, and form opinions. They are Apprehension, Memory, Comparison, &c. The last are results of the exercise of these, and derive from them the materials of which they are composed;—they are merely evidences of the unceasing activity of the thinking principle, and are constantly passing through the mind in its most vacant mood, and when the attention is not fixed on any particular subject. They consist of varied combinations of the ideas already possessed by the mind, derived from whatever source, and form what is termed Reverie or Imagination; by means of this we

place ourselves in imaginary scenes, and assume, if we choose, imaginary characters,—like the man in the Arabian Nights Entertainments, who fancied himself advanced from a state of comparative poverty to wealth and consequence, and, in the fancied act of spurning from him the Vizier's daughter, broke into a thousand fragments the basket of porcelain, on which he had founded the fabric of his ambitious day-dream. We can, if we exert ourselves to do so, in some measure regulate the presence and succession of these thoughts in the mind, but we cannot do so altogether; and even when the mind is most anxious to avoid ideas of a certain character, they will often present themselves in spite of exertions to the contrary; nor can we directly prevent their approach, or command their departure. We can only retain an idea or a train of ideas when it has occurred to the mind, and it is only by thus cherishing ideas of a different nature, or turning our attention to objects which excite them, that we can banish from our mind, or prevent the intrusion of, those that are disagreeable and noxious. In the same manner, we cannot always command agreeable or useful thoughts to the extent we could wish;—every one must be conscious of his inability to do this. Hence, as not being immediately under the control of the will, these conceptions or ideas are said to be involuntary. In a state of mental health, they flow through the mind with calmness, and some degree of regularity, taking their colouring from the native disposition and habits of life and thought of the individual. They do not disturb the mind by their too great intensity, or their rapidity and irregularity of succession,—we can judge of their correctness or incorrectness,—we possess over them the degree of indirect control already mentioned,—if erroneous or



improper suggestions trouble the mind, we can discern their visionary and injurious character, and refuse to act upon them, and can by direct means dismiss them,—and we can in the same way encourage pleasing and profitable thoughts, and in some degree confine our attention to any subject of meditation which we may select. But sometimes these ideas are too vividly impressed upon the mind, and their intensity is so far increased, that we cannot by an exertion of the will abate their power or divert our attention from them; we are, in this case, in imminent danger of losing the balance of our mind, and of becoming entirely, what we may be already in part, the victims of Insanity. But when their intensity is so far increased that the power of suppressing them is entirely lost when they occupy the mind too engrossingly, and produce emotions which irresistibly impel us to express them in words or actions,—when they are possessed of such overwhelming force, that the power of reason in judging of their correctness is destroyed, then we are insane beyond the possibility of doubt:—hence the propriety of my Father's definition, “That Insanity consists in a morbid excitement of the involuntary ideas or mental impressions beyond the control of Reason.” From the necessity of conciseness in a definition, it may perhaps be found that this is not all a definition should be, comprising all that is essential to, and distinctive of, the disease. Of this last point—of that, in which it differs from certain other diseases, which in some points it resembles, I shall speak elsewhere; but I would observe here, that my Father wishes to correct the error of considering Insanity an injury or loss of the mental faculties, and to give a truer account of it, viz. that it is a disordered state of the conceptions of thought or



involuntary ideas. This appears to be the view entertained by Dr ALISON, who observes in his "Outlines of Physiology," "That almost all the changes which the mind undergoes in the progress of life, and almost all those to which it is liable in disease, are most easily understood when considered as depending on alterations of the laws which regulate the duration of thoughts before the mind, and their succession in the mind, rather than of the faculties or powers of the mind, of which the individual acts of thought appear to be composed." Dr PRITCHARD is the only professed author on Insanity, who, as far as I am aware, entertains a similar opinion. I have not room to state his doctrine at length, and must content myself with simply giving his definition. "Madness seems to consist," he observes, "in the circumstance that the *impressions of reverie* are so modified by the disease, as to be no longer distinguishable from those of attentive and active reflection."

In my Father's definition, it is said, that there is in Insanity an undue impression made upon the mind by some particular idea, or any idea which may happen to pass before it, which suspends for a time the power of the judgment. This statement, of course, extends to erroneous ideas; and, indeed, the suspension of the power of the judgment, almost implies that the ideas producing this effect are erroneous. At any rate, we must not lose sight of this as an essential character of the disease in its confirmed state. In fully developed Insanity there is always, I think, an erroneous impression, an error of judgment on one or more points. Without this admission we have no key to the strange conduct of the lunatic, to his hatred of those he formerly most loved, and other

equally surprising circumstances incidental to the complaint. But this does not always exist at the *onset*. It seems rather a symptom of an advanced stage of the complaint,—to be rather a *consequence* of the mind dwelling too long and intently upon a particular train of ideas, until some erroneous notion connected with, and arising out of it, assumes, from being constantly presented to the mind, the force of reality, and induces conviction of its truth. Although visionary opinions are never-failing concomitants of confirmed Insanity, yet the disease does not *primarily* and essentially consist in this, but rather, in the extraordinary force of the mental impressions, and an excited state of feeling, which render the subject of them incapable of calm and dispassionate consideration, and, therefore, induce as an almost inevitable consequence, mistaken and unfounded notions. This view of the nature of the mental changes that occur in Insanity, seems borne out by many considerations. The erroneous idea, whatever it is, assumes the force of conviction. It does not appear to arise from a deficiency of the power of Reason, but to be superior to it. There is no loss of this power on other subjects, nor even on the subject of the hallucination, for the lunatic will argue with surprising adroitness, and bring forward every available argument in support of it. He much oftener convinces his opponent, than is convinced by him. It is very seldom that a lunatic is directly reasoned out of his false impression. Argument is often dangerous, and is generally thrown away upon him. If pressed too closely, he at last takes refuge in assertion,—he declares that such and such is the fact. Indeed, opinion is not in him the result of a regular mental process, but a feeling—as in the case of a patient, who once said



to my Father, "Sir, it is in vain to attempt to convince me by the powers of argument, that I am wrong, for I *feel* that I am right."

The correctness of this view is further evinced by the undue and disproportionate emotion, which attends the erroneous impressions of lunatics. This has been denied, but I am convinced that such is the fact. It is particularly noticed by Dr CULLEN, whose accuracy of observation is universally acknowledged, in the definition which he has left us of Insanity. The conduct of lunatics is generally marked by eagerness and impetuosity, and an obstinate attachment to their hallucination. They are readily irritated by an attempt to call in question its truth, and display great warmth in its defence. They are more influenced by their groundless fancies, than the imaginary cause would warrant, supposing that it really existed. They not only imagine, for instance, that an individual has injured them, but they are incapable of controlling the angry feelings which such an impression naturally gives rise to. A person in health is liable to conceive an unfounded suspicion of injury done or intended him, but his consequent anger is in some measure proportionate to the imagined offence, and if he does not choose to put in practice the principle of forgiveness, he will for the most part seek to punish the aggressor by legal and justifiable means. Not so the lunatic. He is hurried on by a force superior to himself. The irritation of passion and thirst of vengeance drive him forward with irresistible impetuosity, blind to consequences, and deaf to every suggestion of mercy, to the full gratification of his feelings.

