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Mr. Thomas Sandwith
from a sincere friend & relative
1841.



OBSERVATIONS
ON THE
RELIGIOUS DELUSIONS
OF
INSANE PERSONS,
AND ON
THE PRACTICABILITY, SAFETY, AND EXPEDIENCY OF
IMPARTING TO THEM
CHRISTIAN INSTRUCTION;
WITH WHICH ARE COMBINED
A COPIOUS PRACTICAL DESCRIPTION AND ILLUSTRATION
OF ALL THE PRINCIPAL VARIETIES OF
Mental Disease,
AND OF ITS APPROPRIATE
MEDICAL AND MORAL TREATMENT.

BY NATHANIEL BINGHAM,
MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ASSOCIATE OF THE LINNEAN
SOCIETY, &c.

LONDON:
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1841.

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TO THE
METROPOLITAN COMMISSIONERS IN LUNACY,
THIS HUMBLE ATTEMPT TO
DIFFUSE A KNOWLEDGE OF MENTAL DISEASE,
AND
IMPROVE THE TREATMENT OF THE INSANE,
IS MOST RESPECTFULLY DEDICATED
BY THEIR
OBEDIENT SERVANT,
THE AUTHOR.

*North End, Fulham, and 164, Piccadilly,
November 16th, 1840.*

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P R E F A C E.

IN committing to paper my thoughts on the several subjects treated of in the following pages, it has been my uniform endeavour to be short; but I have been equally anxious to make myself understood by every reader—the public as well as the profession. The plan of the work is practical, and its highest aim utility. It is in a great measure a record of cases over which I have watched, of facts which I have witnessed, and of conversations in which I bore a part. By adopting this mode I have succeeded, I hope, in conveying a more correct impression of the real character of insanity than could have been given by any mere description of it how long soever.

Respecting the medical treatment of that com-

plaint I judged it more prudent to be silent, because such very different opinions are entertained on that point by physicians of eminence, each appealing to the success of his own practice, and apparently justified by it. On bleeding, for instance, the most important of all remedies in cerebral affections, the most opposite notions prevail. Some practitioners assign to it the highest rank among the means of cure, and employ it with a boldness which makes one tremble; others use it but sparingly; and, at the Gloucester Asylum, the practice of which seems inferior to none in point of efficacy, "the use of the lancet, leeches, and cupping-glasses, is totally proscribed;" indeed, the whole antiphlogistic system, except a clearance of the bowels, appears to have been there laid aside in favour of a cordial and invigorating regimen.

It is not easy to account for this difference, unless we suppose a corresponding variety in the circumstances of the patients; some being the inhabitants of rural districts, breathing pure air, and living on animal food, such as Dr. Rush's patients may be supposed to have done, which enabled them to bear with impunity the loss of very large quantities of blood, and others the badly-fed population of crowded cities, to whom a common bleeding would be detrimental. But the probabilities are, that under the American practice, which has not been without its patrons in other countries, many have

just escaped after having been bled to an unnecessary extent, and as many others have been imperfectly cured under the opposite treatment, who would have derived benefit from venesection, had it been performed; and lastly, that some have been rendered incurable by having been bled too much, and others been suffered to become so from having been bled too little. It is often very difficult to determine what share the treatment has had in bringing about the result, the *post hoc* and the *propter hoc* being so much alike they cannot always be distinguished; and when recovery takes place, nothing is more natural than to attribute it to the practice which has been followed.

Considerations like these, together with my wish to be brief, induced me to pass over the medical treatment, choosing rather to leave professional gentlemen to the exercise of their own judgment in the application of general principles. But insanity is a disease comparatively rare, and in some respects different from all others; besides which, it is so regular a custom to send the cases which occur to hospitals appropriated to their reception, where all appliances and means are in constant readiness, that a general practitioner is sometimes called to take charge of an insane patient before he has had the opportunity of studying the disease in a practical manner. I beg leave, therefore, without going into a lengthened detail, to subjoin a

few hints, which at one period of my own life would have been very acceptable.

The violent emotions of a patient labouring under a paroxysm of mania, form no criterion by which to regulate our depletions. They are the effects of a disordered fancy, like the delirious ravings of typhus fever, and may be accompanied by such a diminution of arterial strength, that an average bleeding would be fatal to the patient's reason, if not to his life. But if with noise, and restlessness, and obstinate resistance, and possibly a disposition to strike every one within reach, there is a strong pulse full or hard, with other signs of inflammatory fever, an ordinary bleeding may in all probability be had recourse to with advantage; and if these symptoms do not give way, and marks of debility are not present, it may be safe to repeat it in two or three days, or sooner, and to follow up the second operation by the abstraction of blood locally.

In other cases, whether marked by the agitated demeanour of mania, or the sombre quietness of melancholy, between which there is an affinity much closer than appears at first sight, the loss of a few ounces of blood by cupping or leeches is all that is allowable, repeating the same from time to time, as once a week or once a month, till the patient is convalescent. But the indications of increased sanguiferous activity, or a fulness of the

vessels of the head, should in every instance be carefully sought after.

In periodical or intermitting mania, in which the complaint returns after long intervals of rationality amounting to several months, the paroxysm may be cut short, or rendered mild, or altogether prevented, if, at its approach, a bleeding is had recourse to, provided the patient is in a state to bear it.

A practitioner must in all these cases be cautious and feel his way ; for too much depletion has an undoubted tendency to bring on fatuity or idiotism, from which the patient can never afterwards be roused. The unchecked progress of the malady will do the same, fatuity being one of the natural terminations of insanity, so that we have to steer our way as well as we can between opposite evils—the excess and the deficiency of blood-letting. The constitution of the patient when known, the cause of the present illness, his age, and his habits of life, will assist us in deciding what course to take.

In Bethlehem Hospital, where recent cases, in great numbers, are brought from all parts within fifty miles of London, and sometimes from double that distance, blood-letting is very little practised ; such cases having usually been bled sufficiently, or more than enough, before they are admitted : this is the presumption at least in defect of posi-

tive testimony; but the medical officers of that noble charity have continually to deplore the very scanty information with regard to this matter and all that is desirable to be known, which is conveyed in the letter which all patients are required to bring with them from their professional attendant.

When the first stage of insanity has passed, bleeding will generally be improper; and if, at an early period, the first operation has not been productive of visible relief, we are not to be impatient and repeat it with as little hesitation as we would in inflammation of the brain, with which insanity has often no analogy whatever. Maniacal action admits not, for the most part, of being suddenly arrested, after it is once fully established, but its gradual subsidence must be waited for in the use of every safe means of allaying excitement of the nervous system, and lessening, where it exists, an increased flow of blood to the head, or local irritation in the brain, or chronic inflammation of its membranes. It has, in numberless examples, a determinate course, which nothing will interrupt without compromising the safety of the patient; it has its commencement, acmé, and decline, like continued fever; but instead of running its career in twenty-one days, it is often as many weeks about it; and we must be careful not to prevent a happy result by a prejudicial interference; but in proportion as a case partakes of the nature of phrenitis, or sym-

pathizes with other corporeal affections, it becomes amenable to the laws of medicine.

We are liable to be very much deceived in a case at the first view of it, and to think it a slight attack because its true nature has not yet developed itself; but the small beginning may prove an infant Hercules. A prudent practitioner will therefore give his opinion cautiously, and see the patient again and again before he commits himself. Experience in the superintendence of public institutions imparts such prophetic sagacity that the prognosis of some individuals is almost infallible; the late Mr. Dunstan, steward of Saint Luke's Hospital, and Mr. Thomas, now surgeon of Bethlem, are examples of this. A knowledge of the fact that insanity runs in many instances a determinate course like other diseases which have an appointed period, should not, however, prevent the adoption of all prudent means to cut it short in the outset, which is often practicable, if we have the management of the case from its very commencement; but it should keep us from indulging extravagant hopes, and using violent and dangerous expedients to procure their accomplishment.

Another important agent, more generally applicable than detraction of blood, is a steady, long-continued action on the alimentary canal and the secretory organs connected with it. I do not mean by this the exhibition of an occasional dose of me-

dicine of moderate strength, which in some cases, joined with the moral treatment, answers every purpose; or a greater or less number of drastic purges, with low living, which in many cases would hasten the death of the patient; but a regular course of mild aperients given daily or every other day for many weeks, while the strength is supported by nutritious diet, provided there be no urgent reason for discontinuing them; and in old obstinate cases, which have been neglected or mismanaged, success will now and then be obtained by perseverance in an alterative course, consisting of small unirritating doses of blue pill, with rhubarb, aloes, colocynth, &c. to move the bowels regularly, and produce in time a specific effect on the constitution. I could point out a case of this kind, in which a salutary change in the patient's mind and feelings took place as soon as the natural secretions became healthy, and the mouth slightly affected.

Conjoined with these principal means, others of subordinate efficacy may be employed with advantage, and these will sometimes supersede the use of any other, being of themselves sufficient to correct the morbid actions, and restore reason to her place. Of this kind are small doses of tartarized antimony, such as a quarter or a third part of a grain every four or six hours, with or without the sulphate of magnesia. This medicine has a remarkable power of allaying general excitement, but it requires to

be watched, lest it create an amount of depression which is dangerous.

The *douche*, which is the effusion of a stream of cold water on the head, by means of a pipe connected with a reservoir, while the body is immersed in a warm bath, is a potent remedy, which must not be continued for too long a time together; therefore servants are not to be trusted with its administration;—it is better, in severe cases, to repeat it often, as three or four times a day, in others less frequently.

Cold lotions to the shaved head, and pounded ice enclosed in a bladder, so that it will accommodate itself to the form of the part like a cap, are good on the same principle.

Counter-irritation is had recourse to, with much benefit, in different stages of the complaint. A blister to the back of the neck is often serviceable when the violence of the mental affection has been reduced; and to cases of long standing a seton or large issue in the course of the sagittal suture is well adapted. In a case of puerperal insanity, under the care of my friend Doctor Hunt, in which violent delirium supervened in five or six days after delivery, all the bad symptoms were removed by rubbing the shaved head with Ung. Antim. Tart., of more than the usual strength, applying a blister afterwards, and purging with croton oil.

As a means of lessening the state of local plethora, when you wish to avoid weakening the patient by the abstraction of blood, Dr. Haslam suggested to me, and recommended from his own experience, the warm pediluvian with dry cupping of the thighs and upper parts of the legs. It seems well worthy of attention, and I shall take the first opportunity of trying it.

There is a great discrepancy of opinion with regard to emetics—some speaking highly in their favour, others as much against them. For my own part, I have seen nothing to make me partial to their use; they appear quite open to the objection of forcing the blood upwards, and must therefore be very cautiously employed. But as apoplexy often depends on a loaded state of the stomach, and is curable by removing the cause, so there may be cases of insanity in which the mental affection is occasioned or aggravated by repletion, or by the taking of indigestible food, and then it may be relieved by an emetic. If it be, under any circumstances, thought desirable to try the effect of this remedy, as a means of agitating the system, in hopes of procuring thereby a favourable change, we have only to take care that there is not the least tendency to fulness of blood in the head, which is seldom the case in chronic monomania, and it is not impossible that a vomit may be the accidental cause of dislodging a foolish notion

which has long stuck in the brain. I have read of such a thing, and I have known a hard stool, with much straining, have that precise effect.

Opium, henbane, foxglove, stramonium, camphire, belladonna, morphine, &c., given in large doses, are said to have produced extraordinary effects in a few cases, but in how many they have failed we are not informed. It is a great point gained when we are able to procure sleep and tranquillity, or to control a too rapid circulation by remedies of this class; but as they may do irreparable mischief when given in the doses to which I allude, such experiments are not likely to be repeated by careful practitioners. If we begin with a moderate dose, and increase it day after day, in cases to which narcotics and sedatives are applicable, we avoid the risk and secure every attainable advantage. In a general way, anodynes are of little value in mania, though among the best of remedies when they have the desired effect and produce composure. But in all diseases of the head, they must be employed with caution, and watched with peculiar care.

I hope these short practical observations, though somewhat out of place, will not be altogether useless to the junior members of the profession.

“ In medio tutissimus ibis.”

