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ELEMENTS

OF

PSYCHOLOGICAL MEDICINE.

AN INTRODUCTION

TO THE

PRACTICAL STUDY OF INSANITY,

ADAPTED FOR STUDENTS AND JUNIOR PRACTITIONERS.

BY

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MANCHESTER.

LONDON:
JOHN CHURCHILL.
1853.

RC 602
853N

Manchester:
Printed by Charles Simms & Co.

TO

SIR JAMES L. BARDSLEY, M.D.,

IN TESTIMONY

OF THE REGARD ENTERTAINED FOR

HIS PRIVATE WORTH,

AND OF THE RESPECT FELT

FOR HIS HIGH PROFESSIONAL CHARACTER,

THIS VOLUME OF LECTURES

IS GRATEFULLY INSCRIBED

BY

HIS FAITHFUL AND SINCERE FRIEND,

THE AUTHOR.

P R E F A C E.

THE circumstances which led to the preparation and delivery of the Lectures of which this volume is composed, being stated in the Introduction, the Author has only here to add, that he has been led to publish them by the request made to him, at the close of the Course, on the part of his medical brethren, who constituted a large proportion of his auditory.

In acceding to the request, it was the Author's first intention to work up the substance of what he had written into a small systematic treatise, rather than to publish the Lectures as such. On consideration, however, he was led to think that, for the purposes of elementary instruction, there would be an advantage in retaining the original form; and, accordingly, with some slight emendations, the Lectures are published as delivered.

It is very well known that medical students, on the eve of commencing practice, have extremely little acquaintance with Psychological Medicine; and very many remain through life almost entirely ignorant of the subject. Indeed, well-educated persons out of the profession will frequently judge as soundly concerning the mental condition of a patient, as many who are within it.

The deficiency of Hospitals available for practical instruction, forms a great hindrance to the student, who, were the fact otherwise, might be disposed to cultivate this branch of Medicine. Information contained in books, or conveyed by lectures, may prepare the mind for practically investigating the subject; but unless the teaching receive some verification in actual experience, it is of little permanent advantage.

Lunatic Asylums in this country, whether public or private, are but rarely accessible for the purposes of clinical study. The difficulty of obviating this circumstance would appear to be regarded as insuperable by our Colleges and Universities, since no provision of any kind is made by them for educating the future physician and surgeon in a practical knowledge of Insanity. Hence medical men who possess adequate information upon this branch of the

profession, are necessarily self-educated to a great extent. The superintendent of an asylum has at times to receive his first practical lessons in his own hospital; and, occasionally, I believe, the first book upon Insanity that is read, is taken up after the charge of insane patients has been assumed. Indeed, the fact is but little overstated when it is said, that many practitioners have no acquaintance at all with either the theory or the practice of Psychological Medicine.

The anomaly of this state of things becomes very apparent, when it is considered that the earlier diagnosis and treatment of psychical disease is nearly always the duty of the ordinary medical attendant of families. And it is generally in the incipient stage, that decisive measures have to be adopted. If mismanagement at this period from any cause take place, the most serious mischief may ensue, and permanent insanity often thus becomes established.

This anomaly becomes still more striking, when the subject is considered from a legal point of view. The personal freedom of individuals can always be taken away, if two medical men certify to the fact of insanity. This is the law; and yet there is no qualification enforced for the exercise of so responsible a duty. The custom-

ary training of medical students, and the routine avocations of the practitioner, certainly do not provide this qualification. Anatomy and Physiology, as generally studied, *Materia Medica*, Obstetries, and ordinary clinical teaching, have very little bearing upon perversions of the intelligence and disorders of the moral sense.

Yet the whole subject of Insanity is virtually, as well as conventionally, the concern of the Medical profession. The just interpretation of all morbid phenomena, mental not less than corporeal, can only be accomplished by the aid of physiology; and the applicability of systems of treatment, particularly in difficult and doubtful cases, can only be estimated under the guidance of principles of General Pathology.

It may be said that, although the medical student receives no formal instruction in this department during his pupilage, there is a valuable literature open to him when released from the constraints of his curriculum; and that opportunities for gaining practical information may then be procured, if the taste and capacity lie in that direction. Undoubtedly this is true to a great extent. But, in the estimation of the present writer, there is, both in the literature and in the opportunities for gaining experience, an absence of sufficient correspondence

between these and the previous studies; the transition from the latter being too abrupt, for them to be rendered adequately conducive to a comprehension of the phenomena of Insanity.

The many excellent works that already exist upon the subject, are generally of too high a character for initiatory study; being, for the most part, contributions to our knowledge of the subject under particular aspects, rather than treatises for conveying elementary instruction.

This little work which is now offered to the profession, claims no higher merit than that which belongs to an attempt to supply a want which the Author believes to have been experienced. He designs it simply as an *Introduction*, arranged upon a plan that shall take the student up, as it were, at the point where the completion of his lectures and hospital attendance leaves him. He has connected the pathology of mental maladies as much as possible with the present state of our knowledge of cerebral physiology; and has explained the principles of treatment by constant reference to those more general ones which are applicable in the ordinary practice of medicine, — principles with which the advanced student ought to be

acquainted. It would have been a departure from the elementary character which he has desired to preserve throughout, if he had taken more than a passing glance at recent researches and views regarding the peculiar psychical influences of perverted blood and disordered sympathies, in the production of Insanity. The subject is one, however, which in a more comprehensive disquisition would demand a very careful and methodic examination.

Of the imperfect manner in which the intention has been carried out, no one can be more sensible than the Author. He submits his volume, however, with very moderate pretensions. If it fail to realise the slight expectation which he has formed, that it may fill up a deficiency in the literature of his profession, he may experience some little disappointment, but certainly no mortification.

The change which the Author's views have undergone regarding the phrenological theory, is stated and explained in the second lecture. He deems it right to mention, in this place, that his doubts of the validity of Phrenology (as commonly understood) were first occasioned by perusal of an Article by Dr. Carpenter, in the *British and Foreign Medical Review*, about seven years ago, criticising a former work of his

own. Having been thus led to the conviction that the whole question required a re-examination upon his own part, unbiassed observation and more careful reflection have caused him to abandon much that he had previously admitted and defended, and to recognise the general truthfulness of the doctrines laid down by Dr. Carpenter in that article and in his systematic treatises, as the basis on which alone any correct physiological Psychology can be erected. And as to certain conclusions with respect to which he has been led to differ from that distinguished physiologist, he is equally conscious of the obligation under which he lies to him, for having developed what he considers to be the surest and most comprehensive *method* of conducting this difficult investigation.

The Author anticipates that objections will be made to the limitation involved in his definition of Insanity; the designation being applied by him to those instances alone, in which there is *perversion of ideas*. It is affirmed by many eminent writers, that there are certain disordered states of the emotions to which the term Insanity is properly applicable, though the intelligence continues absolutely unaffected; that—in many hysterical subjects, for example, there is emotional insanity, without there being

either mental illusions or impairment of the reasoning faculties.

Undoubtedly, cases of disordered *feeling* exist, independently of, and unconnected with, perverted *thought*. Numerous examples of this condition are supplied by Hypochondriacal and Hysterical patients, whose conduct, alike with respect to themselves and towards others, becomes influenced to an extent, and in a manner, showing, not merely an exaltation or perversion of some particular set of feelings, but a corresponding weakness of volition. The Author conceives, however, that when morbid sensibility systematically induces actions, not only eccentric and irregular, but opposed in their character to the moral antecedents of the patient, there always exists some perversion of ideas. In the following lectures, this topic is briefly discussed, but at very inadequate length; and the limits of a Preface do not allow of any supplementary illustration or argument.

Practically, it is always difficult to draw the boundary line between what are commonly considered purely Nervous maladies, and diseases of the Mind, on account of the connection subsisting amongst all the nervous centres and the correlated psychical states. The problem is as difficult to solve, in many instances, as the

one concerning the dawnings of consciousness in particular series of animated beings, or that regarding the point in the ascending scale where animal life should first be recognised.

In order that the whole subject should receive a just elucidation, a comprehensive treatise on Psychological Medicine would require to be written, — one that should embrace morbid affections of both Brain and Nervous System, — and which, commencing with the simplest manifestations of nervous derangement, should ascend, progressively, to the most complicated forms of Mental Disorder.

The Author's design, however, in the present work, has been to treat only of what is commonly understood by Insanity, or Mental Derangement, — the condition, in fact, so recognised by law and custom, — in such a manner as to *introduce* the topic, in a scientific form, to those who have previously given it no special consideration.

SEPTEMBER, 1853.

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Psychological Medicine.

LECTURE I.

INTRODUCTION.

PSYCHOLOGICAL MEDICINE is that branch of the Healing Art which deals with diseases of the Mind, psychology being a word of Greek derivation which signifies a discourse on the soul. Although the constituted medical authorities of this kingdom do not require a distinct course of lectures upon this division of our art, I have been requested by the lecturers

of this School to take it up, and to deliver a brief course upon the pathology and treatment of mental diseases.

I have had great pleasure in complying with that request. I know that a very large proportion of medical students are but little impressed with the responsibilities which, in after life, they may be called upon to assume with reference to patients afflicted with disorders of the mind; and I am sure that great numbers commence practice with absolutely no acquaintance with this branch of medicine, and entirely devoid of those particular habits of thought which qualify for its successful practical study.

Psychological Medicine, it is true, may be regarded as a specialty in the practice of our profession. On this account, some may contend that it will be quite time enough to study the subject, when the necessity for more than a passing acquaintance with it shall have become apparent.

It may be said that a very small proportion of practitioners have to do with asylums for the insane, and that the management of cases of insanity rarely occurs in the routine of private practice; and, therefore, that a general acquaintance with its leading phenomena and with the meaning of terms is very nearly all that most medical men are ever likely to want.

Such a view of things is quite superficial and very unsound. Facts will not bear it out. In the first place, if it be true that the treatment of insanity is limited to physicians and surgeons connected with lunatic establishments, is not the management also of several other departments of medicine limited very generally to a small proportion of practitioners? Ophthalmic surgery, in actual practice, falls to the lot of a small number; operative surgery, in its higher branches, is not usually practised by the profession at large; and forensic medicine is rarely mastered cre-

ditably, excepting by a very few to whom facilities for acquiring the proper experience have, in great measure, arisen accidentally. Indeed, as society advances in civilisation, and as communities become more numerous and more densely aggregated, the tendency to specialisation of medical practice becomes developed correspondingly. Division of labour thus obtains in our profession, as in the other vocations which involve the more material relations of business and society.

Yet, notwithstanding this truth, there is no sensible student, who, because he had no precise prospect of becoming surgeon to an ophthalmic hospital, or to the operative department of a general one, or of realising in his future career some marked advantages in departmental practice of any kind, would think it right for one moment to neglect opportunities for learning the elements and groundwork of the several branches, according as they

should be afforded in the period of his academic pupilage.

Now, it is certain that your chances of being called upon to treat disorders of the mind, systematically and continuously, are just as great as those of your becoming connected, as surgeons, with an ophthalmic hospital, or indeed, as physicians or surgeons, with any particular division of practice. If, then, during your attendance at a medical school, you deem it right and expedient to prepare yourselves for all the accidental occasions of professional success that may arise hereafter, it certainly is not wise to neglect the formation of an acquaintance with the principles that must constitute your guide in the practical study of mental diseases.

But whatever be the position which each or all of you may realise in after life, the occasion will certainly arise, when you will either have to exercise some discriminating judgment with respect to

cases of insanity, or you will manifest what will undoubtedly be deemed a discreditable ignorance. It is not in lunatic asylums only, that mental disorders have to be dealt with. In the common course of family practice, unhappily, these instances perpetually occur; and the ordinary medical attendant is expected to be able at least to discriminate between the delirium of fever, meningitis, or alcoholic abuse, and those aberrations of the intelligence and morbid states of the affections, which may exist independently of or beyond those causes. He will be expected, moreover, to distinguish between a derangement that is of a temporary character and attributable to causes clearly removable, and one which is of uncertain duration and little to be influenced by the mere action of medicines. Further, the family medical attendant is always expected to form some decided opinion as to whether, when insanity is

ascertained to exist, there is peril to the patient or to those about him; and as to whether the nature of the case is such as to demand a removal to some establishment for the insane.

Instances involving these several considerations arise in the common course of practice, and aptly illustrate the need that exists, on the part of every medical man, for some more exact and extended knowledge of the subject than is likely to be attained, if you trust simply to the occasional and accidental opportunities of learning it which the future may supply.

Moreover, there is neither physician nor surgeon who is exempt from the chances of a place in the witness box, from which, in forensic investigations, he may have to subject his acquaintance with this topic and his dialectic skill to the searching and obdurate scrutiny of some keen-sighted and antagonistic lawyer. There are many examples of medical men being made to

look somewhat ridiculous upon going through such an ordeal; and there are very few, indeed, who can pass it without scathe.

There is yet another illustration which I will adduce, as exhibiting, in a further point of view, the practical necessity which exists for the student to regard Psychological Medicine as a department of his profession with which he must establish some precise and scientific acquaintance.

The subject of Insanity is one which, of late years, has received considerable attention from the legislature; and there is a commission existing, upon the authority of acts of parliament, for supervising and, in some measure, regulating establishments for the confinement of the insane, — a very just provision in the interest of the unhappy patients, and a circumstance protective against injurious suspicion of all who are parties to the detention of a lunatic.

Well, it is required by law that no one shall be received, as an inmate, either into a public or private institution for the insane, unless the fact of insanity be attested by two medical practitioners, physicians, surgeons, or apothecaries, who shall have visited separately from each other. The law thus distinctly recognises the discrimination of such instances, as being within the duty of every medical man. And it must be remembered that a certificate that a certain person named is insane, will not suffice; the opinion must not only be stated, but the particular facts and circumstances which authorise the opinion must be recited. And it is within my own knowledge how largely this requirement of the law betrays in some cases the ignorance, and in others the inaccurate modes of thought, of many otherwise estimable members of the profession.

Copies of every certificate furnished

under these circumstances have to be forwarded to the office of the Lunacy Commissioners in London, when, if the certificate be defective or unsatisfactory, it is returned as being so: that is to say, if the data supplied by the attesting practitioner in authorisation of his professional opinion do not sufficiently bear it out, the friends of the patient are likely to become acquainted with the fact; and any want of information, or any inexactitude of expression, displayed upon so very embarrassing and delicate a topic, will assuredly have no tendency to advance the reputation of the medical attendant.

I will exemplify these observations by adducing two or three instances of defective certificates, which were returned for correction by the Lunacy Commissioners, and will point out the circumstance wherein the defect exists. They concern certain persons admitted into the Lunatic Asylum at Clifton Hall, near this

city, an establishment of which I am the medical officer. In the subjoined statements the patients' names are of course omitted, as also the medical signatures.

One certificate runs thus: — “That A. B. is an insane person, and that I have formed this opinion from the following facts, viz.:, that he has, in addition to other signs of insanity, evinced a suicidal tendency.” Now, mark the imperfections of this certificate. The attesting practitioner is required to state, definitely, the particular facts which justify the inference of insanity; in the instance just cited, however, there is no fact whatever adduced; the conclusions only are set forth. Mention is made of “other signs of insanity,” but the Commissioners demand to know the nature of those signs, — what they are. Then again, there has been “evinced a suicidal tendency.” But by what cir-

cumstance evinced? Moreover, the law of the land does not regard the suicidal disposition, in itself, as evidence of unsound mind; there is the well-known verdict of *felo de se*, which is followed by a distinct legal penalty; and the attempt even at self-destruction is punishable by law, and is actually punished in consequence. Here, though you should make good the fact of a "suicidal tendency," you do not prove insanity; you may rather be incriminating the person whose best interests you are anxious to save.

Another defective certificate is expressed as follows:— "Having on various occasions seen her in a highly excited and violent state, being dangerous to herself and those around her." Here, you will observe, there is no fact of insanity stated. Violence and excitation, although often accompanying and modifying this state, need not form its outward expres-

sion ; to constitute insanity, something must exist beyond. If violent and excited people, even when dangerous to themselves and others, were always to be reputed mad, lunatic asylums would largely increase in numbers, and would more than rival our magnificent prisons. *Ira furor brevis est* is an adage of the old Roman times, and is true now as then ; but “furor” does not always imply mental unsoundness, in the legal and pathological sense.

Here is another attestation, qualified as follows :—“ Her extremely excitable state, evidently arising from great debility, and from her being exceedingly suspicious of all parties in attendance upon her.” After what has already been stated, I need only remark, that neither the excitability which results from debility, nor a suspicious disposition, of themselves constitute insanity.

Examples like the foregoing are not at all of unfrequent occurrence, but very

much the contrary. I should hope, however, that enough has now been said to impress you with the conviction that Psychological Medicine should not be omitted from your studies.

It is perfectly true that, in this branch of medicine as in every other, practical skill can only be gained by actual experience. Lectures of themselves can never communicate a just and complete appreciation of the phenomena of insanity. Nevertheless, verbal instruction will do more to promote a true and exact estimate of the subject, than will be found to be the case in most other divisions of practical medicine. A preparation for the business of observation is more necessary, undoubtedly, in this class of diseases, than in any other. The particular facts that have to be observed and understood, are not usually of a character readily made out and plainly intelligible: in many instances, they constitute a veritable riddle, unless

there be a previously-acquired principle of interpretation to guide the student; and this principle can only be obtained by some approach to a correct apprehension and comprehension of the phenomena of consciousness, and by the association of these with physiological and pathological laws. In Surgery and ordinary Medicine, there is very much that strikes the senses at once, and is therefore more or less understood from the beginning. In Psychological Medicine the preliminary study requires a considerable abstraction of thought from objects purely sensible. A direction of the mind to things not visible and tangible, is, as we all know, a mental discipline to which medical students are but little subjected. Yet it is certain that, without some previous information respecting Mind and its individual differences of manifestation under varying circumstances, it is quite impossible to benefit, scientifically, by observ-

ing cases of mental aberration. The study of this mental physiology must always, it is clear, be a subject of abstract thought, consisting very much in reflexion upon one's own consciousness. Hence, to observe successfully the operations of mind, whether in its general manifestations, or in its individual peculiarities, or in its morbid irregularities, there must needs be some aptitude for the duty previously attained. And as the due preparation consists mainly in a certain discipline of thought, necessarily wrought through the instrumentality of language, — in communicating instruction upon Psychological Medicine, the importance of lectures is sufficiently obvious. In this point of view, then, the usefulness and the need of lectures preliminary to practical study, are probably greater — certainly not less — than in other departments of practical medicine, where the disturbance may be of a nature more physical.

Some such considerations as these, I believe, have been entertained by my colleagues in their recognition of the growing importance of an acquaintance with Psychological Medicine ; and they have constituted the reasons which have led them to establish the present course of lectures. Any labour which their preparation may have given me will have been cheerfully bestowed, if I can, in any measure, succeed in realising the anticipations that originated them, — if I shall, in any degree, accomplish a benefit to the student in the progress of his career.

An enquiry that naturally arises, concerns the more precise meaning to be attached, in these lectures, to Psychological Medicine. Psychology having reference, etymologically, to the soul, it may be demanded — Can the soul, an immaterial essence, become diseased? In reply I need only to observe, in the first instance, that physiologists and pathologists have no pro-

fessional vocation to teach theology, to whose domain it rightly belongs to treat upon the soul as a pure spirit. With the soul, independent of its bodily associate, natural science has nothing to do. In philosophical investigation, we can deal with the conscious principle only as manifested in functional connexion with the corporeal organisation; and psychical agency so existing is, by the usage of speech, designated *mind*. It would be most absurdly out of place, for me here to discuss the vexed question concerning the intimate essence of things. We have *faith* in the simplicity and spirituality of the *soul*, and the *body* we *know* to be formed of matter occupying space. These separate principles we uniformly observe to constitute an organic unity. The action of this organisation being perverted, leads to disease; and this perversion, displayed in functional disorder of the mind, develops the class of diseases with which Psychological Medi-

cine is concerned. Thus, mental operations, in the present sphere of existence, taking place under normal or physiological conditions, we regard mental maladies as resulting from disordered or pathological states of the bodily organisation.

Insanity, as all are aware, is the generic term which comprehends this class of diseases; and I very much doubt if any definition that can be given, will suggest to the student a clearer understanding of the subject, than does the term itself. In almost every department of knowledge, definitions have been given that utterly defeat the intention of all definition, which is to render the subject more intelligible than it was before; and this is remarkably so in the matter of insanity.

If any of you will take up some treatise upon the subject; and carefully attend to the definitions which are supplied, you will be but little likely, I am sure, to deduce from them any very exact significa-

tion; you will not be certain that you understand precisely what the authors mean. A notable illustration of this obscurity of definition, may be cited from an author named Harper, who wrote upon the subject towards the close of the last century, and who is quoted with great respect by the celebrated Pinel. It is writ:—"I will take upon me to define and pronounce the proximate cause and specific existence of insanity, to be a positive immediate discord in the intrinsic motions and operations of the mental faculty, exerted above the healthful equilibrium; its exact seat to be in the prime movement, and its precise extent just as far as the nervous power conveys its influence." This constitutes, certainly, a somewhat extreme case; but many other definitions that have been given of insanity are very nearly as complex, vague, and unintelligible.

For convenience, and with reference to the views which I shall advance in the

course of these lectures, I will venture upon a very brief definition of my own, and will define insanity to consist in *chronic disorder of the brain, inducing perversion of ideas prejudicial to, or destructive of, the freedom of the will.*

Of course it may be objected to this definition, that it defines nothing — that every part of it requires itself to be defined. I am well aware that numerous questions underlie the category which I have advanced, apparently so simple. What, it may be asked, is the kind of disorder said to exist in the brain in a chronic form? Is it inflammation, or some other recognized pathological condition? And, again, what must we understand by perversion of ideas? Further, how is freedom of the will to be determined, so that its abolition or impairment may be appreciated?

In reference to these points, I have to observe, first, that the exact or essential

alteration in the cerebral structure which produces insanity, is not as yet made out; next, that by perversion of ideas I understand either mental illusions originating false notions, or combinations of thought at variance with the common sense of mankind; and, moreover, that on questions of free will and its loss or deterioration, the intuitions of a healthy mind will almost always decide aright. With arguments about fatalism, moral liberty, philosophical necessity, and so on, I have here no concern. If a person should contend that the earth is over his head and not beneath his feet, or that two and two make five, of course we leave him hopelessly to his folly; science and philosophy can never be expected to rid him of the delusion. In like manner, when it is said, or argued, that man is not free, that our volitions are necessitated, we have the primary facts of consciousness to rest upon in maintaining that we *are* free; and the

universal consent of unsophisticated humanity will concur. As Dr. Johnson once said, — we *feel* that we are free, and there is an end of it. Once more, then, I define insanity to consist in “chronic disorder of the brain, inducing perversion of ideas prejudicial to, or destructive of, the freedom of the will.”

If an individual talk incoherently, and form false and erroneous estimates of the world within, or of the world external to himself, his ideas are thoroughly perverted, and there is destruction of all freedom of will; he is insane, and the actions flow, not from volition proper, but from impulses accidental. If a person labour falsely under the impression that he has offended against the laws of his country, and that the officers of justice are upon his track, he becomes fearful, suspicious, and oftentimes remorseful; his actions reflect these feelings, he is insane; the ideas are perverted, and the will is

enslaved. Another patient regards his legs as made of glass, and, acting consistently up to this false notion, scarcely dares to exert himself, or exercise locomotion; no matter how accurate his perceptions, or sound his judgments, in all other respects, he is *pro tanto* insane from the perverted idea; and so far there is prejudice to the freedom of the will. In another instance, a hopeless melancholy falsely suggests the certain prospect of some overwhelming ruin,—it may be temporal or eternal; the patient, unable to endure existence, commits suicide; he was insane,—the ideas were perverted, moral liberty was prejudiced. The Searcher of hearts alone can decide the extent to which, in these cases, freedom of the will is lost. You see an adult with a head of the baby size; he can realise ideas but very imperfectly, and is all but unable to effect their combination; he is an idiot, and consequently incapable of exercising will.

When some disorder or imperfection of thought is discovered to exist, and when this state of things reacts upon the moral disposition, or has arisen from some depravation of this latter so as to prejudice moral liberty, what proof have we that the brain forms the organic seat of disease? This inquiry introduces us to a very important topic closely connected with the subject of these lectures; and it is one which should receive some satisfactory solution before we advance further, since we cannot otherwise proceed with profit and advantage.

Writers upon Insanity have not been agreed upon this point. Various portions of the organism have been fixed upon as its especial seat. Some have referred it to the abdominal viscera; others to the heart; and others again to the organic nervous system of the great sympathetic. These several allocations have each, in their day, been maintained with some

plausibility. In the present advanced state of physiology, however, we may reject very summarily these positions as altogether untenable. It is true enough that serious mischief, in these structures, may coexist with mental derangement, and may constitute, indeed, the principal source of many of the symptoms preceding an attack; nevertheless, whenever there is manifestation of actual insanity, undoubtedly there is lesion of a more important organ. What is disease? We define it most simply as *altered function*,—as consisting in some deviation from the natural, physiological action of the corporeal organs; and this deviation forms the subject matter of pathology. It is quite certain that neither the abdominal viscera, nor the heart, nor the great sympathetic system of nerves, constitute the organic instrument of the mind; and hence, however derangements of the intelligence, or other indications of insanity, may be asso-

ciated with lesion of those structures, its organic seat must be looked for elsewhere. Mental disease is not an alteration of *their* functions.

Before we enter upon more precise discussion of the pathology of mental derangement, I think that we may, not unprofitably, recapitulate the principal points of evidence which establish the doctrine that the brain and the higher portions of the nervous system are subservient to the manifestations of consciousness; a doctrine which, in its results, renders the conclusion inevitable that insanity consists, essentially, in perversion of the functions of the brain, — that the true locality of psychological disease is within the head.

There is probably no proposition in physiology more firmly established, than that the Brain is the organ of the Mind, — understanding by this phraseology that the encephalic organisation forms the material condition under which, in the present life,

psychical agency displays itself. Facts of every kind attest the truth of this doctrine. Wherever there are observed unequivocal signs of consciousness, the presence of a brain and nervous system is inferred. Self-consciousness, in the order of nature, would seem to be universally manifested through the instrumentality of brain; a communication with the outer world being established and maintained by the agency of nerves. On these general propositions, physiologists are mainly agreed. Among speculative philosophers, some will be found who contend that the soul of man, the immaterial principle of his nature, can, in some of its attributes, display activity in complete independence of bodily organisation; this, however, is a hypothesis which may safely be disregarded, in reference to our present state of being, seeing that it is opposed to all conclusions of experience, and to the opinions of those whose antecedent studies

give weight to the judgments which they form.

The office of the brain and nervous system, then, is to subserve the superior and special properties of animal life; and it is ascertained as a fact (which in the absence of positive knowledge might have been inferred) that a remarkable and obviously adapted modification of the subservient tissues coincides with variations in the animal type. Thus, at the lower end of the scale, insects and the mollusca have so inconsiderable a development of the nervous structure, that some have conceived them to be devoid of its crowning constituent, denying that they possess a *brain*. This, however, must be a mistake. If they have consciousness, it must operate through some organisation; and whatever be the form or locality of this latter, it must, *because of its functions*, constitute the analogue of what all acknowledge to be brain in the higher classes of animals.

In ascending the scale, and coming to fishes, we observe a decided advance in the organisation of brain and nervous system. Whilst, in the invertebrata, the actual brain is hardly distinguishable from the ganglial termination of the nerves of sense, — in fishes, with which the vertebrated series commences, nervous masses, corresponding to the cerebral hemispheres and the cerebellum in the mammals, become apparent; and with these coincide instincts more marked, and shades of intelligence in its lower forms. The yet higher power, and the varied states of consciousness, which birds exhibit, correspond with increased development of the cerebral structure; the proportion of this to the size of the body, to the ganglia of the nerves, and to the spinal cord, far surpassing that which exists in fishes. In the mammalia, the advance which is made in the organisation of brain is very remarkable. Its magnitude, absolutely and

relatively, greatly exceeds the corresponding structure in the inferior tribes; and the hemispheres begin to assume a convoluted and more complex appearance. Indeed, the law obtains throughout the whole animal series, commencing with the very lowest creatures, and ascending till we arrive at Man: — the loftier the psychical attributes, the more highly organised is the associated brain.

Not only is there agreement among physiologists with respect to the general truths just cited, but yet another law in relation to this subject is very generally recognised, which may thus be stated: — Size, or amount of nervous tissue, constitutes a direct element of functional power; in conformity with which law, a very small head, — one greatly below the average dimensions, — is always accompanied with mental imbecility. Moreover, disease, or mechanical injury of the brain, very rarely fails to perturb mental action.

Medicines, too, which act upon the encephalon, always interfere with the exercise of mental power. Indeed, in every point of view, the evidence exhibiting the organic conditions of mental activity, is so abundant and multifarious that the proposition may fairly be regarded as indisputable. The conclusion, then, results inevitably, that the seat of insanity is the cerebrum,—that mental disease is altered function of the brain.

But disease of the brain does not, in every case, provoke insanity. There are cerebral maladies which do not give rise to mental derangement. Simple congestion, some forms of inflammation, certain tuberculous affections, and even serous accumulations in the ventricles, will often exist, without perverting thought so as to prejudice moral liberty. Still these facts are not in opposition to the doctrine that the brain subserves the mental operations; for the exercise of the mind is nearly al-

ways influenced in some way or another, though insanity may not arise, as a consequence of such affections as those just cited.