A similar state of mind is very observable on the com-

mencement of Insanity. Irritability of temper, excessive ardour in some pursuit, which may continue for a longer or shorter period, a great elevation of spirits, are very frequently noticed, and are the first indications of threatening danger, although too often overlooked. A state of excitement, I think, generally precedes the more manifest and unequivocal symptoms. It is often observed as a precursor of even the worst forms of dejected melancholy. So much is this the case, that it has been said "that the lunatic goes gaily into the most frightful of all diseases."

Let me not, however, be misunderstood. I do not say that this undue energy of the feelings always shows itself externally by what are commonly recognised as states of excitement,—as restlessness, warmth of temper, &c. It often produces the reverse of these appearances,—as great abstraction of mind, sullenness, love of solitude, of study, &c. I have only selected the above as the most unequivocal instances of it, which cannot be mistaken by any, and must have been recognised by all conversant with Insanity; and I infer from them and other considerations, that a similar condition of mind exists primarily in the greater number of cases of mental derangement, if not in all.

The principle I have endeavoured to establish is not an arbitrary and fanciful one, but a practical, and, if correct, a useful one. It will direct us in the moral treatment, and teach us not to endeavour to reason with a patient, but to draw his attention from that which morbidly engrosses it, to other interesting topics. It is often highly dangerous to endeavour to convince the victim of mental illusion, of the groundless character of his impression, especially if it is of an



unhappy nature. I have myself known one remarkable instance, in which such an attempt led immediately to a determined effort to commit suicide. It will enable us too, often to detect the malady, and to commence our endeavours to remove it while in a less aggravated form, and before it has acquired that rooted and incurable character which continuance alone gives to it. By these means we may have an opportunity of preventing, by the intervention of necessary treatment and timely interference, those painful occurrences which might happen, if we waited until the disease has more fully developed itself.

There is another point to be noticed in the definition. My Father terms the excitement Morbid. By this he intends to distinguish Insanity from those exhibitions of unrestrained passion and unreasonable conduct which imitate its appearance, and which are dependent on habitual moral depravity or want of self-government. This last may be termed Moral Insanity (although I am aware the term is used in another sense), and has need more of the divine than of the physician.

The attempt to form a definition of Insanity is confessed on all hands to be difficult, and I have therefore less hesitation in confessing, that the one I have given, and endeavoured to explain and support, will not apply so fully, as to others, to that form which I have entitled Nervous Stupor. The injury to the mental faculties, which I so much insisted upon as not existing in Insanity, seems, at the first view, to be very evident in this form; perhaps it should be termed a suppression of them which may be only temporary, and will certainly be so, if correct treatment is employed in time. After all, this appearance is for the most part delusive. On examina-

tion it will be found that the recollection, with other faculties, is not very seriously injured, but that there is a sluggish indisposition to exercise them. The cause of it is, I believe, the same with that of other forms.

The various forms of Insanity have been differently classed by different authors, some of whom have displayed wonderful ingenuity in dissecting one disease into an almost countless number of genera, species, and varieties. Among these Dr ARNOLD has particularly distinguished himself. He has arranged the different appearances which Insanity puts on into two genera; each of these he has divided into species, and under one species he has placed *sixteen* varieties. The division of PINEL, modified by ESQUIROL, is into—Monomania, Mania with excitement, and Fatuity or Imbecility. I shall not stop to discuss the merits of this arrangement; I think myself that we may very properly divide them into—

Mania with high excitement or violence;

Mania without violence;

Monomania;

Melancholia;

Nervous Stupor.

I enumerate these as evident and well marked characters, which the disease occasionally retains during its continuance, and through its whole course, and which it often maintains for a longer or shorter period without being blended with others; but they do not differ materially from each other in their nature or in their cause, and yet they are so different in appearance, that they have often led practitioners into the use of the most opposite modes of treatment. They are essentially the same,—for they often occur in the same individual, some-



times alternating with each other, and sometimes succeeding each other as permanent forms. In the milder forms of Insanity paroxysms of violence are always apt to occur; and, in Monomania, an attempt to call in question the correctness of the visionary idea is generally productive of more or less excitement. Melancholy is less subject than other forms to fits of violence, but it sometimes alternates with great elevation of spirits. I have known a very remarkable instance of this last myself, in which the two stages of depression and gaiety were each of several months' continuance. In these cases there is no visible alteration in the bodily health, which leads one to suspect that the immediate cause of these very varied symptoms is in all cases the same.

Mania, in general, is marked by incoherence of language, a rambling from one subject to another, which are of the most opposite kinds, and have no apparent connexion with each other; the ideas seem to pass through the mind too rapidly for distinct utterance. Persons in this state will laugh and cry, sing, pray and blaspheme, in rapid alternation. They will be at one moment courteous and civil, at another rude and dangerous; they seem to have lost the power of regulating their thoughts, like a vessel tossed on the waves, without a rudder to direct its course. This form I divide into Mania with and without violence.

Violent Mania, or Phrenitic Insanity, as it has been termed by some, is distinguished by high excitement. The whole appearance denotes great agitation of mind. The countenance is often flushed; the eye is animated and rapid in its movements, and expressive of violent passions, very frequently of vindictive feelings. There is a great propensity to destroy

articles of furniture and their own clothing. They talk loudly, or rather shout without intermission: they are, in short, what is generally termed raving mad. This is often a primary form, in which case it generally continues for a longer or shorter period, without material remission or exacerbation, until the subject of it sinks exhausted, or until it gradually subsides and entirely disappears.

The other division of Mania, that without violence, embraces every possible degree of incoherence in language and irregularity in conduct, and all those numerous forms of Insanity not comprehended in the division already noticed, and in which there is more than one visionary idea,—no material depression of mind, and in which there is not an excessive degree of stupidity or torpor. There is generally a moderate degree of excitement attending it,—a great propensity to trifling and mischief,—an inability to confine the attention for any length of time to one pursuit,—a tendency to make strange and abrupt remarks, which have little reference to the subject of conversation. But to detail the features of every different case would be an endless task.

Monomania is a very curious and interesting form of the complaint. The patient entertains some particular erroneous notion, being on all other subjects as rational as his neighbours, where his views are not influenced by this one leading idea. He fancies that he is a king, an officer of rank, or that he has discovered some wonderful secret which will be of immense value to society at large, and fill the pockets of the discoverer with gold. In many instances every word and action betrays the disorder, but in others the assumed character is so well sustained, as to pass unquestioned by those who do



not know his real one, or is kept in general so much in the back ground, and so much of rationality displayed on all other subjects, that it is not at all suspected, until the subject on which the erroneous impression is entertained is mentioned, and then the secret is betrayed at once. The eye frequently in these cases intimates to a practised observer the existence of mental derangement, when every thing else appears unchanged.

The next form is Melancholy. There requires little description to enable us to recognise this. The term sufficiently explains itself. It may exist in the form of Monomania or not. Generally there is some one gloomy false impression on the mind, but at the same time there is a disposition to look at every thing on its dark side, and to receive pleasure from nothing. I think it sufficiently marked in its characters to be placed by itself, particularly as the treatment I wish to recommend in Insanity generally, is particularly applicable to this form of it.