With regard to another subject, the zealous minister of Christ will pardon me, I am certain, if at first sight it strikes him that I have gone out of my way to plead the cause of the neglected. But I beg to assure him, that in venturing upon religious ground I have been influenced, not by any wish to invade his province, but by a desire to facilitate his access to a corner of his Master's vineyard, from which he has been, till of late years, totally excluded, and to which his occasional approach is still regarded with jealousy. I trust, therefore, it will appear to him, on reflection, that I have not departed from my proper sphere, and that I shall be acquitted in the judgment of every considerate person, although I have devoted one entire chapter and part of another to point out the capabilities of the insane, and the proper way of instructing them in divine things. Happy shall I be when able to commit the spiritual care of my own household to one who is by education, office, and character, qualified to undertake it, and relieve me from so responsible a charge.

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OBSERVATIONS, &c.

CHAPTER I.

INTRODUCTORY REMARKS.

THE title-page of this work will no doubt cause, in some readers, a feeling of surprise, so prevalent is the belief that insane persons are not susceptible of religious instruction, and that the introduction of it into an asylum, as part of the moral regimen, would be not only useless, but a dangerous experiment, far more likely to aggravate their malady than to promote their happiness. You may teach Christianity, it is said, to savages of all kinds, provided they enjoy unimpaired that modicum of sense which naturally belongs to them; you have only to descend to their level by adapting your lessons to their capacities, and there will be hopes of a beneficial result; but in the minds of lunatics you

have nothing to work upon ; the very light which is in them is darkness, through the perversion of their reasoning powers. Consider, moreover, the nature of religion, designed, by its powerful addresses to the hopes and fears of mankind, to be an energetic principle of action. Of all subjects in the world, there is confessedly none which in point of importance can be compared with it ; but it is on that very account to be handled with the greater caution. How often has it disturbed the peace of society ? And have not individuals sometimes lost their reason through studying its mysteries, or giving up themselves unguardedly to its influence ? How much more, then, must it be likely to injure those who are mad already ?

Such are, in substance, the objections commonly urged against the religious instruction of insane persons, and such was no doubt the opinion of a surgeon who asked me whether religious enthusiasm was not the general cause of madness in those who filled our public establishments for lunatics !

I was one day conversing with a physician who superintends an asylum in the country, when he expressed himself as follows :—“ We have a great deal of religious insanity ; there are so many different sects in the place, that our town is the very focus of fanaticism. I have been a good deal annoyed by some influential persons, who wish to

introduce religion into lunatic asylums, but I consider it utterly useless, and that a chaplain would be altogether superfluous — of no use whatever.” Another superintendent, of great experience, speaking on the same subject, observed — “The less they have to do with religion the better; we see how it excites persons who have their senses, much more must it those who are insane.” Dr. Millingen, late medical superintendent of the County of Middlesex Pauper Lunatic Asylum at Hanwell, has the following remark appended to page 110 of his Aphorisms:—“Nothing can be more absurd than the assertion of the great benefit that arises from the patients being obliged to attend divine worship. The apparent tranquillity and attention with which they seem to listen to the chaplain’s exhortations, are purely mechanical. A lunatic seemed much affected at a sermon, and even shed tears with seeming contrition; the subject of the discourse was the Trinity. When questioned on the homily which had thus affected him, he said it was one of the most beautiful sermons he had ever heard—all about the Emperor of Russia and the King of Prussia! Were it not for the moral discipline enforced in these asylums, and the presence of the keepers, their congregations would very frequently exhibit anything but a devotional appearance. During fourteen months’ superintendence of Hanwell, out of upwards of one

thousand patients, I had only four who were fit to receive religious consolation in sickness, and on the bed of death.”

On the next page he gives the following extract from Dr. Brown:—“ In the employment of such an agent (religion) great difficulties occur — so great, indeed, as to discourage the most zealous of its advocates. These consist in determining the modes in which the effect may be best obtained. If its doctrines are taught to weak or perverted intellects, they may add to the confusion already existing; if its influences are brought prominently forward, they are apt to mingle with superstitious fears and delusions; if its duties alone are commented on, the doubting and ignorant may be left unsatisfied; if preaching is the vehicle, the attention may be fatigued and exhausted; if prayer, the sentiments may be strongly affected. These suppositions are all obviously founded upon the injudicious use of such an agent.”

As I wish to look in the face all difficulties and objections which can be urged, I add to the above, what I consider of much weight on the same side, the experience of a medical friend, who has, I presume, seen as many insane patients as any gentleman in the kingdom. He tells me that he has not witnessed among them the good effect of religious instruction, that he does not question its propriety, but he doubts whether it is practicable to

make on them a salutary impression ; and I have received a similar testimony from another quarter, where I know the experiment has been long tried on the usual plan. Such statements and observations are entitled to respectful consideration ; but I am, nevertheless, obliged to confess that my own opinion is very different from that of the above gentlemen. I believe that the minds of insane persons are capable of religious cultivation ; that there is nothing to discourage our making the attempt in a proper way, and that, in proportion as we are successful, we shall both add to their comfort and promote their recovery. I have seen a great deal of this disease, and my endeavour has been by patient and unprejudiced inquiry to arrive at just conclusions on the subject. But if other practitioners have by the same course obtained an opposite result, I have no right to infer they have been less careful to avoid mistakes, though I may fancy I can account for the difference in our opinions, and vindicate my own. I am encouraged to make the attempt by knowing that in this day of benevolent exertion, there is in the minds of many a strong feeling on the subject. They regard with pain the spiritual wants of persons labouring under mental derangement, and would gladly concur in any practicable plan for their removal. They cannot believe their circumstances to be hopeless ; and some excellent individuals, impelled by praise-

worthy but ill-informed zeal, have gone further than the state of the case would justify,—an example of which will be found at the end of this work.

Believing as I do, that this difference of opinion arises, on the part of the public, from want of information, I shall endeavour to supply the deficiency by a detail of numerous facts, illustrating the nature of insanity, for the truth of which I alone am responsible, as well as by some few which I have borrowed from other authors. I shall make no attempts at embellishment or exaggeration, but simply give the circumstances as they occurred, and, as far as possible, in the very words of the speakers, which I took down at the time. Some cases will be barely touched upon, others narrated more at length, omitting what is irrelevant. I hope to show by this means what is practicable in the way of religious instruction, and what is not; to point out the surest and safest way of attaining so desirable an object; to disabuse the public mind on some points concerning which erroneous ideas prevail, and thus to enable every reader to judge for himself of the feasibility of the plan proposed. I have chosen to rely upon facts rather than upon arguments; and if, after the perusal of what is here respectfully offered to consideration, any persons are still of opinion that there is among the inmates of lunatic hospitals a general want of capacity suffi-

cient for our purpose, I can only repeat, that to myself the evidences of a competent measure of reasoning power appear conclusive.

To make the subsequent chapters more intelligible, I propose giving, in the first place, a short methodical description of those kinds of insanity which are most commonly met with, introduced by a few passing observations on the seat of that disease, and followed by an outline of the moral treatment. A definition of insanity will also be attempted. But it is not so much in these preliminary descriptions, as in the great number of cases scattered throughout the work, that the reader is to look for a representation of madness, such as it really is, not copied from books, but sketched from nature, during a daily attendance on some hundreds of patients in all stages of the complaint. He will see in these a living portrait of it, divested of those extravagances with which popular mistake, and the imaginations of poets and novel-writers, are apt to overcharge the picture. Nature is true to herself even in her wildest moods, so that it is difficult to feign madness without detection, or to paint it from fancy; and it is not easy, with every advantage on our side, to convey by any description an adequate notion of this changeable malady, which is always showing itself under some new character. Insanity is an affliction as singular as it is terrible,—a perfect Proteus, whose mysterious nature and

infinite diversity of forms have made it from time immemorial the wonder of the multitude, the sport of the unfeeling, the gain of empyrics, and the opprobrium of medical science. At no very distant period, physicians, otherwise learned and skilful, were not ashamed to confess that they did not understand this branch of the healing art; that they were "not of the initiated," and consequently their deranged patients, whose affliction required the tenderest care, were transferred not always to those few who had made this disease their peculiar study, and who brought to the treatment of it all the resources of a well-informed mind, but too often to the management of cruel, ignorant, and selfish persons, who were under no apprehension of being interfered with. In other cases they were sent to the workhouse, or left to wander about the country, the terror and the scorn of its inhabitants; and such was the general want of information on this subject, that not more than ninety years ago a man was thought a conjuror through some of the midland counties, for no other reason than because he had cured several persons of insanity.

Pitiable, indeed, has been the lot of insane persons through centuries of neglect and mismanagement. But a brighter day has risen. Diseases of the mind are become a subject of general interest. They have been carefully investigated by numbers of highly educated professional men in this and

other countries, and found to be in their early stages as tractable as others, and in their more advanced state not hopeless; and while by this means the probabilities of recovery have been multiplied to patients of every rank, the legislature has taken under its immediate protection those sufferers in humble life whose friends are not able to procure for them the attendance they require. The crowded chambers and contracted courts of the ancient madhouse have been exchanged for commodious and healthy structures, surrounded with spacious pleasure-grounds, and ably superintended. The comforts of life, and all the appliances of art, are thus secured for their inmates, nor have the consolations of religion been forgotten.

But there may be room for improvement when rulers have done their utmost. The carrying out of their plans must always depend in a great measure on the fidelity and competency of their agents. It is not enough that spacious edifices have been erected at the public expense, and placed under the control of provincial authorities for the benefit of the poor, while commissioners, armed with extensive powers, have been appointed to examine into the manner in which establishments for the more opulent are conducted, to see that none are detained under false pretences, and to correct as far as possible every abuse of authority. A strong moral principle, on the part of the manager and his ser-

vants, is the only security which patients can have for the employment of proper means to restore them to health, and for kind treatment under all circumstances.

It is not enough that chaplains are appointed and make their weekly visits, and that every superintendent of an asylum is obliged to report to the official inspectors, "whether any and at what times divine service is read and performed for the benefit and consolation of any of the patients, or what religious aid they receive under any circumstances of intellectual improvement." There is much reason to fear, that, as an impression that madness was for the most part incurable, long operated to prevent the use of proper measures for the recovery of those who were affected with it, so a dislike to all attempts to instruct them in spiritual things has at the present day an unfavourable effect on the conduct of many superintendents. A periodical ceremony heedlessly gone through by the governor or keeper, without any hope of beneficial consequences, or reluctantly performed in obedience to the higher powers, is not likely to be followed by any very marked result. There may be the form of religion, but it will be the form only. And if a zealous minister visiting the asylum once or twice a week or oftener, were to address his audience in that earnest manner which is essential to the success of pulpit discourses, he would most probably be

told that exhortations of that kind were inadmissible.

The attendance of patients is another necessary consideration. It is said that it should always be voluntary. I see not for what reason it should be so in a lunatic asylum, when it is not so in private families and colleges; but supposing it is left to the choice of the patients, is it always encouraged, and are vexatious obstacles never thrown in the way of those who are desirous of attending? How many out of fifty or five hundred are allowed to be present at the Sunday and week-day services? These are important questions.

But it appears to me that a regular service, although devoutly performed and well attended, is not that kind of instruction which is best calculated to edify the major part of such a congregation as we are speaking of. A sermon is lost upon them, and a prayer of the ordinary length will have little more effect.

The feeble mind of the convalescent, and the impaired faculties of the confirmed lunatic, like the invalid or the child whose digestive organs are weak, are unable to extract nourishment from food which is well adapted to sustain the healthy and the strong. Whatever of this sort is presented to them should be simple in its nature, and administered in small quantities, frequently repeated according to their defective powers of assimilation. We must

condescend to their infirmities, if we wish to do them good. A style above their comprehension is to them no better than an unknown tongue. Yet they are not on that account to be neglected. Some of them may have been accustomed to family prayer, attendance on public worship and reading the Bible, and would think it a great hardship to be interdicted from these things; but the general presumption is, that patients come into the asylum ignorant of religious truth, and needing instruction; or that they are theoretically acquainted with it, but have never submitted to its influence. Their belief has been barren; they have never seriously and in earnest applied themselves to regulate their lives by its precepts. In these cases there is a great deal to be done before they can be considered Christians in the proper sense, *and it must be done before they are sufficiently well to be discharged, or the opportunity is lost.* The true philanthropist considers himself bound to improve the occasion for rendering them every service in his power *while he has control over them*; and while the ordinary temptations to a worldly careless life are providentially withdrawn, hoping they may return home cured not only of their insanity, but of what is infinitely worse, the fatal madness which urges on the great bulk of mankind to pursue with ardour the riches, honours, and pleasures of this world, to the neglect of all provision for that which is to come. To heal this

moral malady, it may happen that certain means in general use are employed in the establishment of which an individual is become a member, but he is not in a state to profit by them, though others differently affected may attend them with advantage. What then is to be done for him? That which in any matter of business connected with this life only would immediately present itself, *the means must be adapted to the end, by altering them according to the circumstances of the case.* In the labours of foreign missionaries, this principle is acted upon with the best effects. Let it guide our endeavours to accomplish the same object among a class of our fellow subjects, who, suffering under a grievous calamity which unfits them for society, and often occasions their seclusion for the whole remaining term of their lives, have been hitherto virtually, though not always intentionally, deprived of nearly every advantage which religion holds out.