There are few persons, however, who are not aware that the term *Insanity* includes more than a single form of mental disease. Every body has heard of *idiocy* and *dementia* — of *mania* and *monomania* — of *melancholia* and *fatuity*; and, besides these denominations, which are applicable to certain varieties, numerous others are employed by systematic writers to designate the particular divisions established by themselves.

Authors who are attached to a favourite psychological system or arrangement of the mental faculties, will generally classify diseases of the mind in accordance with the philosophy which they have adopted; and they will speak of a form of insanity connected, specifically, with the individual mental faculties. After

much thought bestowed upon the question in this particular point of view, and after carefully watching the phenomena of insanity in order to arrive at some solution of it satisfactory to myself, I have come to the conclusion that, in the present state of our knowledge, there can be framed no accurate or complete nosology of mental diseases, because there is not as yet discovered any particular physiology of the brain scientifically accordant with psychological systems; that is to say, that our acquaintance with the separate functions of different parts of the encephalon is not such as to enable us to rest our estimate and classification of mental diseases upon some detailed and extended cerebral physiology. Upon this subject I shall, in the next lecture, offer some further remarks, and shall endeavour to ascertain how much in the physiology of the encephalon may be regarded as established, and what we must reject

as insufficiently supported by scientific evidence. I adopt this proceeding, because the discussion is intimately related to the views which I have been led to entertain upon the pathology of insanity.

LECTURE II.

PHYSIOLOGY OF THE BRAIN AND
NERVOUS SYSTEM.

A VERY important question in relation to the several kinds of Insanity, may thus be stated:—To what extent has the distinctness in function of particular divisions of the encephalon been made out?

Many attempts have been made, at various times, to connect cerebral physiology with some determinate analysis of the mental faculties; that is to say, systems have at different periods been constructed, suggesting the same sort of interdepend-

ence between the several faculties of the mind and particular parts of the brain, as that which we know to obtain between the five external senses and their subservient nerves. The cerebral physiology in connexion with analytical psychology, which originated with Dr. Gall, however, is that which has commanded the largest share of attention from the profession, partly on account of the great things it appeared to promise, and partly on account of the sound method of investigation — that of induction — by which its author professed to have discovered it.

It is the system of Phrenology to which I allude; a system which, in its completeness and as popularly understood, cannot, I am convinced, be sustained by a just philosophy.

I will briefly sketch the idea which I entertain, when I speak of phrenology as a system. I refer to it as taught by its prominent advocates who comprehend, in

their teaching, not only physiology and psychology, but philosophy and the practical affairs of life. As all may be aware, it is asserted that, by observing the different forms of head and peculiarities in the mental and moral characters of individuals, and by noting correspondences in these respects, the separate and fundamental faculties of the mind have almost all been determined; and that some thirty-five or thirty-six of these can be arranged and watched in their manifestations with substantially the same accuracy as the five external senses: further, that all the inherent distinctions in the mental and moral disposition of individuals, were traceable to the configuration of head as indicative of the direction in which particular regions of the brain were developed; and that character could be predicated, very satisfactorily, by studying the relative proportions in which the individual organs of the faculties are developed,

and by reasoning upon the influence of external circumstances upon the combination.

In the estimation of the more ardent champions of the phrenological school, there is scarcely a difficulty in moral philosophy, metaphysics, or psychology, that does not receive its solution in phrenology. Even questions of government, political economy, and social progress, are all thought to be within the domain of this system. It has been stated again and again by phrenological writers of celebrity, that none of these topics can satisfactorily be dealt with, if their doctrines be not accepted for the removal of difficulties and the illumination of obscurities. Insanity, it is affirmed, becomes, through the aid of phrenology, a comparatively simple branch of medical investigation.

These are the pretensions which ultraphrenologists set up for their cerebral physiology; and a system so distinct, so

detailed, so potent and universal in its application, cannot, I am well convinced, make good its claims.

If personal character, as dependent purely upon natural disposition, were something readily ascertainable; and if the share which the individual faculties of the mind possess in contributing to the formation of character, were determinable with something like moderate precision; if, at the same time, the size of distinct portions of the brain could be verified to the same extent; and if multiplied observations had demonstrated some uniformity in the results, as claimed by phrenologists; this cerebral physiology, it must be admitted, would have been established as a fact. And this is a circumstance quite independent of the question, as to how far phrenology may, in this case, be practically available in the business of life; that is to say, phrenology may be true as a physiology of the

brain, and yet phrenologists may have perverted its truths in reasoning upon its applicability, in attempting to trace it to its remote consequences.

Now my own conviction is, and has always been, that Phrenologists, in reasoning concerning the facts of phrenology, have gone sadly in advance of the premisses; that Phrenology, in a word, as it is popularly understood, constitutes a mixture of error and truth, the former preponderating largely. I have no faith, and never had, in the notion that science and philosophy, by the aid of phrenology, would regenerate the world, or, in any extraordinary degree, contribute to social progress. Conviction in the justice and accuracy of much that Gall recorded as a fact, I have had for many years; but I had never very much faith in the additional facts professed to have been discovered by his successors. The leading phenomena that were cited by the earlier

school of phrenologists, I have myself verified, — a matter quite apart from any interpretation which the phenomena themselves may rightly receive. For example: any one, who with moderate attention will examine the forms and dimensions of different heads, will very soon perceive that one which is excessively diminutive can never exercise ordinary intelligence; that a very small forehead never characterises persons eminent for their thinking, but that usually a capacious front and vigorous intellect go together; that a head very high and broad in the coronal region, is commonly associated with great natural morality in particular individuals; and, on the contrary, that a low contracted head is most ordinarily found upon the shoulders of depraved criminals. Again, it will be seen that a large occipital and basilar development is very generally found in persons of strong animal propensities. More par-

ticular correspondences, indeed, may be noticed; for instance, the crown of the head is usually very much elevated from the opening of the ear, in persons of great natural self-reliance; again, as regards the intellect and the forehead, the higher region comes out principally in those who are remarkable for their powers of thought and reflection, and the lower region in such as are inquisitive and distinguished for their stores of knowledge. Some other coincidences, moreover, are observable between mental character and configuration of head; but the foregoing illustrations sufficiently exemplify the facts that may be verified without difficulty.

The enquiry next arises:—What conclusions become fairly deducible from such circumstances? Can the phrenological theory be sustained, of separate organs for the individual faculties of the mind?—Upon these points I would observe that, reasoning from abundant data, it has al-

ready been admitted, as a scientific truth, that the brain is the organ of the mind. And there is no Physiologist, who experiences a difficulty in admitting that its different parts may fulfil different functions. Independently of direct observations, there is antecedent probability, indeed, that divisions of the brain have some correspondence with particular mental aptitudes. And it is quite certain that, in a very large proportion of cases, the form of the head shows the direction in which the cerebral hemispheres are developed. These propositions, which will generally be admitted, must lead every candid mind to allow that there may be *some* truth in phrenology. For my own part, I conceive the inference to be warranted, that, in some way or another, the anterior lobe of brain maintains an especial connexion with the intellect; that the superior convolutions, in like manner, have some organic association with the higher sentiments; and that the

posterior portion of the cerebral mass, is peculiarly connected with the more animal propensities of our nature. But admitting these conclusions as true, I am far from believing that, even to the extent of the three regions, we have, in the size and configuration of the head, any thing like an exact measure of the respective psychical capacities and inherent tendencies; for it may be certainly predicated that intimate conditions of quality, inappreciable by external signs, largely affect both functional power and activity.

But what remains to be said concerning the theory of separate cerebral organs? Influenced by the present advanced state of our knowledge of the brain and nervous system in man, and still more by certain facts in comparative anatomy, I have been led to the conclusion that it should at least be rejected as *unproved*. Yet I formerly thought differently, and freely avowed my opinion. If without

adequate grounds I adopted this opinion, my doing so was largely owing to the confidence which I had in the observations and reasonings of others. And, truly, if all that is recorded in phrenological books could be relied upon, much of the argument that is founded upon it would not only be plausible but just. My own later observations, conducted as they have been, without bias or prepossession, do not certainly satisfy me; for I have been quite unable to establish the minute distinctions, and to verify the more detailed statements, set forth by thorough going partisans. I cannot, under these altered circumstances, now profess myself to be an adherent of what is commonly understood by the phrenological *system*.

For some years, indeed, my confidence in the scientific character of phrenology has gradually weakened. As I have grown older, I have had occasion to become better acquainted with the diffi-

culties of determining, with any thing like precision, the inherent and relative strength of particular talents and dispositions in different individuals; and I have found that accurate estimates of cerebral developement, according to the phrenological theory, are not so very readily made, even by those most experienced in cranioscopic investigations. Indeed, the perpetual variation amongst phrenologists themselves, in this respect, demonstrates that the process of verifying or falsifying their statements, is much more difficult than they themselves would represent it. It is obvious, moreover, upon reflection, that, in many instances, it is impossible to determine from actions what is their source in the recesses of the human breast; and it is a fact that we are all prone to attribute the conduct of persons to motives which we associate with the character we have in our own minds assigned to them. Phrenologists, seeing the deve-

lopment of some particular organ in undue proportion, have no difficulty in recognising its assumed mental associate, even in the most indifferent circumstances. Altogether, I feel myself bound to say, the organology of Gall's doctrine must be abandoned. Honesty and candour compel me to this admission, though with some reluctance, for it involves the recantation of opinions for many years entertained and avowed.

If candid and careful examination of the facts necessary for elucidating the question had realised the high expectations of the earlier disciples of Gall, an immense boon would have been gained to physiology, more especially in its relations to the study and practice of Psychological Medicine; but a more extensive and practical acquaintance with the phenomena of insanity has militated, in my own mind, against the phrenological theory of separate organs.

At one period, nevertheless, the cerebral physiology of Gall, even in many of its minuter details, obtained a very extensive and creditable reception in the ranks of the profession. Physicians and surgeons enjoying considerable celebrity in this country, on the Continent, and in the United States, did not hesitate to declare their conviction that, substantially, it was true. As evidence of the progress that was made in our own country, the circumstance may be adduced, that it was advocated by the principal medical periodicals published in London, including *The Lancet* and the Quarterly Journals edited by Dr. Forbes and Dr. James Johnson. Of the *popularity* which phrenology once had, and has yet to a great extent, I make no account; I deem this to have been its condemnation, rather than its recommendation. It is not the exact, the severe, and the profound, that commends itself to

the multitude; but the facile, the superficial, and the plausible.

I will add a few words concerning the premature success of the phrenological system, and upon the fact of its unmistakable decline in the estimation of our profession. The eminently scientific character of many of Gall's researches into the anatomy and physiology of the brain and nervous system, the decidedly philosophic spirit displayed in the tone of much that he wrote, and the important additions which he undoubtedly made to the then current knowledge of the subjects of his investigation, were all circumstances accrediting him to the profession as a faithful observer and accurate interpreter of nature. Then there were the ingenuity and the lucidity of Spurzheim's speculations, and the comprehensive reasonings of Dr. Andrew Combe and Mr. George Combe. There was, moreover, a boldness and an earnestness in their ar-

guments claiming for the phrenological system an extensive applicability in so many practical relations of life, — arguments which, containing much truth, it would have been very often difficult, without great labour, to confute. All these things constituted obvious reasons why many, in the first instance, accepted Phrenology so largely upon trust.

When I have had the opportunity of conversing with undoubtedly able men, especially of the medical profession, who avowed their conviction of the truth of phrenology, I have always noticed that, whilst uneducated charlatans recognise no difficulties either in judging of character or in estimating cerebral development, they, on the contrary, have constantly spoken with distrust of their ability to decide in these respects; shewing, plainly enough, that their adhesion resulted from the confidence which they have placed in the more prominent apostles and disciples.

of the system, rather than from any accurate or careful investigations made by themselves.

In my own instance, many circumstances have utterly destroyed my confidence in the observations and the judgment of large numbers of the phrenologists; amongst others, I may adduce the striking fact that the ranks of almost every philosophical folly of the present era, so distinguished in this point of view, have been largely recruited from the expiring phrenological school — teachers and disciples alike. Some have become apostles or partisans of the water cure; others of clairvoyance and mesmeric prevision; and some, again, of homœopathy; whilst a few, I believe, have gone over to the spiritual rappers! With the same men, there continues the same turn of mind, — the excessive credulity, the readiness to see whatever is looked for, and to wink at, or most elaborately to explain

away, every thing which makes against the adopted faith; the same bigotry too, and the same restless spirit of propagan-dism.

If I have dwelt upon this subject at somewhat undue length, it is because I have been anxious to give reasons for the decline of phrenology, both in my own estimation, and in that of others of our profession, who formerly anticipated other results.

In this place I will seize the occasion for supplying a brief summary of what I deem to be the existing state of our know-ledge upon the physiology of the Brain and Nervous System, distinguishing that which is only probable from what may be regarded as satisfactorily made out. I pursue this course, because for the due ap-preciation of mental maladies it is more important, of course, to have clear infor-mation of the positive and the true, than to have pointed out the exaggerated or

the false. And, as I have before stated, all scientific advance in the study of insanity, must necessarily be guided by a sound knowledge of the physiology of the structures essentially concerned in mental disease.

I must take it for granted that all who now hear me are acquainted with the general anatomy of the brain and nervous system. And you are aware that, whilst the structural appearances and constitution of ~~these~~ have a certain general similarity, there is yet an obvious divisibility of the tissues into two distinct kinds — the grey and the white matter; a divisibility which applies alike to the encephalon, the spinal cord, and the nerves. The difference in these nervous substances is not an affair of colour only; it refers also to their intimate structure and organisation; the white matter is made up of bundles of tubular fibres, whilst the grey is composed of aggregated cells, and is often denomi-

nated the vesicular neurine. To collections of this vesicular substance, the term ganglion is very generally applied, because the knots of nervous matter which were formerly supposed to give origin to the nerves, and which are distributed so largely throughout the body, are vesicular in their composition. And thus the identity in structural constitution has led to employment of the word ganglion as a common term, although the ganglionic or spheroidal form is not at all essential, as was at one time supposed, to the constitution of what is now called ganglionic substance. Physiological and pathological researches have rendered it more than probable, that the vesicular and the fibrous substances have, universally, separate and distinct offices in the animal economy; the ganglionic structures being the source of *functional change*, and the fibrous matter being simply for the *conduction* of impressions originating in the

former. (This theory, in the promulgation of which Mr. Solly shares probably in the most eminent degree, is now received very generally as scientific truth.

In the anatomical structures within the head, various collections of grey, or vesicular, matter are discovered, with large quantities of the white, fibrous substance interposed. There is all the certainty that is attainable upon such a subject, that the several ganglionic masses in the encephalon subserve different functions, and that the office of the white matter is to bring these masses into mutual relation and harmonious action.

In studying the vital characteristics of man and animals, aided by the lights of anatomy and physiology, we become interested, in an especial manner, by the phenomena which exhibit themselves in movement and other expressions of conscious activity; and, in deducing conclusions concerning the springs and the qua-

lities of particular actions and phenomena, we are necessarily guided very much by the analogies gained in the introspection of ourselves. Thus premising, I will now pursue the several processes which take place through the instrumentality of the brain and nervous system, — commencing with the simpler manifestations of nervous function, and proceeding, by ascent, until we attain the more elevated displays of psychical capability.

Although not actually demonstrated, it is yet a tolerably certain inference, that, distributed largely and very minutely along the whole cutaneous and mucous surfaces, there is vesicular neurine; this forms the peripheral expansion of nervous filaments, and may be likened to the structure of the retina as it expands itself behind the vitreous humour. When an irritant impression is made upon the surfaces thus supplied, a respondent movement ensues, unless the controlling and restraining influ-

ence of the will, or some other qualifying circumstance, prevent it; and this movement does not necessarily involve any consciousness whatever. The impression wrought upon the superficial vesicular substance is conveyed by white nervous filaments to the grey matter of the spinal cord, in which a vital change arises — an influence which expends itself in a downward direction and, through other filaments, induces muscular contraction. Phenomena so simple as the foregoing can only be witnessed in decapitated animals, or in cases wherein, from accident or disease, the communication is broken between the brain and spinal cord. Movements taking place under these circumstances have been denominated reflex, excito-motory, and automatic; none of these expressions constitute very exact definitions; provided, however, the function designated be rightly appreciated, the particular term employed is not of so much

consequence. The purpose of the spinal axis, and its reflex function, is undoubtedly the conservation of the organism, through excitation of the movements of respiration, and also by its governance of the various orifices of ingress and egress, and by its contribution to the integrity of certain other processes in which reflex movements participate.

A few remarks may here be made as to the ganglia of the sympathetic system of nerves. These are scattered largely throughout the body; in front of the vertebral column they form two distinct and regular chains—the whole being connected by nervous filaments extended in all directions, and especially accompanying the blood vessels. The functions of this portion of the nervous system are somewhat obscure. Consciousness, certainly, has no place in its ordinary exercise at least. It probably communicates a susceptibility to certain motions involved in

the organic functions of circulation, nutrition, and secretion; an influence not needed for the simple accomplishment of these processes, but required in the animal economy, in order that they may become related with, and in a measure be subordinated to, the higher operations of the brain and nervous system.

The nerves and ganglia of the five external senses constitute the instruments whereby the primary and more simple forms of consciousness display themselves. Vesicular neurine distributed upon the lining membrane of the nostrils possesses a specific sensibility to odorous matters; the impression which these make is conveyed by conducting fibrous filaments to the *bulbi olfactorii* — the ganglionic centres wherein the sense of *smell* is called into exercise. The retina is composed of vesicular neurine; visual impressions are carried along the course of the optic nerves, and attain the corpora quadri-

gemina, which there is every reason for concluding to be the ganglia of *sight*. Vesicular neurine, spread largely within the internal ear, receives the vibratory undulations constituting the external cause of sound; the fibrous filaments of the auditory nerve conduct the influence to certain grey nuclei in the posterior pyramids of the medulla oblongata, that form the ganglia of *hearing*. The vesicular termination of nervous filaments upon the lingual surface and the palate are specifically impressed by sapid particles, and the impression being passed along fibrous filaments to the proper ganglionic centre (yet undetermined), induces the consciousness of *taste*.

The four modes of consciousness just recounted, being accomplished by distinct nerves and by organic apparatuses limited to particular regions of the body, have been denominated the *special senses*.

But there is developed a sense-con-

consciousness which is not limited to any particular organ, but which may be said to pervade the entire fabric; it comprehends that general sensibility which resides principally in the cutaneous and mucous surfaces, and, to a less extent, the interior structures. It is by it we appreciate the state of the muscles,—obtain the *muscular sense*, as it has been called. This “common sensation” is best illustrated by the simple notion of *resistance*. Its various modifications comprise the several impressions essential to ideas of the hard, the soft, the rough, the smooth, the painful, the titillatory, and so on. This fifth sense is also awakened through the vesicular extremities of fibrous filaments. Whether the grey expansion and white cords engaged in common sensation be the same as those which subserve the spinal reflex function, is a question yet undecided. This much, however, is certain: the communicated impression as-

cends along the posterior columns of the spinal cord, and attains a grey, vesicular centre — the ganglia of common sensation. Physiologists are not agreed upon the structures which fulfil this office; they must, however, like the other sensory ganglia, be somewhere at the base of the cranium; and, for my own part, I am disposed to think that some portion of the cerebellum constitutes the encephalic centre of common sensation. Many years ago, Foville assigned this function to the entire organ; and others have, with great plausibility, advocated the same notion. The anatomical connexion between the restiform bodies and certain ganglionic masses within the cerebellum, favours the idea which I have advanced; and there are various physiological and pathological facts and considerations which corroborate it. It is a view, moreover, which would seem to reconcile, in a great degree, the doctrine of Gall with that of Flourens.

The former, as every body is aware, taught that the cerebellum is the organ of the sexual instinct; and the latter, supported by most modern physiologists, states that its office is to co-ordinate muscular action, as in balancing the body and other such instinctive acts. Now, if some portion of the cerebellum subserve ordinary feeling, its influence upon the function imputed to it by Gall, is conceivable, without the adoption of his actual teaching. The facts receive another explanation. In the other view, regarding the muscular office of the cerebellum, the explanation may be afforded by reference to the existence of its cortical grey matter, which may determine some influence to the muscles responsively to their feeling; it being generally held that the muscular sense comes from their possessing common sensation, though in a less degree than the skin. However all this may be, it is certain that this fifth sense must have ganglia; and it cannot

be doubted that these, through the spinal cord, are in some sort of connexion with every sentient structure.

All the sensory ganglia, it may here be noticed, besides their instrumentality in inducing the simpler forms of consciousness, react upon the muscular system when stimulated from without; and that, too, in apparent independence of thought or volition. The movements thus arising, Dr. Carpenter very aptly designates *consensual*; they are seen when the dazzled eye withdraws, instinctively, from the light; when the startle follows upon a loud and unexpected sound; and when the young infant, from contiguity to its mother's bosom, exhibits restlessness, provoked by the odour of the mammary fluid. These muscular actions are *reflex* as to their modes of occurrence; but they differ from the spinal reflex acts in being, in their nature, attended with consciousness; and they differ from ordinary move-

ments in the circumstance that neither ideas, nor will, nor mental emotion, properly speaking, are concerned in their production.

But Man is much more than a sentient and instinctive animal. Sensations supply the primitive material for *ideas*, or those mental perceptions of external things and their qualities, which constitute the basis of all positive knowledge; and which, once in the mind, can be reproduced and employed in reasoning.

The consciousness of objects, facts, and circumstances, in the reception and combination of ideas, has without doubt some cerebral instrumentality for its manifestation; and evidence from all sources, anatomical, physiological, and pathological, points to the cortical grey matter of the brain, investing the convolutions, as supplying the requisite organic conditions — a structure to which has been applied, very appropriately, the term *hemispherical ganglia*.

White matter intervenes between the vesicular neurine of the sensory ganglia and that of the cerebral convolutions; the conscious impressions received by these former may be regarded as ascending along the white fibres, and, on the grey summit being attained, developing changes in its condition which minister to the intelligence. Ideas arise. If we reflect upon the processes that go on within our own minds, there is no difficulty in distinguishing between a sensation and an idea; or in marking the sequential origin of the latter. How often do we find that, when the full consciousness of sensation is obtained, the idea suggested by it does not follow until many seconds, or even minutes, afterwards. You hear the utterance of certain words, as sounds; their signification does not strike you; no effort of attention is made; yet, suddenly, the sense breaks in upon your intelligence. The correlated physiological phenomena may

thus be stated. The auditory ganglia take up the sentient impression at once; its passage upwards to the region of thought is delayed; presently, however, its natural course is freed from hindrance, and it attains the hemispherical ganglia, forming, or awakening, ideas in the mind. The anterior convolutions would appear from cranioscopic facts to be especially concerned with those ideas and combinations of thought, which flow from science and philosophy; the superior convolutions with classes of ideas, or states of the intelligence, related to the higher sentiments, as of justice, veneration, and benevolence; and the posterior convolutions would seem to be operative in combinations of ideas and habits of thinking, referring themselves, more particularly, to the lower affections and propensities of our nature. The doctrine of separate organs in relation with distinct faculties, however probable, cannot, as I have already said, be regarded as established truth.

As bearing and shedding light upon many of the phenomena of insanity, I will here set forth certain views founded on what may be called cerebral reflex action, recently enunciated by my friend Dr. Carpenter, and incorporated in the last edition of his *Human Physiology*, and which I cannot but deem to be substantially sound.

Actions become determined sometimes by the prevalence of ideas, where neither sensation, nor emotional states, nor volition, exert any influence; the accomplishment of such actions seems to be quite as automatic as the movements which are consensual. In the transition-state between sleeping and waking, there is great fertility in the development of anomalous trains of thought — disorderly successions of ideas, receiving no governance whatever from the will. Yet, in these circumstances, muscular movements and other phenomena will frequently take place, re-

spondent purely to the dominant idea. An attractive object is before the imagination, and a grasp is made to attain it: here there is no selection among motives, —no will; the act is altogether impulsive, prompted by the idea. In certain irregular kinds of sleep, and in somnambulism spontaneously arising or induced by artificial processes, the mind can at times be literally *played upon*, so as to educe particular acts contrived beforehand; these being suggested by communication of the correspondent idea, which becomes entirely dominant. Whisper that the sleeper is insulted, his head becomes elevated in disdain; intimate that you are about to excite his benevolence, and he will show himself liberal in gifts; and so on. Electro-biological phenomena, as they have been absurdly called, furnish abundant illustrations of these things. There are actions and movements, in these cases, which obviously arise without being di-

rectly prompted by sensation, emotion, or volition. They are, in a manner, *reflex*, and Dr. Carpenter proposes to designate them *ideo-motor*. *Ideo-dynamic* would probably constitute a phraseology more appropriate, as applicable to a wider range of phenomena.

But there are large masses of vesicular neurine entering into the constitution of the encephalon, of which as yet no mention has been made, and which, nevertheless, must have important functions in the display of psychical energy. There are several tracts of grey matter near the base, that have probably some connexion with particular instincts—of hunger and thirst, for example: but I allude, more especially, to the Optic Thalami and the Corpora Striata. These are ganglionic structures intimately communicating, in the ascending direction, with the cortical grey matter of the hemispheres, and, downwards, with the spinal cord; in each case, through the

medium of white fibrous substance. The office of these bodies has not been decisively made out. Physiologists differ in their opinion upon the question. It is most probable, however, that the Optic Thalami, notwithstanding their designation, have no immediate share in the production of vision. Dr. Carpenter, and some others, think that they are most likely the ganglia of common sensation. I differ from this view, for many reasons. It would, however, be tedious and out of place to argue this point, at any length, upon this occasion. I have myself a strong persuasion that the structures under consideration form the ganglia of that inner sensibility, which ideas, rather than external impressions, call forth; I regard them as the seat of the *emotions*. Their locality, midway as it were, between the hemispherical and the sensory ganglia; their universal and very close connexion, by means of the central

white mass of the brain, with the grey expansion of the convolutions; and their fibrous communication with the spinal cord, constitute good anatomical reasons for the opinion of their function which I have been led to entertain. The necessity, upon psychological grounds, for separating the emotional sensibility, as evinced in grief, joy, hope, fear, pride, vanity, affection, and so on, from the sensibility of the five senses, is sufficiently obvious; and the distinctness of these states of consciousness from all necessary activity of the intelligence, however dependent upon ideas primarily, is very clear to the self-observer. Hence, every antecedent probability would suggest the speciality of nervous centres; and, as already stated, I regard the Optic Thalami and Corpora Striata as the organic site of all sensibility that is internal and emotional.

An emotion may be regarded as being in the same relation to thought, as are the

five external senses to their correlated impressions. Dr. Carpenter defines this relation in the following terms: "The *ideas* which are excited by sensations, if associated with feelings of pleasure and pain, constitute the emotions." Upon this point, I differ from Dr. Carpenter, who, I think, does not sufficiently recognise the speciality of emotional sensibility, for which, on account of its distinctness and separateness, there must, I conceive, be proper nervous centres, — most probably, as before said, in the Optic Thalami and Corpora Striata. I may exemplify my own view of the case by very simple illustrations. If I am made to laugh through being tickled, the ganglia of common sensation react consensually; if I laugh from suggestion of a ridiculous idea, some other ganglionic structure, I submit, must physiologically be concerned in production of the laughter; if I suffer from tic douloureux one day and from profound grief upon another, all the testimony

which consciousness affords would confirm the idea of intrinsic difference under the respective circumstances. Indeed, I conclude from numerous data, a small proportion of which only I here adduce, that the ganglia of emotional sensibility are psychologically and anatomically distinct from the ganglia which minister to the five external senses.¹

¹ The author has observed, with much satisfaction, that his views concerning the physiology of the optic thalami and corpora striata have been adopted as probable, on metaphysical grounds, by Mr. Morell, the able author of "A Critical History of Modern Speculative Philosophy," and other learned works. In his recently published volume, on "The Elements of Psychology," the following occurs in a marginal note, p. 102: — "I am indebted to my friend, Mr. Noble, for the suggestion that the actual centre of the emotions is to be fixed in the *optic thalami* and the *corpora striata*. This would harmonize extremely well with the whole observed development of our knowledge, which, commencing with a physical impulse, appears next in the form of an incipient mental sensibility, and then expands into distinct notions or ideas; which ideas can, then, in their turn, react upon the emotions."

As ideas and sensations may react in muscular movements and other vital phenomena, where other psychical conditions do not share in their production, so it is with the emotional states. Actions often arise immediately and exclusively from the influence of this inner sensibility. Thus, intelligence arrives suddenly of the death of some one beloved; the auditory ganglia, through the appropriate nerves, receive the sounds significant of the fact; the physiological change thus brought about has its influence conveyed onwards, and it attains the hemispherical ganglia. Hereupon, apprehension of the circumstance ensues, and the ideas developed may be said to work downwards upon the emotional centres; violent weeping takes place as the natural expression of grief, undetermined by the will, and probably in opposition to it. Clearly enough, movements indicative of emotion are not unconscious; reflex acts; they are not simply consen-

sual, as when we startle from a loud noise ; they are not attributable to the mere presence of an idea ; but they issue from proper psychical states of their own.