I have, lastly, to notice Nervous Stupor. In this there seems to be a complete torpor and oppression of the whole system. All voluntary efforts cease,—the senses and intellectual functions seem locked up. The individual appears to do little more than vegetate. Besides a diminution of intellectual energy, there is an apparent diminution of sensation and consciousness. If the patient is pushed he will move; if his mouth is opened and food placed in it he will perhaps swallow, but this seems the extent of his capabilities. He never speaks, or very rarely: he will not perform a single action for himself, and even allows the natural evacuations to pass from him unnoticed. This variety, perhaps, occurs most frequent-

ly as a consequence of continued excitement, in which case it is a very bad form, but it often occurs at the onset of the complaint, and continues uncomplicated with other forms until removed. It is not difficult of cure as a primary affection, under judicious treatment.

It is a very important point to be able to decide on the sanity or insanity of individuals on particular occasions. It has been a general opinion, that Insanity has distinctive symptoms and well marked boundaries, and that a definition might be framed which should be an infallible guide in enabling us to decide where it did or did not exist. But the difficulty or impossibility of this is shown by the difference of opinion which prevails on such questions among those who are thought, from their opportunities of observing the disease, to be best qualified to form a judgment. In nothing, indeed, have medical men failed more than in assigning their reasons for considering a man insane, and in endeavouring to give a satisfactory reply to the query of counsel—"What is Insanity?"

The difficulty in judicial investigations would certainly be much lessened by considering with Dr CONOLLY, that Insanity is not separated from a state of mental health by so broad and evident a line of distinction as is generally thought,—that every departure from a state of perfect self-control and rational conduct is Insanity—that of this there are many degrees, and that thus the question comes to be not simply whether a man is or is not insane, but whether he is so much so as to require interference with him from others?

The questions, upon which we are most likely to be called upon to give an opinion, are chiefly with regard to a man's ability to manage his own affairs, the validity of a will, the



necessity of imposing restraint, and the guilt of a criminal. With respect to the three first points, Dr CONOLLY very justly remarks, that a man may be insane, and yet competent to the regulation and disposal of his own property ; he may conduct himself so as to annoy no one, and to require no superintendence. All this is certainly true ; but, with respect to depriving a lunatic of his liberty, there is yet another consideration, and that is the chance of cure. In recent cases, where there is a good prospect of restoration, there cannot be a moment's hesitation in authorising the placing an individual under restraint, if considered necessary to his cure, whether he is peaceable and capable of managing his affairs or not. If we are convinced that Insanity exists, we must take immediate steps to remove it, since it may assume a worse form, and is, in its mildest degree, an evil calling for removal. The latter circumstance, that in which we may be called upon to give an opinion whether the plea of Insanity may be urged in extenuation of a criminal's guilt, is of still greater importance and difficulty.

I think, if we bear in mind some of the phenomena presented by the disease, we shall have less difficulty in deciding rightly at all times. There are two of these particularly deserving of notice. The first is, that Insanity is an irregularly intermittent disease. It sometimes presents lucid intervals, which continue days or weeks, or even months. They may generally be *commanded* at any time, by presenting to the patient's notice strongly exciting and interesting objects of sense or meditation, which shall take the place in his thoughts before occupied by his hallucination. In cases, therefore, in which we have to decide upon the state of an individual at

the time of his performance of a certain act—if the act be in itself that of a sane individual, and if it appear that motives existed, which might have fairly influenced another individual to act in the same way in the same circumstances, the inference is in favour of the man's sanity at that particular time, although he might generally, and on other points, display unequivocal marks of mental derangement. The probability of this inference being correct, will be still greater, if it can be proved that there was a remission of the disease a short time previously, or that he frequently enjoyed a longer or shorter period of this remission. In consequence of this intermittent character, it is often difficult, nay, impossible, by occasional visits, frequently repeated, to discover the existence of the disease, for the presence of a stranger is often of itself sufficient to effect a temporary suspension of it. In Monomania, the difficulty of detection is particularly great, unless the inquirer is previously informed of the subject on which the patient entertains his erroneous impression. We may speak confidently as to the Insanity of an individual, if we see the evident proofs of it in his conduct and language, but we can never do the same with regard to his sanity; we can never say from the observations made in a few visits, nor often in many, that an individual is *not* Insane.

The other point deserving of notice is, that lunatics are always in a state in which they are susceptible of undue excitement, and in which they may yield at any moment to a suggestion, which shall act upon them as an uncontrollable impulse. Paroxysms of the disease often occur very suddenly during a lucid interval, and when few or no symptoms of mental derangement are manifested. If, therefore, an individual betray,



at any time, symptoms of Insanity, and commit any extraordinary act within a moderate period afterwards, although in the interval, and generally, he appears to be free from disease, for which no adequate motive can be assigned, and if it be inconsistent with his ordinary and well known disposition, we may reasonably infer, that he was at the time the subject of some sudden morbid impulse, and unable to control his own actions. I have, myself, known a lunatic commit suicide, who had never previously displayed the least disposition to do so, and, who, I firmly believe, did not meditate the act until the moment in which it was committed, and until he accidentally saw the instrument with which he effected his purpose.

The transaction or deed concerning which we may have to form an opinion, whether it is that of a sane or insane individual, may be the first visible way in which the disease exerts itself—the first overt act caused by the mental disorder—the person never having before given any reason to doubt his perfect rationality. The decision in a case of this kind is surrounded with difficulty,—our only guides can be the previous character and disposition, the causes which may have occurred immediately before likely to affect the mental or bodily equilibrium of the individual, and the remembrance of the fact, that Insanity may thus suddenly and violently declare itself. We must take into consideration, too, the nature of the transaction itself, with all its attendant circumstances, and the conduct of the agent afterwards.

We have now to consider what is the essential nature of Insanity,—what those circumstances of mind or body which give rise to the phenomena presented by it which we have already

spoken of. Some have said that it is purely a mental disease—an injury or destruction of some of its faculties, and they have thence argued that it is incurable. If their first position were right, their inference from it would be so too, for, as the soul is immaterial, supposing it once injured, and to suffer the loss of any of its faculties, I know of no power which could restore it to its integrity but that Almighty one which first created it. Its immateriality, however, is a proof that it cannot be injured except by supernatural means, and that its faculties cannot be impaired by any earthly cause. If further proof were wanted of the untenableness of the above position, it would be readily and triumphantly found in the fact, that the disease often is cured. It would seem idle to employ time in refuting a doctrine so palpably erroneous as this, and yet it was a generally received one among the multitude but a few years ago, and has been taught by lecturers, and asserted and maintained within that time by medical men in courts of justice, and even before a Committee of the House of Commons. Fortunately for the interests of humanity and the credit of medical science, I believe I may say that it is now entirely exploded. Others, again, allowing that the faculties of the mind are not injured, will yet contend that the phenomena witnessed in Insanity, whatever view we take of their nature, whether we consider them as consisting in a disordered state of the imagination, as I do, or not, are confined entirely to the mind, and arise from causes acting solely upon it, without reference to the body with which it is connected. PINEL gives several cases which would certainly appear to support this view, which were produced by mental causes and cured by purely moral treatment. That the mind, when strongly acted upon,