An asylum ought to be what its designation implies—not merely a house of recovery for the sick, or a place of confinement, but a quiet retreat, a rest for the weary traveller—a shelter from the storm; where they, who amidst earthly avocations found no time to spare for the interests of eternity, may have leisure for reflection—where they may see “pure and undefiled religion” exhibited under an attractive form—where the feeble-minded may be

comforted—and where the seeds of piety, scattered by a friendly hand on soil prepared by affliction, may quietly take root, and yield a harvest of peace and joy when the noise of this vain and busy world shall be heard no more.

CHAPTER II.

ON THE NATURE OF INSANITY, AND ITS DIVISIONS
INTO SPECIES AND VARIETIES.

THE seat of madness is a point on which there appears to be a considerable difference of opinion, according to the language of authors; some maintaining that it is the mind itself, others that it is the brain. By the former, insanity has been called a mental disease; by the latter a corporeal one. But how can mind, the sentient and reasoning principle, the pure, impalpable, thinking substance, that which is considered and spoken of by philosophers as identical with the human soul,—how can this be the subject of disease? How can it participate in the maladies incident to our bodily frame, and have its disorders cured as they are by medicine? Let the professed advocates of these conflicting notions sit down to discuss with calmness the meaning of the terms they employ, and there is little doubt

they will come to an amicable understanding. We may talk abstractedly of matter and spirit, and of the peculiar and distinct properties of each; but when we come to reason pathologically, it is spirit, connected with matter by an ineffable and incomprehensible union, which is the subject of our contemplation. The body is the dwelling-place of the mind, through the medium of the brain and nerves, and it uses these parts of the body in all its operations. It receives through them, as we know, the impressions made by external objects; with them it thinks, and through them its volitions and life-supporting influence are conveyed to the body at large. But if we attempt to investigate the nature of these processes, we are immediately lost—we cannot take a single step in it. We are made to feel at once that “such knowledge is too wonderful for us,” and are taught as plainly as facts can teach us, to be humble in our inquiries and modest in our statements. Nevertheless mind is, we presume, something distinct from the body, and superadded to it, with attributes peculiarly its own; and we could as soon be persuaded by metaphysical arguments to doubt our own existence and that of the material world, contrary to the evidence of our senses, as be brought to believe that matter can by any modification be made to exhibit the phenomena of mind, and perform the varied operations of intellect.

Man is a compound of these two natures incomprehensibly joined together. The medium of this connexion, as before observed, is the brain and nervous system, to which the mind bears a relation corresponding to that which the nervous system bears to the organs of sense—the eye and ear, for instance, which are the instruments by which sight and hearing are performed. If then there be any defect in the eye, vision will be imperfect; if in the ear, our hearing will be so; although the functions of the optic and auditory nerves, in receiving impressions and transmitting them to the brain, should be unimpaired. So, if the brain itself, the organ of thought, the instrument of mind, be generally or partially out of order, there will be a proportionate imperfection manifested by the intellectual powers. There will be erroneous perception, or mistaken judgment, or confusion in the reasoning faculty, or a loss of memory, or a disordered imagination, or the affections, feelings, and inclinations may be perverted. The manifestations of mind united to matter must always be dependent on the condition of the organs through which they are made: vigorous and lucid if they are in health; feeble and uncertain if they are weak; disorderly and interrupted if they are injured, diseased, or imperfect. And as in that common nervous affection, called “a singing in the ears,” we experience the sensation of sound with all the correctness of

reality, when no real sound is present ; so insanity is generally characterized by images or ideas of things clearly presented to the mind, with all the vividness of truth, when there are no corresponding external objects to cause them.

Insanity, then, according to our view of the subject, is dependent on a morbid state of the brain, the proper organ of mind, as blindness arises from a morbid state of the eye, which is the organ of sight ; and in *this sense* is a corporeal malady—a disease of the mind as connected with matter. And in this opinion we are confirmed by the means found most successful in its removal.

Having ventured on this explanation of the nature of mental disease as depending on the manner in which the functions of the brain are performed, we proceed to define what is meant by the term insanity.

It has been customary from time immemorial to regard insanity as a state of delirium—a deluded imagination—a false impression of external objects—a substitution of fancies for realities—“ in one who is awake ” to distinguish it from dreaming. Therefore it has been called “ a waking dream,” of which the following case is an example :—“ I know a gentleman who suddenly recovered from insanity in consequence of a violent shock, the effect of a heavy fall. He seemed to awake as if he had been walking in his sleep, and said that it appeared to

him as if he had been in a long and troublesome dream ; but he had no idea that it had continued longer than one night, and expressed the greatest astonishment when told that time had stolen a march of three years upon him !”

But it is now pretty generally agreed that a person may be insane without being delirious, as in *moral insanity*, *mania without delirium*, and its opposite, *simple melancholy*.

Another definition, familiar to every medical practitioner, is “delirium without fever ;” but delirium or delusion of mind is present without fever in several corporeal affections which no one thinks of calling insanity, particularly in one to which inveterate drunkards are subject, with much weakness and trembling of the limbs, from which it takes its name, “*delirium tremens*.” Neither is madness itself always exempt from fever, which is frequently present in the early stages of mania, but it is never *the cause* of the delirium, as it is in common febrile affections.

If the old opinion could be maintained, that delusion is essential to insanity, so that where there was no delusion there could be no madness, insanity might be defined in a few words—delirium without apparent cause ; but this opinion must be given up.

A more perfect definition is therefore necessary ; one that shall be concise, yet sufficiently comprehensive to include every acknowledged species of

insanity, and at the same time so circumscribed as to exclude all other mental affections. It should enable us to distinguish between madness and those lesser disturbances of the intellect which partake of the nature of insanity, but to which most persons would be unwilling to affix so harsh an epithet; as well as between it and mere symptomatic delirium and other imitative disorders. But such a definition is not easily constructed. We have never seen one that came up to these requirements, and in default thereof we submit the following for adoption, if approved, till a better shall be provided.

Disorder of the mental faculties, more or less permanent, without any apparent cause for its continuance, manifesting itself by complete hallucination upon one or more subjects; or by incoherence and general confusion of thought; or by perversion of the moral feelings, sentiments, and dispositions, with loss of self-control; or by excitement or depression, to such an extent as calls for the interference of friends, without any remarkable affection of the reasoning powers; or by irrational conduct requiring the like interposition; or by imbecility, which renders the individual not competent to manage his own affairs.

This is what physiologists understand by insanity, while smaller aberrations of reason are considered proofs of "unsound mind" only. But, after all that can be said, there will remain certain cases of eccentricity, oddity, and weakness of intellect, which

no definition can reach, and concerning which it must be a matter of opinion what they shall be called, and of very deliberate inquiry how they shall be dealt with. Perversion of the reasoning faculty exists in all degrees, and it would be acting with great inconsideration to stigmatize as insane every person who betrays a singularity of conduct or opinion. Of how few can it be said with truth that they are wise at all times, that their imaginations, feelings, and propensities never get the better of their judgments, and that they always possess a just apprehension of things, and perfect self-command! A poet may sing, and others may repeat after him—

“ All men are mad, and, spite of their finesse,
The difference is but that of more or less ;”

but so long as a man is not more mad than his neighbours, he is considered sane to all intents and purposes.

As cases differ from each other with regard to degree, so does the disease present itself to our notice under a great variety of modifications as to form, so great indeed, that they who are best acquainted with it are now and then surprised by some novel character which it assumes, and often declare they have never met with two cases alike. We have ourselves known a case of real insanity to be mistaken, in the first instance, for an attempt at

imposition, and treated accordingly by one under whose care some thousands must have passed during an experience of twenty years.

The fact is, insanity is a generic term, comprehending many species and varieties, which in strongly marked cases appear as distinct as the three primitive colours, but which in other cases differ in a gradual manner only, as those colours are seen combined and shaded off in the rainbow. Like them also they vary in their intensity, fading and reviving by turns till they disappear altogether. Or, to change the figure a little, the different aspects under which mental disease presents itself to our view, can be compared to nothing so aptly as the infinite variety of figures, tints, shadows, and moving power, displayed in the passing clouds.

“ How much disposed the several species of insanity are to run into, and mix and blend with each other, I have expressly and fully noted in my book; and if that circumstance be considered as incompatible with the discrimination of species, all distinction of species in this disorder must be annihilated; and as I have allowed but of one genus, so I fear we must allow there is but one species of insanity; since, whatever distinction of species we adopt, I suspect that we shall find it difficult to keep clear of this propensity to intermix and combine. I know of no arrangement which is

not objectionable on this account. I am sure that *mania furibunda*, *mania mitis*, and *melancholia*, or raging mania, mild mania, and melancholy, the three species into which Dr. Crichton divides insanity, are commonly seen to run into each other; and I have observed in the same individual patient the symptoms of each of them in the course of a few days."—ARNOLD.

A great number of authorities, ancient and modern, might be quoted to the same effect. Nevertheless, some kind of classification is unquestionably necessary; but whether we consider the different forms of insanity as so many species, or only call them states and conditions of the patient, or whether our system consists of many divisions, or few, is of little consequence. Every writer almost has a scheme of his own, and many authors have a peculiar nomenclature likewise, so that we have a sufficient range for the gratification of our taste in making a selection. Some existing arrangements are beautiful specimens of philosophical accuracy, and some of the new appellations are decided improvements; but those arrangements which are most simple and easy of application, will always obtain the preference among practical men. We are acquainted with some eminent physicians, whose catalogues of species are remarkably short; and as to the lesser divisions or varieties, they wait till they present themselves before they give them a name.

The varieties of monomania are endless, and the subdivisions of other species might be carried to a great extent.

Dr. Copland, in his valuable Medical Dictionary, now publishing in numbers, has gone into this matter with great care and judgment, giving specimens of no less than fourteen different modes of classification. They who are desirous of minute information respecting the disease in question, may consult that work with advantage, or Dr. Pritchard's Treatise on Mental Disease, or Dr. Arnold's learned "Observations on the Nature, Kinds, Causes, and Prevention of Insanity;" but his fanciful arrangement of species and varieties is quite out of date, and will not repay the trouble of acquiring it. The two former authors contain valuable references to a great number of living writers of celebrity, both English and foreign. Arnold abounds in curious examples, collected with great industry from all quarters; but he is surpassed in this by Burton, in his Anatomy of Melancholy, the sixteenth edition of which lies before us, consisting of 738 full octavo pages, closely printed in small type, from the authentic version of 1651. It is indeed a wonderful proof of patience and erudition.

The principal forms of insanity are those which follow, being tolerably distinct from each other in well-marked cases, so as to be easily recognised; but, as before observed, they are very much dis-

posed to run into each other, and combine in different proportions, as well as to interchange within certain limits.

1. Moral insanity.
2. Partial insanity or monomania.
3. General insanity or mania.
4. Mania without delirium.
5. Intermitting mania.
6. Dementia or incoherent insanity.
7. Fatuity or acquired idiotism.
8. Paralytic insanity.
9. Epileptic insanity.
10. Puerperal insanity.
11. Melancholy without delirium.
12. Natural idiotism.

Here is a list of twelve species, to which one or two more might be added if we wished to enlarge it; old age, for instance, which is a variety of partial insanity, sometimes strongly marked, but it might as well be called symptomatic delirium, because there is a known existing cause for its continuance, which cannot be said of the other kinds; though it might be objected to some of them that they are but different degrees of the same affection.