When we regard the connexion of the Optic Thalami and Corpora Striata with all parts of the vesicular investment of the cerebral convolutions, a new interpretation of certain cranioscopic facts becomes suggested. If the various faculties, sentiments, and affections, as they are usually called, be subjected to a close analysis, they may be studied, I think, in two very distinct relations — *instinctive* and *intelligential*. When some particular sentiment conduces to outward manifestation, it may operate mainly through the idea, or mainly through the emotion. For example, we will take the *propensity for food*. This disposition may induce feeding from the inner sense of hunger, or, as in the gluttonous epicure, from activity of the fancy delighting itself with ideas of luxurious

dishes and voluptuous viands. Again, let us analyse the workings of *pride*. This disposition may show itself in pure haughtiness, sensuously experienced; or the ideas of self-importance governing the man may sufficiently attest the pride of his spirit, even though the *emotion* should be but little experienced. The destructive tendency supplies another and very obvious illustration. There is *wrath*, and there is *cruelty*: the former is an emotional experience, as when destruction is done in passion; and the latter contemplates with complacency the idea of demolition, as in certain acts of incendiarism: wrath perturbs the inner sensibility, and explosively exhausts itself; whilst cruelty effects its purpose in cold blood. I conceive that, in this way, the several mental states which have been designated faculties, sentiments, and propensities, have two distinct relations, anatomically and psychologically,—superiorly, with states of the intelligence

in the hemispherical ganglia, and, inferiorly, with the feelings in the optic thalami and corpora striata; and these different modes of consciousness may be designated, respectively, the *psychical* pole of the faculties, and the corporeal or *somatic* pole.

Of course, in what I have just advanced, there is much speculation; nevertheless, if this were the place, I could adduce plausible reasons and facts in its support. The views I have expressed, moreover, correspond remarkably with physiological and pathological phenomena, particularly in reference to psychological medicine.

According to the account, then, which I have given of vital operations, in the fulfilment of which the brain and nervous system participate, reflex movements without consciousness issue from the grey matter of the spinal cord and from the sympathetic ganglia; consensual actions from the sensory ganglia; ideo-dynamic pheno-

mena result from limited influence of the hemispherical ganglia; and those which are emotional from the optic thalami and corpora striata.

But what must be said of the *Will*,—that attribute of humanity which supplies the basis of moral responsibility, and the weakening or destruction of which constitutes so essential a feature of all insanity? Certainly, the will can be regarded neither as a faculty apart from other states of the mind, nor as mixed up particularly with any distinct and special ganglionic structure. In the language of Mr. Morell: “An act of the will embodies the effort of the whole man, implying, at the same time, intelligence, feeling, and force; physiologically speaking, this state of mind will stand in correlation with the *total affection* of the nervous system We regard it as an expression of the totality of our organic power, the whole governing the parts and directing to the fulfilment of one purpose.”

I would guard my younger auditors, and all who are inexperienced in this kind of thinking, against any impression that the Soul, the conscious principle within us, is susceptible of any true, actual division. If there be one characteristic, which, more than another, may be said to distinguish spirit from matter, it is its absolute unity. We have the same assurance from pure consciousness, that the *me* which thinks is not composed of parts, as we have from sense that bodies have extension. There is no place for argument here. If any one by reading, or over-exertion of his mind, have obscured his native intuitions concerning these subjects, we must not look to logic for his being set right; we must advise a temporary cessation from reading and thinking upon them; and trust to nature, under the influence of mental repose with fresh air and exercise, for the restoration of a healthy tone of thought.

Distinctness in the organic instruments

implies no corresponding divisions in the conscious principle which they subserve. In all psychical phenomena, the whole mind acts; faculties, sentiments, and affections are *states* of consciousness — phases only of the one undivided and indivisible mind. It is the whole mind that hears and sees; it is the same complete mind which receives ideas, and recalls them in memory; it is the one conscious entity that loves, fears, and hopes; it is still the same principle, the soul, that performs the highest mental operations, in abstracting, combining ideas, reasoning and judging; finally, and in one word, it is the immaterial spirit which *WILLS*.

There is nothing in the physiological study of the brain and nervous system which *ought* to suggest the approaches even of materialism. Whilst here below, the actions of the spirit occur through organic intervention. A thousand circumstances prove the fact; yet is it no more

the case that the material brain is the thinking principle, and the separate parts divisions of the soul, than it is true that the music of the lyre inheres in the instrument, and that the melodies which art can elicit from it, are self-produced by the particular strings.

LECTURE III.

GENERAL PATHOLOGY OF INSANITY.

INSANITY consists in disorder of the functions of the Brain. This proposition, as a conclusion from data supplied in the previous lectures, is inevitable. The brain, however, is the subject of many diseases, which do not produce mental derangement. But when pathological alteration of this organ causes, for some length of time, a disturbance in the mental operations, of a character to prejudice the proper control over actions, then the ailment, by law and custom, is designated Insanity.

No reasonable doubt can exist as to the physical site of mental derangement, so far, at least, as concerns its relation to the Encephalon. Yet there have been authors and practitioners who have had some difficulty in admitting this doctrine, owing to what they deem to be the want of corroboration from morbid anatomy. Thus Jacobi, Nasse, Flemming, and others, have been influenced by the consideration that, in the bodies of insane patients, anatomical lesions are discovered more frequently in the viscera than in the brain; that, in fact, this latter sometimes exhibits no alteration at all, whilst, on the contrary, very decided change is apparent in the organs of nutrition. The precise lesion, indeed, which the encephalon sustains in disordered mind, has not been determined. But in many of our investigations, and in much of our reasoning, we are most of us very apt to conceive that a more intimate correspondence exists between changes

found in the organs after death and the symptoms of disease appreciable during life, than the actual state of things warrants. Marks of inflammation or venous congestion, tubercles, cysts, collections of water, induration and softening of tissue, have again and again been discovered in examination of the dead brain, where there has been no insanity. But, still, according to the statistics of establishments for treatment of the insane, in every hundred bodies inspected after death, a state of cerebral congestion is found in twenty-five instances; induration of the structure of the brain is witnessed in somewhere about the same proportion; and atrophy of the encephalic tissue in about eleven cases. It must be admitted that there is no form or degree of mental derangement, which has not been known to exist unaccompanied by any physical changes revealed by the scalpel after death. Nevertheless, it is beyond all question, that the

injury which constitutes the immediate cause of insanity is in the brain.

In some' departments of practical medicine, it is true, there subsists an admirable relation between sensible alterations of structure and their symptoms during life ; take chest-diseases, for example. Still, in the case of many organs besides the brain, the pathologist who looks to morbid anatomy for every explanation, will be seriously disappointed ; for as a matter of fact, the relations between the main seat of diseases and the irregular manifestations to which particular diseases lead, are most uncertain and variable—bidding defiance to every attempt at successful classification. A set of symptoms will often display themselves, referable to some obvious change that may be detected after death ; and the very same symptoms, so far as an observer can judge, will, in another case, be dependent upon some very different condition of the struc-

tures, as revealed by post-mortem inspection. It will not unfrequently happen that the central disease shall originate external indications that direct the medical observer's attention far more to the organs secondarily or sympathetically affected, than to those which are the subjects of permanent physical change, noticeable after death. Moreover, some very vital structure shall become so seriously affected by disease as to induce a fatal termination, and yet no very material alterations in its appreciable characteristics be afterwards witnessed ; and, on the other hand, deep and irreparable changes in the organisation will, at times, have advanced to the most serious lengths, without any very sensible alteration in the functional manifestations. Cases have occurred in which complete destruction of the anterior columns of the spinal cord appeared to have taken place, without loss of voluntary motion in the parts below ; whilst

a similar destruction of the posterior columns has occurred without corresponding lesion of sensibility. There are instances in which the whole thickness of the cord has undergone softening, and apparent disintegration, without the destruction of the functional connexion between the encephalon and the parts below the seat of the disease. Again, whilst blindness from paralysis of the optic nerve dependent upon recognisable fault in its tissue, or in that of its connexions, will sometimes come on; at others, the exciting cause may be the presence of intestinal worms implicating the visual apparatus only by sympathy. How very little constancy of relation subsists between some very notable derangements of the functions of the stomach, and the changes found in its structure after death. Most troublesome dyspepsia exists sometimes, and the patient dies from some other disease; very often, in such cases, there is no change discoverable in

the stomach itself. On the other hand, thickening of its mucous membrane, and even ulceration of this tissue, may prevail to an extent capable of producing death, and yet, during life, no great amount of indigestion may show itself. I remember the case of a personal acquaintance occurring sixteen years ago, where there had been a long continued liability to paroxysms of intense headache; in one of these the face became flushed and excited, convulsions ensued, and the patient died. The symptoms had directed the notice of the attendant practitioner to the head; and, when the convulsions occurred, blood was rapidly drawn from the arm, and death very shortly took place, as if from collapse. I assisted at the post-mortem examination. Within the head, not the slightest trace of disease was to be found; but, on examining the interior of the stomach, its lining membrane was observed to be thickened, indurated, and very slightly ulcerated;

and this state of things was considered by all present to have constituted the essential disease. Yet the patient had experienced dyspeptic symptoms only of a very ordinary character, certainly, much less severe than such as often co-exist with a state of stomach evincing no structural change. Cases innumerable of sudden death are on record, wherein no appreciable lesion either of the heart or nervous centres can be discovered. In Tetanus and Hydrophobia, which present the greatest uniformity in their respective symptoms, the most assiduous necroscopic researches have not yet revealed any unvarying organic changes. Indeed, the impossibility of establishing a systematic connexion between post mortem appearances and signs of disease during life, has of late become so apparent, that fears may be entertained of the coming generation falling into an extreme opposed to that of ours, and, instead of giving an almost exclusive heed to

the indications of morbid anatomy, withholding from its revelations that just measure of importance which is its due.

Still it is right and expedient that we should start with correct notions upon this point; and from all that I have seen and read, I believe that every form of insanity may arise and run its course, without the cerebral tissue presenting morbid appearances after death; and, further, that, whilst in mental maladies every kind of organic change may at times be determined, the same alterations are to be found in other diseases where their signification is totally different. For those who cannot reconcile such circumstances with the doctrine that insanity consists in disordered function of the brain, I will cite, in addition to all that has been said, the words of that great morbid anatomist and distinguished pathologist, Andral, who, in reference not merely to the brain but to the nervous system at large, says, "The nervous centres may be

injured in any of their functions without the anatomist being able to discover any alteration."

The encephalon, like other organs engaged in the fulfilment of animal life, has, besides the execution of its higher and more peculiar functions, its vegetative life to sustain, involving its disintegration by waste, and renewal by nutrition; and these processes may be perverted by lesions of the circulation, of absorption, of secretion, and so on, without there being any coincident derangement of the loftier, the psychological, attributes. Hence scrofulous states of the brain may exist, without any disturbance or perversion of the mind. Some forms of inflammation may also be present, without inducing disorder of the intelligence. Inflammation may arise in the progress of insanity, and be intimately associated with it, but it does not comprehend the essence of the malady. In acute meningitis, in fever that implicates the

brain, and in delirium tremens, there is great mental disturbance; and in these maladies post-mortem changes are noticeable in the encephalon: but we do not recognise insanity in such cases, because the perturbation of mind that characterises them is but of temporary duration, and an obvious accident of the physical malady. If obscuration of vision arise from some transient cause, we do not call it amaurosis; if diminution of muscular vigour take place from some passing circumstance, we do not recognise paralysis.

The term *Insanity*, both in its legal and pathological bearings, is restricted ordinarily to that mental derangement which comes from other causes than the more usual forms of cerebral disease, notwithstanding that these are very frequently accompanied by aberrations of the intelligence. When we hear, or speak, of a person rambling or talking incoherently in fever, we look upon the mental disturb-

ance as only one link in the chain of morbid phenomena, and we call it delirium; and this, we know, will disappear with the primary malady. Or, when the question arises concerning the delirium resulting from alcoholic abuse, we attach the psychical disorder to well known physical causes and conditions, and commonly anticipate with confidence, a restoration to healthy cerebral action, upon withdrawal of the exciting causes and subjecting the patient to proper medical treatment. The delirium of fever and of alcoholic abuse is, simply, part and parcel of the general disturbance of the whole system; but with insanity the case is different. This latter may be ushered-in by fever, inflammation, delirium tremens, or any other acute disease; it is, however, only when the mental derangement has established itself independently of ordinary disease, that we must regard it as insanity. In a few words, so long as we can ally the cerebro-mental

perversion with causes transient and obviously removable, we call it *delirium*; when there exists, underlying the phenomena, something beyond these, we pronounce it *insanity*.

It is very important that clear ideas should be entertained upon this subject. I have myself known practitioners, able and intelligent in other respects, painfully confuse these very different conditions. Impressed with their earlier lessons about phrenitis and mania, as discussed by older writers and lecturers, they have identified, in their own minds, pathological states so different, as arachnoid inflammation and psychical disease, where the latter has been associated with no recognisable physical disturbance. A grave error in practice results from this kind of confusion. The medical attendant may be led to bleed, blister, purge, and mercurialise, in instances in which, by this proceeding, utter destruction may occur to the patient's prospects of ultimate recovery.

Assuming that the cerebral physiology set forth in the preceding lecture is substantially true—and that it is so in its more important features, I think there can be no doubt, — we must come to the conclusion that insanity, which involves always some perversion of thought, is an affection especially of the hemispherical ganglia, that is, of the vesicular neurine investing the cerebral convolutions. Into alteration of the function of these structures, indeed, the morbid phenomena more particularly resolve themselves. Although mental derangement, as before observed, has no necessary connexion with inflammation, tuberculosis, or any of the familiar pathological states of tissue, it is nevertheless followed in many cases, (as an ulterior result,) or at least is accompanied, by very marked lesions discovered post-mortem. The labours of numerous French pathologists, including Bayle, Voisin, Lallemand, and Foville, have established the

fact, that, in the large proportion of instances, where structural changes have been found in the encephalon, the grey cortical substance of the hemispherical convolutions has been the site. And so far morbid anatomy supplies corroboration of the position just taken with regard to the more particular structure affected in mental maladies. But still, of the essential change of a physical nature which obtains in the great majority of cases, we are entirely ignorant. It is not improbable that, hereafter, the microscope may reveal some valuable information in this respect; as yet, however, the observations made with its use, have been quite inconclusive; no morbid appearances peculiar to insanity having been discovered. Apart, however, from all considerations of morbid anatomy, insanity proper may safely be regarded as functional disorder of the vesicular neurine of the cerebral convolutions. In attempts to localise the malady more particularly,

according to its various forms, our guidance, in the present state of knowledge, must principally be sought in physiology. We must infer the several ganglia, or tracts of grey matter, to be implicated, according to the indications we discover of perversion of what we deem to be their particular functions.

Having advanced thus far, — having defined Insanity to consist in chronic disorder of the brain inducing perversion of ideas prejudicial to or destructive of the freedom of the will,—and having attained the conclusion, mainly from physiological considerations, that its organic seat is in the grey substance of the cerebral hemispheres,—I will now describe and explain its characteristic symptoms.

Before you pronounce a person to be insane, be sure that you have no signs present, either of fever, or of encephalic inflammation, or of an hysterical paroxysm. If, in accompaniment of some mental

illusion, of rambling and incoherence, or any other depravation of the intelligence, or if, along with perilous violence or some other preternatural state of the emotions, you have head-ache, heat of scalp, and a quick pulse, you have probably to deal with phenomena transient and incidental. The perversion of ideas or of the moral sensibility, may be symptomatic only of cerebral inflammation, or of some febrile affection. And, in cases where no especial predisposition to insanity exists, you may reasonably prognosticate a return to right reason under appropriate medical management.

If you observe laughing and shrieking by turns, succeeded by temporary calm after a gush of tears, you will soon discover from the history of the case, even though the pulse be excited, that you have simply to deal with hysteria. Or, if this diagnosis from any circumstance remain doubtful, you should still make no mention

of madness, however wild or absurd the patient may be. Do not, I repeat, call the ailment insanity, or talk of a removal to an asylum. Not only your own interests, but the happiness of your patient's friends, may be seriously compromised in these cases, if you do not exercise an unusual amount of prudence and circumspection. If your diagnosis of hysteria have been correct, a very brief period will restore the mental balance, — most likely the first sleep of any notable duration. But if the symptoms of fever, or of encephalic inflammation, subside; or if the hysteric paroxysm pass away; if the appetite return, and sound and periodic sleep be restored; and if, closely following upon these circumstances, the customary strength be recovered, and yet the mental derangement persist, your diagnosis must then be insanity. And this will be especially the case, if the aberration shew itself in some fixed or determinate form.

In these instances, the primary malady, both in its etiology and progress, very often is ordinary acute disease, which degenerates, under circumstances of predisposition, into actual insanity; just as common inflammation of a joint may become scrofula in a strumous habit of body; or as a blow upon the breast, occasioning swelling and pain in the first instance, may develop some carcinomatous affection.

The precise characters which particular forms of insanity may assume, are varied almost to infinity. Nearly every writer makes divisions and classifications of his own. But, however satisfactory at first sight these may occasionally appear, instances perpetually occur that constitute anomalies refusing all place in theoretical categories. Nevertheless, however much the individual cases may be modified by temperament, by the predisposing and exciting causes, or by peculiar complications,

certain general features are always observable; and the more prominent of these I will now sketch.

In a very large number of cases, there will have been noticed, long before the full development of the mental malady, and for some time before its recognition, something unusual either in the manner of the patient, or in his looks, or in his habits. He will have been referred-to as odd, eccentric, moping, self-willed, or crotchety. Nothing is more common, when mention is made of some insane person, by those who were acquainted with him prior to the attack, than to hear expressions of this kind: "He was always queer;" or, "There was for a long time a singular look about his eyes;" or, "I thought that he had become very eccentric;" or, "He was long considered an oddity;" or, "He was for some months very depressed and taciturn;" or, "Latterly indeed I could not understand him, he was so changed." Very likely,

these sayings are often the expression of an after-thought ; sometimes, they are probably exaggerations ; still, in a sufficiently large proportion of instances, they represent the facts of the case. Eccentricities and peculiarities, indeed, when contrary to the earlier demeanour and habits, constitute the premonitory symptoms of insanity ; as do, also, sudden and remarkable changes of temper and moral disposition ; just as languor, debility, and unrefreshing sleep, form the precursors of some febrile malady. It is this preliminary stage, which, in an especial manner, demands the most careful discrimination and judicious management.

It very rarely happens, indeed, that mental derangement renders itself very obvious at once. Probably this is never the case, excepting when it is attributable to acute disease or to mechanical violence done to the head. In all ordinary instances, it arises in some such manner as that which I have just sketched ; gradually

progressing, until its true nature becomes unmistakable. A singular timidity, or some remarkable distrust and suspicion, show themselves; or there is great restlessness of disposition, or some anxiety, or an extraordinary sensibility. If the epistolary correspondence come under notice, the greatest light will be shed upon the actual mental condition. In most cases, the letters bear the imprint of distressing influences: we read of painful sacrifices, fatal circumstances, bitter regrets, frightful uncertainty, unpardonable faults, a broken heart, infamous creatures, horrible ideas, malignant intentions, misfortunes, persecutions, torments, maledictions, the scaffold, moral reprobation, eternal flames, and so on,—states of mind evincing serious disturbance, not only of the hemispherical ganglia, but of the emotional centres of internal sensibility.

The intimate sympathy subsisting amongst all the collections of vesicular

neurine, from the grey matter of the cerebral convolutions down to that which regulates the functions of the spinal cord, supplies very satisfactory explanation of the wide-spread mischief, which, upon the invasion of insanity, so often pervades the greater part of the nervous system. In watching the several phenomena which successively arise, the advances are frequently traceable from one ganglionic centre to another, in the order of their physiological succession or elevation.

At times, the attention will first be arrested by some little irregularity of muscular action; there may be twitchings and catches in the fibres and tendons, immediately owing to disturbance of the digestive organs. The ganglionic structure of the cord thus becoming unduly irritated, very soon reacts upon the sensory ganglia through the afferent nerves, and produces sensations which are abnormal. Impressions of this kind very readily ascend,

so as to influence the hemispheres; and the mind, anxiously and closely attending to them, forms at length an entirely erroneous idea:—there is something in the abdomen that is alive. A whole train of false notions hereupon ensues. The disordered ganglia of the convolutions, working downwards, painfully influence the optic thalami and corpora striata (assuming that my own view of their functions is correct); emotions of disgust and dread follow; the intelligence becomes more and more weakened; no reasoning will remove the morbid impression; the patient seeks for relief in vain; profound melancholy ensues; for some strangely conceived reason a poisonous potion is imbibed, and self destruction results. The coroner's jury records a verdict of "suicide whilst labouring under mental derangement."

In other cases, a morbid exaltation of one or more of the special senses reveals impending disease of the mind. From

internal causes acting upon the auditory ganglia, a person hears sounds that are unwonted and strange. The hemispheres participate in the over-excitement, and the fancy gives sense and significance to the sounds:—demons articulate, and the patient is pursued by them. The emotional ganglia now share in the morbid excitability, and there is terror and despair; the judgment becomes entirely subordinated to these false but painful impressions; and the patient sinks at last into hopeless and melancholic imbecility.

There are instances in which a serious lesion of one of the nervous centres originates epileptic paroxysms, the reiterated occurrence of which may so perturb the brain and nervous system at large, as to produce insanity; the successive stages being severally traceable from dulness of perception, through weakened memory and impaired judgment, to utter fatuity. Very often the insanity resultant in such cases,

displays an utter destruction of psychical energy, moral sensibility, and mental power alike.

Exemplifying another class of cases, a person may confuse his ideas and intelligence by reading beyond the grasp of his powers and capacities. He begins to construct strange theories of the world and its architecture; he suspects the earth's crust to be formed of paper, beneath which there is a gulf that is unfathomable. A consistent timidity marks his every action; he dares scarcely advance a step. The intelligence and the emotions being alike perverted, the patient is thoroughly insane.

Another feeble-minded philosopher interests himself with metaphysical theories; his ideas concerning substance and existence become false and absurd; there is no matter; he has doubts of external realities — of objects, time, and space; he is reserved and introspective, probably suspicious and timid; he becomes unfit to

manage his own affairs, and he is declared mad by a commission of lunacy.

In many instances, the starting point will be in the emotive centres. Commercial ruin, I will suppose, actually takes place; sorrow and painful anxiety of course succeed, degenerating into settled melancholy; religious ideas, in themselves true, become disfigured and exaggerated; the patient's calamities are a special judgment of God, and he is himself under the peculiar wrath of Heaven. Thus the intelligence becomes weakened, and the emotional sensibility disordered. The remedy is sought-for through an imagination blackened by despair; the curse is removable, but only by a fearful expiation; the dearest and most beloved friends must perish by the patient's own deed; and he must consummate the sacrifice by self-immolation.

It is not very often that the higher faculties of the intelligence are the first

to give way. Occasionally, however, this is the case; and then by descent, so to speak, the morbid influence attacks the lower forms of consciousness as the malady progresses. A weakened judgment begins to show itself; the will no longer exhibits its wonted firmness; the ideas run disorderly on; the moral nature sustains perversion; the sensations are depraved; and the mind becomes a total wreck.

Phenomena such as these which I have thus hypothetically adduced, constantly characterise the progress of insanity; and this progress displays an action and reaction amongst the several phases of mind, remarkably correspondent with the physiology of the nervous centres explained in the last lecture. I do not mean that the symptoms of mental derangement follow each other always in precisely the ascending or descending series; because, whilst the starting-point

may be in any of the ganglionic centres, the reciprocal relations and interdependence subsisting by means of the white substance between the different collections of grey matter, are such that either of them may, in a state of morbid action, gradually or abruptly communicate the influence to the others. Cases have frequently arisen within my own experience, which the sketches just rendered very much resemble; and the psychical features which they set forth, are correlative with the pathological changes which may be assumed to obtain in the progress of disease from one ganglionic centre to another.

In exemplification of these phenomena, I will here cite passages from a letter addressed to myself by one of the male patients in the Clifton Hall establishment, whilst convalescing. The case was very remarkable in many respects. "You wished me," says the patient, "to write

a few lines respecting myself, but I presume more particularly about my complaint (*thank God, now quite gone*). It originated from over anxiety, over study, and too close application to business." From this extract it will be seen that the causes of the malady, in the estimation of the patient, were such as would operate prejudicially upon the brain and entire nervous system. He goes on: "It began about a year and a half ago by a faintness, or dizziness, and a terrible prickly feeling in my head, causing me about every fortnight to faint and become quite unconscious and insensible to every thing about and around me, for perhaps four or six months." The symptoms of faintness and dizziness would indicate lesion probably of the sympathetic nervous system; and the prickly feeling referred-to would point to some functional disturbance in the ganglia of common sensation. An aggravation of this latter

state is shown in what follows: "After that time it came upon me more frequently, and too soon caused my mental powers to be considerably weakened, as well as creating in my body *much violent pain.*" The patient goes on: "About ten months ago I was recommended by Mr. A. B., our surgeon, to try Southport, which I found to do me good; and after staying some three weeks, thinking further change might benefit me, went for two months to Derbyshire, (my native place,) not doubting but it would recruit me, which it did in a great degree, but not so much as I, and my parents, wished and hoped. I then came home and found myself still far from well. Father and all my family did their utmost to bring me round at home; but, alas! they found it impossible, and they, though reluctantly, were obliged to send me here." The patient is not very orderly in his narration, for he only begins to speak of his mental

alienation, in reference to the period of his departure from home. He says: "The day I left home, I thought the authorities had prepared a gibbet for me, in St. Ann's Square, (I think now it was a very unlikely place,) and I was of course much averse to leaving." Here is the first mention of some distinct mental illusion, the presence of which we must regard as indicative of morbid action in the hemispherical ganglia. The next phase of the malady, as detailed in the narrative, exhibits painful excitation of the emotive sense, and correlative disturbance, we must assume, of the appropriate ganglia: "They had the greatest difficulty," the patient goes on, "to get me to sleep alone, I having such strange and fearful freaks in my poor head. I was so afraid that I hardly dared go from one room to another, being afraid of darkness. I can't well recollect any thing that transpired here the first month or two, save this, that

every time I was permitted to go into the yard, wild beasts would come any moment to devour me." The next statement evinces perverted function of the visual ganglia — thus: "I even saw them approaching with my eyes open in the day time, and was in dreadful agony the whole time. As I lay on my sleepless bed at night, I saw, and sometimes felt, as it were, bears hugging me, and demons appearing to me." The narrative now goes back in the order of time; and the bodily and mental conditions experienced before his removal, are again the subject of description. He says: "I thought my body was daily wasting away, and often prayed for a release out of my sufferings, which were great and grievous, but I still lingered on. I was often troubled with saliva flowing out of, and down my mouth, even whilst conversing with my parents, so much so, as to stop my utterance very frequently. I had, owing to this, a great aversion to

being in their company at that time, being displeased if they ever talked in my presence. Indulged in much *melancholy*, and went to the kitchen, garden, or elsewhere, to brood over my doleful thoughts and complaint. They noticed my despondency, which coming on more and more, soon were afraid to leave me out of their sight. They did all that kind parents could do, paying me every possible attention." This terminates the patient's detail of his sufferings. He concludes as follows: "The last three or four months, I have had none of that dizziness, but find my head much clearer than ever it was in my existence. The salubrious fresh air does me much good. I always had been too fond of remaining in the house when at home. It being out of my way to write many letters, this perhaps will hardly be worth perusal. I can with great truth truly say, my affliction was not from any sins of omission or commission, but that it was

sent for good from God, He chastening those He loves." This, with the ordinary subscription, closes the communication.

The interest attaching to the foregoing narrative becomes enhanced by the fact of its being the production of the patient, and written before the mental convalescence was complete. The case, even as imperfectly recounted above, furnishes an illustration of derangement of nearly all the nervous centres — tending thus to exemplify, and in some measure to corroborate, much of the preceding physiology and pathology.

LECTURE IV.

—

VARIETIES AND PARTICULAR CHARACTER-
ISTICS OF INSANITY.

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IN proceeding to discuss the more distinctive features of Insanity, the difficulty of establishing some satisfactory classification becomes experienced. Artificial arrangements of mental maladies to any extent may, of course, be accomplished, by separating in groups the cases wherein particular sets of symptoms are found in combination; but the results to which a proceeding of this kind has hitherto led, are of no great value in a scientific point

of view. If we had the same sure and definite acquaintance with the several functions of the separate parts of the encephalic ganglia, as we have, for instance, with the individual structures in the chest, we might rest our division of cases, and erect our special pathology, upon a more detailed and exact physiology than we can under present circumstances. And if our actual knowledge were so far advanced, we might reasonably expect more enlarged aids in practically dealing with the whole subject. In the investigation of thoracic affections, we diagnose, not only the organ affected and the kind of morbid change, but the particular tissue involved. If we are informed, upon being first consulted, that a patient has an ailment in the chest, we proceed to find out, not merely what is its nature, but the distinct organ and tissue implicated; and the indications afforded possess a value that is both practical and theoretical. And thus chest

affections, including diseases of the heart, lungs, and membranes, can be arranged in categories, possessing scientific interest and suggestive of useful application. But as regards the encephalon, whatever approaches to accuracy we may make in our attempts to determine the functions of the separate ganglionic masses, the particular connexion between these functions and distinct psychical states too often escapes us when we experience the need for scientific precision. And yet the entire bearings of special forms of mental derangement can only be estimated pathologically, when they are investigated and appreciated in their physical as well as in their moral relations.

If the exact offices of different parts of the several ganglionic masses which enter into the constitution of the encephalon were ascertained, a corresponding arrangement of mental diseases might be looked for. As a completeness of this kind, however, does not attach to the present state

of our physiology, we must take the nearest approaches attainable in that direction. And that physiology of the brain, propounded in a former lecture as something more than rationally hypothetical, I shall employ, in the further consideration and arrangement of the phenomena of Insanity. This physiology, I quite think, furnishes a basis for the purposes of classification, equal, if not superior, to any other that has been advanced. The observation of actual cases of mental derangement certainly becomes facilitated by its adoption; at any rate, my own experience would suggest this to be the case.