may become the subject of false impressions without any evident bodily disease, must be granted ; but it seems doubtful whether these can properly be termed cases of Insanity ; these false ideas may be the result of original incapacity, or an absence of effort to discover their incorrectness. This would seem to be the case with fanatics, if they are to be considered insane, which, in many instances, they no doubt are, even according to my views, although this plea in their favour is not always available. With respect to the absence of bodily disease, it may be said that it is probably of a character not to be detected by the senses, and so slight as to give no other evidences of its existence than the disturbance of the mental operations. If it is of this trifling nature, it may very easily have been induced directly by the exciting cause, and may subside readily when the cause is removed. I am, at all events, convinced that, in far the majority of cases, Insanity is essentially a bodily disease, imperatively demanding, in conjunction with others, medical treatment. In making this assertion, I echo the opinions of my Father, which have been formed after very long experience and observation. Dr CULLEN took this view of the subject : “ I shall take it for granted,” says he, “ as demonstrated elsewhere, that, although this disease seems chiefly, and sometimes solely, an affection of the mind, yet the connexion between the mind and body in this life is such, that those affections must be considered as depending upon a certain state of our corporeal part.” Dr BURROWS has brought forward a considerable mass of evidence in support of the same view, gathered from the prevalence of Insanity in times of scarcity, “ a cause,” he observes, “ which never happens without multiplying the number of insane people.” Concluding,

then, that Insanity is the effect of bodily disease, we have now to inquire into the nature and seat it.

It is said by some that there is no one cause of Insanity,—that it is sometimes mental, sometimes bodily, and that of the latter there are many varieties. I do not think this vague kind of knowledge is considered satisfactory in regard to the pathology of other diseases, nor do I think it should be considered so in this. Although it differs so much in its minor features in different cases, yet its general and distinguishing characters are sufficiently well marked to point it out as essentially the same disease, and, therefore, probably dependent for the most part on one general cause. Such a principle would, at any rate, be very desirable as a guide to a uniform treatment, and it is therefore a legitimate and useful object of search.

As the brain is universally acknowledged to be the organ and the seat of every intellectual operation, it is evident that it must undergo some morbid change in all cases of disordered intellect, and therefore in Insanity. This change is sometimes sufficiently evident, and the chain of actions marked with sufficient clearness to enable us to trace the deranged manifestations of mind to some local alteration of structure or increased action in the vessels of that organ. Hence we know that effusion, tumours in the head, spicula of bone, pressure from whatever cause, inflammation of the brain, produce a disordered state of the intellect. But the immediate cause of Insanity is not so evident, nor the changes which take place in the brain or its membranes, which must precede the disorder of function, so readily cognisable by the senses. Some authors, as Drs HASLAM, MAYO, and others, are of a different



opinion; they contend that traces of disorganisation are found amply sufficient to establish the fact, that the affection is an inflammatory one; but I believe it is now pretty generally acknowledged, that the appearances seen after death are not sufficiently well marked, nor met with uniformly enough, to indicate the existence of inflammation, or indeed of any serious change in the brain. I believe that slight traces of inflammation will be found in the heads of those who have been the subjects of the disease for a long time, but I look upon these as an effect, and not a cause. The symptoms during life do not indicate any great disturbance of the vascular system. The pulse is, for the most part, slightly affected; it is, if any thing, generally weak, often perfectly regular and healthy, and in *pure mania* never *hard*. The face is seldom flushed, the conjunctiva seldom injected, the senses do not indicate a severe affection of the brain—they are totally unaffected. The conclusion we must come to, then, is, that Insanity is merely a functional derangement of that part of the nervous system assigned to the operations of the mind. This was the opinion entertained by CULLEN: he says, “The affection of the brain seems not vascular, but nervous. It is very probable that the state of the intellectual functions depends chiefly upon the state of what is termed the nervous power:” and again, “it is evident that the operations of the intellectual faculties go on, and are often considerably varied, without our being able to perceive any difference either in the motions or the condition of the blood.” But it is in the more violent forms of the disease that the great error has been committed. Insanity has, in fact, been confounded with

Phrenitis; and proceeding on this false assumption, that it is a severe inflammatory affection, practitioners have followed a line of treatment extremely unsuccessful and extremely fatal. A very great number of instances of the lamentable effects of this error have come under my Father's notice. Great, however, as is the danger from falling into this error, and desirable as it is that it should be avoided, I very much fear that nine out of ten of the practitioners of the present day would fall into it. I know a gentleman at this time who has been under my Father's care, and is subject to sudden relapses, who is so fully sensible of his danger from this circumstance, that he carries with him, when he travels from home, a paper, in which he desires, in the case of a sudden attack, that he may neither be bled nor blistered, nor treated at all severely, but be sent to my Father's establishment.

It becomes, then, highly important to be able to distinguish between these two diseases, either of which would be speedily fatal if its nature were mistaken, and the treatment suited to one applied to the other. Maniacal Insanity is much oftener treated as Phrenitis than Phrenitis as Insanity; but it will be a valuable assistance to us in guarding against this mistake, to bear in mind that, while Inflammation of the Brain in general is perhaps of less frequent occurrence than violent Mania, that form of it with which the latter is apt to be confounded, termed Phrenitis, is much more rare than any other. As for the other forms of Inflammation of the Brain, there can be no danger of confounding Insanity with them.

The symptoms of Phrenitis, as given by Dr ABERCROMBIE, are fever, watchfulness, acute headach, impatience of light,



suffusion of the eyes, and maniacal delirium. Dr M'INTOSH adds redness of face, and the pulse considerably above 100°, and the pyrexia preceded by a well-marked rigor.

The circumstances by which I think we may distinguish a violent paroxysm of Insanity from Phrenitis, are these:—In Insanity there is little or no fever—no flushing of the face, no more at least than may be observed in every instance of great mental excitement—headach is not often complained of;—if it exist, it is not acute, but consists rather in a sense of heat and fulness, and tumultuous action in the head—the eyes are not unusually vascular, being bright and glistening,—there is no perceptible intolerance of light or sound—the pulse is often totally unaffected, being regular and full,—it may be more rapid than usual, but it is never hard and wiry. The state of the pulse in true Phrenitis is not noticed by Dr ABERCROMBIE, and nothing is said by Dr M'INTOSH with regard to its hardness. Dr ECCLES, the able teacher of the Practice of Physic in the Birmingham School of Medicine, says that it is hard and wiry, while, in the paroxysm of Mania, it is full and soft. Whether this distinction will hold or not, I am not prepared to say; but I believe that the pulse in a maniacal paroxysm will be found to have nothing of an inflammatory character. The character of the Delirium of Phrenitis is different from that of Mania: it is attended with false perceptions, while, in simple maniacal fury, the senses are entirely unaffected. The violence of phrenitis speedily terminates in coma in the space of twenty-four or thirty hours at the utmost, which that of Insanity does not. In Mania there is the most perfect watchfulness, and the furious excitement continues with very short intervals of repose for weeks.

If, therefore, we should adopt severe antiphlogistic remedies, and not find the symptoms of inflammatory action, as they are generally thought to be, subside, nor coma supervene, we may be assured that we have mistaken the complaint, and must change our treatment immediately. I think I may venture to say that, in the most outrageous cases, there is generally no very visible appearance of any kind of disease, and that the only circumstances to be observed are the incoherence and unruly conduct of the patient. Further assistance may be obtained by the alteration in conduct which often precedes the paroxysm ;—the patient has been restless, passionate, and easily excited. True phrenitis, according to Dr ABERCROMBIE, generally comes on suddenly, after the application of some powerful exciting cause, as drinking an excessive quantity of ardent spirits, exposure to a tropical sun, &c. It must, however, be borne in mind, that there sometimes, though rarely, exist complications of structural or inflammatory disease of the brain with Insanity, which it would be as dangerous to overlook, as to fall into the opposite error already noticed.