We shall now proceed to describe these twelve kinds of insanity *seriatim*.

1. *Moral insanity* is a perversion of the active powers of the mind, the affections, passions, and propensities; the determining and directing facul-

ties; those which put all the rest in motion—not of the intellectual powers, in which ordinary madness consists, but of the voluntary—a disease of the will, not of the understanding. Dr. Copland has very fully and accurately defined it “a perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions or impulses, without any illusion or hallucination, the intellectual faculties being more or less impaired.” It is not likely that one set of mental faculties should be affected without the others partaking in some measure of the disorder; and as moral insanity is continually mixed up with general insanity or mania, so when it constitutes the prominent feature, though there may be no delusion, there will often be discovered, on close inquiry, a defect or perversion of the reasoning powers also. There is a disposition, as before stated, among all the varieties of mental diseases, to amalgamate, and they frequently supplant each other, so that they are seldom met with pure and uncombined.

Moral insanity shows itself in different ways; sometimes in an irresistible propensity to do mischief and give pain to others, even to the taking away of life; so that parents and servants who have had the care of children have felt such a desire to kill them, that they have called upon the bystanders to save them from the commission of that crime, or have sought safety in flight, when their resolution has been on the point of giving way.

Breaking of glass and earthenware, destroying of furniture, setting fire to houses, defaming of characters, fomenting quarrels, and practising all the arts of annoyance, constitute the amusements of others affected with this malady. Some are quarrelsome or tyrannical—others drunken or extravagant, or covetous or proud. A man of fortune, of unbridled temper, threw a poor woman into a well, for which he was condemned to perpetual imprisonment. A child, irreclaimably mischievous from his earliest years, broke windows, struck other children without provocation, tortured small animals, tore his clothes, and those of others also, when he could, and in every way proved incorrigible. Men and women under confinement have been found such complete nuisances, that the managers have been glad to get rid of them.

To acts like these the morally insane are driven with perfect consciousness of their turpitude, and with the certainty of punishment before their eyes. It is now pretty generally admitted that there are such cases, though some respectable practitioners still deny it, and call them examples of vice and wickedness for which there is no excuse. It is certainly often difficult to distinguish them from such as are amenable to the laws, and the greatest caution is requisite in allowing that in any particular instance a man was irresistibly impelled to do wrong.

A nice distinction has been made by Dr. Mayo between cases of moral insanity, in which there is a destitution of principle as in brutes, and those in which the disease consists in a perversion of feeling and a want of self-control. "In the latter case the patient cannot hear the voice of conscience, in the former he has no conscience to hear."

An unrestrained indulgence of vicious inclinations and bad tempers may have caused the disease in the first instance, and it has gone on to the extent just mentioned; or it may have arisen from some other of the many causes of insanity, and be combined with fury or melancholy—prompting to murder in the one case, to suicide in the other. There are patients who, with a blind disregard of consequences, get intoxicated as soon as they are set at liberty, and are regularly brought back to confinement by their friends, till they shall be so far recovered as to make their further detention illegal. Such is the usual history of madness proceeding from intemperance, till at length it becomes no longer curable. In other cases an attack of insanity first manifests itself by this, or some other change in the habits of the patient, as mentioned in another part of this work, and the morbid alteration may be religious, instead of immoral. It is the opinion of high medical authorities that a person may be seized in a moment with an irresistible desire to take away the life of another, and

that certain cases of murder which have come before the public are attributable to this cause. But it requires more knowledge of the human mind than we possess, to draw the line, with never-failing precision, between pardonable and unpardonable offences.

The subject of the following anecdote is an officer, whose inordinate pride and ungoverned temper have made it necessary to deprive him of liberty. I know him well. "I have brought an old acquaintance to see you," said the superintendent, introducing a gentleman whom he had often seen before. "Acquaintance!" said the officer; "and is it thus you presume to insult me, because you have me safe under lock and key, and know that you can do it with impunity? I tell you, sir, that king's sons have *no* acquaintances." Thus he consoles himself under his adversity, and contrives to gratify his insane craving for honorary distinction by assuming titles of nobility and sovereignty, in which way he has personated, by turns, many foreign potentates and noblemen of high rank. Nor have the titles of this world sufficed for him! His keeper told me one day that he was become king of Persia. He confirmed it when I afterwards saw him. "Then," said I, "your barber ought to lose his head, for he has shaved your majesty contrary to ancient usage, it being, I believe, customary for the kings of Persia to wear long

black beards." He could no longer maintain his gravity; and I am convinced, that neither on that occasion, nor any other when I have seen him, did he fully believe what he asserted respecting his rank and station. His case was a hybrid mixture of monomania and insane pride.

About a year ago I read in the newspaper an account of a young lady in Germany, who, removing with her father from town to town, was at last proved to be the person who had set on fire houses, at two or three places where they stopped for a short time; and I have no doubt that instances of strange behaviour and irrational conduct are often attributable to moral insanity, which, like other mental disorders, is met with in all degrees of intensity. But what is the mark on the scale at which a man ceases to be accountable for his actions? Doubtless it is when, from causes which deserve our pity, not our anger, he has lost all control over them.

The species which follow are those of intellectual madness, and we commence with the most frequent form of it—Partial insanity, or monomania.

2. *In monomania, or partial insanity*, the perception and judgment are comparatively perfect on all subjects but one. We say *comparatively*, because there is in most cases a degree of general disturbance of the mental functions; and it is by no means uncommon for the imagination to take

up different false notions in succession. Pure cases of monomania, like perfect, unmixed examples of any other kind of madness, are not ordinary ones. General insanity often becomes partial as the cure advances, and a single delusion may remain when all other symptoms have vanished; so monomania, or partial insanity, may be the precursor of a general attack. Indeed, when madness has once taken possession of the mind, or fever been set up in the constitution, or fire been kindled in a house, it is not easy to foretell what havoc will be made before it is subdued. Therefore partial insanity is a more correct designation of the species than monomania, which is strictly applicable to certain cases only, in which there is one single delusion, and no other disorder of the mind.

There is no limit to the variety and extravagance of the hallucinations of monomaniacs. A patient of this class may fancy that he is emperor of China, or that he can speak all languages, or that he possesses hundreds of millions in real property, while he is, in reality, a dependent on the bounty of others. We read of those who have fancied themselves to be wolves, parrots, &c.; or made of glass or china; or that they were butter or wax, and were afraid, on that account, of going near the fire, lest they should dissolve. Many examples of this kind will be found in the authors before mentioned. Dr. Millingen informs us that he attended a judge

in the West-Indies, who thought that he was a turtle; “but this ridiculous impression did not prevent him from sitting on the bench, and fulfilling his judicial functions, as regularly as his learned colleagues.” We have known a delicate female who believed herself an admiral of the blue. Another lady insisted that she was chairman of the bench of magistrates for two counties, and seriously threatened to commit to prison those who were impertinent.

Some fancy there is no use in taking either food or medicine, as nothing will pass through them; others, that they have a living animal in their stomach, or that nothing nourishes them, and they are mere skeletons—or that they have not a day to live—or that they are dead already. The uneasy feelings caused by indigestion give rise to many of these strange notions. Actual disease within the body—such as inflammation of the bowels, and its effects, or severe wounds, produce similar ideas, and, if possible, still more extravagant. A pious nun so afflicted was convinced the pope sometimes held a council within her. Yet, with all this perversion of the intellect as regards one particular subject, the understanding of such persons has been in other respects tolerably sound,—and some have even distinguished themselves in their respective branches of literature, art, or science;—they are, generally speaking, rational upon ordinary topics,

and, unless provoked by contradiction, speak of their prominent delusion with the coolness of a man who knows what he says to be true, and pities the ignorance of those around him, as an astronomer in the midst of savages would laugh inwardly at their notions respecting the movements of the heavenly bodies. The delusion may have been slight at first, and become fixed by degrees ; or it may have come on suddenly. The same observation applies to its departure ; and it may have a relation to the former habits and occupation of the patient, or it may not.

As long as the delusions of a monomaniac affect no one but himself, he is only an object of pity or tender solicitude to his friends ; but they may suddenly assume a new character which shall endanger the lives of others or his own ; therefore in such cases the utmost vigilance is necessary in those who are connected with him, that an able attendant may be provided, or his removal to a place of security effected before it is too late.

3. *General insanity, or mania* as it is often called, is a universal affection of the intellectual faculties. Perception, memory, imagination, judgment, and the power of attention, are all involved ; and there is often added thereto a remarkable change in the temper, affections, and appetites constituting moral insanity. A dislike to friends and kindred is quite common. Attachments are formed

to strangers. Caprice and petulance, or moroseness and fury, take place of gentle manners and affectionate conduct. The virtuous and religious become immodest and profane. *The whole character is changed*, so that, except in outward form, the patient is become another person, and inhabits a world of his own. Ideas spring up in his mind too rapidly for utterance ; he is therefore incoherent in what he says, and his words are badly pronounced, as if by one who is intoxicated. He labours under many delusions, which may convert his attendants into enemies, on whom he strives to be revenged, or into ministers of justice from whom he endeavours to escape ; or he may fancy them devils or angels. He sometimes talks like one inspired, and extemporises in prose or poetry. The stupid and lumpish become men of genius and of sprightly imaginations. Passages of authors, long since forgotten, recur to memory with the freshness of new acquisitions. Languages, in which the individual could not without much difficulty express himself when in health, are spoken fluently ; and while some are agitated with the fiercest passions, others are cheerful and happy.

Dr. Willis gives an example of this latter kind in the words of the patient himself.

“ I always expected with impatience the accession of the paroxysms, since I enjoyed, during their presence, a high degree of pleasure. They

lasted ten or twelve hours. Everything appeared easy to me. No obstacles presented themselves either in theory or practice. My memory acquired all of a sudden a singular degree of perfection. Long passages of Latin authors occurred to my mind. In general I have great difficulty in finding rythmical terminations ; but then I could write in verse with as much facility as in prose. I was cunning, malicious, and fertile in all kinds of expedients."

General insanity is for the most part a state of excitement, characterised by audacity and violence, and a perturbed state of all the mental functions. But it may exist without any excitement. There may be incoherent raving without any propensity to violence, or any remarkable increase of muscular strength. Unceasing activity and want of sleep are very common symptoms ; but, instead of fierce wildness of manner, there may be quietness, the patient being lost in reverie ; and, instead of excitement, the patient may be in a depressed state—for we have two opposite states of this, as of other forms of insanity, as well as an intermediate one. But although the patient seems to have lost all self-command, and all power of reasoning, it may not be really so. He often reasons from wrong premises, as in monomania ; at other times shows himself capable of being governed like others, and sometimes joins skill to force in his attempts to

escape from, or get the better of his supposed assailants.

The following tale of olden time, when the treatment some fifty years ago was very different from what it is at present, shows that the instinct of self-preservation may be tolerably perfect when the mind is otherwise diseased to a great extent; it shows also in what manner such cases were *formerly* managed by sensible and benevolent persons.

“ Having a maniac confined in a room over my own, I was at one time exhausted for want of sleep, he having bellowed like a wild beast, and shook his chain, almost constantly for several days and nights. I therefore got up, took a hand-whip, and gave him a few smart stripes upon the shoulders. He cried out all the time, ‘ Now, devil; lay on, devil; devil, I defy thee.’ Stopping, however, on the outside of the door to listen, I heard him say, ‘ I was most desperately frightened at that devil coming upon me so in the dark, but I took care not to let him see it; but it was wrong to make so much noise; I’ll be quiet.’ And so he was; he disturbed me no more, and soon began to mend.”

The consciousness and memory of such persons are also more perfect in the height of their malady than any one unacquainted with it would suppose. We have before alluded to the total change of character which is sometimes, but not always, attendant on mania. This, a patient, on his or her recovery,

remembers without being told of it, and it is sometimes the cause of great distress long afterwards. A mistaken opinion exists as to their power of enduring cold. It is true they will bear it without complaining, and with seeming indifference; but if not carefully watched in sharp winters, their extremities will be frozen, or they will die, before they express any feeling of pain. They will often meet pain of other kinds with the same apparent unconcern, as the free incision of boils and carbuncles, and the extraction of teeth, which I have heard them solicit out of mere wantonness, when there has been no occasion for it. "Do sir, do sir, now, draw all my teeth; I wish you would." And as to hunger, they would often starve themselves to death, if not coaxed or compelled to take nourishment.