The psychology so much insisted upon by phrenologists, is certainly one to the merit of which every candid mind acquainted with it, will bear testimony. A division of the conscious functions into intellectual faculties, moral sentiments, and animal propensities, is doubtless in a great degree conformable to nature; and

some of the phrenological subdivisions are founded, most probably, upon fact. All this is true, and may have place to a greater extent than I should myself be willing to admit as proved, — a question, however, apart from the cranioscopy associated with it. But, excellent as the phrenological psychology at large in so many respects is, I am constrained to say that, in my own later and more extended experience, it has not yielded that guidance and assistance in attempts at scientific arrangement of psychical maladies, which I formerly thought might be the case. I must state, moreover, that I have not noticed that coincidence between configuration of the head and what is commonly designated partial insanity, which phrenological statements would suggest: nor have I, in watching the particular phenomena, been enabled to associate individual cases with disorder of one or more of the faculties, to an extent corro-

borating, in any material measure, the phrenological analysis.

A division and classification of cases resting upon permanent differences and exact definition, I believe to be impracticable to any extent. We may abstract and arrange particular phenomena, so as to bring them more distinctly under recognition; but when we investigate them in their concrete realities, the very best schemes are found to be imperfect and unsatisfactory. All writers and statistical records have their cases of Mania, Melancholia, Dementia; and other familiar terms are constantly employed. These, however, do but exhibit the more salient groups of the pathological picture; and, in many instances, they have little more fixedness than so many dissolving views. For a case of melancholia may become one of mania, and, conversely, mania may become melancholia; or the two affections may be present simultaneously. Again,

mania may degenerate into dementia; or characteristics of the two states may display themselves at the same time. Insanity is not unfrequently a periodic malady; and at each of its returns, the ailment may assume new phases. An ordinary case, indeed, may, in its progress, take on numerous and very different forms.

In proceeding to arrange the phenomena of insanity, I shall refer to so much of the previously explained physiology of the brain, as may connect itself with the classification which I shall adopt. I have said that the peripheral grey matter of the cerebral hemispheres forms, in the highest degree of probability, the organic structure wherewith the inherent conscious principle exercises itself with ideas and intellectual processes generally; and that certain ganglionic masses nearer the base — most likely the corpora striata and the so-called optic thalami — are concerned in the production of emotional sensibility. I

propose, then, in the further discussion of the symptoms of mental disease, to recognise three divisions. In the first place, I shall group together those cases in which some false or perverted idea so rivets itself in the mind as to constitute an illusion which gives rise to confusion between the products of imagination and positive realities, — erroneous notions, in fact, of which the mind by no effort of reason can get rid: such a state of things, for my present purpose, may be called *notional* insanity, involving some derangement of the hemispherical ganglia. Next, I shall speak of instances in which, from some weakening or depravation of intellectual energy, there is a primary perversion of the intelligence, quite irrespective of any fixed or characteristic delusion; and this mental condition we may designate *intelligential* insanity. In this class of cases also, the hemispherical ganglia form the seat of the affection; in what way,

however, the pathological state of these ganglia differs from that which obtains in the former category, I do not form any opinion. Lastly, I shall treat of that larger class which comprises the great majority of cases, where the prominent derangement is obviously in the emotive sense and correlated ganglia, and which may be said to constitute *emotional* insanity. These particular conditions, I may repeat, are seldom found isolated and present uniformly through the entire course of any one case; they are mixed, and run into each other. I only distinguish and separate them, for the purpose of engaging your attention with the more notable features which prevail in mental maladies, and which may be taken as representative of the various morbid states of consciousness.

An illustration of the threefold division just made is readily afforded. I will take for the example the varying circumstances

of *homicide*. Every one knows that this is frequently committed under the influence of disordered mind. The verdict of juries acquits, on the ground of insanity. Such medical men as see nothing but theory and speculation in psychological medicine, conceive that, the accused being pronounced mad, there is an end of the matter; and the Phrenologists tell us that the slaying was done under morbid excitement of the destructive propensity. Yet it is quite certain that a maniac may perpetrate a homicide under very different psychological conditions. A person takes away life under the influence of some false notion, which has settled itself in his mind as an insane illusion; he may believe that, like Abraham, he has a vocation from heaven; there may be no passion, no emotion; he may have full consciousness of what he is about, and of the consequences of his act. This is what I mean by notional insanity. An-

other person commits a similar act without any distinct or serious motive at all, from pure imbecility of mind, and probably in perfect ignorance of the import of his deed, plunging a knife into the throat of some sleeping victim, possibly deeming it to be a very amusing disposal of the blade; here would be a perpetrator of homicide, whilst labouring under *intelligential* insanity. A third, a furious maniac, slays a fellow-creature in a paroxysm of rage, or under a specific impulse to destroy life; here would be *emotional* insanity. Instances characterised as above are not of rare occurrence, and they exemplify by one and the same overt act very different pathological states.

In employing the term NOTIONAL in qualification of a class of cases, I refer to those in which some unwonted and erroneous perception, or idea, has secured so firm a hold upon the consciousness as to have become like an actual

reality, — a *notion* with respect to which the patient cannot be set right by appeals to reason or to common sense. Errors of sensation of course may arise, without any tendency to insanity, which is only recognised when the morbid impression perverts thought. The celebrated bookseller, Nicolai, of Berlin, for years was the subject of visual hallucinations; he was a constant ghost-seer; for a long period, a day never passed over his head without spectres of all kinds appearing to him, — “black spirits and white, blue spirits and grey.” He was an educated, well-informed, and strong-minded man, and knew that derangement of the optic nervous system was the cause; and no perversion of ideas ensued. He, himself, indeed, published a most interesting account of the case, the greater part of which may be read in that curious and interesting work, *The Philosophy of Apparitions*, by the late Dr. Hibbert Ware. Moreover, if a person

be in ignorance of the true nature of such hallucinations, and in consequence believe them to correspond with objective realities, he is not to be accounted insane, because the notion is perfectly natural and accordant with common sense, until the affected person has been enlightened upon the subject. An uneducated woman, a few years ago, saw an acquaintance killed by the fall of some scaffolding; the impression made upon her was both vivid and profound; in two or three weeks she began to see the deceased in bodily form, and was rendered nervous and wretched. I was consulted about her, and strove to set the poor woman right, as to the delusive nature of her vision. I hope that I succeeded, but I only saw her once and am unable to say. I did not, however, consider the person insane. Nevertheless, without doubt, if the morbid impression fixed itself, and became a settled notion, uninfluenced by any representation that

might be made to her, subjugating at the same time both reason and moral sensibility, the result would rightly be deemed insanity.

Again, a person may become troubled with some remarkable sounds in the ears, but he is not on this account reputed to be insane. If, however, the morbid perception determine some false notion of an ineradicable character,—if the patient, for example, be persuaded, and cannot be convinced to the contrary, that some noisy bird occupies the interior of his head,—he is notionally insane; thus it may happen that perversion of the auditory sense may suggest to some unhappy patient that demons are whispering wicked words, urging frightful blasphemies against the Most High. Or, again, it may be that some abnormal state of the senses generally conducts to the idea that an alien force compels to deeds of outrage, as, for instance, the morbid act of killing, or of

setting fire to a large building, without passion, without vengeance, without regret, and without imbecility.

A large number of the cases to which the designation *monomania* has been applied, are rightly included in the category now under discussion. This expression *monomania* has, of late years, become familiar to all the world; it is quite a fashionable term; and the sense, indeed, in which it is commonly understood is sufficiently accurate. It is applicable to all those instances wherein the delusion turns altogether upon one notion, or a single set of notions. Monomaniacs will thus fancy sometimes that, within themselves, there are other persons, not themselves, urging them to obedience and destroying their free agency. In some cases, persons imagine themselves to be heirs to large fortunes, or to titles, or to have some other connexion with the great; you cannot argue them out of their erroneous notions;

you will, very generally, irritate them, if you attempt to set them right; and yet these people will very often both reason and act with their ordinary propriety in all matters unconnected with their delusion. I have at this time a lady under my care at Clifton Hall, who is unmarried and about forty-seven years of age, and who for a long period was actively engaged in business. She retired upon a moderate competency, and went to live alone: the prejudicial influence of a change of this kind is very well known. Excessive vanity and delusive conceits very soon arose; the idea possessed her that she was about to be married to a gentleman with whom she had not even an acquaintance, and her conduct became very absurd in consequence. Next, her notion was that she was the representative of an ancient and noble family, and that she herself was under the immediate guardianship of Queen Victoria. The *climax* having now

been attained, I suppose she can go no higher, for this latter idea, indeed, seems to have obtained exclusive power over her. All causes of dissatisfaction she will refer to Her Majesty, and she can only be influenced to any course of conduct when believing that the direction comes immediately from the Queen. At this time, her personal appearance, expression of countenance, and general manners, do not suggest that she is insane; her conversation on ordinary topics seems coherent and rational: but touch upon her supposed relations to the Queen, or any topic that springs out of the particular delusion, — the mental aberration at once becomes revealed, and this with most garrulous prolixity.

The phenomena characterising this “notional insanity,” as, for the purpose of these lectures, I denominate it, are very various; it is not always that the illusion is of a settled or uniform character. Even

whilst perfectly lucid upon many matters, and reasoning correctly upon all if you concede the false data, the patient will entertain the most diverse, extravagant, and incongruous ideas, and be as completely under their government as the somnambulist is seen to be, when displaying the ideo-dynamic phenomena. Such facts form a problem sufficiently curious, alike for the psychologist and the physiologist. That a man who is thoroughly sensible in the affairs of his business, and in all the ordinary events of life, should at the same time believe that he is a prophet or an emperor, or that a second spirit is associated with his body, or that his arms are made of earthenware — constitutes a circumstance, indeed, that would be incredible if examples of this kind were not the subject of constant experience. A gentleman lately left the establishment with which I am connected, who was exceedingly intelligent, well educated, and extensively in-

formed upon scientific subjects; he was, moreover, a very close and logical reasoner. If you discoursed with him upon science or philosophy, you would never find that he enunciated an incorrect principle; and yet this gentleman believed himself to have a special mission from the Almighty to reform and purify the Christian religion. In connexion with this morbid idea, he would utter all kinds of absurdities; his power of rational conception vanishing altogether, when he was under the influence of his insane notion.

At first view, it is very difficult to conceive of cerebral disease distorting the mind, as it were, with reference to one set of conditions only. It will be seen, however, upon reflection, that such instances do not violate the analogies of general pathology. The stomach will exhibit idiosyncrasies, refusing sometimes to digest some single article of food, and yet disposing of every thing else with the customary

facility. The lungs will occasionally receive some injury in their functions from the atmosphere of a particular place. Dr. Bree mentions the case of a gentleman, who stated that he never slept in the town of Kilkenny without being attacked by asthma; whilst a certain Lord Ormond rarely escaped a fit when he slept in any other place. A case is on record of a person in whom an asthmatic attack was brought on by the smell of guinea-pigs; and another, where contact with the fur of a hare would produce illness for several days afterwards. Individual ganglia will at times evince a curious inaptitude for particular impressions. Dr. Dalton was unable to distinguish colours like other people — a peculiarity which takes rank as a physiological fact, and which, not being uncommon, is now known as “Daltonism.” A still closer analogy is afforded by loss of memory for some particular class of ideas, consequent very

often upon injuries of the brain. Instances of this kind are perfectly analogous to some of the more remarkable cases of monomania, wherein the mind loses its natural capability only under the influence of particular notions.

Sometimes an entire series of false notions holding coherently together will take possession of the insane, and these will be carried out consistently in all the trains of thought, and in the whole conduct of the patient; the reasoning faculties tracing the illusions to their natural consequences. A patient of mine recently fancied himself to be in heaven; all his feelings and notions were correspondent; the persons about him became celestial beings, in his estimation; and reverence, love, and joy characterised his language, countenance, and general deportment. Again, a maniac not unfrequently becomes impressed with the false idea that he is possessed of boundless wealth; his actions comport, very ratio-

nally, with the morbid notion; he is profuse and lavish past measure.

Finally, I comprise in the designation of notional insanity, all those examples of mental aberration which depend essentially upon erroneous ideas rather than upon debility or disorder of the more purely intellectual faculties, — upon deranged perception and false notions, rather than upon defective power of combining these latter intelligentially. These instances form the class of cases to which writers refer when, prematurely generalising, they assert that madmen reason correctly from erroneous premises.

INTELLIGENTIAL Insanity, as I have denominated the second division of mental maladies, consists either in preternatural diminution of the power of combining the ideas which arise in the mind, so as to prevent the evolution of thought with due spontaneity; or in some deterioration of this power, tending to vitiate and derange

the intellectual operations. This definition will be rendered more intelligible by the citation of an analogy which language, the symbol of thought, supplies. Whilst notional insanity may be represented by error in the use of individual words, that which is intelligential may be likened to a defect in the power of combining them rightly together. The phraseology of Mrs. Malaprop illustrates the former; whilst specimens of what are called cross-readings may exemplify the latter.

Intelligential insanity is thus a state of things which may, in a direct manner, weaken moral liberty, or, may do so indirectly, through the unwonted control over actions which is thereby conceded to the emotive sense. Of this class of cases I shall make subdivisions, in order to afford, with the greater clearness, the suitable explanation of the conditions signified. The conventional terms idiocy and dementia will express the negation, and the

deterioration or destruction, of the intelligence; and mania, as the term is usually employed, its aberration or derangement.

Idiocy is the word commonly used to signify the congenial privation of intelligence. It is that condition of complete imbecility which causes its unfortunate subject occasionally to be called a "natural," or an "innocent;" expressions not very well chosen, but intended, I presume, to designate the harmlessness which marks this unhappy state of being. Although the pure idiot is practically devoid of intellectual power, — judgment and reason having no existence that is appreciable, — he seems quite capable of reacting upon sensational and instinctive influences, both consensually and ideodynamically. The ideas, however, which contribute to the modifications of consciousness, are little more than the reflex of impressions from without; spontaneous control over them, there is none; volitional energy cannot be

recognised as present; and moral liberty, in such cases, must be deemed a nonentity. The idiot, indeed, must be regarded as *humanity blighted*; and yet the unfortunate creature will sometimes, for long years, endure life among his fellow beings, more depressed in the scale of psychical capability than the brute which perishes. The physical conditions which determine this distressing pathological result are various; not unfrequently, the fault lies in excessive smallness of the encephalon, and then there is witnessed upon the shoulders of an adult man, a head no larger than that of a young infant; when this state of things is found, hopeless and irremediable imbecility always exists.

The most complete example of this kind which I remember to have seen and examined, came under my notice in the year 1834. It was the case of an idiot, the son of a labourer, born in Prestwich in the year 1814, and who was, consequently,

twenty years of age when I had the opportunity of investigating his psychical condition. Mr. George Wilson, of this city, brought forward the youth at the rooms of the Phrenological Society then existing in Manchester, and afterwards published very interesting particulars of the case in the *Edinburgh Phrenological Journal*. The head of the poor lad was certainly not larger than that of a child under twelve months old. In his childhood, the instinctive and consensual actions did not begin to establish themselves until an unusually late period; and no development whatever of reasoning power exhibited itself, although conduct and movements simply reflecting the idea of the moment were sufficiently distinct. The great deficiency of brain was observable in the upper portion of the forehead, and universally, indeed, in the region of the cerebral convolutions. If the encephalic mass had been visible to the eye,

one could imagine that the cortical grey substance of the hemispheres would have been found lamentably deficient. In 1834, when I saw him, the youth measured five feet six inches, and weighed about nine stone, seeming at the same time to enjoy good bodily health. For a considerable period after birth, he was said to have been very small and helpless, and he was three years old before he walked. He was still older before he learned to say "mother," a term which for a considerable time he applied to every member of his family. When about seven years old, he became very passionate, and began to swear, a habit which he had not lost at the period of my seeing him. Although twenty years old, he was incapable of dressing himself. He was fond of his meals, with which he never appeared satisfied; and was, moreover, greatly addicted to beer, in which he had been very improperly indulged. On one

occasion, Mr. Wilson offered him some sweet-meats wrapped in paper, whereupon he devoured the paper and contents indiscriminately. He had scarcely any vocabulary, and no power of conversation at all. There was so little force of character about him, that he willingly submitted to the governance of a little girl, a member of the same household. Like a young child, he would strike when offended; and there was a certain fearlessness about him, proceeding, however, rather from inability to foresee danger, than from any actual courage: thus, Mr. Wilson, one day, saw him pursue a large dog and imitate its barking, and when he had provoked its snarl he seemed highly delighted. The absolute privation of every quality that could be considered proper to the intelligence, was well evinced on one occasion, when some mischievous persons undressed him, and persuaded him to go into the river for the first time in his life.

He walked senselessly in, until he was nearly out of his depth; and he would have proceeded onwards, but the approach of his godmother, who had the care of him, deterred him. He was apparently ignorant of the value of money. When some copper coins were placed upon a table and left before him, he showed no desire to take them. One evening, at the Phrenological Society, the members laid before him a penny and a halfpenny,—like young infants, he could appreciate the meanings of words better than he could express them,—and he was asked which he would have. On successive occasions, he placed his finger upon both coins. He did not seem disposed to seize the money, nor to express regret at not receiving it. The complete subordination of this poor youth, indeed, to animal instincts and sensations and simple ideas, was exhibited in his every action, which always reflected the dominant impression of the moment; all

will or spontaneity being altogether unrecognisable. If he became possessed of a penny, he would march forthwith to the place where others, under similar circumstances, had conducted him on former occasions; on seeing an article which he wanted in exchange, he would always, when there were two or more, choose the largest piece in preference; that consumed, he would move away. Another object would attract his attention, and he would survey it for a moment with every appearance of curious delight. And so he would pass on, alternately noticing and wandering, until the sense of hunger, or the friendly hand of his attendant, would draw him home. He knew very few things by name; yet if his eye was directed to an object, and he was told to reach it to you, he would do so. His attendants could never succeed in teaching him to button or unbutton his own clothes. Altogether, this case furnished a remark-

able example of entire negation of intellect, with a very observable presence of instinctive, consensual, and ideo-dynamic phenomena, which, indeed, constituted the sum of this unhappy person's conscious career.

Besides congenital smallness of head, idiocy may have for its cause certain innate faults of intimate structure, seeing that this utter absence of intelligence may be sometimes detected where the encephalon exhibits nothing abnormal in point of magnitude. Certain scrofulous taints would appear to be capable of originating this condition. I have seen the offspring of scrofulous parents grow up in the full perfection, apparently, of their animal nature, and yet the intellect remain perfectly null; and that, too, where neither cranial form nor size were abnormal. I am not aware that pathological anatomy has made out the essential physical characteristics of this condition. It is notorious

that convulsions in infancy will frequently deteriorate the cerebral tissue, so as to render it unfit for intellectual operations. In some instances, hydrocephalus of a chronic character destroys the capability of sound mental manifestation, whilst it constitutes no hindrance to the fulfilment of all the nutritive and more purely animal functions.

Dementia, in its actual phenomena, is identical, in great measure, with idiocy; in both conditions, the essential feature consists in the absence or notable diminution of intelligential power. Whilst idiocy, however, may be considered the abortion of mind, dementia is its wreck or extinction. This latter state constitutes the not unusual termination of all the forms of insanity, and is a very frequent result of epileptic fits. Morbid alterations, indeed, of almost any kind, going on in the cerebral structure, may ultimately produce it.

There is witnessed this remarkable difference between idiocy and dementia, that whilst, in the former state, there is an absolute poverty of ideas, in the latter there is very generally a retention, to a great extent, of such as existed in the mind prior to its overthrow. But they are under no control; they arise in no orderly sequence, and combine at random; words are uttered devoid of all definite meaning, and having no intelligible relation to the circumstances of the patient. An enduring but shadowy dream, of a very incongruous character, may suggest some notion of the sort of consciousness which obtains in this variety of mental malady. In cases of this kind, it often happens that the physical necessities of the body are entirely disregarded, and that the patient is even insensible to the ordinary calls of nature, — a condition of humanity than which it is impossible to conceive any thing more deplorable. In

extreme examples of this kind, it is reasonable to suppose that all the ganglionic centres are more or less damaged, inasmuch as their functions appear to be so largely and enduringly perverted.

It is yet remarkable how, in some cases, with total wreck of the intelligence, there continues a certain degree of soundness in the emotive sense; all the actions which depend immediately upon the inner sensibility, as also the movements which are consensual, being executed after the customary manner. I have at this time a patient who furnishes a striking example of this state of things. It is the case of a gentleman who, at twenty-one years of age, was possessed of a handsome fortune, which he squandered in dissolute habits. He is now about forty years old, and has for some years been entirely demented. He seems incapable of all intelligible conversation; to the simplest question, he will respond in some irrelevant phraseology;

and neither by associating with others, nor by exhibiting interest in particular pursuits, does he show any sustained operation of mind whatsoever. He was at all times remarkable for his politeness and gentlemanly bearing; and the completeness with which he retains these characteristics is most interesting. He is a perfect master of his toilet, and maintains himself singularly clean in his person, and neat in his attire. His demeanour, on all occasions, is not only correct, but is marked by a singular delicacy. If any one enters his apartment, he rises with gracefulness and gives the appropriate salutation with elegance; nothing, apparently, would induce him to resume his seat, if a lady were standing in his presence. He is very devout, and often to be found upon his knees; and if spoken to in this attitude, he will never reply without previously rising in the most reverential manner; and whilst in devotional exercise,

he will spontaneously enunciate the words of prayer with accuracy, and with just the appropriate degree of emotion ; yet, if you were to ask him to *recite* the words of prayer, you would receive in return a silly laugh and some unmeaning phrase. He will appear to be studying the Book of Common Prayer with great earnestness, but you discover that he has the table of contents, or a blank leaf, before his eyes. So long as this unfortunate man is under the influence of his emotional nature, his expression of countenance gives no indication of his unhappy state, — make but the slightest appeal to the intelligence, and idiotic insanity becomes revealed at once. He is equally well-conducted over his meals, and with all propriety attends to the natural calls. A case of this kind receives a pathological explanation by aid of the cerebral physiology set forth in a previous lecture. The intelligential functions appearing to be all but paralysed,

but the emotional sensibility continuing; so the cortical grey matter of the brain we may assume to have sustained profound and irreparable mischief, whilst the sensory and emotive ganglia are comparatively unaffected.

Mania is the last of the subdivisions which I have made of the intelligential forms of insanity. Although the term is one applicable and actually applied to all the varieties, it designates, in a more especial manner, those instances in which there is not so much destruction, or defect, of mind, as some derangement of its proper harmony. In such cases, it cannot justly be said that the brain is not fertile in ideas, or that these have diminished vigour; it is in their disorderly combination, and in their withdrawal from a just subordination to the will, that this condition essentially consists. The examples of rambling and incoherence in discourse, evinced very often by

what has not inaptly been denominated a *diarrhœa of words*, generally fall within this category. In the slighter instances of mania, the patient will break off his subject in the midst of a narrative or of conversation, and will pass abruptly to some other with which the previous one has no sort of connexion, and then again to another; exaggerating realities most ridiculously, and suggesting conclusions that have no reasonable relation with the incongruous premises. The mental images which the patient forms, indeed, may be likened to the fragmentary toys of the kaleidoscope, assuming a disposition very much at random, and exhibiting, in the groupings, results fantastic, strange, and grotesque. In the severer forms, the patient goes wildly on, talking and gesticulating in the most unconnected and unmeaning manner, and showing sometimes complete incapacity to fix the attention; these more intense examples of mania,

unless recovery be speedy, very generally pass on to dementia. Mania, as here described, is a very frequent form of mental disease, and it may exist in all degrees of severity; its precise phases are innumerable. Notional illusions almost always arise, more or less, in the progress of the malady; arising, however, from the general disorder of ideas only, they have not a fixed, settled, and defined character, as in the class of cases wherein they form the leading feature; they do not, as it were, take absolute possession of the consciousness, and become reflected in all the mental processes; they resemble rather the vague and erroneous groupings of inward impressions which are found to take place in a dream.

I shall probably convey to persons inexperienced in mental diseases, a clearer idea of what I have described as mania, by reading a letter addressed to myself by a patient at Clifton Hall, written

at my request, and professing to give some account of himself. The writer is a young man, about twenty-six years of age; at the date of the letter he was convalescing from a second attack. The production evinces that inharmonious exercise of the intelligence, which I have adduced as the distinguishing characteristic of that variety of insanity of which I am now treating. The entire communication is too lengthy for insertion in this place; but as the purpose with which I cite it requires that passages should not be given detached, I will furnish the text uninterrupted from the commencement of the latter half of the letter, which supplies a graphic and lively illustration of that derangement of thought just discussed. The communication is as follows:—

“I began my letter by stating that man was endowed with a will of his own, and that at times that will was allowed full and free action. Such I may say has

been my lot. I have been allowed to taste of the pleasures of the world as far as my circumstances would admit; the consequence was, I turned away disgusted with the idol pleasures of the day, to seek something more pure and more genial to my feelings, which I found in Religion, or in the pure Gospel of Christ as preached by men duly ordained to the office, having received the true light, and not a mere or hollow bauble, as some account our religion. But the farther I traverse, I find there is still more than the mere, outward faith. We have the evidence. And now I come to the cause of my illness, if you term it so. I will give you to understand that, for a month or two before I left home, I was acting in the same way as we do here now. I will say further, it is for the cause of God and His Church if I may so speak, (I have acted in private,) but I also saw the same symptoms in others before I left home, which satisfied

as to the justice of my proceedings which caused me to be doubly bold and gave me strength.

“Floods, storms, and tempests do not come for nothing. Those who are taught by the Spirit look upon these things as evidences of its presence with power. Perhaps you are not aware we had a flood here during my first illness; *this is a secret I have not divulged* to any mortal, but such was the case; and well have I every cause to know it, because I was troubled at the rising of the waters, and a railway engine passed through the water, which I know to be a fact, in a similar manner to which it did at Samlesbury, if I am not mistaken at the name of the place. This fact was an intimation to me of something of importance being enacted; I can't say I know what. Now I will give you an idea what my feelings were on the Tuesday before I came here on the Thursday. I dressed and went my usual [way?]

with as cheerful a countenance as was my wont to do, found things much as usual; but on my return towards [home?] I began to feel heavy, as if some weight had been laid upon me. I called upon a party, the name of J. H., grocer, Deansgate, passed usual compliments and talked, when, behold you, I felt a pressure or weight behind me reaching from my hat, which it caused to move back, and I felt the sensation on me. I said to myself, This will do; because I thought this was further evidence for me, that I must be acceptable, in some way, to this Invisible agency or Supreme agency. I looked round to see if I was not mistaken, but could see nothing, so I bade him good bye and walked off, and gradually the weight left me, but after I felt dull and exhausted. On my way home, I met one of the ministers of the Old Church in Cross Street, who moved to me, and smiled; this I thought as singular as conduct I had ever dis-

played. I did not return the salutation; I was in no humour at the time. Thus the day passed off without any thing of further [interest?] At night, I went to the theatre; such performance I liked very much. Returned home at the closing time direct, and received a good saucing for being so late. The idea, a young man of twenty-six years of age being scolded for stopping out till eleven o'clock.

“This treatment caused me to weep bitterly, not from the sauce, but for the manner in which it was delivered; got supper, and went to bed; don't remember the incidents of the night. I got up early, and went round by Cheetham Hill in my slippers, turned by St. Chad's, and came round by St. Michael's home; bought some cigars, and smoked one before breakfast; went to office, could not *make my notes out correctly*, but managed it by close application what I did. Took my Bible and a small book called *Polynesia, or the*

Unknown World; have not read much of it. Went by railway to Burnley, read the Bible to the people in the train, and explained,—in what manner I don't know. Spent the day rather singular. Dined and got tea at the Bull Inn. A Mr. H. Cooke took tea with me; stood treat for the other two. All the four came to Manchester, as I persuaded them the performance at the theatre was very good. I tore my over-coat, and left it with Mr. M.; upbraided him about being too fond of his glass; threw my hat out of the railway train. On arrival in Manchester, found myself very weak, took a coach, went home, all the circumstances between which as of which I know.

“In conclusion, I say I was actuated by a power superior to my own, and not by own self will. — I remain, yours, most respectfully, J. H.”

LECTURE V.

VARIETIES AND PARTICULAR CHARACTER-
ISTICS OF INSANITY—*continued.*

IN the varieties of mental derangement described in the last lecture,—in the cases wherein the presence either of notional illusions or of marked disturbance of the intelligence, constitutes the leading characteristic,—we are led by considerations both physiological and pathological to regard the hemispherical ganglia as the special site of the ailment. But whether the several modifications which these varieties offer, involve distinct portions of the grey

matter of the convolutions, or consist rather in some difference of pathological alteration which the affected structure undergoes, I feel it impossible to say. I am unacquainted with any facts capable of throwing satisfactory light upon the subject, and unprepared with any speculations tending to elucidate it; I shall, therefore, not pursue this topic, but proceed to the discussion of the third division of mental maladies which I have proposed, — those of which perturbation and depravation of the emotional sensibility constitute the distinguishing feature.