This form of Insanity may likewise be confounded with the delirium ferox of typhus fever. The distinctive characters seem to be that, in the delirium of fever, the pulse is very rapid and feeble, while in mania it is rapid but full and moderately strong—that coma and extreme debility quickly supervene upon the delirium ferox, and not in mania—the precursory symptoms and attendant circumstances are generally such as to leave not the least room for mistake.

Delirium Tremens is another disease which may be mistaken for insanity. It is sufficiently marked in its symptoms to exclude much danger of mistake : it is, in the first place,



almost exclusively confined to habitual drunkards. This, with the tremor of the limbs, the existence of optical illusions, and the alarmed character of the delirium, together with the great restlessness, I think sufficiently distinguish it.

We have found that the affection of the brain in mental derangement is merely functional. This must depend on some diseased action going on in the system generally, or in some particular part. It is said that various diseased states will produce this effect, as general debility, suppression of accustomed evacuations, particularly the menstrual discharge—the recession of eruptive disorders, and that there is no one uniform state which gives rise to it. I believe that the circumstances already enumerated do produce nervous diseases. My Father was informed by a medical gentleman of a case, in which a scorbutic eruption and Insanity alternated with each other. Several instances where it is produced by a kind of metastasis of diseased action are related by Dr PRITCHARD in his work on Nervous Diseases, and they no doubt occasionally occur. But I cannot but think that there is some one particular affection which *generally* gives rise to it, and this I believe to be a deranged state of the stomach and bowels, particularly a costive state of the latter. I need not mention the direct and intimate sympathy which evidently exists between the brain and intestinal canal—they reciprocally affect each other. Every person accustomed to mental exertion must be aware of the uselessness of attempting any laborious study while labouring under dyspepsia, or simply after a full meal. Writers on Insanity have not, however, been accustomed to give prominence to this symptom. Dr EDWARD PERCIVAL is among the few who have done so. In the first

volume of the Dublin Hospital Reports, he seems to regard the depraved state of the alimentary canal as a common feature of maniacal disorders in general, and gives it a prominent place in his general description of the disease. Of late, the notion of its influence in the production of mental derangement seems gaining ground. Dr CONOLLY expresses an opinion that disordered action of the alimentary canal is a very frequent source of Insanity. Dr GREGORY likewise states, in his edition of CULLEN'S Practice of Physic, that a similar opinion prevails now pretty generally. Dr CULLEN himself seems to have inclined to this view: he makes the following remark. "As costiveness, however, is a very common and hurtful attendant of mania, purgatives come sometimes to be very necessary; and I have known some benefit obtained from the pretty frequent use of drastic purgatives, although more from the use of cooling purgatives, particularly the soluble tartar." Insanity prevails much among those who are much confined, and follow sedentary employments, which, at the same time that they tend to produce languid circulation in the extremities, and inactivity in the secretions and vital actions generally, especially tend to produce costiveness. But let us have recourse to facts. My Father says, that, out of upwards of 400 cases in which he has made particular inquiry, he has found that a costive habit of body has prevailed for some time; and, from my own experience, I can say, that we almost invariably find it necessary to administer pretty active purgatives to patients on their first admission. In melancholy it will be found to prevail very generally, and the same may be said with regard to the form I have described under the term Nervous Stupor. In the excited forms it



seems less likely to exist, yet, when we consider that excitement, and an unusual and uncontrollable flow of good spirits are often the precursors of the most dreadful forms of melancholy, and that the lively forms often alternate with it, we shall have less difficulty in conceiving the possibility of its being the source even of these forms of the disease. I may add, too, that if the success of a particular line of practice be a proof of the correctness of the principle on which it is founded, which, I think, may be allowed to a certain, if not to its fullest, extent, then I conceive that I am right in saying that a disordered state of the functions of the stomach and bowels, particularly a sluggish action in the intestinal canal, is the chief cause of Insanity; for I think the success which my Father has met with in the employment of a treatment, dictated by this opinion, will bear comparison with that of any who have made the cure of Insanity their study. It is true that he combines with it other remedies calculated to restore the general health, as exercise, and occasionally the warm or cold bath, as well as a judicious moral treatment; but, after long experience, he is decidedly of opinion that the exhibition of mild laxatives is essentially necessary in the great majority of cases. Of one thing I am convinced, and it is an invaluable and indispensable fact to be borne in mind, that the above mentioned morbid affection does generally exist in cases of mental derangement, and demands especial notice in the attempts at cure.\*

\* Since writing this paper, I have listened with great pleasure and advantage to a series of Lectures on Insanity delivered by Dr TRAILL, in this University. Dr TRAILL was Physician to a large asylum in Liverpool, and his statements with regard to the Insane, are therefore entitled to attention. With respect to the state of the bowels, he observes, "that

*Of the Remote or Exciting Causes of Insanity.*—I have endeavoured to establish the doctrine that Insanity is essentially a bodily disease ; it follows, therefore, that the causes which produce it are those which act chiefly on the body, and that they all do so ultimately. I cannot do better than follow Dr WILLIS in his arrangement of the causes of Insanity : he divides them into, 1st, Those which act primarily on the body ; and, 2dly, Those which act also upon the body, but primarily upon the mind. This is, I believe, a very correct and useful arrangement. Of those which act chiefly upon the body, we may enumerate all those which tend to derange the general health ; and, according to my notions, those which tend to produce a torpid state of the bowels. Sedentary employments, deprivation of natural rest, intemperance in eating and drinking, exposure to cold and damp, particularly in the feet. To these may be added many others ; among them I may notice excessive venery ; this gives a very great disposition to fatuity, and to some of the worst forms of the disease. The excessive use of mercury, and taking cold while under its action, is the cause of a very obstinate form of the complaint.

In those instances, in which great mental emotion appears to produce the disease, and in which many contend that it does, my Father thinks, that there exists previously a deranged state of the bodily health, which disposes the person to be unduly acted upon by any cause of mental disturbance, and without which no evil effects would follow. My Father has seen many instances which fully prove the correctness of this

maniacs are for the most part obstinately costive." To this he adds, "that there frequently exists considerable irritation of the stomach and bowels ;" and that "purgings is sometimes indicated by spontaneous diarrhoea."



opinion. The mental disquietude, too, is often the effect, and not the cause, of the disease—the first visible indication of it, and not that which gives rise to it. Where the development of Insanity immediately follows any great mental emotion, as that produced by sudden news, good or bad—an unexpected reverse of fortune or accession of wealth—which it does sometimes, but very rarely, it is said by some that such is an instance of Mental or Moral Insanity, and that disease of the body can have nothing to do with it. But when we consider the very great influence exercised by the passions over the health of the body, and that sudden news of a very pleasing or unwelcome kind has frequently produced the immediate destruction of life, we cannot be at a loss to conceive the possibility of some change being produced in the brain by mental emotion, sufficient to account for the destruction of the equilibrium of the mind, although we may not be able to discover its exact nature.