But where shall the description of general insanity end? It would require a whole book, or rather many books, to make it complete.

"In general delirium, or maniacal and incoherent insanity, ideas the most extravagant, images the most fantastic, associations the most discordant, emotions the most opposed, succeed each other with electric rapidity. The maniac confounds in his mind heaven, earth, and hell, his domestic affairs, his affections, politics, and morals. He speaks in verse, sings, laughs, weeps; utters his sentences with marked or peculiar emphasis; speaks by turns

in all the languages he may know; retraces his steps; lifts or extends his hands, or tosses them right and left; dances, jumps, or utters menacing cries; rushes on his companions, tears all that comes in his way; strips himself, rolls on the ground, &c. &c. In these cases, the functions of the mind are not destroyed, but they are morbidly excited—they are actively deranged—and are no more like their healthy condition, than convulsions resemble the quiet walk in health.”

“On the other hand, in partial insanity, or monomania, the mind is concentrated upon one object, or train of ideas, whatever it may be. The patient displays infinite resources to justify his error, and applies the most imperturbable attention in pursuit of it.”

4. *Mania without delirium*.—The name of this species proclaims its character. Madness was anciently divided into mania and melancholia, corresponding to general and partial insanity; the latter being almost always accompanied with depression of spirits or fear of impending evil, according to the following definitions, which has been handed down to us, with a few verbal alterations of no consequence, from the days of Hippocrates.

“Melancholy is a permanent delirium without fury or fever, in which the mind is dejected and timorous, and usually employed about one object.”

“ Mania is a permanent delirium, with fury and audacity, but without fever.”

To the same effect might be quoted a long list of authorities, Greek, Roman, and others, down to modern times. But the reign of prescriptive authority is over in matters of science, and it is no longer admitted that a deluded imagination is essential to the existence of insanity.

In mania without delirium, the powers of intellect are increased by a general excitement, which resembles the exhilaration produced by wine. Such persons are talkative and shrewd; sometimes full of wit and pleasantry; at other times as full of mischief; bold and irascible, but never incoherent. All their intellectual faculties are improved. Their madness has not proceeded beyond the initial stage, stopping short of delirium; just as it is in phrenitis or inflammation of the brain. A man receives a fall or a blow on the head, and is stunned. After a time, he recovers his senses and becomes animated, cheerful, and apparently better than he was before the accident. But the surgeon sees at his next visit that he is now in quite as much danger as when he lay in a state of unconsciousness. The sparkling eye, flushed countenance, lively imagination, rapid delivery, and quickened pulse, indicate the setting up of inflammation, and announce that if it is not arrested by the promptest measures, these agreeable

precursors will grow up into raving or furious delirium, and destroy the patient in a few days.

Insanity is not inflammation of the brain, therefore we generally look in vain for the marks of it in the dead bodies of insane persons, but it may run into it—or, in other words, the nervous excitement which accompanies mania may produce increased arterial action, which shall cause inflammation, or typhus fever, or apoplexy, and kill the patient. Sometimes it proceeds no further than the first stage, which constitutes the disease of which we are speaking, *mania falling short of delirium*.

Nurses and keepers in large establishments are acquainted with it under the name of “sensible insanity,” and they find it the most difficult sort to manage. Such patients give them sometimes an infinite deal of trouble; they send them away cured with joy, and dread their return if they should have a relapse.

A. B., a fine bold lady, well dressed and well known to the officers of a certain house, “a regular madwoman,” as they called her, was brought thither by her friends. She was no sooner announced than every missile and instrument of attack was carefully removed out of her way. She opened the conference by a familiar address to the physician under whose care she had been before and was going to remain, by saying to him, “Well,

Doctor M——, but I beg your pardon; I forgot whom I was speaking to—it is to Sir A——. Well, Sir A——, since I had the pleasure of seeing you last, I have been benighted, and you have been knighted. I want to know what is the matter with me. I have been reading upon insanity.”

“Have you?” said he, “and can you give us a definition of it?”

“They say,” she continued, “that contradiction is the way to cure me, and so it will by killing me, for I cannot bear to be contradicted; it knocks me down. But if anybody contradicts me, I’ll knock *them* down. Do you think I am mad, Sir A——?”

“No, you are only excited,” was the reply.

While at home she had gone into the public road, and by accosting strangers had made herself very troublesome.

It was found necessary, on her first admission, to shut her up in her own room, to prevent her annoying others.

I found her as bad as ever seven months afterwards—confined to her room, that day, for insolent behaviour to the matron—where she amused herself with tearing to pieces the blankets, in which way she has of late destroyed six in a short time.

She was quite rational in conversation, very animated, and argued well. She is violent in her resentments and easily provoked, but amusing

when not under the influence of passion, and fond of relating her adventures ; such as her escapes from confinement in time past, and her quarrels with the matron.

“ One of the patients attacked me,” said she, “ and I was obliged to defend myself ; so the matron said that I had better be placed in my own room for protection. Protection indeed ! I want no protection, I can take care of myself ; but I told Mother ——— I would not be confined unjustly in this solitary prison, *because* another had struck me. I did not want such protection as that, (with a sneer,) and I would have made Mother ——— feel that I could take care of myself, and have treated her as she deserved for ordering me to be confined, but the nurses hindered me, and so I am here. People that have authority should know how to use it properly without abusing it. My father was a severe officer, but all the men of the regiment loved him and feared him. It was the same with us at home ; he was very strict with us, and we were all afraid of him, but we loved him too. And if you manage people properly, they will love you the better for it. But I say, Sir A——, I wish you would order me to be discharged ; there is nothing the matter with me, you know. I can behave as well as any body when I am not irritated and used ill ; and nobody *shall* use me ill, I am determined.”

“ You must learn to govern your temper, Miss ———, before I can certify that you are fit to be at liberty,” said Sir A——. “ I shall be happy to do so as soon as you permit me ; we don’t wish to keep people here without occasion. Compose yourself, and be tranquil, and show that you can command your temper.”

“ I’ll serve them out, that I will,” said she, “ if they treat me in such a way ; to put me into this place, lying upon straw, and say they do it to protect me ! But now do, Sir A——, let me go home to my friends ; you can if you will.”

A tradesman, who had been able, prudent, and successful in business, had a lawsuit which upset him, and since that time a change has been observed in his habits : he is excited and inclined to take too much liquor, having lost his usual self-command. He cannot manage his money matters well, and gives orders larger than necessary for materials used in his business ; so that his family have sent him to a house of recovery, till the temporary excitement shall have subsided. As a consequence of his present excited state he sleeps little, and asked the medical man how many hours’ rest was sufficient for him. “ Seven, or about that number,” was the reply. “ I don’t want so much,” said the patient, “ I am always satisfied with three or four.” He was a facetious fellow, and one day asked me if I knew his name ? for, said he, “ it is

the smallest name in the world." "Yes," said I, "your name is Little." "O," said he, on another occasion, "don't make me laugh, pray don't; for if I once begin, I cannot stop myself." He has a daughter who is insane, therefore it is presumable he himself inherits a predisposition to the disease, so as to be affected by slight causes.

Such cases are not uncommon, and they differ as the natural tempers differ in individuals. The patients are aware of their state, and describe it. Retirement quiets them, and enables them to return home, but they are subject to relapses when any fresh cause of excitement is applied.

The disease sometimes puts on a more terrible form, being nearly allied to moral insanity, with which it is often confounded.

Many other affections of the mind are so like moral insanity, that they have been classed together, and described under that name. They are marked by oddity, whimsicality, and irrational conduct, without any determinate lesion of the understanding. Capricious, scheming, impetuous, and inconstant, such persons annoy their families, and would sometimes ruin their children, unless steps were taken to secure what property remains. Yet it is often with the utmost difficulty a medical man can bring himself to sign the certificate of their insanity, and juries are puzzled when called upon to decide the question.

A gentleman, who possessed a large income, spent it in the purchase of pictures and other works of art, which he sent to a repository, never to be looked at again during his lifetime; so that when he died, there was an immense quantity of such things hoarded up in this manner.

Another had a passion for books, collecting them by means of his agents in the different capitals of Europe, not to be read, but nicely packed up in boxes, with which rooms were filled. He had duplicates, and sometimes half a dozen copies of the same work. His income, amounting to many thousands a year, was all spent in this way, and he borrowed money for the same purpose. What shall we say of such cases—were they insane or not? Would not the friends of the parties have been justified in interfering to put a stop to such ruinous extravagance? Yet, who shall prevent a gentleman from spending his money in any way that pleases him? The law is properly tender upon this point.

5. *Intermitting mania* differs from general insanity in this, that the patient, having gone through the attack, remains free for weeks or months, perhaps a whole year, during which period he is calm, rational, and fit for business. He is then liable to a recurrence of the disease as violent as before, to be followed by another interval of lucidity. And this succession of attacks may continue for the remainder

of his life. Such patients become so well acquainted with the course of their disorder, that, warned by the admonitory symptoms, they will go voluntarily to the well-known asylum when they feel the approach of illness; or, being in confinement, will ask for the usual means of restraint to be applied. The sleeves are put on, and they walk about in security, or an able attendant supplies the place of these things till the paroxysm is over.

6. *Dementia, or impaired understanding.* It is likewise called incoherent insanity, imbecility, &c. There is a most important difference between that mind whose faculties are only perverted, and another, in which they have been broken down by some organic injury which the brain has sustained through the violence or continuance of morbid action. Of the reparation of the former there is hope, of the latter none. When raving mania is unsuccessfully treated, or left to take its course, it terminates in fatuity or acquired idiotism; or it may stop short of this, and leave the faculties in a state more or less impaired, from which they are never likely to recover. This is what is called dementia. The mind of such patients has lost its strength—the will is uncertain and changeable—there is an infirmity of purpose—little or no power of consecutive reasoning; the thoughts are like the links of a broken chain—one by itself, or two or three together—the conversation is therefore little

better than unconnected chattering, and rambling from subject to subject. They are unfit for any kind of business, beginning many things and finishing none, and their emotions are as transient as their thoughts—they are mere weathercocks, the emblem of inconstancy. Such cases differ as much as possible one from another, according as the destruction of reason is more or less complete, and as their present state may retain more or less the form of their original malady. We can give but a general description of any form of insanity, when hardly two examples of it are alike; but it may be said, that in all these cases the mental power is prostrate—the ideas dissociated—all the operations of the understanding marked by debility. It is the half-way house to idiotism, at which the understanding has made a halt in its downward course. Under these circumstances, it often settles down into a state like monomania, with traces of the general affection likewise.

E. W. is often seen talking to the ground, as if she were conversing with persons or spirits beneath it. To some question of mine she replied, “When I came here I was brought in dead, because I had been killed. I cannot exactly say when it was, but I was buried somewhere in Bethnal Green. I have been killed three times, and buried. I was once murdered for my property, and

they buried me in a coffin, with a gold plate on it, and with gold handles.”

These ill-defined and mixed cases are very common in establishments for the incurable.

7. *Fatuity, or acquired idiotism*, so called to distinguish it from that which is natural, is the last stage of impairment. The mind is gone, and nothing but a wreck remains—a nullity of character—vacuity and stupidity—the unmeaning laugh without anything to excite it, or a torpid inattention to all that passes. But there are gradations in this state as in all others.

Insanity is frequently complicated with corporeal disease, as paralysis, epilepsy, the puerperal state, and disorder in the digestive organs. It has been known to alternate with other complaints, subsiding on their appearance, and returning when they have been cured. Thus it has been removed by a fracture of the leg, and has sometimes been carried off by a diseased state of the lungs. But, in complicated insanity, the two diseases are co-existent, and apparently dependent on the same common cause.