A very large proportion of the actual cases of insanity are classifiable most appropriately in this category, which may include all the examples wherein, with disordered thought, there is largely associated some perversion of the emotive sense. This may be exalted or depressed to the extent of disease, or morbidly depraved in some other notable manner; and there is

good reason for believing that, with such states of the inward feeling, pathological changes in certain ganglionic masses at the base of the brain are connected. This class of mental maladies, like the instances of monomania, supplies many a case which constitutes a moral riddle, perplexing alike to the physician, the philosopher, and the jurist. Questions the most intricate, indeed, become raised in discussions of the phenomena, and these refer themselves both to philosophy and medicine; and difficulties of various kinds, legal and moral, beset the path of those whose duty it is to deal practically with these questions. As my present purpose, however, is to treat of Psychological Medicine as a department of practice, I shall avoid the discussion of all topics properly within the domain of medical jurisprudence.

When the inner sensibility, be it sentiment, passion, or propensity, exhibits itself in an extraordinary manner, we are led to

suspect Insanity. Unusual or motiveless acts of kindness; strange and unwonted developments of the devotional sense; pride and vanity, shown in methods outrageous and grotesque; likings manifested in curious fashions, and dislikings where the circumstances and previous states of mind would cause the opposite feeling to be expected; singular and distressing timidity, with or without some real or apparent cause; anger and fury, uncontrollable; these, and other such demonstrations, naturally lead to the suspicion at least of Insanity; and the more so, if they be at variance with the moral antecedents of the patient, and if they admit of no satisfactory explanation from external circumstances. In all such instances of morbid emotion, where they can rightly be designated insanity, I am convinced that perversion of ideas obtains; and, that this can almost always be detected, either as cause or consequence,

when the cases are closely watched. I reserve a more extended discussion of this point, however, until this lecture is further advanced.

If melancholy, or excessive joy, or some curious caprice, exist, that is only of a temporary and normal kind, an elucidation that excludes the idea of insanity will readily be attained. I will illustrate this assertion by taking the instance of melancholic depression. When this state of mind displays itself in a natural manner, and when it has been superinduced by sufficient cause, the resultant affliction may thoroughly subdue the individual, may render him for a season powerless for active or useful exertion, and may seem, indeed, to have prostrated the whole moral being. But watch the sequel. You will commonly see that, in a very brief space of time, the afflicted person will, in some degree, become himself again; the acute sense of painful emotion will cease,—the *passion*

will have become exhausted; to return, however, again and again. Exacerbation and mitigation alternate with each other; the intervals of sorrow gradually lessening, and its intensity diminishing, always progressively. In that melancholy, however, which is morbid, the state of things just described is much less observable. Most generally, there is a fixedness and a permanence in the moral depression, always calculated to arrest attention; and when this is long continued, particularly in persons who inherit some tendency to insanity, the ideas will almost surely sustain perversion. One idea may take exclusive possession of the mind, have its just importance ludicrously exaggerated, or beget a whole train of affiliated fancies, bewildering the imagination and deranging the intelligence. If loss of worldly substance has produced the melancholy, the Union Workhouse may loom in the distance; if it has been occasioned by domes-

tic bereavement, blank despair may ensue, and the idea of a chastening visitation may so absorb the thoughts, as to suggest, by exaggeration, the notions of God's curse and irretrievable perdition. Attempts at suicide very often place these cases beyond all manner of doubt, even to the relatives and immediate friends, who are always reluctant to admit the fact of insanity. In well-marked examples of this kind, the destruction or impairment of moral responsibility is recognized universally.

This train of circumstances, as I have before observed, exemplifies a very frequent form of emotional insanity. The depth and permanence of feeling I refer to, are not always to be found in *melancholia*, as instances of this kind are technically denominated. Both here, and in other derangements of the emotive sense, the morbid state of feeling will sometimes undergo remission, whether it be depression or turbulent joy, timidity or fury, or

any other disturbance of this nature. In all cases, however, there is either some inadequacy of external cause, or an irregularity in the manifestations, contrasting, not only with the course usually to be noticed in regard to the emotions, but very frequently also with the antecedent conduct of the particular patient.

There have been many attempts to classify, systematically, the instances of emotional insanity, at times in subservience to psychological theories, and at others according to the prominent characteristics distinguishing groups of cases. Writers whose observations have been guided by the phrenological views, believe themselves able to establish distinctions of insanity according to the division which they recognise of cerebral parts and mental faculties. Authors belonging to other philosophical schools determine their arrangement very generally by the speculations which have obtained currency with them. And others

again, unwedded to any hypothesis, and being men of extensive experience and sound intelligence, have proposed distinctions according to the predominance of certain striking symptoms. Dr. Guislain, of Ghent, whose recently published work evinces an extraordinary familiarity with all the phenomena of insanity, and whose practical acquaintance with this department has been immense, describes at least some fifty or sixty varieties of the kind of cases which I have here classed as emotional.

I take the actual fact to be this:—any division, provided it embraces accurate descriptions of cases, may be made to look plausible; because, in the mind deranged, the same unceasing variety in the emotive manifestations may be witnessed, as is found to characterise the mind in health. All states of feeling that have their normal displays, may show themselves under perverted aspects

in disease. Every disposition which we call moral, excellent, or religious, may, in mental disease, exhibit itself in some unwonted manner. A man from exaltation or depravation of conscience may become insane; he may be ridiculously scrupulous and entertain fantastic notions of duty, and be rendered remorseful by the pettiest infractions of supposed obligations. I had under my care for a short time, some years ago, a lady whose moral sense became pained at a circumstance so slight as the accidental transit of her pocket handkerchief over a shop counter, believing that something, though it were but atomic, must have been brought away that did not belong to her. The lady was afterwards for some months in a private establishment under the care of the late Sir William Ellis, and recovered.

Numerous cases present themselves in which lavish prodigality in acts of kindness forms a distinguishing feature.

Devotional maniacs abound every where. Again, all that we stigmatise as little, mean, and contemptible, when existing naturally, may arise as disease; and it is notorious that many persons who, in their right mind, are upright, generous, and candid, become, whilst insane, shuffling, parsimonious, and cunning. And, moreover, all those acts which we reprobate as wicked and sinful, may result also from morbid perversion of the emotional nature, and may really constitute the evidence of disease. Cunning, lying, thieving, homicide, incendiarism, and every conceivable deed prohibited by the Decalogue, constantly characterise the insanity of particular patients. Indeed, the emotive sense may become affected in its relations to any class of ideas so as to give rise to any extravagance of outward conduct, either by exaltation, by depression, or by some anomalous depravation.

There now becomes raised a point of

considerable importance, which is this:— Does disordered emotion, dependent upon pathological states, of itself constitute insanity? Is there, in fact, a *moral* insanity, as taught by Esquirol, Prichard, and some others, where there is no intellectual error, either in the formation of notional illusions, or in derangement of the reasoning faculty? Before advancing to the consideration of this question, I may observe that, certainly, the nervous centres may any of them become the seat of disease, without implicating the others. Thus, depravation of any of the five external senses may separately exist; deafness may be present without the disturbance of the visual function, there may be neuralgia without chorea, and so on. In like manner, disease of the emotive ganglia may prevail, without communicating its influence to the ganglionic investment of the cerebral convolutions. We see this to be the case in certain forms of hysteria,

with which, indeed, sympathetic states of the sensory ganglia are much more frequently associated than sympathetic affections of the hemispheres. See with what grave earnestness the nervous female will speak of ailments in great measure imaginary, but suggested to her thoughts by depraved sensation. Spasms and sinkings and vapours and bile perpetually trouble her repose; and very insignificant symptoms become elevated to the dignity of disease that is organic. Such patients most commonly belong to the well-paying classes of society; and fine sources of income they constitute to the apothecary; they would never have done with their draughts and their pills and their doses of every kind. Fashionable quackeries, such as homœopathy *et id genus omne*, spring into existence responsive to these unhappy states of the emotive sense; in physic, as in commerce, supply and demand maintain corresponding rela-

tions. The upright and intelligent physician detects the true state of the case; he sees, in the vagaries of hysterical women, neither morbid states of the viscera, nor mental derangement in any accurate sense of the word; but very often he sees spoiled "children of a larger growth," who are anxious principally to excite the solicitude of their family or their friends, thus delighting to encourage, rather than disposed to repress, their disordered sensibilities. The practitioner whose sagacity enables him rightly to appreciate these instances, and who is conscientious enough to avoid pandering to caprice, and sufficiently self-possessed to maintain a demeanour of dignified indifference to all exhibitions of vain conceit and morbid deceit, will much more effectually mitigate these imaginary ailments by his honorable and straight-forward conduct, than will the practitioner who furnishes new motives for a continuance of the game, by

affecting to combat some serious malady, in drawing upon the resources of the apothecary, or in sanctioning any current medical folly of the day.

In considering this question of emotional disorder, I may remark that there can be no doubt that, occasionally, serious and even morbid derangement of temper, appetite, or other inclination, may have place, under the influence of which persons may take away life, and perpetrate atrocities and extravagances of every kind; and this too in cases where there is no perversion of ideas. But have we then, in such cases, to recognise Insanity? And is there freedom of will under these circumstances?

I think we may fairly allow that deprivation of the emotional consciousness, like corresponding states of the instinctive and sensational, may at times produce impulses to action so powerful, as literally to enslave the will, and leave it in some respects

powerless for resistance. The violence of pain, it is well known, may be such as to *necessitate* movement or expression that is ordinarily free, gesticulation and the involuntary shriek for example. We know, moreover, that certain instinctive acts which result from natural inclinations, and are rightly subordinate to the intelligence, become yet, from vicious habits, morbid as it were, and absolutely uncontrollable; drunkenness and profligacy of every description, supply the illustration. But are we to regard the drunkard and the profligate as insane, whilst the understanding continues in its complete integrity? I know there are persons who maintain that sin and crime have, morally, no existence; but that deeds and mental states constituting what we designate such, are always the result of pathological conditions. Consistently enough, these people would transform prisons into hospitals, and criminals into patients; physical and

mental improvement being the only aim and plea of corrective discipline. The very notion of retributive desert is scoffed at, as an antiquated absurdity, unworthy of an enlightened age. I have no sort of sympathy with such views, and I am quite assured that they are radically and totally unsound. Society, I am well convinced, would never hold together, were such a philosophy to have any general application in actual life.

Now, I regard emotional disorder that is unaccompanied by perversion of ideas, very much in the same light as that in which I look at analogous states of the sensations and the instincts; the influence of the disorder in such circumstances may be sufficiently powerful to overcome the will, and so in some sense to weaken moral liberty. But who can estimate the precise measure of individual culpability, but He who searches the reins and the heart? For my own part, I would

never characterise such cases as insanity, so long as the reason evinced itself unimpaired, and the apprehension of facts and circumstances occurred quite naturally. There may be disease in the emotive ganglia when disorder arises in the emotional consciousness, just as visual hallucinations and neuralgia testify of disease in the sensory ganglia; and, undoubtedly, reason and common sense alike suggest under such circumstances, that volitional spontaneity is more or less interfered with. Indeed, the law of the land recognises diminution of moral freedom in certain emotional states, which it does not regard as insanity. When homicide takes place in a paroxysm of ebullient rage, it is not deemed to be *murder*, nor is it punished as such; it is simply *manslaughter*. And there is one combination of circumstances, I believe, in which the slaying of a fellow creature is not even punished as crime; the excitants to wrathful emotion being

so fearful as, in the estimation of the law, to deprive the subject of it of all accountability. But, even here, the plea of justification is not held to be insanity.

Some years ago, by the kindness of Mr. Close, surgeon, of this city, I had the opportunity of investigating a very instructive case of what I deem to be disease of the emotive ganglia, implicating voluntary movement also, and in other ways weakening the efficiency of volition. I took notes of the case at the time, and gave the written statement to Dr. Carpenter, who has inserted it in the last edition of his *Human Physiology*. As the account practically exemplifies a great deal that has preceded, I will introduce it in this place:—

“Mr. R., aged forty-one years, of a sanguine-nervous temperament, a married man, and father of several children, the youngest being but two months old, exhibited the following symptoms, first expe-

rienced in a slight degree about five years ago, and since then having become much aggravated. There was partial paralysis of voluntary motion upon the left side, exhibiting under ordinary circumstances the customary phenomena; but there was this peculiarity, — that although volition was comparatively powerless, any incident-excitor impression of an unusual character, by provoking, as it were, consensual action, would give effect to the voluntary intention; thus, when the affected arm was raised by another to a certain height, the patient was unable by mere volition to elevate it still more; but if the hand were smartly struck, or blown upon, either by himself or by another, movement of a prompt character would at once ensue, and that too in conformity with the volitional effort. Upon inquiry, moreover, it appeared that any unwonted impression upon the internal as well as the external senses, was capable of leading to a realisa-

tion of the effort, vainly attempted by the mere will; hence, by accomplishing the commencement of a run, or trot, by aid of some undue impression, he could go on. He stated, on the case being proposed, that if, in utter paralysis of voluntary power over the muscles, a hundred-pound note were suddenly placed before his vision, and he were told that on seizing it the same should be his, he would at once be equal to the requisite effort. When in health Mr. R. stated that he had excellent controlling power over the emotions, but that now the pleasure and the pain attendant upon their excitation were exalted, and the consensual phenomena quite irresistible; and, on further inquiry, it appeared that, in the matter of laughing and crying, he exhibited very much of the hysterical condition. In early life, Mr. R. had been what is called a free liver, both in regard to women and to alcoholic stimulants."

Whatever be the preponderance of emo-

tional disturbance in cases that we must regard as actual insanity, I myself feel convinced that some derangement of thought is constantly its associate; and, indeed, in my own view of the subject, perversion of ideas forms an essential feature in all cases; and if this be not manifest in the conversation of the patient, it will be so in some unwonted extravagance of conduct or of manner. Morbid states of the emotive ganglia may determine strange inclinations, melancholic depression, or furious excitement, under the influence of which erroneous trains of thought will spring up by suggestion, as it were, from the depraved sensibility, and correspond in their character with it. Or, notional illusions may constitute the initiatory malady, and these, in their progress, may determine disturbance of the emotions. A person becomes low-spirited without obvious or adequate cause; it may be a pathological state; if so, there

will very likely arise some error, or serious exaggeration, in his estimate of the world without. I have at this time two ladies under my care for *melaneholia*, and they are both of them firmly impressed with the idea that they have sustained utter loss of property, and that ruin is imminent. In one of the cases, low spirits have led to the false notion; in the other, real losses became exaggerated into beggary, and in the sequel have produced a morbid depression of spirits. The correlated physiology will consist of action and reaction, through conducting white fibres, between the hemispherical and the emotive ganglia. Besides the communication of an influence in the ascending direction from the emotive to the hemispherical ganglia in disease, morbid excitement may pass from the former to the nervous centres below, determining movements and acts which form their appropriate expression. Hence

many insane persons will refuse their food, and most obstinately close the teeth against its admission within the mouth; others will make grotesque and quite meaningless contortions of visage. Further, the insane will gesticulate impulsively, will bite, tear, pluck, climb, and execute other acts, — the abnormal manifestations of cerebral and nervous activity. At this time, I have a patient who, from time to time, conceives himself to be the Saviour of mankind; at these periods, he becomes violent and furious, vociferating at the top of his voice, denouncing those about him as demons, and inflicting personal injury if not withheld, under the perverse notion that he is in combat with wicked angels. Phenomena of this character are but rarely of any durable occurrence; more generally they are to be noticed, intercurrently, in the course of the malady.

Undoubtedly, it is often very difficult,

as a writer in the *British and Foreign Medico-Chirurgical Review*, for October 1852, observes, "to detect the disorder in the ideas or the intellect, particularly in the earlier stages; but a well-conducted analysis of the phenomena rarely fails to elicit a correct diagnosis." Thus, when conduct of an extraordinary and unaccountable kind ensues, there is generally found at bottom some sentiment or inward persuasion that it *ought* to be so, and yet the conversation may not betray it. Six years ago, I had to deal with the case of a young man, about twenty-one years of age, who, shortly before I saw him, had become reserved, disdainful, and totally changed in disposition in other respects. No perversion of ideas was apparent, excepting from his demeanour. Attempts to gain an explanation were quite vain; still the intuitive good sense of those about him suggested that he was not in his right mind. An accident at length brought out

the fact. This youth, the son of a publican, believed himself to have the Queen Dowager for his true parent, and was indignant at being temporarily deprived of his birth-right. The draft of a letter to his supposed mother having been left accidentally on the table, was read by his friends, and the mystery of his eccentricities became revealed. I have sometimes wondered whether the Royal name of Charles Stuart, which the patient bore, had any thing to do with the direction which his delusion took.

It very often happens that a person profoundly melancholic never exhibits the least trace of irrationality or of notional illusions, and that after some months he takes away the life of some other, and expiates the deed by suicide. Here, it may be said, there is disordered emotion, and diminished moral liberty, — insanity, in fact, — and yet without perversion of ideas. I reply to this position by stating

a case that, some years ago, was painfully within my own experience :—

Mrs. L. was a highly intelligent lady, thoroughly well educated, and one of the most excellent persons in all respects that I ever knew. I had been acquainted with her from early youth, and on her marrying and coming to reside in Manchester, she became my patient, and the mother of several children. In the autumn of 1845, her husband, a merchant, failed in business, and Mrs. L. with her children went for a temporary residence to her father's house, near Preston. Depression of spirits soon set in; it assumed the character of a settled melancholy. Several times I went over to see her; but neither to myself nor to any one else, did she betray the least error of thought. So she went on till February, 1847, when one evening she called up her five children and gave to each of them a poisonous potion, under the pretence of administering medicine.

Only one of the children died, the others being saved by spontaneous vomiting. Hours in advance of her slain child, however, she was herself in eternity, having thrown herself into an adjoining river immediately after administering the deadly drink.

Whence proceeded this deplorable issue? It was an instance, some will say, of purely moral insanity. But listen to certain facts which elucidate this case. About nine years before, this lady had sustained a recognised attack of insanity, brought on by domestic affliction occurring soon after parturition; upon this occasion, she had attempted suicide by throwing herself into a pond. Her recovery from this first attack was speedy and complete. In the long interval of mental sanity that followed, she had occasion to explain to me freely the morbid state of consciousness which she had experienced. Her persuasion had been most firm and intimate, that

the curse of God was over her, and that the light of His countenance was totally withdrawn. Her sense of misery and desolation was indescribable. One remedy, and one only, was before her as a means of reconciliation,—the destruction of those she held most dear, and the expiation to be consummated by suicide. There can be no doubt whatever that this delusion had returned in the second attack, though never betrayed. The result rendered it a matter scarcely short of demonstration.

It very frequently happens, indeed, that the conversation for months can be brought to manifest no sort of mental delusion, when the conduct of the patient, the expression of his countenance, and the whole demeanour, are in every way calculated to suggest its presence. I have, at this time, a youth under my care, who, from the slightest circumstance affecting his nervous system, becomes fearfully irascible, most revengeful, and well nigh demoniacal.

Even when a boy not out of his teens, he more than once rendered himself highly dangerous, once indeed attempting to stab. Unless moral discipline be well maintained, he betrays great debasement of feeling, and would delight to indulge in gross intemperance. With careful management, however, he can be rendered docile, tractable, and even affectionate. There is considerable mental acuteness; conversation reveals neither illusions nor deranged intelligence; he has a capital memory, with some taste for reading; he takes great interest in the seasons, and in changes of weather, as indicated by the barometer and thermometer; he has also some taste for languages, and reads French with facility. Here again there might seem to be a case of emotional insanity, without perversion of ideas. Yet a child would hardly look this patient in the face without recognising him as "wrong in the head." There is an alternation between a gloomy scowl

and a foolish smile; there is no fixity of purpose; he seems in no way disquieted to live in a lunatic asylum; and when promised that, on some given day, he shall dine at his father's house, in charge of the proprietor, he simply assents with an air of indifference; and, all day long, he goes about slouching from his room to the garden, and up and down as if in sullen abstraction. Under circumstances of this kind, I never can believe that the current of thought flows naturally on, even though perversion of ideas cannot be determined from the words uttered. There must surely, in such a case, be some disturbance beyond that merely of the emotive sensibility. It may one day come out.

It happens many times, in homicidal derangement, that oddity of temper and eccentricity of conduct, alone show themselves for a considerable period; when finally the patient may kill his own child; then, perversion of thought becomes mani-

fest. He will talk in some such strain as this:—There was something within me urging it as a duty to slay my child; I know all about it, and all that I thought whilst doing it. On other occasions, patients, who have long been a painful problem to their relations and friends, begin to talk of being inspired; they hear voices; they become filled with terrible ideas; and very often, indeed, they exhibit the most malignant hatred against their best friends.

In practically investigating the history of this class of cases, it is generally difficult to determine whether the perturbation commences in the region of thought or in the seat of the emotions,—in the hemispherical or in the emotive ganglia; in either case, the actual phenomena are very much the same.

When emotional insanity exhibits itself with great fury or excitement, there is no mistake more frequent than to see, in such instances, either a congested state of the

brain or some inflammatory condition of the cerebral membranes. Independently of other circumstances demonstrating this error, the result of post-mortem inspections is to show that, even in the most violent and aggressive forms of insanity, four times out of five, not the slightest congestion or inflammation are discoverable.

Systematic writers divide and classify the instances of emotional insanity to a very large extent; establishing separate species, in some cases according to the class of ideas with which the morbid sensibility is in relation, and, in others, according to the severity and durability of the malady. Thus, the propensity to steal, occurring as disease in certain forms of insanity, becomes recognised as a distinct variety, and is called *clepto-mania*; the insane inclination to burn — the patient setting fire to buildings, corn-ricks, and other valuable property — has been deno-

minated *pyro-mania*; when dispositions of a lascivious character are displayed as the predominant feature in the deranged, the term *eroto-mania* is applied; if religious feeling largely preponderate in particular instances, the case is denominated *religious madness*; and so on.

I have before observed that distinctions and varieties based upon this principle, may obtain without limit, because every phasis of consciousness that is realisable—be it notional, intelligential, or emotional—be it the expression of the intellect, of virtuous dispositions, or of vice—may form the predominant characteristic of individual instances of insanity. All states of mind that arise naturally, may exist in mental derangement to an extent that gives distinctiveness to particular examples. And if observers be so minded, this method of constituting classes and sub-classes may be pursued with great advantage. The distinctions may lead to useful and valuable

categories; which, assuming them to rest upon facts faithfully observed and accurately described, will serve as beneficial guides to the student who is practically investigating the subject.

But, still, divisions of this kind have not a complete scientific value, seeing that they rest upon no well-defined physiological foundation, and, consequently, can develop no very exact pathology; they constitute rather the analogues of our antiquated systems of nosology, like those of Cullen and Mason Good, — excellent arrangements of groups of symptoms, but not indications of a natural separateness in species.

Then, again, it is with cerebral disorder producing mental disease, as it is with pathological changes in the organs and structures generally. Individual instances of mental disease, from the commencement to the termination, may show every conceivable variation of intensity and dura-

bility. The attack may be sudden, short, and violent; then the case will be deemed *acute*. Or, it may be that the symptoms are of gradual development, exhibiting themselves slowly and almost imperceptibly, going on for years without notable change, and without any characteristic that exhibits decided severity; then, of course, there is *chronic* insanity. Under other circumstances, the invasion is by paroxysms, when after a brief lapse of time the mind resumes, apparently at least, its natural functions; the paroxysms, however, returning again and again with corresponding intervals of subsidence,—lucid intervals, as they are denominated; then we have recognised *intermittent* or *periodic* insanity. If, in this latter set of circumstances, some violent or expressive emotion displays itself abruptly, *impulsive* insanity is spoken of. Cases of this kind are sometimes very curious; the emotive disturbance is inwardly felt by the patient

in its inchoate state, and the by-standers are warned of the same by the sufferer's own mouth. I had once an instance of this kind, and had occasion to witness the phenomena; the patient warning me to take care, for the impulse to do violence was at hand; and then for a few seconds, or a minute probably, threatening me with most impassioned tones and malignant gesticulation. The several modifications and variations just referred to, characterise disease of all the bodily organs, especially when the nerves supplying them are largely implicated; and, certainly, they constitute no peculiar feature in cerebral disease. Yet differences of this nature, also, are very often made the basis of division and classification; and usefully so, too, provided the distinctions set forth are not advanced with higher pretensions than they are entitled to.

I stated in an earlier lecture that, adopt what distinctions we may in mental

disease, every variety may characterise particular cases in their progress. For example, the division which I have myself made in these lectures may have the illustrations almost entirely supplied by a single instance; presenting, at one time, what I have called notional derangement; at another, the intelligential variety; and, again, the emotional. At this time, I have a patient who first came under my care about fifteen months ago. He then exhibited much rambling in speech and incoherence of thought, with pleasant gaiety of disposition, rather than any painful, depraved, or over excited state of the emotive sense. The case then, at that time, according to my own division, was of the intelligential kind, and of the subdivision mania. In a few months, the maniacal symptoms subsided, and a childishness of manner and disposition ensued, the gaiety being exchanged for a certain quiet seriousness; the case thus verging

upon dementia. Next, the patient, who is a gentleman somewhat advanced in years, became profoundly melancholic and despondent; and thus disturbance of the emotional sensibility was rendered the predominant feature. Within the last few weeks, he has become possessed with the idea, that something dreadful is about to happen to him; that he has committed some serious crime, he does not exactly know what; and that his personal arrest is imminent. Now, in this latter point of view, the case becomes notional insanity. It is curious and interesting psychologically, but still distressing on the score of humanity, to watch the fearfully apprehensive look with which the poor old gentleman stealthily regards every opening of the door of his apartment, — he who, a year ago, though a maniac, was obviously happy and delighted with existence.

It must be borne in mind, however, that in the several changes and modifi-

cations which cerebro-mental maladies undergo, — regarding either the particular tissue affected, or the intensity, duration, or periodicity of the ailment itself, — there is no peculiarity which renders them, in their nature, different from diseases of other structures and organs. I will exemplify this remark, by tracing the progress of events in very many chest affections. A weakly person catches cold, — Bronchitis occurs; but, presently, this becomes only a secondary affair, inflammation of the substance of the lungs, — Pneumonia, comes on; just as these ailments are passing away, there is an invasion of Pleuritis; and on the subsidence of this, there is probably Hydro-thorax. And the readiness with which acute disease of any organ may assume the chronic form, and *vice versa*, and with which it may become in some instances intermittent and periodic, is matter of universal experience. Hence the facility of metamorphosis, in respect

of psychical disease resulting from pathological states of the encephalon, is simply somewhat greater than in corresponding conditions of organs and structures less delicate and refined in their texture.

With the present lecture I conclude that portion of my subject which comprehends the description of the several kinds of mental derangement. My purpose in what I have hitherto said, has been, first of all, to render my accounts of disease, faithful transcripts of observable phenomena; and next, to elucidate, so far as practicable, the pathology of mental maladies by such light as the physiology set forth in the second lecture would supply.

LECTURE VI.

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DIAGNOSIS, PROGNOSIS, AND ETIOLOGY.

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THE diagnosis, on the one hand, between what custom and the law consent to designate Insanity, and the mental aberration which is merely symptomatic of some well understood physical derangement, such as fever or delirium tremens; and, on the other, between insanity and eccentricity, or extravagance of disposition and conduct; is, in many instances, not quite so simple an affair as at first sight it might appear. Very often, it is only by attention to the history and the combined

circumstances of the case, that you can establish a diagnosis with reasonable certainty and accuracy.

When, for example, you are called to a patient who is labouring under violent excitement, and who is rambling in delirium which, you are told, is but of two or three days' duration; and particularly when the case displays heat of skin, quick pulse, and suffused eyes, you may naturally be led to suspect that it is one of inflammation, either of the brain or its membranes. But when you are informed that the delirium and the violence have several times intermitted for two or three hours, and that then the patient was calm and even depressed, without any undue heat of skin; and that food, moreover, at such periods was taken, and with apparent relish; you are led to abandon as untenable your diagnosis of encephalic inflammation. You learn, further, that the patient has not only no confirmed habit of drunkenness,

but that he is decidedly sober and temperate in the use of alcohol; you cannot, under such circumstances, pronounce the case to be delirium tremens. Again, the ailment cannot be hysteria; the patient's sex may, or may not, be against it, but the symptoms have an incompleteness upon this theory, — there is no *globus*, no characteristic irregularity of the general sensibility, nothing in fact to substantiate the notion of hysteria. You learn, moreover, that, although the actual outbreak was recent and sudden, there had for some time previously been reserve and sullenness manifested by the patient; that this disposition was unnatural to him; that, from being frank and open, he had become timid and suspicious; that his likings had been gradually superseded by dislikings; and, altogether, that he had rendered himself a source of perplexity and distress to his friends and relations. When you elicit all these several qualifying circumstances,

which exclude the notion of ordinary physical disease, and correspond rather with the usual history and development of Insanity, you may safely comprehend the instance within the category.

Of course, diseases like fever, meningeal inflammation, delirium tremens, and hysteria, may determine the origin of some true mental malady, or may arise intercurrently, just as other diseases may; they are not, however, to be confounded with the insanity itself; and the diagnostic marks of this latter are those which I have just indicated.

Simple as these distinguishing characteristics may appear whilst I describe them, I have yet known medical men, highly respectable and intelligent, fail to appreciate them in actual practice. A gentleman was attacked with inflammation of the brain and its membranes, delirium and fever being prominent symptoms; he was twice bled from the arm, the head was shaved,

and the scalp blistered; he was purged, also, with calomel; the delirium still continuing, having been present altogether for forty-eight hours, two medical men of good standing certified to the patient's *insanity*, and he was accordingly removed. He died in thirty-six hours afterwards. A post-mortem inspection sufficiently revealed the true nature of the case.