All long continued anxiety of mind, despair, grief, and other agitated and painful states of the feelings, besides their directly debilitating tendency upon the body, produce sleepless nights, than which nothing, perhaps, contributes more to the undermining of the health. Dr WILLIS very ably supports this very evident view of the mode in which causes of mental disturbance produce Insanity. At page 64, he observes, “ Whether the disorder is produced by causes that immediately affect the mind, as disappointed ambition or loss of fortune, or those that act primarily upon 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 im-

mediately 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 produce sleepless nights for any length of time together, the body necessarily suffers for want of its natural rest, and the health is thereby 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 irritable, and liable to be deranged, which refreshing sleep, in both cases, might prevent. An attempt to cure such, however, by remedies which act solely on the mind, would be altogether vain."

Excessive study is said to produce Insanity, by over-exertion of the mental faculties. I do not think it ever does, so long as the bodily health is good. But what is so common as the neglect of this by students? Do not they sit engaged with their books for days and weeks together, without taking a moderate share of exercise, and this often in the centre of large and insalubrious towns, to the atmosphere of which they are unaccustomed? And will not these habits speedily induce a feeble state of the circulation, indigestion, inactivity of all the secretions, a torpid state of the bowels, and, last of all, as the effect of these, mental derangement?

Grief is another mental cause to which Insanity is frequently attributed, as from the loss of near relations. But what is the true state of the case here? Setting aside the depressing effects of this passion, the victim of disordered intellect has been anxiously tending the bedside of the sick for many



days or weeks, totally neglectful of self, and has never sought to recruit his health by exchanging the tainted air of the room of the invalid for the pure breeze of the mountain side. He loses his natural rest for many successive nights, and what wonder is it, then, that, worn out by his confinement and watching, and depressed by his loss, he falls a victim to this dreaded malady? If persons in such situations could only be properly relieved, would take care to take sufficient exercise in the open air, and otherwise attend to their health, I believe we should seldom or never hear of persons becoming insane from the loss of their relations. The friends of a patient generally attribute the origin of the mental affection to some occurrence calculated to act strongly on the feelings; but it will almost always be found, on making strict inquiry, that symptoms of the disease had exhibited themselves previously, and that the circumstance in question either had nothing to do with the disease, or merely served to call it more decidedly into action. My Father says he never had more than five or six cases in which he could distinctly trace the disease to mental causes.

*Treatment.*—This readily divides itself into two departments, the Medical and the Moral. Contrary, I believe, to the plan of most modern authors, I shall place the medical treatment first. After what I have already said on the immediate causes of Insanity, I need not enter at very great length into my reasons for this preference. In addition to those which may readily be drawn from my statements on that head, I may mention that, in the first place, many cases are of too severe a character to admit of moral treatment be-

ing employed with the least prospect of success, as in the worst forms of maniacal Insanity, or of nervous stupor, in which there is very little or no ground to work upon: the feelings are either too violent to admit of being calmed by the use of soothing means, or of being awed by threats of punishment, or there is little or no evidence of their existence in any shape. In the second place, a considerable part of that which is said to be moral treatment is essentially medical. Under moral treatment, its advocates include exercise, travelling, as well as diversion, and employment of the mind. Do not the two former act upon the body directly, and does not even the latter do so indirectly?

Under the impression that the affection is an inflammatory one, bleeding, both general and local, has been practised to a very considerable extent. Nothing can be more injurious and dangerous. The appearance of great strength in the stage of excitement is entirely delusive; it often exists in cases of really extreme debility, and there is always imminent danger that the patient will fall suddenly into a state of collapse, in consequence of making exertions beyond his power, without any additional cause of weakness. Instead of diminishing we should endeavour to support the strength. My Father says he never fears the issue of a case of the most violent description, if he can only prevent the patient from sinking exhausted, and can improve his bodily health. He never makes use of the lancet, and I would entreat of every one to consider long and well before he employs this fatal instrument in cases of Insanity\*. There may possibly be cases of complication with

\* In confirmation of these opinions, Dr TRAILL stated in his lectures already alluded to, that he never had a case of simple mania in which he found it necessary to employ the lancet.



other diseases calling for its use, and in persons of full plethoric habit, it might be employed cautiously with decided benefit ; but I feel it incumbent upon me to object in the most decided manner to its use in cases of simple maniacal excitement. If depletion is necessary it should be effected by leeches. Blisters do more harm than good, by proving a source of irritation and annoyance. Conjoined with laxatives, the affusion of cold water on the head may be beneficially employed.

The first indication, in my opinion, is to regulate the state of the stomach and bowels. In the majority of cases, the necessity of doing so will be evident enough ; in some it may not be so manifest, but, I think, such cases are very rare ; at all events, as mild laxatives cannot generally do harm, it seems to me advisable, even in these cases, to make use of them. Where a state of confirmed costiveness exists, which is a frequent occurrence, and the dejections are dark coloured and fetid, the employment of pretty active purgatives for some time will be necessary. It is useless, however, to continue the use of powerful purgatives after the excretions have become healthy in their character ; but it is necessary to persevere unremittingly in the use of milder ones, merely to keep up the natural or a moderately increased action in the intestinal canal, so long as the mental disease continues. This is considered necessary on the supposition that a source of excitement still exists, which they are calculated to remove, and with the view of correcting the habit of costiveness, and of re-establishing the power of the intestines. To purgatives, antacids, bitters and tonics are added, if required, which they generally are. My Father has followed this plan of

treatment for many years with the most complete and unvarying success. He gives every evening ten grains of a composition very nearly resembling the compound rhubarb pill, and in the morning a draught consisting chiefly of a bitter infusion, to which is added, if required, an aperient. This medicine is, of course, intermitted or varied according to circumstances.

Our next most potent remedy is exercise: it is an indispensable adjuvant to the last. The best form of it is walking; and this should be in a dry, elevated, and agreeable country. The walks should be as frequent and extensive as the patient's strength will permit, which will be found generally to increase rapidly, and to admit of their being gradually prolonged. If the weather will permit, a patient can scarcely be out of doors too much. He derives benefit in two ways;—his bodily health is restored, and his mind is agreeably diverted by the many objects of sense which come within his observation.

The warm, or cold, or shower bath may be occasionally made use of; they are useful chiefly as means of cleanliness, by promoting the healthy functions of the skin, and by their general tonic power. I have not seen them employed much with the view of producing a shock, or of otherwise directly subduing the disease. Much has been said in favour of these plans, and in severe cases of stupor, or where there is much turgescence of the vessels of the head, the cold douche, or the pouring a stream of cold water on the head while the body is immersed in warm water, might be productive of benefit. But, in general, my Father's experience is unfavourable to their use. Shocks of all kinds are sedulously to be avoided.



We have a safe and sure mode of treatment without them; they are, therefore, besides being, as I think, highly dangerous, unnecessary.

Opiates seem to do harm in the confirmed stage; they do not, in general, procure sound sleep; and even if they do, they do not seem to produce any permanent benefit. They are useful where an attack of Insanity is threatened. Where an individual, from mental inquietude or bodily pain, is unable to procure sound and refreshing sleep, and his health of mind as well as body is beginning to suffer, they are most unquestionably beneficial, and, judiciously administered, may often prevent the attack of the complaint. It will generally be advisable, however, to conjoin with them other remedies, as laxatives and tonics, &c.