8. *The first species of complicated insanity of which we shall speak, is the paralytic.* There is no doubt whatever as to the seat of the double affection, but the nature of that change in the brain, which is the cause of the symptoms, is involved in doubt. Inflammation of the meninges, a softening

of its substance, the infiltration of serum, and nervous exhaustion the effect of past intemperance, have all been resorted to for an explanation, and each one of them may perhaps, in different cases, have been the cause. It is a more common disease in France than in England, and the pathologists of that nation have bestowed the utmost pains to discover its origin. Dissection throws little or no light upon the subject, or the question would have been set at rest long ago. We often find traces of disease in examining the brains of persons who have died insane, but we find the same appearances in others whose intellects have not been disordered. This observation applies to every species of insanity. “Of the cause of this remarkable deviation from the healthy state of the mental functions we know nothing. We may trace its connexion with concomitant circumstances in the bodily functions, and we may investigate certain effects which result from it; but the nature of the change, and the manner in which it is produced, are among those points in the arrangement of the Almighty Creator which entirely elude our researches.”*

We do not pretend to possess more knowledge of the complaint than others, and shall content ourselves with describing what has fallen under our own notice.

Paralysis, combined with insanity, shows itself in the first instance by an imperfect articulation,

* Abercrombie on the Intellectual Powers.

scarcely observable by an unpractised ear, but caught immediately by one accustomed to it. This arises from a loss of power in certain muscles of the tongue, which render the patient incapable of speaking in his usual way. It is a momentary hesitation at one or two words in a short conversation—a trip of the tongue as if it stumbled when it had to pronounce them—“the hang,” as keepers term it, like as when gunpowder hangs fire instead of going off at once. A weakness in the lower limbs gradually shows itself, as the complaint proceeds, by an unsteady gait and a readiness to fall down from slight causes. The upper extremities are also affected in some instances, and the mental powers decay, so that the memory becomes useless. The father of a family could not tell me his name or the number of his children, or his place of residence, and a young woman could not say whether she was a boy or a girl.

The attendant insanity is of a peculiar kind, a species of monomania, chiefly occupied with notions of grandeur, such as immense wealth, exalted rank, astonishing mental or bodily power, and other points of personal superiority. This extraordinary symptom is so constant as to form, next to paralysis of the tongue and limbs, the most striking feature of the complaint. But it is not *always* present. The disposition of the patient is mild, and his contentment and complacency, under all circumstances,

most remarkable, arising no doubt from comfortable feelings produced by some physical cause. They will declare they were never in their lives so happy, that they want for nothing, and are pleased with every one about them; when, to the eye of the spectator, they are in the most miserable plight.

A certain man, who had been first clerk to a respectable firm, and called himself Duke of C——, was standing barefooted on the stones, in the basement story of a large asylum, confined by one leg to a large chest, to prevent his doing that mischief which would have been the consequence of leaving him at liberty. He had kicked off his shoes; had on no shirt, having destroyed two that day with his teeth; and he would, in like manner, have destroyed all his clothing, had not means been taken to prevent it by putting on strong leather gloves, without fingers, made of cow-hide, but these also he at length tore to pieces. A thick leather collar was then put round his neck to keep up his chin. Yet, in spite of all this, he was cheerful and apparently happy; talked rationally on common subjects, sang and danced, said he liked the collar because it kept his neck warm, and missed it when it was taken off at meals; the gloves kept his hands from the cold. Every one about him was, he said, remarkably kind, and as for the place, he liked it so much, that he intended to make it his home after he got well, going into London to attend to business of a morn-

ing, and returning back to dinner. He was polite, affable, and never, to the best of my knowledge, uttered a word of dissatisfaction. This went on for some months, and as his destructive propensities lessened he enjoyed more liberty. When I last saw him, he was so well dressed I hardly recognised him; he was going home on trial, much obliged to every one for the kindness they had shown him during his stay.

A patient who walked with a feeble step, owing to the paralytic affection, told me that he never before walked so well; that within the month he had walked on the Camberwell road sixteen miles in an hour and five minutes, and that he should have done it in less time had he not been turned out of his way by some accident, "which, you know," said he, "is what few horses could have done." He was a footman out of place, having left it, as he said, to travel on the Continent; that his present income was "twelve guineas a month, or three hundred a year."

"What may you be worth?" said I, to Mr. F——, another insane paralytic. "My property," he replied, "is fifty-six millions five hundred and forty thousand guineas." He afterwards informed me privately, "that he intended to present the Queen with a diamond necklace worth ten thousand pounds, which he could well afford, as he was a diamond merchant and goldsmith."

W. M., in the last stage of this disorder, for he did not live many days longer, was bent on having a grand display, and seeing my note-book in my hand, desired me to take down his instructions, which I did. "There shall be an illumination to-night," said he, "and it shall be very elegant. I will have a great number of fire-works and sky-rockets, and all the Londoners shall be there to see them; put it down as I say it. You will order five thousand troops to Greenwich and blow up the place, except the church and the hospital. You will see to it." I promised to remember his words.

Another, who fancied himself a king, possessed, as he said, the greater part if not the whole of B——. The first symptom of his disease was an inclination to make large purchases, and extend his business beyond his power of attending to it; joining, in fact, two or three trades in one. Being now a sovereign, he offered to confer rank on all who would kneel down and receive it with due reverence, and with the titles he gave estates also. I was offered whatever I pleased, and an introduction to the saints who came to see him from heaven, in a room up stairs. I watched this case many months; the patient got something better, so as to joke about his prerogative, and he lost the slight impediment in his speech, which was once perceptible. But recoveries from paralytic insanity are

so rare, that I do not expect he will be one of the favoured few.

Such cases seldom live above three or four years, sometimes much less. The termination of the disease is a breaking up of the whole frame on a sudden, like a ship foundering at sea, exhibiting itself, however, in a variety of ways; sometimes attended with great and extravagant excitement, as in the man who ordered me to blow up the town of Greenwich—sometimes with apathy, dropsical symptoms, and total palsy—in other cases, signs of mortification show themselves; and as it is not uncommon for one or more convulsive or apoplectic fits to usher in the disease, so their recurrence may suddenly put an end to the life of the patient.

Why this affection should be, as it is, much more common in the male sex than among females, has never been satisfactorily accounted for.

It is only of late years that this species of insanity has excited attention among medical men. It used to be confounded with monomania, but is in general easily distinguishable from it by the union of paralytic symptoms with the most ridiculously extravagant notions of self-importance, and its rapid progress towards dissolution. I will not take upon myself to decide with confidence on the nature of the following case. I rather think it is one of monomania, or partial insanity only, because there

were no paralytic symptoms, and it was speedily cured by removal of the patient from the well-known exciting cause of his malady; although, if this step had not been adopted, it would in all probability have terminated in fatal paralysis; therefore, some might prefer calling it a case of the latter in its incipient stage.

A. B. was a worthy man, who had injured himself by too close application to business. His employment during the day was that of clerk, and at night he received the money at a much frequented place of public amusement, which kept him up till three or four o'clock in the morning, so that he frequently had but two hours' sleep, and sometimes none at all; and while his health was being thus undermined by want of rest, his mind was constantly occupied in the receipt of large sums of money and keeping accounts; the joint operation of which causes would enable us to explain the result on common principles.

On first seeing this patient, he introduced himself as the husband elect of our young Queen, and as my future sovereign. This he did with the cool composure of a person who knows that what he says is true. He was afterwards questioned as to his property, and gave the following account of it:—
“ I have twenty-five millions in gold bars in the Bank of England. I gave Robins five millions to invest for me, and I have, beside this, three hundred

millions of real property, and five carriages." Being pressed, on a subsequent day, to state in round numbers the whole amount of his possessions, he replied at once, "two billions."

He has repeatedly said to me, "If money would be any accommodation to you, I will give you a cheque upon any bank you please, naming two or three—only say the amount;" and he once pressed me to accept an order for six millions. On another occasion he declared, with the *greatest seriousness and a solemn asseveration*, that his property amounted to three hundred and thirty millions. Amidst all this, his conversation was rational on ordinary topics. He got well in about four months, and acknowledged, without a sigh, that he had lost all his millions, and valued liberty more than gold.

Going round Saint Luke's Hospital, I paid particular attention to an unfortunate man of this class, walking about with him to observe his gait, and trying to converse with him, but all I could get out of him was, "Royal robes," "Duke of Wellington, and bang up in the Park." To this he always returned, whatever subject was started.

9. *Epilepsy combined with insanity* is a form of madness most frightful and dangerous. Persons of mild tempers become, during the paroxysm, capable of any act of violence; and as epileptic fits attack the patient suddenly, unceasing vigilance is necessary to prevent fatal consequences, when those

fits are maniacal likewise. The attendants may generally be aware of them by noticing the precursory symptoms. These come on frequently in a periodical manner, as once a month, when the patient may have many in succession, and remain free for three weeks. It is, however, a mistaken belief that the moon is concerned in their production, although the term lunatic is founded on that assumption.

Epilepsy is a common disorder, but *maniacal* epilepsy is not. It has fallen to my lot to see but two cases of it; one a confirmed instance of long standing; the other in a young gentleman about sixteen years of age. In a few fits only, out of a great number, has he manifested insane propensities. No satisfactory cause can be assigned for them. He is a young man of good natural capacity, but the continuance of the complaint begins to have an effect on his power of acquiring knowledge; indeed, it has been thought necessary he should intermit all serious study from the commencement of his illness, two years ago. How it will terminate cannot be foreseen. In the intervals between the fits he has no symptoms of insanity whatever, so that, if the epilepsy should be cured, he may be as well as if nothing had happened.

10. *The last example of complicated insanity to which we shall advert, is the puerperal*—a complaint to which ladies are subject after lying in;

it is happily not frequent, and, as far as our experience goes, always curable. We have seen it after a miscarriage in the early months of pregnancy, when it was strongly marked, but it lasted for one week only ; in another case, after delivery at the full time, it continued for three or four. It sometimes continues for a much longer period, but seldom more than six or eight months. A great deal depends upon the treatment in the first instance.

Puerperal insanity is neither more nor less than mania ; and yet there is about it something peculiar, such as a well-practised eye detects at first sight. " You may always know a case of puerperal insanity," said Mr. Thomas, the experienced and skilful surgeon of Bethlehem.

Such patients are wild as March hares ; but we have never seen them malignant, though noisy enough, and rambling and absurd to the last degree. This madness has a feminine character, and as its violence abates, they become good-humoured, and sometimes ridiculously playful or grotesque. They have good memories, know what is said and done to them, and the complaint seems to consist rather in a disturbance of their sensitive system, than a perversion of the intellect. In short, it is a kind of hysterical madness—sympathetic in its origin, but going on independently of the primary cause.

11. *Melancholy*.—This may be either simple or

combined; that is, hallucination may be present, together with a desponding state of mind, or it may not. An unfortunate person may, from heavy trials or bodily illness, have fallen into despondency, so as to look on the unfavourable side of things only; always expecting the worst, and admitting of no comfort, but free from any particular illusion. This is what we mean by simple melancholy. As one kind of madness already described is designated “mania without delirium,” so this may as properly be termed melancholy without delirium, and is an undoubted species of insanity.

When a melancholy patient suffers from flatulence, acidity of the stomach, and other dyspeptic symptoms, and labours at the same time under excessive, and as it appears to others, unfounded alarm, respecting his own state of health, without any palpable error of the imagination, as in monomania, it is a clear case of *hypochondriasm*, not of insanity; the two affections are so much alike, that the former is often mistaken for the latter.

12. *Idiocy or idiotism* is an original deficiency of intellect. They who are born idiots must remain such as long as they live. It is termed connate—to distinguish it from fatuity, which is acquired—or brought on by previous disease. Idiotism exists in many degrees, from the cretin of Switzerland, who, according to some accounts, has barely instinct enough to swallow his food after it has been

put into his mouth, to the good-humoured half-witted fellow who can do an occasional job of work, or dance with the chimney-sweeps on May-day. Such persons are often called naturals. I should judge from the writings of the celebrated Mrs. Hall, they were more common in Ireland than in this country. Some of the examples she has given betray a good deal of shrewdness, and various stories are current respecting the tart replies which persons of this description have unexpectedly, perhaps unconsciously, made to those who sought to amuse themselves at their expense.

As insanity is now so much more frequently the topic of conversation than it was in former times, it is often asked whether madness is on the increase among us.

The parliamentary inquiry which took place about twenty-five years ago, and the measures adopted in consequence, have given the subject a notoriety which it never before possessed ; but they who enjoy the best means of information are not convinced that mental disease has increased in a greater ratio than the population. It is, however, not improbable, that from the altered habits of society, the excessive attention which is paid to the cultivation of the human intellect, and the embarrassments of the commercial world, there may be at present an increased tendency to that dreadful malady.