Another gentleman became violent and aggressive, having for some time previously displayed symptoms threatening insanity; he was seen by the family medical attendant, and treated by depletion; he became worse; very soon the true character of the ailment was detected, and the patient was removed. From the subsequent progress of this case, I am sure that an error was made in the first instance, in diagnosis of the actual pathological state, and that neither inflammation, nor irritation, nor congestion of the encephalon, had place in this instance; and, consequently, that *pro*

tanto the early treatment was pernicious rather than otherwise.

I have reason to think that the transient mental aberration constituting one of the phases of the hysterical condition, is often mistaken for insanity proper. Many years ago, I made a mistake of this kind in the case of a young lady, and spoke of the propriety of removing her to an asylum, to the great sorrow and distress of her family,—when the patient suddenly got well. I never attended either her, or any of her connexions afterwards.

There exists a greater difficulty, however, in distinguishing Insanity from certain irregularities of mental manifestation, which, although characteristic or premonitory of several of its forms, do not necessarily involve that calamity. For example;—How would you discriminate between Melancholia in the technical sense of that word, and excessive but natural depression of spirits? And in what way would you

make the diagnosis between personal eccentricity, and some kinds of monomania? And how would you establish a distinction between actual vice, and deeds which resemble it only, the insanity of the perpetrator freeing him from guilt.

I must observe, in the first instance, with reference to these points, that the diagnosis at times is sufficiently difficult; and there are numerous medico-legal questions arising in connection with these considerations, which constitute an abundant source of error and confusion. But it is not within my present purpose to enter into the depths of this argument; it will be quite sufficient if I give you some leading views as a preparation to enable you to judge for yourselves, hereafter, when responsibilities come upon you in reference to cases of embarrassing diagnosis.

Suicide, unhappily, is a frequent crime or misfortune, as the case may be, in all civilised communities. It is preceded,

as the rule at least, by notable depression of spirits; and the enquiry constantly arises, whether the wretched victim was, or was not, in his right mind? This practical question concerns all classes of medical men. Every member of the profession is at all times liable to be called upon, to give some authoritative opinion upon the subject, and one which he can support by reasons. In this state of things, the importance is very obvious, of an accurate diagnosis between simple depression of spirits, and the technical melancholia.

In forming a judgment myself upon this matter, I should first examine the relation subsisting between the moral depression and its ascertainable cause; seeking to discover the antecedent circumstances which had produced the apparent despondency, and to determine how far they were conducive to such a result in ordinary experience. If it were obvious that, in the great majority of instances at least, they were

utterly inadequate to produce the effect, I should begin to suspect disease. If, coincidentally with this conclusion in my own mind, it became revealed that the patient's temper and disposition had undergone some remarkable change in the common relations of life,—such as love of particular friends having, causelessly, been superseded by hatred or by indifference,—the suspicion would become strengthened. If, moreover, there were symptoms of nervous irritability, such as startings in sleep, impulsive soliloquy, or other such phenomena, the evidence would receive further confirmation. If to all these circumstances, were added comparative forgetfulness of the original cause and a melancholic manifestation predominant in some other direction, I should have little hesitation in deciding that a patient was insane. And if it should happen that the hereditary predisposition was known to exist, the cumulative proofs, in my own mind, would amount to demonstration.

I should have no difficulty in establishing the diagnosis, because perversion of ideas might not be apparent; if the conditions and circumstances before referred to were present, I should have no doubt whatever that disordered thought existed in some form or another; how difficult of detection sometimes this is found to be, I have already set forth and illustrated. In this class of cases, it very often happens that the patient is morbidly anxious to conceal the particular illusion by which he is haunted; indeed, it is incredible sometimes what efforts he will make that nothing of this kind should escape him. Patients by their excessive ingenuity in this respect, will so conduct themselves as sadly to try the patience of persons investigating the precise character of their maladies. Sometimes they will play their part successfully for so long a time as at length to procure their liberty; but scarcely is this accorded to them, when the con-

cealment becomes practised no longer, and the patients abandon themselves to their morbid extravagances. This species of cunning, practised by the insane, is common to numerous varieties of mental derangement.

Thus then the diagnosis between the *melancholia* which constitutes so extensive a species of insanity, and the melancholy which is the natural expression of protracted grief from reasonable causes, may be summarily stated as follows:—In melancholia, the circumstances are disproportionate to the result; and the ulterior development of the emotional state, becomes referrible, very often, to classes of ideas that have no immediate relation with the primary facts occasioning the mental distress; the moral disposition, in other respects, is found to have undergone some notable change, not to be accounted for by ordinary influences; and, moreover, there are often physical signs of nervous irrita-

bility or cerebral disturbance; and, lastly, an hereditary tendency to mental aberration is, in many cases, discovered to exist.

I have, more especially, selected this form of insanity to exemplify the circumstances of diagnosis, because of its excessive frequency, and because of the immense importance of accuracy in such cases, seeing that melancholic patients so often evince a suicidal tendency, and this too, in many instances, when it is least suspected by unskilful or inexperienced observers.

Sometimes there is considerable difficulty in discriminating between mental disease and eccentricity of conduct and demeanour; and in cases of this kind medical men are expected to judge, precisely as in other varieties of insanity; and hence it is important that some clue to the diagnosis should be furnished.

When in some unusual manner there

are manifestations of pride, reserve, or susceptibility of offence; or when strange peculiarities, fantastic caprices, and oddity of temper, begin to show themselves; very often there arises painful anxiety, as to whether or not they supply indications of incipient insanity. In many such instances, the diagnosis is far from easy. If, underlying the suspicious phenomena, some notional illusion be ascertained, or some enfeeblement of the intelligence, the mental derangement is verified at once; but the perplexity and the uncertainty attach to those instances in which such perversion of ideas cannot be detected. Under these circumstances, the diagnosis must be influenced by several considerations. The inquiry should be directed, in the first instance, to ascertain whether or not some hereditary tendency exist; then it should be ascertained whether the peculiarities noticed indicate *depravation* of the moral temperament, or simply *exaggeration*; in

the latter case, there is less probability of insanity than in the former. Again, it is of great consequence to make out whether the suspicious symptoms have exhibited themselves gradually or suddenly, and whether spontaneously and from inward causes, or from some previous disease or mechanical injury; the probability of actual derangement is greater, when alterations in disposition or demeanour associate themselves, or stand in any kind of relation, with recognised disease or injury of the head.

Any remarkable change, however, in conduct and temper, that has no rational correspondence with antecedent circumstances, is always of itself sufficient to excite more or less of apprehension; the more formidable, of course, as the suspicious phenomena become multiplied. It need hardly be said that the singularities of temper and eccentricities of conduct which may naturally characterise any per-

son, have nothing to do with insanity; still, if they are discovered, to any great extent, in the member of some family notoriously prone to mental derangement, they very often constitute the expression of this tendency. As a matter of fact, indeed, oddity and eccentricity do very often show themselves in families which are largely predisposed to disease of this kind, in cases even where no actual outbreak at any time succeeds.

In society, persons are frequently encountered, not devoid either of information or of intelligence, whom yet, from silliness of manner and general weakness of character, every one regards as fools. Are we to regard such people as insane? Certainly not. The fool of society has merely some unfortunate speciality of temperament, at all times characterising him; the state of the insane is novel, and at variance with the antecedents. The former knows his peculiarities, and will probably tell you

that he is under no obligation to concur with other people in his views and his tastes; he may be somewhat flighty, capricious to a ridiculous extent, and may perpetrate numerous absurdities; there are limits, however, which he will never exceed, certain rules of propriety which he will observe, and circumstances and persons he will always respect. The deranged person, with whom the character just described is liable to be confounded, can probably not take care of his own person, or even manage his own affairs, — signs at all times of diseased mind, when discovered in conjunction with other moral proofs, any of which considered separately, are ordinarily insufficient for the diagnosis.

When the question is between vice and insanity, the difficulty of coming to an accurate decision is sometimes very great. To do any thing like full and complete justice to this branch of our inquiry, would occupy several lectures rather than a sec-

tion of one; and, moreover, the discussion would involve so many details and such extended argument, that an attempt thereat would be out of place upon the present occasion. I will content myself, under these circumstances, with observing that, where conduct of a flagrantly wicked character constitutes the outward manifestation of insanity, rather than the expression and the evidence of wilful vice, there have usually been premonitory symptoms, with periods of remission, during which the patient has been entirely himself; but the most general test is supplied by the comparison of his character and conduct with his former self. If the formerly kind and truthful man, exhibit a malicious and lying habit; if the good and the religious, become blasphemous and cruel; or if the sober and the chaste, along with other suspicious symptoms, display the love of alcohol and addict themselves to lewdness, you have strong presumption that insanity

is present. But let me here reiterate, vice is not disease, neither is exalted passion. The course of wickedness differs materially from that of mental maladies; which latter exhibit, very generally, a stage of invasion, one of remission, and a certain periodicity.

After all, the decisive point to establish in all doubtful cases, is perversion of the ideas. And, for this purpose, nothing surpasses the value which attaches to written documents. Often enough, when the entire conduct and the discourse do not reveal an absolutely morbid state, the letters betray it. I have exemplified this fact in previous lectures. It is curious to consult such letters, which generally contain a series of expressions that perfectly indicate the disorder of thought, as well as the particular depravation of the emotive sense.

Before taking leave of the question of diagnosis, I would remark that there are many situations, wherein both the reason

and the imagination bring forth strange ideas, and suggest sometimes fantastic and ridiculous trains of thought; but, in these cases, we do not recognise mental derangement, because the person concerned is under no mistake as to their true character; he knows very well that his thoughts are odd and his passing conceptions ridiculous. If it were otherwise, if, in spite of decisive evidence, the patient adhered pertinaciously to some notional illusion, we should of course regard him as insane.

I now proceed to say a few words concerning the *prognosis* of Insanity. And, in the first place, it may be stated that it is with mental diseases as with all others,—some cases supply very readily the means of forming a judgment respecting their issue, others are more difficult to pronounce upon; and, regarding some again, there is really no opinion to be formed, upon which the slightest reliance can be placed.

In estimating the probable result of a mental malady, the presence or absence of hereditary taint must always be deemed a significant fact; as is the case, indeed, when the prognosis has to be established in reference to all diseases that connect themselves in any way with consanguinity. The deeper and the more widely spread in a family the taint is discovered to be, the less favourable, *cæteris paribus*, must be the prognosis. Again, the circumstances distinguishing the invasion are of great importance in their bearings on the prognosis. If an acute disorder of the whole system, or if some cerebral malady attended with fever, have constituted the beginning of the mental aberration, the prognosis is more favourable, than when, without any remarkable physical derangement, the alienation of mind has slowly exhibited itself,—almost imperceptibly at the onset, but advancing progressively to confirmed insanity. When the malady arises from

physical violence sustained by the head, the prognosis is very uncertain, as lesions of the encephalon, of a very serious character, may, in this way, be caused, which do not reveal their precise nature by any certain symptoms.

The moral causation constitutes an all-important circumstance, in reference to the probable issue of mental disease. When the mind has been overthrown by sudden and overwhelming calamity, the prospects of recovery are very great; the more so, if the patient be young, and of active and vigorous constitution. When, however, the mind, after long protracted cares and anxieties, unrelieved by intervals of reviving hope, at length breaks down, having long withstood the causes in continuous operation, the prognosis is usually most unfavorable; and more especially so when, as commonly happens, the physical energies have become correspondingly depressed.

The actual symptoms, irrespective of the antecedents, do not supply any very marked indications to guide the prognosis. I have seen recovery in cases which seemed most hopeless, judging from the condition of the moment, whilst in others that, in the first instance, might have been deemed slight and transient, I have seen the disorder continue for years, and ultimately assume an undoubtedly permanent character. It is impossible, in fact, to form a decided opinion with respect to the issue of insanity, if a single link in the chain of circumstances be overlooked. The causes, moral and physical, predisposing and exciting; the history of the invasion and progress; the actual state, and the reactions taking place under influences of every kind,—must all be known, and rightly appreciated, if an opinion is to be formed of the slightest value.

What I have just said will apply generally to the question of prognosis. It will

be well, however, before leaving this division of our subject, to indicate some particular phenomena that bear upon the probable issue of individual cases. Thus, the supervention of depression of spirits upon violent and excited states of the emotive sense, is frequently the sign of approaching convalescence. Those patients, however, who are melancholy, restless, and dissatisfied, from the beginning, always praying for permission to quit the establishment in which they may have been placed, do not recover, as a rule, so readily as those who, at the onset, shout, sing, break, tear, and perpetually make an uproar. When patients of this latter class, along with other indications of improvement, begin to manifest revived affection for their relatives, and a consequent wish to return home, the prognosis is very favorable.

But when the language of the patient gradually loses order and arrangement;

when his features collapse, or lose their natural expression; when, if you speak to him, he hardly catches your meaning; when his answers are incoherent; when he appears to have lost personal regard for those whom he previously loved; still more, when the evacuations begin to be passed unconsciously and involuntarily, — the most unfavorable prognosis must be deduced, and particularly if this state of things have established itself by slow degrees.

If, however, the patient's natural affections return very generally, and especially the regard for his own family; if he begin to display some reasonable anxiety concerning his affairs, after previous indifference, — the signs are undoubtedly good, even though a multitude of morbid acts should continue, and seem to indicate the contrary.

It is a conclusion of experience, that a partial restoration of the reason and of

the power of disputation, especially if it be sudden, is of no very favorable augury, in the absence of a return of the natural sensibility. Integrity of the emotive sense, indeed, is the circumstance upon which, practically, medical men who have the charge of the insane always rely with the greatest confidence in the matter of prognosis.

I do not propose to enter into detail, concerning the Statistics of Insanity: first, because of themselves they show but little; and, again, because they do not bear very immediately upon the pathology and treatment. I will content myself with stating that, in large Hospitals, about forty-five per cent., as a general rule, leave cured; the remainder either quitting the establishment, or dying, still insane.

The statistical results in well-conducted Private Asylums are usually more favorable; a fact, I apprehend, that is attributable to several circumstances. The

patients are of a better class, and presumably of a better condition; and, the numbers being limited, greater care and attention to the particular constitution of individual patients can be given. I have arranged the results of one hundred and twenty-one cases, taken consecutively in the order of their admission to the establishment with which I am connected; and the figures which exhibit the issues are as follow:—

| | Admitted. | Recovered. | Removed. | Dead. | Remaining. |
|----------|-----------|------------|----------|----------|------------|
| Males... | 72 | 35 | 5 | 20 | 12 |
| Females | 49 | 33 | 3 | 4 | 9 |
| | <hr/> 121 | <hr/> 68 | <hr/> 8 | <hr/> 24 | <hr/> 21 |

It will be noticed that, in these statistics, the results are much more favourable in regard to the female sex than to our own,—a consequence, probably, of the greater pliancy and mobility of the female nervous system. In general, I believe, statistical tables display readier and more numerous cures with women than with men.

I now proceed to speak, in somewhat

greater detail, respecting the constitutional origin and the exciting causes of insanity. The circumstances bearing upon these points are various, and sometimes are of a physical, and sometimes of a moral nature.

The first noticeable fact having reference to the predisposition to mental derangement, is its hereditary character. I very much doubt whether any other class of diseases exhibits this feature so remarkably. Of the cases that come within the observation of medical men, nearly two-fifths, upon minute inquiry, can be made out as belonging to this category. But when it is considered how very unwilling families commonly are to acknowledge the fact of hereditary tendency; and how anxious they are even to conceal the occurrence of individual cases; and how resolved, very frequently, the friends of patients are, not to recognise in any kind of way, the existence of the least hereditary fault of this kind, — it becomes a matter of certainty

that the predisposition exists in a much larger proportion of instances than statistical data would suggest. I am of opinion, indeed, that no pathological state exemplifies more strikingly the communicability by generation of morbid tendencies, than Insanity. In what particular temperament, or constitution of body, this vicious tendency inheres, or in what manner it comes first into existence, are questions involved, to a great extent, in difficulty and uncertainty. Assuredly, none of the recognised temperaments or habits of body can be said to have an especial connexion with it. Persons of robust, muscular, and apparently healthy constitution, seem to be just as liable to mental disease, as those of a scrofulous and weakly habit of body. Excepting that persons of great nervous excitability are subject, in a high degree, to functional disorder of every kind, they do not appear to have any unusual proneness to derangement of mind.

When hereditary tendency to insanity exists, then, it becomes necessary to assume that some peculiar proneness to disordered action inheres in the cerebral and nervous structures, not compromising sensibly the organisation at large; but of the precise nature of this tendency we are as yet ignorant. Concerning the origin, however, of the hereditary predisposition, we are not altogether in the same obscurity.

The marriages taking place among near relatives, — the “breeding in and in,” as the phraseology runs, when applied to cattle, — constitute a well known source of family tendency to mental disease. Even when the immediate issue of such unions exhibits no actual insanity, there is reason for thinking that the tendency is transmissible, — to become apparent, probably, in the “third and fourth generation.” Imbecility of mind, rather than active disease, is the most usual result under such circumstances. A great deal of interesting

and decisive evidence upon this point has been collected. I could cite some striking instances that have occurred within our own locality, but for obvious reasons I think it better to refer you to statements already published. For example, Dr. Rowe, in his Report on *Idiocy* in Massachusetts, sets down one-twentieth of the whole number of cases to the marriage of first cousins. From seventeen such marriages, there were ninety-five children, of whom no less than forty-four were idiotic, — to say nothing of those who were deformed, deaf, blind, and unhealthy.

Another circumstance determining the origin of constitutional predisposition, is the moral conduct of the father or mother, or both. It is something more than plausible speculation, which makes out that the physical and moral condition of parents, at the commencement of embryonic existence, influences, in some degree, the integrity of the offspring. It is very rare

that healthy children are born, when both father and mother are of drunken habits ; and the result very often shows itself in a faulty cerebral organisation. Mr. Bally, the artist, had formerly, in his collection, casts of the dwarfish heads of some six or seven idiotic children, born in succession, the issue of persons perpetually intoxicated. Dr. Guislain, in his recent work, states that, within his knowledge, a whole family of maniacs were born of a woman who, every day of her life for many years, got drunk to the last excess. She had never been herself insane, nor her husband, nor any member of either family ; so that here was established a whole generation of descendants congenitally deranged, as the consequence of their mother's deplorable wickedness and folly. Of the lowest class of Idiots, Dr. Rowe found *three-fourths* to be the offspring of intemperate parents.

The presence of syphilis in the system

of the parent, especially if the mercurial cachexia be superadded, may operate at times very much in the same way. The author just quoted states that he knew a man of excellent constitution, who married, and had in the first instance children born in very good condition. During his married career he contracted a venereal ailment, which continued a long time, and which required the reiterated employment of mercury. Whilst this was going on, he had two children, and after his cure he had three others. One of the children, born whilst he was undergoing the anti-syphilitic treatment, was an idiot; the others continued healthy both in body and mind.

There is good reason for believing that, in the case of insanity, as in other forms of inherited disease, even if the tendency to disordered action in the brain and nervous system do not display itself at birth or in early life, the slightest injury may give

effect to it so as to produce derangement of mind. And a predisposition once established, the liability may be communicated to succeeding generations, just as happens with regard to constitutional maladies in general. There is no doubt whatever that, in many instances, the hereditary liability has had its origin after some such manner.

It is certain, moreover, that injurious excitement of the mind, and particularly of the moral nature, especially when this is long continued and painful, has much to do with originating cerebral disease, not only in the direct subject of such excitement, but also in the offspring. Excessive grief long protracted, successive shocks to the emotional sensibility, sustained and painful exertion of the intellectual faculties, are all causes which weaken the tone of the encephalic structures, and influence the mental functions prejudicially. It is very conceivable that, existence commencing in such a state of parental mind, the

disposition to insanity may arise. During the terrible period of the first French Revolution, when the very destruction of society itself seemed at hand, and when horror and alarm were the almost uninterrupted lot of large numbers, the frequency with which young infants were attacked with convulsions, and with which hydrocephalic idiots were born, and cachectic states of the brain and nervous system witnessed, was remarkable in the highest degree; all tending to show the immense effect of the parental mind, even in its temporary and transient states, upon the psychical condition of offspring commencing their existence under such circumstances. Exact and extended details deduced from individual instances, are, upon a subject of this kind, very difficult to procure, for obvious reasons. I am sure, however, that no medical practitioner, who shall avail himself of such opportunities as may present themselves acci-

dentally to him, can go on very long without a recognition of the principle just enunciated and briefly exemplified.

In the great majority of instances, however, where the congenital predisposition to insanity exists, it arises, we know not in what manner, nor from what class of external causes. But this we know: when *any* peculiarity of anatomical structure, or of physiological action, or of pathological tendency, has once originated in generation and in the progress of embryonic development, it very often becomes transmitted to posterity, both immediate and remote. Let us take an example so simple as complexion. The Albino's descent can be frequently traced to parents or ancestors distinguished by the like physical characteristics; but then the peculiarity is sometimes seen to arise spontaneously, as it were, and to be transmitted by propagation as an hereditary feature. The black secretion in the skin of the Negro is

continued through successive generations, whatever be the climate inhabited; it originated in the earlier times of human existence, before the periods of history, but we do not know precisely in what way; and the same may be said of that of other varieties of mankind — the Mongol, the Malay, and so on: these races maintaining their characteristic hue and other physiological peculiarities from generation to generation. Sometimes, in particular families, curious varieties have sprung up, such as supernumerary fingers; this variety, in ancient Rome, was so common as to become designated by a peculiar name; and the *Sedigiti* are mentioned by Pliny and other eminent authorities. Sir Anthony Carlisle has carefully traced the history of one such family through four generations. Its name was Colburn; and the peculiarity was brought into the family by the great-grandmother of the youngest examined; it was not

regular, but only attached to some children in each generation.

The most remarkable instance, probably, of peculiarity arising without appreciable cause, and then being continued as an hereditary variety, occurred in a family of the name of Lambert, in the course of the last century. I refer to the case of the *porcupine-man*, and his descendants. The founder of this extraordinary race was first exhibited when a boy by his father, in 1731, and came from the neighbourhood of Euston Hall in Sussex. Mr. Machin in that year described him, in the *Philosophical Transactions*, as having his body covered with warts as thick as pack-thread, and half an inch long. When he was forty years of age, he had had six children, every one of whom, at the same period, nine weeks after birth, had presented the same peculiarity; and the only surviving one, a boy eight years old, was exhibited with his father. In 1802, the children of this boy

were exhibited in Germany, displaying the same peculiarity. In these curious cases, the whole of the body, excepting the palms of the hands, the soles of the feet, and the face, was covered with a series of horny excrescences of a reddish brown colour, hard, elastic, and about half an inch long, which rustled against one another when rubbed with the hand. Once a year this horny clothing was shed, and its falling-off was accompanied with some degree of uneasiness. It also yielded to the action of mercury, which was tried for the purpose; but in both cases it gradually returned after a very short period.

As then with anatomical and physiological peculiarities, unaccountably arising in individuals, and then transmitted to the descendants, so it is with pathological tendencies. Gout, scrofula, affections of the heart, and certain other diseases, are undoubtedly hereditary. Their causation, in many instances, can be made out; but very

often their origin can neither be accounted for nor explained; and yet, by generation, they become the characteristics of particular families. It is just the same thing with insanity. Although, in some cases, considerable light may be shed upon its constitutional origin and hereditary tendency; in a larger number, certainly, the difficulty is quite as great as that which is experienced in attempts to trace upwards the origin of other predispositions and peculiarities, anatomical, physiological, or pathological, which happen to become the heritage of posterity.

LECTURE VII.

EXCITING CAUSES AND PHYSICAL
TREATMENT.

THE exciting causes of mental derangement are numerous, and very various; some of these, for distinction's sake, may be called physical, some physiological, and others moral. I would restrict the term *physical* to those circumstances which act upon the brain through mechanical violence done to the head. Alcoholic excesses, the abuse of narcotics, errors in diet, defective nutrition, sexual excesses, long protracted watchings and loss of rest,

the retrocession of erysipelas or gout in persons predisposed to insanity, are causes which may be designated *physiological*. And the occurrences which operate painfully and injuriously upon the consciousness in the first instance, so as to disturb the emotive sensibility, or in any way pervert the natural action of the mind, constitute the *moral* causes of insanity.

There are many cases upon record, — and they constantly come before those who have the treatment of insane patients, — in which the mind has been overthrown by injuries affecting the head. Sometimes these exert their influence by mechanical mischief directly done to the encephalon through fracture of the skull, leaving the patient a maniac on recovery from the more immediate effects; and, at others, through the remoter consequences of concussion, a serious result showing itself some time after the accident. In either of these ways, there is no form or variety

of mental aberration that may not be occasioned, whether regard be had to the precise characters assumed, or to the progress and duration of the malady.

I had a very interesting case last autumn, in which mental derangement resulted from cerebral concussion. A youth, nineteen years of age, leaped from a haystack of considerable height, situated within an enclosed space, which was very limited, and would necessitate a somewhat perpendicular fall; and there can be little doubt that, to some extent, he came upon his flat feet; a circumstance which, for obvious reasons, would be likely to produce some degree of concussion of the brain. The youth, however, made no complaint at the time; and from what has transpired since, it does not appear that he felt more than a little stiffness of the back for a few days. But, at the expiration of a fortnight, he became restless and excitable, and eccentric in his conduct, with inability to

sleep. After two or three days' continuance of these symptoms, delirium supervened, with heat of scalp, and flushed face, but there was no great elevation of the pulse. Under ordinary treatment, the acute symptoms vanished in three or four days; the appetite for food and the strength returned; periodic and refreshing sleep also; and he was able to take exercise in the open air. But he was left a maniac; talking all sorts of nonsense, and rambling in the most incoherent manner, exhibiting grimace and other absurdities of demeanour. At the expiration of a month, he was removed to Clifton. There had been remission of the symptoms on two or three occasions prior to his leaving home, giving the friends and myself cause to think that reason was restored. Letters, however, written by the patient at these periods, painfully undeceived us. He was three months at the asylum, and left it perfectly well. Six months have passed away since his reco-

very, and not the slightest trace of relapse has been noticed. All the allied circumstances of this case place the origin and the nature of it beyond doubt.

One of the most respectable and influential merchants of this city, told me, a short time ago that, one day forming a member of a hunting party, he made a leap, the extent of which he had miscalculated, and fell with his horse. He rose unhurt, remounted, continued the sport, and joined the party at dinner, not sensibly the worse for the accident. Between two and three weeks after the occurrence, he suddenly felt himself nervous and unquiet, exclaiming that he was either in need of a doctor or a lunatic asylum, and hereupon became delirious. A medical man was sent for; leeches were applied to the head, and the treatment was followed up. In a few days, the gentleman was quite well. He expresses his own conviction that, if active measures had not been promptly taken, he would have been a maniac for life.

Alcoholic excesses constitute a very frequent cause of insanity, operating physiologically, it is presumable, upon the vitality of the blood and the proper nutrition of the nervous centres. In this country, where intemperance of this kind is unhappily so prevalent, a very large proportion of patients owe the origin of their disorder to drunken habits long continued. Besides delirium tremens, protracted sufficiently long to constitute and be considered a species of insanity, any variety of mental aberration may arise from this cause. Very generally, however, marked depravation of the emotive sensibility is observed in cases brought on by alcoholic abuse; and foolish, turbulent joy, or profound depression of spirits, is often to be witnessed as characterising these instances. But any form of insanity may occur under such circumstances, varying with the idiosyncrasies of particular patients.

The inordinate use of narcotics, such as

opium and tobacco, is undoubtedly prejudicial to the brain and nervous system, and should therefore be avoided by all persons concerning whom there is the least apprehension of insanity.

I alluded to errors in diet as being among the physiological causes of insanity; and there are numerous cases upon record in which obstinate dyspepsia, not of cerebral origin, was the circumstance immediately inducing the malady; a result which may be occasioned in two ways, — either by deteriorating the blood, and so causing a vitiated fluid to circulate through the brain, or by the sympathetic influence which gastric irritation is known to exert upon the structures within the head.

The frequency of mental imbecility among pauper lunatics is readily accounted for, when we consider the wretched diet and the miserable sanitary conditions to which they are so largely subjected.

Defective hygiène under all circumstances, indeed, is a fruitful source of insanity, as well as of scrofula.

Sexual excesses, and spermatic losses of undue frequency, however brought about, notoriously depress the nervous power, and thereby weaken the intelligence. Paralysis of an asthenic character, and dementia, have not uncommonly been brought about by vices of this nature.

Insufficiency of sleep for any length of time, by debilitating the system in general, but the brain in particular, is a dangerous trial for any person to pass through, who is at all predisposed to mental disease. The physiological changes that arise in the female system after parturition, seem to be unusually productive of insanity, where the predisposition inheres.

The occurrence of gout in an acute form, or of erysipelas, in a patient whom you may suspect of congenital liability to insanity, is a circumstance fraught with

some anxiety. One of the best marked cases of chronic mental derangement I remember to have witnessed, followed the retrocession of erysipelas in the head and face, in the instance of a young lady whom I knew to have inherited the tendency.

The circumstances and conditions just enumerated, I have called the physiological causes, in contradistinction alike to the physical and the moral; because, in the production of insanity, their action is not mechanical and direct, but mediate through the organic functions, and taking place also without any immediate influence being exerted upon the consciousness, either through the ideas or the emotive sense.