Emetics may be beneficially employed, if particularly indicated by the state of the stomach in the early stages of the complaint; otherwise, and with a view to any specific effect, they are decidedly injurious. Antimonials have been employed to produce nausea to abate the violence of a maniacal paroxysm. They will succeed, I believe, but they have little or no ultimate effect upon the disease; and as they do not strike at the root of the malady, I think they may be very safely and advantageously dispensed with.

The diet should be particularly attended to. It should be plain and unstimulating, but nourishing and sufficient in quantity. It should consist of a fair share of animal food. It is an injurious mistake to keep lunatics on a low diet. There is indeed a most erroneous notion entertained, that it is necessary to reduce the strength of the patient to keep down the excitement. Even Dr CULLEN, whose views were

in other respects so correct, adopts this error, although he says himself that such reduction of the strength is not indicated. He says, "although no unusual fulness of the body be present, it may be of advantage to diminish its ordinary fulness by different evacuations." Our efforts should be directed just in the opposite way,—to raise and support the strength of the patient, who is generally weak enough, both primarily and from the effects of the excitement. Stimulating liquors of all kinds should be sedulously avoided,—nothing stronger than table-beer should be allowed, unless extreme debility call for some stimulus. Lunatics should never eat heavy suppers. We must not, as they did at one time, at the Retreat, near York, give them bread and cheese and a pint of ale to make them sleep soundly, forsooth. Suppers of this kind would not procure for them slumber like that of our first parents, which was

" Airy, light, from pure digestion bred,  
And temperate vapours bland."

To dispose the circulation from the head towards the extremities, and to remove a very great obstacle to sleep, care should be taken to keep the feet warm.

To sum up the medical treatment in a few words, it should have for its object the restoration of the bodily health. When this is fully effected, within a moderate period from the setting in of the mental disease, the mind will very speedily regain its healthy tone. This is a simple object, generally not difficult to attain; and I think the means I have pointed out are well calculated to accomplish it.



*Moral Treatment.*—Although I place this second, I do not in the least undervalue it. This and the medical treatment should generally proceed hand in hand. I consider it indeed indispensable; nor can I urge a better argument in its favour than was offered by one of our own female patients. “How can the mind,” said she, “regain its rational powers unless it be rationally exercised?” Our chief object in this is to prevent the patient dwelling on his hallucination. We must never speak with him upon it, except for the purpose of discovering its nature, nor allow him to converse about it, or mention it himself. This self-discipline should be enforced as rigidly as possible; the lunatic thus by being compelled to put a restraint upon and not to give utterance to his feelings, at length learns not to indulge them even within his own mind; finding that every body else disregards his statements as visionary, he begins at last to suspect their error himself, and the false ideas, by not being kept before the mind, gradually lose their power. At the same time, we must offer them substitutes for their own incorrect ideas,—we must endeavour rather to *lead* them away to other and more interesting thoughts, by presenting to them objects which shall produce strong and pleasing impressions upon the senses, particularly on that of sight. A great variety of new and strong impressions of a pleasing kind should be made upon the mind in continued succession to the greatest possible extent. It is a practice with some to seek to supplant the hallucination, by methods of a disagreeable kind, as by producing nausea. This plan appears to me to be unnecessarily harsh and cruel. It is unphilosophical too, for painful feelings, besides producing an injurious effect upon the body, will not willingly

be retained in the memory of the lunatic, while those of an opposite character will; and this is the object we wish to secure.

To assist in this great object of displacing the train of morbid ideas by pleasing impressions, and at the same time to promote their health, the residence of lunatics should be in an elevated situation, and look over a fertile and picturesque landscape. The view cannot be too varied and extensive. A confined prospect has the effect of oppressing the feelings, especially when diseased. Their sitting-rooms, particularly of those inclined to be fearful and desponding, should be well lighted, and have as cheerful an aspect as possible. Many medical men advise the reverse of this, and recommend that the windows should be darkened with the view of preventing the approach of all cause of excitement. I most decidedly disapprove of this practice. In those cases where timidity and apprehension are prominent features in the complaint, such a step must do much injury; and even in cases of violence, where alone I should be disposed to allow it, it seems likely to be of very doubtful advantage. The remarks of CELSUS on this subject, which are too long to quote here, may be read by the moderns with advantage. They will be found in the 18th chapter of the Third Book.

Our bearing towards them should, as far as possible, be as though they were perfectly rational: they are often the most entertaining and instructive of companions, and we should converse with them on all topics of interest, on subjects of science, of literature, of the fine arts, &c. Books of a pleasing and sober character, and innocent amusement of every description, should be provided for them. Some show so



little of rationality, that it is difficult to treat them as if possessed of it. They give us abundant opportunities of exercising the virtue of patience, and often require to be dealt with very much in the way that we should deal with a wayward child. In these cases, coercion is found necessary; and if judiciously applied, has the best effects. It must, of course, be as mild as possible,—loss of liberty for a few hours,—denial of the accustomed walk, a temporary banishment from the society of their companions or of the family, is often sufficient. Personal restraint should seldom be resorted to, particularly with the more respectable class; their feelings are more acute than those of a humbler grade, and they do not brook with patience so humiliating an infliction. It is, however, necessary that the keeper should always be able to control them, and to assert his bodily as well as mental superiority. Nothing is so important as that his authority over them be complete and acknowledged.

Removal from home is, I believe, generally necessary, and I think I may add, always useful. Dr CONOLLY has written many pages to prove the impropriety of this. As my Father is the proprietor of an establishment for lunatics, his opinion may, in the eyes of some, be open to suspicion; but, from experience, he declares it to be his conviction, and I am sure it is his honest conviction, that a patient has not a fair chance of recovery without it. It is necessary, in the *first* place, that he should be under control, which shall not irritate him: this can seldom be effected at home. The members of a lunatic's family have seldom the requisite firmness; and the sufferer himself, if the head of the family, is highly incensed to find himself controlled by those who were accustomed to yield

him implicit obedience ; or, if a younger member, he is hurt by what he conceives to be the unkind conduct of his parents, or brothers and sisters. In the *second* place, the irritations which arise out of family intercourse, are inimical to his recovery. A person labouring under mental derangement, as I have elsewhere said, is very apt to conceive unfounded prejudices against those of his own family. What is more common than to hear of lunatics, under the influence of these, murdering a wife or child ? Besides the danger attendant on such evil impressions, which removal from home at once prevents, the constant presence of the objects keeps them alive and active, affording a ceaseless stimulus to the disturbed and irritable state of the mind, and tending to perpetuate the disease. My Father has remarked, that those who come from the greatest distance most rapidly and certainly recover. The reason is obvious, they are removed from all associations connected with their hallucination, and all causes of excitement from collision with their friends. Too early a return to home, generally produces a relapse. I have seen cases where so anxious a desire to be amongst their friends has been manifested, that judgment has yielded to pity. If convalescence had commenced, it has sometimes been perfected, but it has generally been otherwise, and some other source of disquietude has arisen to take place of the longing wish for home.