Another common question is, why are the English people more prone to madness and suicide than other nations? It would be hard to prove that they are so, or ever were. If statistical reports are to be depended on, there is more insanity in Scotland and America, in proportion to the number of their inhabitants, than in this country. The disease has very much increased among the French since the revolution, according to the testimony of their own writers. Other states of Europe have participated in the political convulsions and social changes of the last forty years, which have doubtless produced among them also a proportionate effect. And it is not likely that the infidelity which pervades the Continent should yield a better support to the mind under painful vicissitudes, than the proverbial good sense and sound religious principles of our own countrymen.

CHAPTER III.

ON THE MORAL TREATMENT.

THE curative treatment of insanity divides itself into two parts, the medical and the moral. Into the former we cannot now enter, but should another opportunity occur, we shall with pleasure supply the deficiency, if it is considered one, in a work of this kind.

The moral treatment of insanity, or the application of mental remedies to a mental disease, is founded on the well-ascertained fact, that persons labouring under various degrees of incapacity may have what remains of their understanding improved by cultivation, just as the strength of an invalid, which has been reduced by an illness from which he is recovering, improves under the regulated use of air and exercise, or as a tradesman increases a small capital by good management. It always supposes that the reason is not *totally* lost, but that the patients are capable in some degree of being

influenced by arguments, and of acting from common motives, on occasions which do not cross their own particular delusions. That they are not too far gone to be swayed by kindness, awed by authority, led by example, and, finally, that their complaint has not passed the curable stage.

The gratifying results which have in numberless instances followed the adoption of this improved system, afford the strongest possible testimony in its favour—multitudes having, by means of it, simple as it is, been restored to soundness of mind, who would without it have remained, in all probability, insane for life.

But, in speaking thus of the efficacy of mental regimen, we do not mean to insinuate the least want of confidence in other remedial measures. There are on record abundance of cases in which the recovery is attributable to the power of medicine alone, and it is accomplished, in most instances, by the union of the two modes of treatment; therefore they should be conjointly employed, when there is the smallest reason to suppose each may contribute its share to the restoration of the patient. No time should be lost in experiment, when, as in all cases of insanity, the chance of a cure diminishes in proportion to the duration of the complaint, and he would be inexcusable who, in his preference to one system of practice, should neglect

any safe auxiliary by which his patient might be benefited.

The medical and the moral treatment have each their exclusive admirers, and each has, in its turn, been unworthily disparaged. But it is neither more nor less than empiricism to assert, that madness may in favourable cases always be cured by medicine, or that it may always be cured without it. They who have seen much of that disease with an unprejudiced eye, know that neither of these propositions is true ; and have often had to rejoice in the restoration of a patient, without being able to decide to which part of the treatment he was most indebted.

The first step in the moral treatment is a separation of the patient from all objects whose presence has a tendency to keep up those morbid trains of thought and feeling which constitute the disease ; and this can seldom be effected at home, though it is practicable in some instances ; but where it is not, removal becomes necessary, and cannot be adopted at too early a period.

Our ideas and our sensations become associated with everything around us ; hence the attachment we feel to the places where the years of our childhood were passed. But if our experience in certain situations has been of a painful kind, we conceive an aversion to them, because they recal disagree-

able circumstances which we would gladly forget, and reproduce impressions we are sorry to have revived. Thus many a one contracts a dislike to the chamber in which he has gone through a tedious illness, or to the house in which he lost the beloved partner of his joys and sorrows.

He, therefore, who undertakes the treatment of mental diseases should remember this fact, and let it regulate his practice. If a gentleman's insanity has been brought on by losses on the Stock Exchange, he should not be recommended to live near the Bank ; and if he feels an aversion to one or more persons, and fancies they have injured him, or designed to do so, though they may be his dearest friends, they are very unfit to be made his attendants. In like manner, he would ill brook restraint and opposition on the part of those from whom he is accustomed to receive nothing but implicit obedience, or proofs of tender affection. On these grounds, all writers on the treatment of insanity are unanimous in recommending a change of residence as a most powerful means of diverting the patient's thoughts from objects relating to the cause of his malady ; in other words, as the most effectual way of breaking down old morbid associations, and establishing new and healthy ones in the place of them, at the same time that amusements and agreeable occupations are provided to counteract the propensity to wander which still

exists, and give to right modes of perception and reasoning that strength which arises from habit.

Dr. Willis, who acquired such celebrity by his successful treatment of George the Third, unfurnished the king's apartments, dismissed his courtiers and domestics, and had him attended by strange servants. He asserts that insane persons from the continent, who came to seek his advice, got well more frequently than his own countrymen. Monsieur Pinel, in his immortal Treatise on Madness, his best title to the admiration and gratitude of mankind, has pronounced the principle of confinement to be the basis of all rational treatment of mental diseases. In short, all English, German, and French physicians, who have directed themselves to the study of insanity, recommend the same plan of treatment.

Mons. Esquirol is a strenuous advocate for the practice of seclusion, and has defended it with such enlightened and convincing arguments, supported by numerous proofs of its efficacy furnished by his own extensive practice, that I beg to refer my readers to his "Observations on the Illusions of the Insane, and the medico-legal question of their confinement."

Dr. Abercrombie's testimony to the advantages of seclusion is no less decided. "An important rule in the management of the insane will therefore be, to avoid every allusion to the subject of

their hallucination, to remove from them everything calculated by association to lead to it, and to separate them from scenes and persons likely to recall or keep up the erroneous impression. Hence probably, in a great measure, arises the remarkable benefit of removing the insane from their usual residence, friends, and attendants, and placing them in new scenes, and entirely under the care of strangers. The usual effect of this measure is familiar to every one who is in any degree conversant with the management of the insane. That the measure may have its full effect, it appears to be of importance that the patient should not, for a considerable time, be visited by any friend or acquaintance, but should be separated from everything connected with his late erroneous associations. The danger also is well known, which attends premature return to home and common associates; immediate relapse having often followed this, in cases which had been going on for some time in the most favourable manner." (Page 342.)

The beneficial effect of removal from home is sometimes immediately perceptible. Many patients recover their senses in a few days after their removal to a strange place—it has given such a turn to the current of their thoughts and feelings. Others have relapsed as soon as they returned home, and that repeatedly, till by successive trials they have found the healthy change confirmed. Some are

never well at home, never ill at the asylum ; they require the presence of a superior to keep them in order, and his presence is sufficient for that purpose. They want that firmness of character which is necessary for decision and self-government. For this, or some other reason, a gentleman with whom the author was schoolfellow in his boyish days, remained by choice with the keeper of an establishment many years after he had been pronounced fit to leave it.

It is not necessary in all cases to send the patient to an asylum. A change of scene producing new ideas, and an interruption of existing habits, is the essential circumstance ; and this may be sometimes accomplished by a journey sufficiently long, divided by easy stages, and temporary halting-places, such as a continental tour, or a sojourn at the house of a friend at some distance. It is the *principle* alone for which we are contending. But to diminish in some degree the aversion with which the friends of patients are apt to regard this part of the treatment, and overcome their reluctance to make use of it at an early period, when recovery is so much more certain than afterwards, we will suppose a mild case of partial insanity, and show how it would be treated in a respectable asylum.

On first entering a place of this kind, timid patients require to be treated with the utmost tenderness. They are fearful and dejected, and need encourage-

ment. They have heard of the severities and cruelties practised in mad-houses. They find themselves surrounded by strangers in a strange place, and they dread what may be coming upon them. The simplest circumstance is magnified by their fears into an object of terror. They come in dreaming of chains and strait-waistcoats, and fancy they are to be strapped down in bed every night. They see a jailor in the superintendent, and the name of keeper sounds like that of executioner.

In such cases, everything possible should be done to gain the confidence of the patient; the kindest language used, the utmost sympathy exhibited, every attention paid to their desires, and every proper indulgence granted. When they begin to feel themselves at home, they must be invited and coaxed into the exercise of their own judgment to correct the errors of their fancy, as you would teach an infant to walk. They should not be irritated by contradiction, but they may be informed we consider them under a delusion, the effect of present illness, which, we doubt not, time will remove, when they will be allowed to return to their friends. To this the general answer is, "There is nothing at all the matter with me, and I don't see why I should be kept here another day." It is in vain to argue the point with patients in the early stages of their disorder; their notions, however silly, are regarded by them as incontrovertible axioms. It

is better to amuse their minds, and leave to time the correction of their errors, while means are employed to restore them to a good state of health. By pursuing this course it will be found that the hallucination of which they have been the unconscious victims, becomes more and more faint, like the image on a coin much worn. In the height of their disorder they have no power to disbelieve the lie of their imagination, but are irresistibly compelled to receive it as truth, and their faith in it will appear in spite of their endeavour to conceal it by denials. They cannot disabuse themselves, however much they strive to do so. The delusion returns again and again. A man might as well endeavour to persuade himself that there is no such thing as pain, when he is suffering under a fit of the gout. But after a time it will be discovered by those about them, that the false idea does not retain such full possession of their thoughts—it is less firmly credited. Light seems to have broken in upon their understanding, enough to diminish the intensity of the darkness under which they laboured. The delusion is not at all times equally strong; it wavers, or if there is no perceptible loosening of its grasp, the patient is less sensitive on that point, and will bear contradiction without being made angry by it. He may not appear to have changed his opinion, he may still be, in his own esteem, a king, or a great general, or a person

endued with supernatural powers, but he will wear his honours more meekly, and, like the philosopher in *Rasselas*, he will begin to have doubts respecting his own late pretensions, till at length such patients discover, and will acknowledge, "they have not been quite right in their minds, that they used to think so and so when they were ill, but they cannot imagine how such notions ever got into their heads."

August 1st. A lady, upright as a May-pole, and walking about with an air of supercilious dignity, was asked in ridicule, "So you still think yourself a queen, do you, Mrs. B.?" "Yes, I *am* a queen," was her indignant reply. "Well," said the speaker, "then I am of a different opinion, that's all; you may be a good sort of a woman, but no queen; and I hope you will think differently some day."

August 18th. She was still very high; but, some weeks afterwards, her good-humoured answer to a similar question was, "You may call me whatever you please now; it don't matter to me, I assure you."

In some rare instances, the deliverance of a patient from his mental bondage may be expedited by a manœuvre. A patient in St. Luke's Hospital used to pass a considerable portion of every day in traversing the long gallery for the benefit of his family; so many turns for his son, so many turns for his daughter, and so on. It had gone on for a

long time, when the physician caused him to be fastened to some part of the sitting-room by a chain or strap round one leg. This argument was more convincing than any which had been tried; it stopped his walking of course, and thereby cured the insane idea in which it originated; he found this could be no longer indulged, and the irksomeness of restraint made it his interest to get rid of the delusion as quickly as possible.

As all our faculties are improved by exercise, so various helps of this and other kinds may be afforded to patients, according to their prevailing tempers, and the degree of reasoning power they possess, to teach them the difficult but necessary art of self-government. Some require to be awed into voluntary efforts, some need all the encouragement that can be given them.

The due exercise of reason, with a view to its permanent improvement, constitutes the essence of the moral system of management; our mental practice is but "expectant," till this can be brought into play. We wait to see if the delirium goes off spontaneously, but if it does not, the patient must be drawn out by conversation, amusement, occupation, change of scene, &c.; and with all this he must be required to put forth his own endeavours to overcome bad habits.

If he cannot restrain his feelings so as to behave with propriety in company, he is advised to leave

the room till he is more composed. If, at other times, he gives way to ebullitions of temper, or otherwise behaves ill, he is told that such conduct unfits a gentleman for good society, and that he cannot be received at table, or ride out with a party, or attend the evening concert, and that if his friends should pay him a visit, he will not be allowed to see them. Mortifications like these, well timed and rigidly enforced, after they have been determined upon, will generally be found sufficient. But when the violence of a patient is uncontrollable, when he has so far lost his reason as to be deprived of self-command and all regard to consequences, his exertions become dangerous to himself as well as to others. Sometimes a wretched melancholic labours under a strong suicidal propensity, and it demands the utmost vigilance to prevent the accomplishment of his purpose; others will, if at liberty, disfigure themselves by beating their heads against the wall or the ground; and some there are who are ferociously disposed, in whose presence it is dangerous to be without an adequate protection. This state generally comes on by paroxysms, in the intervals of which they are docile.