The moral causes of insanity, however, are recognised as by far the most frequent and the most effective in their operation. And, generally speaking, the more exalted and the more advanced is the civilisation of any community, the more abundant are diseases of the mind. Humboldt says that,

among the savages of America, he looked in vain for their existence. Indeed, as education, the arts and sciences, the philosophical, political, and social ideas of Europe, prevail, the proportion of mental maladies seems to increase. For, after all, what distinguishes prominently our modern civilisation? Is it not the perpetual craving after moral and mental excitement? Everybody wishes to be somebody, at least in the estimation of those by whom he is surrounded. No one is satisfied with his actual condition, but aspires to one that is more elevated. The slightest intellectual taste, or vivacity of fancy, at once suggests to its possessor that he has a *mission*, which is never regarded as finished; he must always advance, and of course encounters circumstances and obstacles which provoke his envy and mortify his ambition. Women and men are in this respect alike, differing only in the direction which the mental activity takes. Our

thoughts are full of schemes, of novelties in science and in medicine, of projects of reform and amelioration. We strive systematically and habitually to procure gratification to the emotive sensibility, and the result but too often is mental irritation, and dissipation of our fondest illusions.

In this state of things it will readily be conceived that, in a large proportion of cases, the commencement of insanity is attended with a painful state of the feelings and the affections. Melancholy, indeed, ushers in numerous instances which, in their progress, assume other characteristics. The operation of the exciting cause, when moral, is very generally upon the emotive sense in the first place, rather than upon the ideas, which become perverted subsequently. Nevertheless, excessive exertion of the intellectual faculties very often produces a prejudicial strain upon the cerebral tissue, and may directly occasion derangement of the intelligence,

displaying itself particularly in foolish theories, and in marked enfeeblement of the higher mental faculties.

As I have just observed, however, the passions, the affections, and the sentiments are almost always the first to give way; and cases of this kind constitute at once the most serious, uncertain, perplexing, difficult, and distressing of all. Moral causes, in an especial manner, act upon those who are predisposed congenitally; and, in such circumstances, repeated family bereavements, and crosses in love, are particularly effective with the female sex. What is technically called Melancholia, forms, as might be anticipated, the ordinary variety so induced; and when the malady is fairly established, its more striking manifestations have not, very often, any distinguishable relation with its origin. At the present time I have a patient who is a lady of great natural talents and accomplishments; she displays no remarkable

symptom externally, excepting a refusal to take food, with an expression of countenance indicating the most confirmed and blank despair. Some years ago she sustained a disappointment in love, and became despondent and suicidal. For more than five years, she has never voluntarily taken a particle of nutrition; and, since I have known her, the ailment would appear to have concentrated itself upon the one idea of inability to take food. From morning till night, every two or three minutes, she sorrowfully ejaculates "I can't have," and these are the only words I have at any time heard her utter.

With our own sex, the moral causes of insanity arise, most commonly, from hopes blighted, ambition disappointed, pecuniary reverses, and business anxieties; all these circumstances operate most powerfully where the pre-existing tendency is found.

Before closing the discussion of this

branch of our subject, I will introduce the account of a very interesting case, given in the patient's own words. The subject of the malady is a gentleman of talent and education, but unfortunately was always of an irritable, jealous disposition, to which, after his marriage, he gave way by entertaining the most causeless and preposterous suspicions of his wife. The case itself exhibits the persistence of intelligence and mental acuteness, notwithstanding the notional illusions, self-evidently absurd, with which the patient is possessed. It shows, moreover, the progress from perturbed feeling to perverted thought, accomplished by a species of suggestion in the way I have described in a foregoing lecture. The document is rather lengthy, but I think the interest attaching to it will amply compensate for the time it will occupy in perusal. It was written for presentation, either to the visiting Magistrates or Lunacy Commissioners, in protestation

against what the patient regards as his unjust and illegal detention :

“Is it possible that men can perpetrate an injustice in England by incarcerating a rational man in an Asylum for Lunatics without being brought to condign punishment? Ever since I have had the comprehension to understand the laws of my country, I have placed reliance on the just and impartial manner in which they are administered. Yet in this apparently free country, where the liberty of the subject is held up to the gaze of admiring Europe, I am taken from my friends and family, from my business and the ordinary avocations of life, and immured in Clifton Lunatic Asylum; all means of communication with my friends, or a magistrate, denied me. Even if a man’s mind should suffer from the depressing influences by which he is surrounded, it is no evidence of insanity. After reading this, you will exclaim, This is a monstrous injustice; let

us investigate why it has been deemed necessary, or conducive to promote the welfare of a rational man or his near connexions, that two medical men should arrogate to themselves the despotic power of signing a false and unjust certificate reflecting upon the rationality of a free-born Englishman, a native of the enlightened town of Manchester, an honorable tradesman, and a man of education and social position. Is it irrational to draw conclusions from passing events? Is it a delusion to express a conviction warmly? Is it insanity to feel indignant at unjust treatment? I say, it is not. Why am I said to be laboring under a delusion? I will minutely and circumstantially detail what has led those near and dear to me, rashly to entertain ideas totally false and unwarrantable. Ideas are the seeds which, sown on a fruitful soil, are the great producers of a fruitful harvest, but which planted in an ignorant mind are the germs

of folly and delusion. I will now state facts that have come under my own notice, and which have induced me to conclude that I have been foully slandered, and that some base accusation, which shuns the light of day and of truth, has been made against me; with its mysterious purport I have been kept in the most profound ignorance. One Saturday night in November last, between the hours of ten and eleven o'clock, I was returning from —— to my home in ——, and when opposite the end of —— Lane, on the left hand side in —— Road, I was abruptly accosted by name by a man of whom I had no previous knowledge. I said sharply, What do you want? He then said, I was under the surveillance of the police; and that if I would go to Mr. Beswick, the chief superintendent, on the following day, Sunday, he would corroborate this statement. He further told me that a cab left town every night when I did, to put the police on the alert that

I was coming; and further, to prove the truth of his statement, he said, if I would notice on the following morning, I should see men at short intervals make peculiar motions which he indicated, signifying 'That's him' — meaning me. Further, that he was a poor man, and that he should call upon me in a month or six weeks and expect a reward of twenty pounds. He then made a quick retrograde movement, and on looking forward I saw a policeman in the distance, but being agitated and excited I did not speak to him, but got home quickly."

I will here interrupt the patient's narrative to state that there is good reason for thinking that no occurrence, even resembling what is here set down, took place. It is probable that something of the kind was dreamt; for it was never mentioned to his family on returning home any evening, nor was any excitement betrayed as if the gentleman had been frightened at

night. It was first mentioned on a Sunday morning as having occurred the evening before, and great restlessness and painful vivacity of manner characterised him at the time of telling his supposed adventure. The patient goes on:—

“On reflecting, I came to the conclusion the man’s statement was very absurd, and that it would have ended either in an attempt to garrotte me, or to obtain money on false pretences, which failed in consequence of the opportune appearance of the policeman. On the following morning, however, on leaving my house, I did, to my great astonishment, notice the motions indicated. They were evidently significant, and not involuntary. I then made an appointment to see Mr. Beswick, at five o’clock in the afternoon. During the day, I saw these significant motions frequently repeated. On explaining these facts to Mr. Beswick, he said the thing was manifestly very absurd, and characterised it as

a gross and fraudulent attempt upon me, also that I was not under any surveillance at all, and that from the respectability of my own position and family connexion, it was absurd to suppose so for one moment. I requested Mr. Beswick to let me see his detective officers, so that if any of them had played this trick upon me, I might recognise them. To this he readily assented. On the following morning, Monday, I called at Mr. Beswick's private office, where I saw eight detective officers. I failed in recognising any of them. It was agreed that an officer in plain clothes should on that night and the following morning, follow me to and from my place of business home, and if I again met the man, I was to give him into custody. Nothing of importance did occur then. But, afterwards, I noticed the same and other significant motions, repeatedly. Feeling within myself the knowledge of conscious rectitude, I determined not to see these signs. At last

they were forced on my notice by men approaching near my person, giving a loud Ahem! and then making a significant motion. The last and most disgusting treatment I have been subjected to, was by almost every individual I met, making a loud guttural sound and spitting as near my person as possible without soiling my clothes; and when expectorating, the expression of their faces indicating disgust and contempt. Judge then my feelings, my sufferings, mental and physical. Unconscious of any wrong said or done to my fellow creatures, in a criminal sense, the intensity of my mental sufferings I cannot describe. I knew I had failings, inherent in human nature, but nothing that was injurious to the community. In addition, my acquaintances shunned my approach; my friends appeared to be unusually cordial, as if I had just returned after a lengthened absence. My servants were not respectful in their manner; all

this, which I have explained to my friends, forced upon me the conclusion that, as an upright man, I ought to demand an investigation into the cause of so base and malignant a conspiracy. This acting on a sensitive and nervous temperament, produced serious physical illness. At first, I attributed this to deleterious drugs administered in my food. Various circumstances confirmed this opinion. Still, to persist in this, would criminate those whose happiness is a first consideration with me; therefore having had the benefit of medical advice from men of established reputation in this town, I will adopt their conclusions in preference to my own, however opposed to my own convictions. They say my disease was gastric fever. Then let it be gastric fever. During the time I suffered from disease, my mind was clear, my conversation rational. To prove this, get an opinion from —— who attended on me day and night for eleven days; he is an

invalid's nurse, his residence, I think, is —, or you may get it at the Infirmary. Two dear friends of mine saw me during my illness; ask either of them if my conversation was irrational, or if they would testify on oath, that I laboured under a delusion that would justify my detention in a mad house. The gentlemen's names and address are Thomas — and James —. My father, to whom, from his invariable kindness and affectionate attention through life, I cannot attribute bad motives, brought me here under the pretence of an investigation of the circumstances which had caused those significant signs. I came with confidence in my father's word, for he never previously practised deception towards me, and I expressed to him and a Mr. S. who accompanied us, the great pleasure and relief I felt that my actions were now going to be investigated; instead of which, how can I express the profound and terrible emotions,

the horror which seized me, when I found my father a consenting party to my confinement in a lunatic asylum. Even then I felt pity for my father, the expression of anguish on his face was painful to witness. But when that parent whom I still love, whom I still reverence as the author of my being, when he stated that his life was in danger from me, from my violence, I who never raised a finger against him in my life, I who rather than do so would have my right arm withered by paralysis, my emotions were then deplorable. I felt a desire to die, that death might end my sufferings. Nothing but a profound conviction that the Almighty would speedily release me from the house of bondage, even as my ancestors, the children of Israel, were released from Egyptian slavery; nothing but this solemn conviction and the fear of God, has enabled me to withstand the wish for death, the desire, the craving, to terminate existence.

“After being confined to bed for nearly three weeks, I was recruiting rapidly; having been out of doors for two days, and having made arrangements to go to Brighton for a fortnight, I was brought to a lunatic asylum, my rights as a British subject violated, and, to secure my imprisonment in a lunatic asylum, the Habeas Corpus Act violated. I am daily in hopes of seeing the commissioners or the magistrates. It is hope alone that cheers the violated rights of an Englishman. I feel a conviction the course taken never will be sanctioned by you; if it is, I will appeal to the Secretary of State.

“I feel convinced my father has been duped by others; he has not had good health lately, and although a perfectly rational man, and possessed of strong sense and sterling worth, he must have been used as a tool to carry out the base views of others whom I could name, but regard for my children’s welfare prevents me.

“Melancholy thoughts depressing,
Liberty thou art a blessing ;
Slavery so great a crime,
A powerful pen can not define.”

And with this doggerel, improvised, I presume, the somewhat prolix account terminates. It illustrates, very well, the origin and progress of this form of insanity, — perturbation in the emotive sense in the first instance, leading to delusions related in their character to the morbid sensibility.

Having now given the general characteristics of mental derangement ; and having stated the circumstances distinguishing it from disease more purely physical with which it is likely to be confounded ; and having explained, moreover, the principal conditions which qualify the prognosis, and enumerated the more prominent causes which determine mental maladies, I will proceed to describe the principles of Therapeutical management demanded by this

class of cases. I say, *principles* of management, for really it is very often a species of education that is required, rather than medical treatment, in the ordinary sense of the phrase. It consists, indeed, in efforts for a long time sustained, to ameliorate the condition of the insane in all respects, moral and physical.

The treatment of insanity is ordinarily considered under two heads, — physical and moral; the former being intended to correct the more purely physical derangement with which the mental malady may be associated, and the latter being directed more immediately to the intelligence and the inner sensibility of the patient. In a considerable number of cases, little benefit is to be expected from the more ordinary appliances of practice; on the contrary, mischief will undoubtedly result very often from the ill-considered use of blood-letting, counter-irritation, and drugs of every kind.

The circumstances which indicate the

just employment of physical measures in mental diseases, require a very careful discrimination; having reference, not so much to the peculiar features of the psychical malady itself, as to the particular constitution of the patient, his temperament, the past history of the case, and the existing state of his general health. If physical treatment of an energetic character is to be successful, — if its efficacy, indeed, is to be distinctly recognised, — it is almost always in the earlier stages of the ailment. And as mental diseases do not usually subject the sufferers to the discipline of an Asylum, until they become confirmed, individual instances perpetually arise in the practice of those who have no special connexion with this department of medicine; and that, too, precisely in the stage which demands powerful and decided measures, if at all. There are few practitioners who have not occasionally to deal with the precursory symptoms, associated or not, as the case

may be, with other disease; and, assuredly, the inexperienced are beset with embarrassments of every kind. And we have here a combination of circumstances supplying very obvious and powerful reasons for cultivating this branch of the profession, and one, moreover, showing that Psychological Medicine is not so entirely a speciality as some persons find it convenient to maintain.

In discussing the treatment of particular classes of cases, I will divide the subject according to the external causes by which they have been induced, — physical, physiological, and moral. With reference not only to psychological but to general medicine, indeed, I have long thought that if practitioners attended more to the indications supplied by the primary causes of disease, and attached a somewhat less consideration, relatively at least, to its ultimate physical effects as revealed by morbid anatomy, the science would gain in com-

pletteness, whilst the art would be rendered more just and available, and, in consequence, better calculated to alleviate the ills and the sorrows "which flesh is heir to."

Suppose that a patient has received some violent injury to the head; of course, the treatment must be that which is demanded by a sound and judicious surgery. Delirium, or stupefaction, as the case may be, characterises very commonly this class of cases in the earlier stages. Suppose, however, that, after the subsidence of all fever, and all heat of scalp, and after the appetite and digestion have returned, the wandering or some other irregularity of mental manifestation continue, how must you proceed in the physical management of your patient? I have no hesitation in saying that, unless there be some very unusual plethora, or local congestion, more harm than good will be done by further depletion. Local blood-

letting, in the beginning of such cases, is generally highly useful ; but afterwards, when a settled derangement seems established, nothing but mischief can follow its use, unless there be some special reason for it. It is very rarely right, indeed, to deplete in insanity, particularly by opening a vein. Maniacs have been interrogated, during their convalescence, concerning their own experience after general blood-letting ; and the replies have been something after this fashion : It was after being bled that I ceased to know what I did, and what was going on about me ; it was after losing blood that I went right out of my mind. The emotive sensibility almost always becomes painfully exalted after blood-letting ; the face is blanched, the pulse is small, and the pupils somewhat dilated.

It is a great mistake to assume that, because the delirium continues, inflammation is its necessary, or even its probable

cause. It cannot be repeated too often, that the highest excitement may characterise the cerebral acts, without there being so much as irritation of the brain, in a physical sense. A state of debility, even, may bring about these phenomena.

Perversion of the intelligence and depraved sensibility may result from the most opposite states of the encephalic circulation. Mental maladies, altogether, are very analogous to ordinary nervous ailments,—as regards their duration, their seeming spontaneity in many instances, the absence of inflammation, and the bad effects of debilitating treatment. The analogy, moreover, is maintained in the oscillatory course of a mental malady, in the periodicity of its paroxysms, in the absence of fever, in the continuance of nutritive energy, and in the absence, ordinarily, of organic alterations attributable to the psychical disorder.

We have mental aberration in delirium

tremens, and also in certain forms of hysteria, yet we do not bleed in these circumstances; opium and stimulants are rather administered. Yet when epileptic symptoms accompany maniacal excitement, there is a great disposition among practitioners to draw blood; the more violent the convulsions, or the more distinct the state of coma, and (let it be said) the less the acquaintance with nervous and mental maladies, the more likely is the medical attendant to deplete. In such cases, the treatment rarely exercises a beneficial influence upon the symptoms; and if it render the paroxysms less violent, it probably increases their frequency, and leads on to dementia. With reference, therefore, to all these considerations, it must not be deemed anomalous that, after a time, heroic treatment should cease to be of service, even in many instances of traumatic injury, notwithstanding a persistence of delirium.

But although depletion under such circumstances — when you are trembling for the permanent integrity of your patient's mind — may no longer be necessary, the physical management of the case is likely to demand, for a long time, considerable care, and the patient will require constant watching. If the nights be passed restlessly, the judicious administration of opium, or morphia, may become necessary; care being had that this remedy be not repeated too often, otherwise its efficacy in calming the brain and nervous system will not be realised; but cerebral congestion, with aggravation of all the symptoms, may be the consequence. Then the stomach and bowels demand constant attention, for any depravation of their functions almost always reacts prejudicially upon the encephalon. The diet must be bland and nutritious; if there should be disinclination to take food from some mental cause, the resistance must be overcome in the

mildest possible way, or marasmus may ensue. The bowels, if constipated, should be relieved by some mild aperient, once or twice a week; but all *catharsis* must be guarded against; this latter would not only reduce the patient's powers, and deteriorate the *vis medicatrix*, but the intestinal irritation that might be induced, would be pretty certain to influence, injuriously, the susceptible brain. In a few words, I would sum up the physical treatment of insanity produced by mechanical violence, thus:—Be constantly on the watch for physical indications, and act accordingly; but do not expect to remedy the mental aberration by bleeding, counter-irritation, purgatives, or mercurials, excepting in so far as the psychical affection may be associated with and dependent upon well-understood pathological conditions, which active treatment may be likely to remove; let these conditions, however, be sufficiently obvious, and irrespective of the mere wandering of intellect.

When mental derangement has been induced, or aggravated, by the abuse of alcohol, of opium, or of tobacco, by sensual excesses, by protracted watching, defective hygiène, or other causes that I have called physiological, the first proceeding, in the treatment of such cases, must of course be a withdrawal of the exciting cause. It will be in vain that you establish a course of medicine, or a plan of physical management, unless the patient be removed altogether from the agency that has produced his malady. If drunken habits have overthrown the reason, they must be corrected; I do not say by an absolute and sudden withdrawal of all fermented liquors; this is a matter for deliberation; the abuse, however, — the drunkenness, — must be given up at once. In like manner, opium or tobacco must have their use moderated and be gradually withdrawn, whenever they have exerted a pernicious influence either in originating or in aggravating the malady.

Some difficulty will generally arise in this respect; for it is a remarkable fact that numerous insane patients, and persons not themselves insane but belonging to families predisposed by inheritance, display an unconquerable liking for nervine stimulants. Nevertheless, firmness must be exercised in prohibiting these noxious indulgences, gradually, or all at once, according to circumstances. If the patient be aged, and the circulation feeble, an abrupt withdrawal of alcohol, after excessive indulgence has become a habit, may be injurious; in the young and middle-aged, however, there is seldom any mischief to be apprehended from the decisive course, — total abstinence at once. Again, where either opium or tobacco has long been indulged-in to excess, a sudden cessation may, in some instances, render refreshing sleep impossible for a dangerous length of time. In examples of this kind, a careful circumspection is needed; a gra-

dual diminution of quantity, day by day, frequently, indeed usually, enables the patient ultimately to arrive with impunity at an entire discontinuance. The habit of snuff-taking, also, to which the insane are greatly addicted, must receive the same consideration; painful congestion about the head might result from a restriction too unqualified in the first instance.

Where loss of rest from excessive employment, or from over-anxiety, has preceded, and been influential in, the production of insanity, it becomes a very nice question whether anodynes should be administered, or purely hygiènic measures be trusted to, for obviating habitual wakefulness. There can be no doubt that, in many instances of this kind, the acetate or muriate of morphia is a most valuable medicine, given at intervals of two or three nights, in doses capable of procuring six or eight hours' refreshing sleep. Previous to its employment, however, care should be taken to re-

lieve cerebral congestion if present, either by leeches, cold applications, or mild aperients, according to circumstances. Further, it will be necessary to mitigate by medicines, so far as practicable, any gastrointestinal derangement which may contraindicate the preparations of opium.

With reference, indeed, to all cases in the production of which physiological causes have been influential, the removal of such causes, so far as practicable, is the prerequisite of all successful treatment. And regarding the physical mischief with which, in particular instances, the mental malady may be associated, the therapeutical principles are very much the same as those which guide our practice in corresponding states unconnected with insanity; the entire aim of physical treatment being, in fact, to reduce the cases as much as possible to those of purely psychological disorder; and in this process of reduction, we sometimes succeed in dissipating the malady altogether.

When the causes of mental aberration have been almost exclusively moral, very often there still precedes and accompanies the attack, considerable disorder of the general health, for the correction of which physical treatment may be demanded. Head-ache and watchfulness, palpitation of the heart, irritation of the stomach and bowels, and other symptoms of an allied character, frequently usher-in, and precede, the invasion of insanity. And although such morbid states of the system may have some independent origin, they are sufficiently often the bodily result of the mental perturbation; this latter exhibiting itself in general derangement of the nervous system, even before the insanity itself becomes unmistakably revealed.

In the treatment of this class of cases, the influence of our ordinary remedies is much less than where the bodily symptoms have originated in causes more purely physical. For example, the head-ache which precedes

or accompanies insanity from moral causes, especially if unaccompanied by fever or heat of scalp, is much less likely to be benefited by depletion of any kind, than when the exciting cause has been of a different character. Altogether, indeed, it may be observed, that disorder commencing in the brain and nervous system, under the influence of circumstances which operate primarily upon the consciousness, will only bear depletion in very exceptional instances.

In the ordinary course of practice, it may be noticed how indifferently supported both purgatives and blood-letting are, in the highly susceptible nervous temperament, and in all ailments that have been brought on by care and anxiety of mind. If a person consult you, with irritation of the gastric mucous membrane arising from gluttonous excess, you will remove it by leeches applied to the epigastrium, and a temporary abstinence from solid food and

stimulating drinks. If, however, the like derangement come before you as the result of a moral cause, you will obtain no resultant advantage from such treatment; the patient's cure must be rather promoted by moral agency. You will urge the necessity of removing, so far as possible, the causes productive of mental anxiety; and you will probably advise the invalid to go to the sea-side for change of air, as you may say, but in great measure for change of scene, and in order that grateful impressions upon the mind may take the place of those which are painful. It may yet be necessary, in such a case, that mild medicines should precede, or accompany, the moral treatment of nervous dyspepsia, with a view to the removal of retained excreta or vitiated secretion.

It is precisely upon the same principle, that physical treatment may be needed in insanity brought on by moral causes. If your patient have head-ache either imme-

diately before or during the presence of mental derangement, it is but rarely that you will procure advantage either by bleeding or blistering. If, however, he be plethoric, and display very obvious signs of cerebral congestion, it will be well to attempt relief by local blood-letting; but, even when attained, the relief, under the circumstances, will most likely not be permanent. The principal benefit of the practice will consist in diminishing the chance of ulterior mischief, such as the supervention of epileptic or apoplectic symptoms, to which plethoric persons, when insane, are sufficiently prone. In like manner, the administration of opiates in any form will probably be mischievous, rather than otherwise, in the attempted relief of bad nights, unless prescribed with the fullest consideration of all the qualifying circumstances. If a person begin to show signs of nervous exhaustion from want of sleep, exhibiting symptoms, indeed,

bordering upon delirium tremens, it will be right to procure rest by anodynes. Care, however, should be taken that a habit be not established; if there be not reserve in this respect, not only will the good anticipated not be realised, but the tone of the cerebral structures may be still further weakened, and the recuperative powers of nature be debilitated proportionately.

Let any medical man consult his experience in matters of this kind, where the patients have not been insane. All of us, very likely, at one time or another, have been consulted for sleeplessness arising from grief or anxiety of mind; and there are few who have not occasionally given opiates, unseasonably, in these circumstances; and I am sure that the conclusion will have been very generally attained, that anodyne medicines do but exert a modified control over restlessness that is attributable to moral causes. Exactly the

same qualifications will obtain in the physical treatment of all the other functions. Ordinary remedies must not be expected to procure that relief for particular symptoms, which, if the result of more physical agency, they may readily receive. Hence, derangement of the stomach, palpitation of the heart, nervous irritability, visceral disturbance, and other such states, must be approached very rarely by depletion of any kind, and always carefully by medicinal means at all, when the nervous energy is in any way disturbed by agency that is moral.

In recapitulation of the physical management of the insane, I would briefly resume as follows:—For mere symptoms of mental aberration, you will do well to avoid physical treatment altogether, excepting such as the principles of *hygiène* would suggest. Act upon the pathological state of the system by drugs, bleeding, or counter-irritation, according to sound

principles of medical practice. Do not assume that, because you have perverted cerebral function, you have to deal with inflammation. And remember that even physical mischief arising from moral agency, is influenced most effectually by a therapeutic method that corresponds with its origin and cause.

LECTURE VIII.

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MORAL MANAGEMENT OF THE INSANE.

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THE just and scientific treatment of perverted consciousness, — of Insanity purely considered, is by influences and agency that address themselves directly to the consciousness itself. The proper therapeutical management of unsound mind is one that is *moral*. Whatever may have been the circumstances that have given rise to any of the forms of insanity, physical treatment, — in which category I include all the more ordinary appliances of medicine, — can only deal with physical in-

dications. As these become fulfilled by judicious and effective measures, the mental derangement will sometimes pass away concurrently. If, however, mental aberration remain behind, you will only frustrate your purpose, if, without obvious and adequate cause, you continue active medical treatment.

But I have been asked, when in consultation under these circumstances:—Will you simply leave the case to nature? Will you look on, and do nothing? And the notion involved in this enquiry has been reasoned out in some such manner as this: Surely with deranged function, there is some alteration in the substance of the brain, for disease must always depend upon change in the condition of structure,—it is at least reasonable to suppose so; hence, although in these cases we have evidence neither of fever, nor of local inflammation, is it not right to go on with our remedies, in the expectation of touch-

ing the evil at last? In this reasoning, abstractedly regarded, I quite concur; but I differ from controversialists so arguing, in the signification which is to be attached to the term remedies.

I submit that medical men must not, in their practice, be regarded as leaving off treatment, or abandoning remedies, because blood-letting, counter-irritation, and drugs, may cease to be employed. It is but a low estimate to form of the medical character, to recognise, in the physician or the surgeon, merely the apothecary, or the cupper. It is the office of the medical adviser to guide and direct his patients at all times, and under all circumstances, in the matter of health and disease; pointing out to them when in health the way to continue so, and when sick the course whereby health may be recovered; and whatever the process which the preservation of health or the removal of sickness may involve, it is the practitioner's

business to prescribe. This may be simply a day or two's rest in bed, or it may be a tour for recreation; it may be a more generous diet, or one that is somewhat abstemious; a course of purgative drugs may be indicated, or a temporary use of bitters or of steel; an extended and more diversified social intercourse may be the requirement, or a partial withdrawal from excitement of this description; it may be an engagement of the mind in some special pursuit, encouraging hope, and exciting pleasing anticipation; or it may happen that a certain wild enthusiasm needs to be moderated. But whatever it be, if it influence health, or be likely to provoke or to alleviate disease, it comes clearly within the province of the medical man. And so long as he engages himself in watching his patient for the patient's own good, so long as he regulates the *acts generally* as well as the *physic-taking particularly*, the physician cannot be said to

leave his patient to nature, or to be looking-on with a virtual abdication of his proper functions, even though for weeks he may never prescribe a drug.

The experience of every one, medical or lay, must have led to a recognition, in a greater or less degree, of the intimate relation that subsists, in the human constitution, between the *morale* and the *physique*. And it must be remembered that, in a great many instances, change in function, and coincident alteration of a sensible character in the organisation, can be accomplished by agency that is altogether moral. What so often suffuses the face abruptly, bringing the blood rapidly and abundantly to it? the emotion of *shame*, an affection purely moral. Severe and protracted thought will cause head-ache and cerebral congestion. Sudden fear will induce palpitation of the heart, and has been known, indeed, to suspend its action entirely, so as to cause death as promptly as hydro-

cyanic acid would do. The keenest appetite in the world will vanish immediately upon the receipt of painful intelligence. Sorrow and grief will occasion, sometimes, relaxation of the bowels.

The most remarkable physical results will sometimes occur to particular organs, by dwelling long, continuously, and painfully upon their functions; and local disease has been known to ensue, suddenly, upon lively and distressing emotions. M. Ridard relates the case of a man, thirty years of age, who was affected with stone in the bladder, and who saw a patient die by his side, after being operated upon for the same complaint. The man's imagination became excited; his thoughts were constantly fixed upon the operation which he, himself, expected to undergo, and upon the probable death that would follow; and, in fact, without any operation at all, he died at the end of a month, affected with gangrene both of penis and scrotum. A

case is recorded of a woman who, after seeing her daughter violently beaten, was seized with great terror, and suddenly became affected with gangrenous erysipelas of the right breast. A still more remarkable illustration of local disorder of nutrition, occasioned by powerful emotion, is afforded by Mr. Carter, in his recently published and interesting little work on Hysteria. The case is narrated as follows: "A lady, who was watching her little child at play, saw a heavy window-sash fall upon its hand, cutting off three of the fingers; and she was so much overcome by fright and distress, as to be unable to render it any assistance. A surgeon was speedily obtained, who, having dressed the wounds, turned himself to the mother, whom he found seated, moaning, and complaining of pain in her hand. On examination, three fingers, corresponding to those injured in the child, were discovered to be swollen and inflamed, although they

had ailed nothing prior to the accident. In four-and-twenty hours, incisions were made into them, and pus was evacuated; sloughs were afterwards discharged, and the wounds ultimately healed.”