I rather think that Dr CONOLLY stands alone in his opinion. It is certain that he has not had so much experience as to justify him in speaking so decidedly in opposition to the almost unanimous voice of men of great practical acquaintance with the subject. Dr WILLIS, who was guided by the



results of his grandfather's (the celebrated Dr WILLIS's) experience, in addition to his own, in the formation of his opinion, distinctly declares the benefit "of removal from home, and interruption of intercourse and communication with friends, until the patient is sufficiently recovered to be able to appreciate and reflect upon the advice given him, and until he can himself write without touching upon his delusion, except in confessing his own conviction of it."

Dr BURROWS likewise observes, in support of what I have advanced respecting the injury produced by intercourse with friends:—"My own experience affords many striking instances of the mischief done to individual patients by visitation. Indiscriminate visiting the insane, both as to persons and time, has a decidedly injurious effect upon them. The visits of relations and friends, even if they submit to control as to the time of paying their visits, and observe the utmost circumspection, prove often of great disservice."

I have myself, again and again, seen convalescents thrown back several weeks in their recovery, by the ill-judged anxiety of their friends to see them; and I am convinced, that this alone would, if repeated with sufficient frequency, in some cases prevent recovery altogether.

Religion has generally been thought to be a fruitful source of insanity, and that all allusion to it should be diligently avoided in the treatment of it. I think there is a great deal of error in this opinion. My Father's patients attend morning and evening prayer with the family, and generally behave remarkably well, seldom offering any interruption. My Father says, he never saw any ill, but generally the very best effects, from this plan. It is a powerful means of arresting the atten-

tion, and suspending the hallucination, and tends to tranquilize the mind. Where a lunatic entertains unhappy views of religion, and fancies that his soul is lost, or that he has committed some unpardonable sin or the like, it would be highly improper, and productive of great mischief, to attempt to convince him that there was no ground for such opinions; and it is advisable to avoid all direct conversation with him on serious topics. I do not think, however, that it is necessary to exclude a person in these circumstances from a participation in the ordinary devotions of the family. Such a step might tend to confirm his worst fears.

In conclusion, I would urge the necessity of pursuing the treatment with patient perseverance, and of not expecting a very speedy and early cure. The disease has generally existed some time before the treatment commences, and it requires a proportionate length of time to remove it. It will generally, in the best cases, and taken in time, require one or two months, generally more. I think it is the desire, a natural and laudable one in itself, to cut short the disease by active measures, which has led to so much of erroneous and injurious practice. But this wish cannot be gratified:—a bad habit of body and mind has been forming, it may be, for a great length of time, before the subject of it gave unequivocal indications of mental derangement, which it requires time to correct and eradicate.

Nor must we be in too great haste to declare a lunatic recovered. The precipitancy shown by some in this particular, has led to the opinion, that insanity is very apt to recur in those once afflicted with it. If the recovery has been once



complete, I do not think this opinion correct. It must be borne in mind, that insanity is for the most part an intermitting disease, and that its intermissions are frequently so complete in their character, and so long in duration, as to mislead those who have the care of lunatics, and to induce them to remove them from under treatment and restraint before their cure is perfect. This is a serious practical error, and should be carefully guarded against. It may be laid down as a general rule, that proper treatment should not be withdrawn, until at least one month has elapsed after the disappearance of the symptoms of mental derangement. By following this plan, my Father has not had more than one relapse in twenty-five of the cases discharged by him as cured. This proportion is not very great, nor calculated to excite much alarm, when it is considered that even in case of relapse the patient may permanently recover.

The prognosis of insanity, when the treatment is judicious, is in the highest degree favourable—very much more so than it was formerly thought to be, and still is by some. Dr GREGORY, in his edition of CULLEN'S Practice of Physic, gives two-thirds as the average proportion of cures; this is much too low. Dr WILLIS, who attended GEORGE III. when suffering under this malady, stated before a Committee of the House of Commons, in 1789, that, of those patients brought to him within three months from the commencement of the disorder, nine out of ten recovered. This statement surprised many at the time; and Dr HASLAM, in a very ungentlemanly manner, said, "that he required some other evidence than the bare assertion of the man pretending to have performed such cures." It is now more readily credited; for Dr BURROWS

gives, as his proportion of cures, rather more than nine out of ten—91 out of 100. I cannot tell how long these had been ill before they were placed under his care, but I conceive that his high reputation, and the circumstance of his practising as a physician, would often give him an opportunity of arresting the progress of the malady while in its very earliest stages.

My Father has had fully this proportion; in fact, he never calculates upon failure, if there exist no organic affection of the brain, or incurable bodily disease, which prevents the re-establishment of health, and interferes with his plan of treatment. Up to the present time, he has had 240 recent cases; of these he states that nine, who all died, had pulmonary or hepatic disease, paralysis, epilepsy, apoplexy, or sank under the excitement of the disease by gradual decay,—a form of disease to which he gives the term of *Nervous Atrophy*. The remainder, 231, perfectly recovered. I am unable to say what is the exact meaning of the term *Recent* in this statement. In one place, my Father restricts the term to those cases which have not been ill more than two months before they were placed under his care. It is probable that some of them were of longer continuance than this, since they would not be placed under his care, in an establishment, until the disease was so well established as to require decisive measures.

To show how much the issue of cases and the prognosis is affected by the treatment, the following statement is given: At the Retreat near York, they confined themselves to moral treatment; at my Father's establishment both medical and moral were employed. The Retreat is two or three times the size of Spring Vale (my Father's establishment); it has gene-



rally been quite full. Spring Vale has seldom been more than two-thirds full; yet, in six years and nine months, the number discharged cured by my father, exceeded by thirty the number discharged from the Retreat in sixteen years and three months. I may add, that they have, since this statement was first made, adopted a medical treatment, and that their success is much increased.

As an evidence in favour of the plan of treatment I have recommended, I will give the following table of cures of recent cases in his establishment and others, drawn up by my Father. He says, "the chances of recovery for recent cases, at the respective institutions mentioned below, appear to be nearly as follows."

At Spring Vale,	8 out of 9, in the average of 4 months	} With a chance of other recoveries.
The Retreat,	8 ... 12 . . . . . 18 do.	
Saltpetrière,	8 ... 17, time not mentioned.	
St Luke's,	8 ... 20, in the average of 12 do.	
Bethlehem,	8 ... 23 . . . . . 12 do.	

The prognosis is rendered much more unfavourable by time. It may be said, "that no disease is more certainly susceptible of cure, if properly treated in its incipient or quite recent state, and none rendered more certainly incurable by continuance alone." If the disease has continued twelve months without the use of any judicious remedies, it holds out little prospect of a satisfactory termination. I have, however, seen perseverance in the treatment I have ventured to recommend, even in cases of longer duration than this, at length effect a perfect recovery. It will, at all events, abate the violence of the disease, and induce a state in which the patient shall be

much less troublesome to his attendants, and capable himself of more personal and rational enjoyment.

In conclusion, I have only to say, that my Father has proved the efficiency of the treatment laid down in these pages, during the greater part of a life of more than seventy years' continuance, during twenty-four of which he has been the proprietor of a small establishment which may boldly challenge comparison, in regard to the proportion of cures effected in it, with any existing in any part of the world, or with the private success of any practitioner, however eminent.

That the reader may not become the subject of so dreadful a malady as insanity, but that he may now and through life enjoy, in the words of my motto, "mens sana in corpore sano," a sound mind in a sound body, is the sincere and ardent wish of the writer.

FINIS.

WM Blöe 1833