Moral circumstances, as all experience testifies, are equally potent for good. Pleasing and delightful emotions, serene and joyous impressions, will restore the drooping energy of most of the animal functions; reanimating and invigorating the whole system. Head-aches, nervous irritability, impaired digestion, and chronic derangement of the mucous membranes, are largely under the influence of this kind of agency; and the excitement of hope, with immunity from the wear and tear of harassing and habitual thought, plays a part in recovery from disease, to an extent little imagined by many persons, until lately.

Do not let us deceive ourselves. When sick persons fly to the fashionable systems

of quackery, — tired of their lingering ailments, and disgusted with drug treatment protracted unduly, — they do very often, in fact, get well; and that too from the course which they have pursued. It often happens, in such instances, that leaving off medicine, when the period for its beneficial use has gone by, removes a source of physiological perturbation. Then the respite obtained, temporarily, from the common cares of life, — a concomitance very generally of quack-seeking, — gets rid of a psychical agency that is undoubtedly injurious. And, in almost every instance, the supervention of a totally new and somewhat delightful state of mind, made up of hope, wonder, and admiration, constitutes a moral *therapeia*, which consummates the beneficial agency. And the result, very often, is the redemption of the patient from sufferings long endured. A foolish world, delighting to think itself wise and philosophical, talks of homœopathy, hydro-

pathy, kinesipathy, and other such delusions; the actual truth which underlies these follies of a day, is not appreciated by the popular mind; the medical philosopher, however, discovers, amidst the surprising phenomena which modern credulity and imposture develop, a material and weighty fact,—that psychological influences control and modify the animal functions, and exert a powerful action in the treatment of disease.

If then therapeutics purely mental, exerting their action primarily upon the consciousness, tend to restore the healthy condition of organs, by their indirect effects upon the physical frame, how much more likely is it, *a priori*, that such treatment should have an advantageous influence in the case of ailments which consist, essentially, in perversion of the consciousness itself. And, indeed, experience proves that the curative management of Insanity-proper is rightly and altogether *moral*. Hence, when local derangement has been

rectified, and when the general health has been restored to the condition best attainable in the circumstances, our paramount attention must rest upon the moral and mental peculiarities of the case; and we must interfere, by physical measures, only when some new and corresponding indication justifies the proceeding.

The Moral Treatment of Insanity is, in principle, exactly the same as that which is pursued by the judicious and well instructed practitioner in the management of ordinary disease; that is to say, it comprises negative requirements, in withdrawal of the *lædentia* or circumstances hurtful,—and a positive course, in furnishing the *adjuvantia* or things that aid in recovery. Every condition that is prejudicial to the disordered mind must be removed; and agreeable diversion of thought, with new and pleasing impressions upon the feelings, must, where possible, be brought about; just as in more

physical maladies, we withdraw causes of irritation, and, by acting upon the more healthy parts of the organism, strive to procure a derivation, and ultimate subjugation, of the disease. In the treatment of all forms of mental derangement, this principle kept steadily in view, will render itself the guiding thread in our moral management of these cases.

It will be obvious, then, that whatever be the folly or absurdity of the ideas which a notionally insane patient may entertain, the attempt should never be made to disabuse him by contradiction, by appeal to his senses, or by reasoning, if the proceeding give rise to the slightest irritation; it would not only defeat its purpose, but the painful excitement likely to follow would certainly aggravate and probably complicate the affection. If a person fancies that he is King of England, you will rarely gain any thing by telling him that he is not; you will simply wound his *amour propre*,

and distress his feelings by communicating to him the sense of offended dignity. If a patient imagines that his limbs are made of glass, it is very generally useless to refer him to the sight or the touch that he may be undeceived. Were the perceptions at all times capable of rectifying such perverted ideas, notional insanity would never become established. A person whose mind has been absorbed in money-speculations, conceives himself to be in the possession of great wealth, and acts consistently with this false idea; you will be but little likely to set him right by appeals to his judgment and reasoning faculty. A lady who has adopted the unfounded notion that she is the object of a tender attachment on the part of some person, will not be disabused even by the most explicit denial of the existence of any such feeling. In all such instances, you must draw off your patient's mind from the particular illusions; and taking advantage of ascertained tastes and

capacities, engage his attention with subjects calculated to interest and to please; avoiding all unnecessary allusion to the morbid notions, and letting them wear themselves out, as it were, rather than causing them, by external provocation, to be in any way aggravated or sustained.

When the malady has attained its stationary period, or the stage of decline, it is of great importance to interest the patient's mind with studies and amusements congenial with his natural capacity, previous habits, and tastes; and, in the case of the labouring classes, with employment that is familiar to them and for which they display a relish. In large pauper asylums, the most beneficial results, I believe, have been obtained by engaging the inmates in various handicraft works. But such a proceeding would very often be injurious in the case of persons whose antecedents are entirely different.

.. I have sometimes been amused with the

conversation of non-medical persons, whose official duties have led them occasionally to visit lunatic asylums. Knowing nothing of *principles* of management, and reasoning from what they have seen in pauper asylums, they have asked, in all simplicity, whether with respect to private establishments it would not be well to make the patients *work*, — signifying, with their hands *menially*; and whether, moreover, it would not be a good thing to cut the patients' hair immediately upon their admission, and thoroughly to wash them in a bath, — suggestions very ridiculous, but proceeding partly from good feeling, and partly from ignorance or thoughtlessness.

In certain instances, it may be beneficial to cut the hair; but when this is done, of course it should be rightly timed, and not be abruptly executed upon patients just entering an asylum for educated people. As to baths, they are undoubtedly useful in the physical treatment of the insane, on

the general principles of hygiène, — warm baths for the most part being useful in the earlier periods, and cold in the convalescent stage. But just imagine a delicate nervous lady, always accustomed to command and to have her will deferentially regarded, or a gentleman whose previous career has been one of authority and rule; imagine such persons, possessing their ordinary intelligence and customary sensibility (apart from the special features of their malady) abruptly seized on admission, their heads cropped, and themselves, *per fas aut nefas*, plunged into a bath! In the case of paupers, there would be nothing unwonted or discordant in this course.

In a very large proportion of instances, the insane have their emotional nature painfully exalted. It is quite a mistake to think that lunatics are, ordinarily, in any thing like the condition of idiots; it is most important to keep this circumstance in mind. Some years ago, the wife

of a patient at Clifton Hall died; the patient was highly sensitive, and his general health somewhat precarious. The death, with great propriety, was concealed from him for two years, as no good purpose could possibly result from a contrary course. A magistrate, during an official visit, became acquainted with these facts, and having, I suppose, some theory to support, disapproved of what he chose to consider a species of deceit. It was right, he maintained, that the patient should know. He was warned by the proprietor that serious consequences might follow the disclosure. No! no! it was proper that he should be told; and he would tell him. And he did tell him. Convulsions soon after seized the patient, and he died! It would be well if, in the exercise of jurisdiction, people would keep themselves within the limits of their knowledge. *Ne sutor ultra crepidam.*

In directing the mental pursuits of con-

valescent patients, careful discrimination should be exercised. In the selection of books for perusal, and in the choice of natural objects to create an interest, there should always be a certain adaptation to the actual condition of the particular patient; regard being had, at the same time, to his previous circumstances, habits, tastes and capacities. It is sometimes difficult to decide this point, in any individual instance; the principle, however, should be always kept in view.

Occupation, indeed, either of the hands, the senses, or the intelligence, contributes, in a remarkable degree, to soothe emotion and tranquillise disordered passion. With the convalescent insane, it is a veritable anodyne; and as such it should be rendered available in Psychological Medicine, and not by unskilful management be converted into a mental irritant.

It is curious to witness, at times, the influence of past associations in reviving

what have been called the automatic processes of mind; and, without doubt, the circumstance may, very frequently, be made to influence mental vigour and to hasten recovery.

I will here supply an anecdote which exemplifies this principle very strikingly. The facts occurred some years ago in this neighbourhood, but not in the establishment with which I am connected. From the source of my information, however, I am certain of their having occurred as stated.

A clergyman laboured under the delusion that he had committed unpardonable sins, and was not worthy to take food. For six weeks he had pertinaciously acted upon this idea, and had refused all nourishment; nutriment, in the liquid form having been systematically forced upon him. A brother clergyman, and a personal friend, happening to visit the neighbourhood to preach, called upon the pa-

tient, who expressed a strong wish to preach in the place of his friend. The proprietor of the establishment in which he was confined, expecting no particular result, stated that he should preach, if he would only make a good dinner of his own accord. And he did so. Hereupon, it was decided to go on with the experiment; and the insane clergyman went to church, ascended the pulpit, and preached a most excellent sermon. On returning, however, he lapsed into his previous state, and for thirteen weeks never voluntarily took a meal, with the exception just mentioned. Nevertheless, he recovered permanently in a few months afterwards, and performed his clerical duties for many years.

In some cases of what I have denominated notional insanity, the false ideas having possession of the brain cannot be altogether ignored, without producing greater mischief than would result from some sort of recognition of them. In cer-

tain instances, the patient may be so entirely engaged with them, that your disregard will irritate him exceedingly. Under such circumstances, he must be humoured. You must indulge him in his notions by a species of passive endurance. But you are not called upon, nor indeed would it be right, to foster or encourage them. Thus, if a patient's attention cannot be withdrawn from the delusion that he carries two heads on his shoulders, you must not *poooh! poooh!* Your replies, and your conduct generally, whilst conversing or otherwise dealing with him, should correspond with his morbid fancy, — just to the extent of maintaining him free from irritating excitement, and stopping short of every thing calculated positively to support or strengthen the delusion.

In some instances, however, the morbid notion may be successfully combated, either by some very obvious demonstration, or by a simple argument, or by a

little pleasant banter. Of the effects produced, an opinion may be formed from the influence apparently exerted upon the patient's temper, and from the greater or less tenacity with which the delusion is adhered to.

Pinel gives an account of an insane person who was in a large asylum, and fancied himself to be the Holy Ghost. There happened, at the time, to be two other inmates possessed with the same idea. The latter were brought into the presence of the former, who very soon discovered, in conversation, the speciality attaching to his fellow patients. He began to muse; observed, first to one, "You say you are the Holy Ghost:" then to the other, "and you say you are the Holy Ghost: but then," he said to himself, "I am the Holy Ghost." Still soliloquising, he asked, "Can there be three Holy Ghosts?" And from this interview, he became cured of his delusion.

Guislain relates the case of a young woman who had been under his care, entertaining the conviction that the Almighty ought to give her another soul, — that of a different person. Every day, he questioned her in a somewhat derisive tone: “And your soul, my young lady?” At the end of a month, she was disconcerted when so addressed; the blood would mantle her cheeks, and then she would smile in her turn. After a while, she begged the physician to let the subject drop; and in a very short time, the recovery was complete. Guislain says, he is certain that her cure was accomplished by the method which he adopted of treating her delusion.

In carrying out the principles of treatment now explained and exemplified, there are required, of course, kind, considerate, and well-instructed attendants; because errors of conduct upon their part, in themselves apparently trivial, may constitute

serious occasions of detriment in the case of many mental maladies.

When a patient labours under any of the varieties of what I have called intelligential insanity, — when, for example, he seems to have lost, in a measure greater or less, the power of so combining his ideas as to form a judgment upon the common events of life, or to maintain any thing like a consistent or definite relation with the external world, — the moral treatment of the mental disorder still keeps up the closest analogy with the scientific treatment of ordinary disease. If there be a wild rambling of thought, and incoherence of discourse, evincing not only derangement but undue excitement of the intelligence, the patient should be permitted to exhaust himself. He should neither be influenced by outward causes to maintain the unwonted activity of mind, nor yet receive, in most cases at least, so much as a moral coercion for the purpose of check ;

this, indeed, would very generally produce cerebral irritation. An influence should be exerted upon the emotive sense, calculated, in its nature, to produce tranquillity and calm. Soothing tones of voice, with simple and persuasive gesture, should be employed for this purpose. Every thing like reasoning or command should be avoided.

When the violence of symptoms has abated, there should be no attempt to rouse, or call forth, the higher mental faculties by direct agency. The intelligence should rather be influenced by a careful and judicious provocation of the observing powers, so that agreeable and reinvigorating trains of thought may arise, as it were, spontaneously. If you attempt prematurely to restore the proper balance of the intelligence, by reference to the antecedent habits of mind, by argument, or by ill-timed appeals to the judgment, you will not only fail, but in all probability you will aggravate the disorder.

When the first excitement has been subdued, and when there is prostration of the mental powers as if from debility, act as you would in corresponding states of ordinary bodily derangement. Supply *pabulum* that is mild and nutrient, rejecting that which is too rich and stimulating. Carry on the patient step by step, by appeals to his senses, by judicious and pleasing conversation, and by the aid of amusements and books carefully selected.

If the malady go on to dementia, — if total wreck of the intelligence supervene, — there is frequently softening of the brain, or some other mischief of an organic character. In such cases, there is very little to be done, beyond maintaining the patient's general health in the best possible condition, by hygiènic and other means. But the presence either of total or partial dementia of a permanent character, should not be assumed too hastily, especially when the patient is young. Such a conclusion

is too apt to result in premature abandonment of the just means for effecting a cure. Guislain mentions a case of recovery, under judicious management, of a patient, after twenty-eight years of neglect, who had been improperly regarded as irremediably demented.

At this time there is a gentleman in the institution at Clifton, about thirty-one years of age, who has been insane for upwards of sixteen years, and whose history is briefly as follows. He was naturally of a sullen and morose disposition, and he became still more so under the influence of mental derangement. He was for many years under decidedly bad management, and was regarded as a dangerous and intractable lunatic; in bed he was every night restrained by a leg-lock, and the animal wants alone were attended to. He has been in his present situation for nearly three years, and has become a very companionable and communicative person.

He is fond of books, and amuses himself in a variety of ways. He takes great interest in the politics of the day, reading the *Times* and other newspapers with great eagerness. He retains the information which he acquires, and exhibits some little skill in ratiocination. He has had perfect self-control for some months. And, last Christmas, he went, in company with an attendant and another patient, to see the pantomime, and was very much the better for the recreation.

Before concluding these remarks on the treatment of intelligential insanity, I will say a few words on the management of idiots, — a process which is very much one of general education. I need hardly observe that, of my own knowledge, I have very little to state upon this division of the subject. In well-regulated establishments for the improvement of this unhappy class of persons, I believe, however, that very extraordinary results have

been obtained. I understand that, by great care, very stupid idiots may be trained to notions of etiquette and the more ordinary duties of politeness; they may be taught to raise the hat and to inquire after the health of persons to whom they speak; also to distinguish the days of the week, and the hours of the day. They may be made, moreover, to know a little of the relative value of coins; and a few even will learn something of a foreign language. Sentiments of respect may be established for that which naturally commands it; and notions of good and evil may, in some instances, be inculcated successfully. Of course, to accomplish these results, there may be required years of incessant solicitude, and a patience little less than angelic; otherwise, what is gained one day will be lost the next. And, indeed, under most circumstances, the amelioration which it has taken years to realise, may be dissipated in as many weeks, if the

efforts be not sustained uninterruptedly. It is said to be so, at any rate, with the great majority of idiots. It is stated of some, however, that their progress is sufficiently real to be durable, even when the tuition and surveillance have been withdrawn.

I must here remind my auditors that, on the present occasion, I am but expounding and discussing the *principles* of treatment. The particular modifications demanded by individual cases can only be appreciated, when all the circumstances and details are actually before us.

I proceed to make a few general remarks on the method of dealing with Emotional insanity, as I have called it. In instances in which there is melancholic depression of spirits, and exaltation or depravation of any of the affections or sentiments, one purpose must be kept steadily in view. Every thing that is calculated to excite or provoke the particular emotion which is

under morbid influence, should be avoided or withdrawn; and every thing that is fitted to counteract the ailment, should be made to fall in the patient's way. When he is overwhelmed or prostrated by melancholy, the train of ideas associated with this state of mind should be broken, and allusions to the real or supposed causes should never be made but with unusual care and delicacy. The thoughts should be directed into other channels; and this should be accomplished with great care and consideration, and not by attempts of a bold and direct character, which would almost inevitably fail in their purpose. If paroxysms of grief develop themselves from time to time, they must be allowed to exhaust themselves. The collapse and despondency likely to succeed, should not be rudely disturbed. The moment of reaction, be this ever so slight, should be rendered available for acting upon the mind revulsively. If possible, thoughts should

be suggested to the patient's intelligence, of a nature adapted for drawing him out of himself as it were, and for producing some permanent reaction, and thus determining to healthful activity the mental faculties in general. Moreover, when volitional control over the ideas is in some degree recovered, he should be made aware of the power which every person naturally possesses, and should exercise, over his own current of thought; and how, by voluntary efforts, he should direct his attention to objects and pursuits calculated to establish states of mind foreign to his depression. The extent, indeed, to which an individual can influence his moral sensibility through his thoughts, has a great deal to do both with final restoration to mental soundness, and with warding off threatened attacks of insanity. It is the *constant brooding* over depressing ideas that gives them such a hold upon the mind as to disturb its balance. Some

people notoriously *nurse* their grief, as if it were some pet child.

The application of these principles in conducting the moral management of the melancholic, will have to be varied indefinitely, according to the varying characteristics of individual cases. If a person show himself violent and abusive, ferocious and destructive, you must not aggravate still further the morbid irritability by chastisement, mechanical restraint, or physical coercion of any kind; a proceeding of this nature, under ordinary circumstances, will only produce more painful manifestations of the disorder. Generally speaking, if this be avoided, the undue excitement will exhaust itself. It may return periodically, but it will pass away most usually without mischief. In the intervals, the patient, very probably, will become susceptible of countervailing influences; and these must be brought to bear upon him, accordantly with the views already explained.

It is one of the achievements of modern medicine, to have discovered that physical coercion and restraint can almost be dispensed with, in the management of the insane; and to Pinel in France, and to Conolly in our own country, the honor is largely due, of having effected this very important reform in the treatment of mental derangement.

I must not, however, be understood to represent that, under all circumstances, physical restraint can be avoided. There are occasions when, whatever be the evils which attach to the proceeding, it becomes indispensable. If a patient be perilous to himself, or likely to injure seriously those about him, he must of course be restrained, as the least of two evils. But the coercion that is exercised must only be such as is necessary for its purpose. It must not be inflicted as chastisement; there must not be the semblance of vindictiveness. But if, in the individual case, there

remain sufficient reason and conscience to render the patient susceptible of moral influences, — capable of appreciating the retributive; in this case, regret for the wrong done, and an apprehension of protracted restraint, will sometimes operate beneficially. I am now referring to unwonted restrictions upon personal liberty, and not to restraint and coercion which involve any physical suffering. There is nothing that concerns the treatment and management of the insane, which demands a nicer discrimination, than this legitimate exercise of coercion. Not only are knowledge and judgment and great firmness of character demanded, but temper also and kindness and an intuitive sagacity in detecting the precise mental condition of the patient at the moment.

When violence of an outrageous kind occurs in paroxysms, of course the periods of intermission must be turned to all possible account; every effort being made to

determine the anticipated excitement in other directions. And the moment when this excitement is supposed to be at hand, should be especially watched, in order that restraint may be practised just at the right time, or be superseded entirely by preoccupation of the mind.

In carrying out the details of the treatment, it is quite indispensable, in a large majority of cases, that insane patients be removed from home, and placed in circumstances where every appliance for their relief is available, as in a well-conducted asylum.

But before dwelling upon the reasons that render this proceeding so important, I will briefly indicate the cases that demand it more particularly; previously referring, however, to those wherein it is at least useless, and often improper.

When mental imbecility of a perfectly harmless character has existed from birth, and where the subjects of this affliction are

tractable, and contented, and affectionately disposed, at home, I consider that not only does no good reason exist for sending them to an asylum, but, when avoidable, I should regard such a measure in some instances as a positive hardship and cruelty; and more especially in the case of imbecile adults, whose habits have become formed, and whose affections are fixed. Of course, I do not refer to special establishments for training and educating idiot children; but to ordinary asylums. In the dementia senilis which occasionally comes on, slowly and gradually, at a comparatively early period, especially after the more severe trials of life, I see no good reason whatever for removal to an asylum. No expectations of cure can rest upon such a step; the patient's own safety, or that of his friends, is compromised in no way by his remaining at home; and, ordinarily, there is no just reason at all for removing such a person.

There is another class of patients, to place whom in an asylum, I am sure, is most unwarrantable and injurious; I allude to recent cases, wherein symptoms of an acute character reveal the presence of some inflammatory condition. The reasons will be apparent from what has been already advanced in the preceding lecture; acute symptoms always demand repose, and freedom from unnecessary excitement. Of course, removal to a lunatic establishment, and the attentions exclusively of strangers, would, under such circumstances, be injurious, and only to be tolerated in the case of the destitute poor, as the least of two evils.

In all cases, however, which are distinguished by notional illusions, or by maniacal symptoms that do not obviously involve cerebral or meningeal inflammation, or by morbid states of the emotive sense, it is almost invariably necessary to convey the patient to a special establish-

ment, — a proceeding which is demanded as a measure of safety alike to himself and to his attendants, and as a measure facilitating the employment of the proper agencies for effecting recovery.

The patient's proper safety, together with that of his friends, constitute what may be called the negative advantages of detention in a lunatic asylum. Indeed, the self-infliction of injury, in some instances, can only be guarded against under such circumstances. I refer not only to those cases in which the suicidal tendency exists, but to those moreover in which, without a most prejudicial exercise of physical coercion, the patient cannot be prevented, during some exacerbation of his malady, from doing to himself, or to others, serious bodily mischief. In establishments purposely constructed, there are padded rooms so adapted, that lunatics, when in them, cannot do themselves any harm; particularly if the hands be gently secured

in muffs, or, in cases of great severity, if the arms be carefully placed in appropriately-fashioned sleeves. The proper facility, moreover, and aptitude for watching and guarding the patients who are dangerous to themselves or others, can only be realised by trained and experienced attendants.

But, in the management of the insane, deprivation of personal liberty, as secured in a lunatic establishment, is a positively curative agency. No other means of cure are comparable with it. The moral influence exerted by such a measure is attributable, in a great degree, to the new mental career which it initiates. The very constraint which, in many instances, is felt to be so irksome, may operate beneficially; the shock to the sensibility which is thus produced reacts very often upon the will, and prompts to a new and more healthful action. In this way, sometimes, morbid conceit, petulance, and depravation of the

emotive sense, become dissipated, and give place to the suggestions of reason and reflection. These results may be developed speedily or slowly, as the case may be.

An attentive consideration of some of the ordinary phenomena of our conscious nature, will render the moral influence of removal from home still more apparent and explicable.

The actual state of habitual consciousness, at given periods, and under special circumstances, forms a kind of unity with regard to modes of thought, the current of ideas, the feelings and the sensations, to an extent and in a way which, though constantly recognised, is but rarely the subject of systematic reflection. Every one has heard, and speaks, of the association of ideas; a phrase by which it is understood that thoughts unconnected in their nature, and differing in their relations, which have yet largely occupied the mind at particular times, under circumstances

that have linked them together as it were, will recal one another, by suggestion. Thus, in instances where an idea belonging to the past spontaneously arises, or becomes provoked by some accidental occurrence, the whole train of thought with which it had been associated at some former period, will very often return to the mind. You visit some favourite locality, — one from which you have long been absent, one where in childhood you had loved to sport and play; well does every one of you know the mental phenomena which ensue; multitudinous events and circumstances, many of them probably half-forgotten, rush rapidly and vividly to the thoughts. This familiar fact exemplifies the association of ideas.

But the actual association comprises not only the ideas, but every impression that is characterised by consciousness; sensations and emotions, ideas and intellectual operations, all maintain the same reciprocal

relation. Carry your thoughts back to some past season of exhilaration and joy, or of sorrow and grief; think with sufficient intensity and concentration thereupon; and, in a greater or less degree, you will provoke the old familiar emotions, pleasurable or painful. And not only will this be the case, but if the process meet with no interruption, there will come back to memory the friends and companions of days gone by; the amusements also and your severer pursuits; the very music of the hour, and insignificant details of your occupations long past. There are illustrations more remarkable still. Let but a simple sensation be experienced, — a notable scent or peculiar sound, — but one with which you were familiar at some earlier era; hereupon, for a brief period, old times will revive in the memory, and an entire state of consciousness be felt, greatly resembling that which characterised the past. And how very clearly is all this observed, when

we come to melody, to the sight of old faces, or to the reading of some book of childhood; every idea, sentiment, or affection, experienced of old, returns to the mind, in a measure, once more; the very sensations, even without external material cause, will at times be reproduced.

When I was myself nine years of age, and placed in circumstances somewhat trying for a child, I had given to me certain sweet-meats of notable flavour. Consuming them at a time of mental perturbation, I experienced a marked indigestion; and corresponding sensations arose in the throat as the consequence. For years afterwards, when placed in the like circumstances, the old sensation was reproduced; I was troubled as if from the badly digested sweets.

These phenomena, which illustrate the unity of our conscious states, in reference to sensations and ideas, the emotions and the intelligence, under given circumstances,

supply the elementary facts upon which rests an important principle affecting the moral management of the insane. It becomes very often necessary, not only to withdraw the particular excitants of the mental malady, but to break up, as it were, the whole circle of conscious impressions with which those excitants have been associated in idea. If a mother, for example, has been driven insane by the loss of children, it is not sufficient that you breathe not their names; it is not sufficient that every relict of the lost ones be removed from sight; it is not sufficient simply to exclude the immediate provocations; all the relations of the inner consciousness should be changed; the aggregate of thought and feeling should be dissolved, and constructed anew, so far as possible. In the class of cases to which I refer, — and a large class it is, — whatever was experienced about the period when the insanity set in, will act upon the mind, when recalled, very much

like the immediate cause itself, — every allied circumstance reflecting its hue. To go back to our illustration. The deceased children's clothes, the toys, the nursery, the house, the friends habitually seen at the period of bereavement, any speciality in the business-occupation, even the most insignificant fact, will recal the dominant impression, from having been associated with it in time and circumstance.

In every form of insanity, especially if originating in moral rather than in physical or physiological agency, this principle is seen to obtain. See what happens in the earlier stages, when mental derangement makes its invasion. The whole character often undergoes change. Not only do notional illusions arise, and painful states of the emotive sense referring themselves to particular ideas, but the gay become melancholy and the melancholy gay; love becomes turned into hatred; pursuits previously carried on with delight,

cease to interest, and even become abhorrent; and why is all this? Because every impression, from whatever source derived, if it be mentally associated with that which has produced the disease, reacts upon it and aggravates its characteristics.

If the insanity be of a painful nature, — and it is the observation of Esquirol, that mental alienation is but rarely induced by joyous impressions, — every thing which was in the mind at the origin of the attack, becomes painful; hence the dislike which so often arises to the immediate friends, even to those who were best beloved. If the mental disease assume a cheerful and pleasing character, corresponding phenomena will transpire. A religious enthusiast mounts on the wings of his morbid fancy, and attains the abodes of the blessed; love, reverence, and admiration, arise in his mind towards all persons, — not only such as were previously indifferent, but even such as were absolutely disliked.

All this is very conceivable, and receives its explanation in familiar experience. You had once an occasion of great and memorable rejoicing; your feelings, from strong excitement, almost carried you beyond yourself; music that, heretofore, you heeded not, distinguished the occasion;—ever afterwards, that same music will be sure to recal much that you felt in that season of delight. And the same thing occurs when your hearts have been rent by affliction. You flee from your choicest pleasures, if they remind you of it. It is precisely the same with the phenomena of mental derangement.

For a time, there should be a complete severance from old and familiar associations. A new life must commence. The mind, alike in its active and passive states, should, in some sense, be created anew. Other habits, other feelings, must be induced. And thus, by moral alteratives, so

to say, we must hope, and strive, to restore the *mens sana in corpore sano*.

It is only by removal from home, and detention in some suitable establishment, that we can, in most cases, cause to arise a totally new order of thoughts and feelings competent to engage the mind, and transport the patient, as it were, into another world. Sometimes his complainings, his new desires, his supplications, his humiliation, and his tears, dissipate the very principle of his malady; and, by this proceeding, the natural affections and the reason very often develop themselves anew. And thus the patient's desire for freedom, and his wish to revisit friends and relations, determine a course of thought and feeling at variance with and antagonistic to the peculiar features of his malady; in this way operating as a powerful moral revulsive.

I have now brought this lecture, and

with it the Course, to a termination; and, in taking leave of the subject for the present, I will endeavour to comprise the treatment of insanity and the entire management of the insane, in a brief formula of a few words. This I subjoin, and with it I conclude:—

Deal with the physical characteristics which may accompany insanity, as you would deal with them under other circumstances, and act in correspondence with sound principles of medical practice; always remembering that, with high nervous susceptibility, depletion will be but indifferently tolerated,—more especially when the ailment refers itself to causes essentially psychical. For the relief of insanity itself, properly considered, trust almost entirely to hygienic and moral treatment; withdrawing circumstances likely to aggravate the special features of individual cases, and supplying to the

mind such objects of attention and exci-
tants to activity as may be best calculated
to arouse and sustain a new and more
healthful mode of operation.

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