All these cases must be provided for, and the patient dealt with according to circumstances. It is a standing rule in all respectable establishments, that force is always, if possible, to be avoided, and

no more to be employed at any time than is absolutely and indispensably requisite; that it is even better to incur the risk of some annoyance and personal danger, and some additional trouble on the part of the attendants, than to use the least unnecessary degree of restraint.

This rule is founded on reason as well as humanity. There is a principle within us which resents every encroachment on our liberty, and prompts to resistance in proportion to the coercion employed. And further, if we wish to teach maniacs how to govern themselves, they must be sometimes trusted, or how can they learn that which is to be acquired by practice? Many a lunatic who has been furious under restraint, has conducted himself peaceably from the time he has been set at liberty; and many others have been made outrageous by unnecessary confinement.

A young man was brought to the hospital, and with him the following letter from his surgeon:

“ I was requested yesterday to see A. B. of C. D. I found him in bed, and two men holding him, having first bound him with cords. He was very violent, and at other times singing hymns. I was informed he had been sent home from the Mansion House, in charge of two policemen, in consequence of violent and insane conduct at a coffee-house in the city. I have seen him again to-day, and found him in the same state, alternately swearing, using

the most indecent language, then praying and singing hymns. He cannot be persuaded to taste the slightest quantity of nourishment, nor will he recognise any of his relations or friends ; but spits at, and attempts to strike, every one who approaches him. I feel confident that if he was at liberty, he would either injure himself or some other person. I understand it is not the first time he has been deranged, and that, for the last two or three days, his friends have observed a difference in his manner. It appears to me a case which, under the judicious treatment adopted at your hospital, would be permanently cured.

“ Your most obedient,” &c.

I found him five days afterwards free from restraint among the other patients, apparently as quiet as any of them. He had been released from confinement on his first entrance, and *from that moment had not exhibited any disposition to violence*, which is by no means an extraordinary circumstance, and he takes his food like others. He was discharged well in a short time, but I should fear not permanently cured. It seems to be a case of intermitting mania, liable to relapses, the present attack not having been his first, as the surgeon informs us.

The following is such a beautiful illustration of the mode of governing refractory patients by judi-

cious coercion, that I give it in preference to any others which have occurred under my own observation. It is from Pinel.

“In the moral treatment of insanity, lunatics are not to be considered as absolutely devoid of reason, i. e. as inaccessible by motives of fear and hope, and sentiments of honour. In the first instance it is proper to gain an ascendancy over them, and afterwards to encourage them.”* Those general propositions are doubtless very true, and very useful in their application to the treatment of insanity. But to have inculcated them with proper effect, they ought to have been accompanied and illustrated by appropriate examples.

“A gentleman, the father of a respectable family, lost his property by the revolution, and with it all his resources. His calamities soon reduced him to a state of insanity. He was treated by the usual routine of baths, blood-letting, and coercion. The symptoms, far from yielding to this treatment, gained ground, and he was sent to Bicêtre as an incurable maniac. The governor, without attending to the unfavourable report which was given of him upon his admission, left him a little to himself, in order to make the requisite observations upon the nature of his hallucination. Never did a maniac give greater scope to his extravagance. His pride was incompressible, and his pomposity most laugh-

* Encyclopædia Britannica.

ably ridiculous. To strut about in the character of the prophet Mahomet, whom he believed himself to be, was his great delight. He attacked and struck at everybody that he met with in his walks, and commanded their instant prostration and homage. He spent the best part of the day in pronouncing sentences of proscription and death upon different persons, especially the servants and keepers who waited upon him. He even despised the authority of the governor. One day his wife, bathed in tears, came to see him. He was violently enraged against her, and would probably have murdered her, had timely assistance not gone to her relief. What could mildness and remonstrance do for a maniac, who regarded other men as particles of dust? He was desired to be peaceable and quiet. Upon his disobedience, he was ordered to be put into the strait-waistcoat, and to be confined in his cell for an hour, in order to make him feel his dependence. Soon after his detention, the governor paid him a visit, spoke to him in a friendly tone, mildly reproved him for his disobedience, and expressed his regret that he had been compelled to treat him with any degree of severity. His maniacal violence returned again the next day. The same means of coercion were repeated. He promised to conduct himself more peaceably; but he relapsed again a third time. He was then confined for a whole day together. On the day following he was remarkably

calm and moderate. But another explosion of his proud and turbulent disposition made the governor feel the necessity of impressing this maniac with a deep and durable conviction of his dependence. For that purpose he ordered him to immediate confinement, which he declared should likewise be perpetual, pronounced this ultimate determination with great emphasis, and solemnly assured him, that, for the future, he would be inexorable. Two days after, as the governor was going his round, our prisoner very submissively petitioned for his release. His repeated and earnest solicitations were treated with levity and derision. But, in consequence of a concerted plan between the governor and his lady, he again obtained his liberty on the third day after his confinement. It was granted him on his expressly engaging to the governess, who was the ostensible means of his enlargement, to restrain his passions, and by that means to skreen her from the displeasure of her husband for an act of unseasonable kindness. After this, our lunatic was calm for several days, and in his moments of excitement, when he could with difficulty suppress his maniacal propensities, a single look from the governess was sufficient to bring him to his recollection. When thus informed of impropriety in his language or conduct, he hastened to his own apartment to reinforce his resolution, lest he might draw upon his benefactress the displeasure of the governor,

and incur, for himself, the punishment from which he had but just escaped. These internal struggles between the influence of his maniacal propensities and the dread of perpetual confinement, habituated him to subdue his passions, and to regulate his conduct by foresight and reflection. He was not insensible to the obligations which he owed to the worthy managers of the institution, and he was soon disposed to treat the governor, whose authority he had so lately derided, with profound esteem and attachment. His insane propensities and recollections gradually, and at length entirely, disappeared. In six months he was completely restored. This very respectable gentleman is now indefatigably engaged in the recovery of his injured fortune."

They who have the care of insane persons are exposed to continual personal danger, which demands unceasing vigilance for the preservation of their own lives. The artful malice sometimes displayed by these pitiable individuals, through the perversion of their intellectual and moral faculties, is a feature of their complaint as remarkable as the incongruousness and absurdity of their conceptions in other cases. A real or supposed offence is never forgotten by some patients, who are always on the look-out to be revenged. But others wantonly, without any provocation, will have their deep-laid schemes to destroy those who treat them with kind-

ness. There is no trusting them ; you must not turn your back upon them, when a keeper or some one else is not present to guard you. The suspicion and self-restraint which this makes necessary are very painful to a benevolent mind, which would rather be constantly engaged in promoting their comfort. A friend of mine had a very narrow escape from a gentleman who had been dining with himself and wife, and who, on being defeated in his plan, affected to be only in a playful mood. His play was, however, to strangle my friend with a piece of rope, which he had artfully procured and concealed, after contriving a knot which secured the accomplishment of his purpose, if he had once got it over my friend's head.

There exists in the public mind, at this time, a strong feeling against all kinds of personal restraint in lunatic establishments, and some practitioners have proposed to banish it entirely from them. I have no doubt it is *practicable* to do so by multiplying keepers and nurses, to supply by manual coercion and watching the place of those simple contrivances which are now in use, and by providing rooms, the sides and floors of which are so padded, that the most unruly patient could not injure himself by falling against them. But whether any benefit would accrue to the patient by such a change of system, is a point that must not be lost sight of. I am acquainted with the result, in the hands of

some who have tried it, and it is by no means encouraging. The patients suffer *much more*, I am informed, by resisting the combined attempts of several persons to coerce them, than they would by the preventive efficacy of well-contrived muffs, sleeves, and other means for keeping them out of mischief. However, the experiment is new, and deserves a trial: let it be fairly tested, and its merits will then be ascertained. A book has been written in favour of the plan, by Mr. Hill, surgeon of the Lincoln Asylum, and it has been replied to by Doctor Corsellis, Director of the Lunatic Asylum at Wakefield, through the medium of a weekly journal. His letter in the *Lancet* of May 9th, 1840, deserves to be well considered by all who think personal restraint may be wholly and for ever laid aside with advantage. He relates the case of a gentleman who had been unsuccessfully treated in different asylums, and was finally cured by himself. This patient gave a decided preference to the means employed by Dr. Corsellis, and attributes his recovery to the use of them.

Occupation forms another part of the moral treatment, on which some excellent remarks will be found in Dr. Abercrombie's interesting and well-written work on the understanding, which did not come into my hands till this manuscript was nearly ready for the press. The course he recommends seems admirably adapted to bring into order the

vagrant faculties, when the weakness and excitability of mind attendant on the early stages of insanity shall have so far subsided as to allow of its adoption. “ It should not consist merely of desultory employment or amusement, but should probably be regulated by two principles. 1st. Occupations calculated to lead the mind into a connected series of thought. When the mental condition of the patient is such as to render it practicable, nothing answers so well as a course of history, the leading events being distinctly written out in the form of a table, with the dates. Thus the attention is fixed in an easy and connected manner, and, in cases which admit of such occupation being continued, the effect is often astonishing. 2nd. Endeavouring to discover the patient’s former habits and favourite pursuits at a period previous to the hallucination, and unconnected with it; and using means for leading his attention to these. I have already alluded to the complete suspension of all former pursuits and attachments, which often takes place in insanity, and to a return of them as being frequently the most marked and satisfactory symptom of convalescence. This is, in such cases, to be considered as a sign, not a cause of the improvement; but there seems every reason to believe, that the principle might be acted upon with advantage in the moral treatment of certain forms of insanity. On a similar principle, it is probable, that in many cases much

benefit might result from mental management calculated to revive associations of a pleasing kind, in regard to circumstances anterior to the occurrence of the malady."

"These observations contain only a very slight and imperfect view of a subject of intense interest. The mental management of the insane seems to deserve a much greater degree of attention than has hitherto been devoted to it, and it appears to open a field for intellectual experiment which promises most interesting and important results. There is one such experiment, the effect of which I have contemplated with much interest; namely, the influence produced upon the insane by divine service. I have been informed by Dr. Yellowly, that in the asylum of Norwich the influence of this has been such, that on seeing the patients retiring from service, a stranger would scarcely detect in one of them any appearance of insanity; and that when one has manifested, during service, any degree of restlessness or excitement, he has been instantly checked by the other patients near him. This interesting fact shows what may be done; and I have no doubt, that when the intellectual and moral management of the insane shall be prosecuted with the attention which is due to it, principles will be developed of much practical interest on this important subject."

I would willingly have availed myself of the Doctor's judicious observations on other points con-

nected with insanity and its treatment, but that I hope all who are interested in the subject will consult the work itself, to which I have so often referred.

In cases when we are under no fear of producing organic injury by robust exercise, the benefit arising from constant labour is great, conducive alike to happiness and recovery. The want of regular employment is severely felt in lunatic establishments; a gentleman now under my care, who was formerly in a large asylum, has expressed to me the weariness he then experienced from this cause. He played at billiards, cards, bagatelle, &c., till he hated the sight of the tables. The same is the case with others, and he has proposed to me the erection of a treadmill as a new source of amusement. A Spanish practice is, to treat such patients as agricultural labourers; they are sent out every morning, under an overseer, to work in the fields, and the advantages resulting from this kind of treatment are considerable, but they are confined to the lower classes. One of the witnesses, examined before the Committee of the House of Commons, was asked what quantity of ground he thought requisite for the purpose of exercising his patients; his memorable answer was, an acre per man!

Cricket, bowls, long walks, riding, dancing, and gardening may be used by the higher ranks as a substitute for the operations of agriculture.

Classification is another important point in the management of insane patients. It is not fitting that they whose malady is recent and comparatively slight, should be compelled to associate constantly with those whose intellects are disordered to a much greater extent, and be treated in the same manner. The consequences of such neglect would be, in many cases, a direct injury to their understanding, and a confirmation of their derangement, so that they would be found in a worse state after the lapse of six months than upon their first admission, and at the end of six months more would be deemed incurable. Yet this is what actually takes place if the proprietor of an asylum is tempted, from motives of economy, to crowd too many together. It is not for bodily exercise only that space is required, but for a proper arrangement of rooms also, so as to admit of a division of the patients into classes according to the state of their intellects. When the patient is so far recovered as to bear a part in conversation, the society of those even who are in some degree insane, is better than solitude, or the constant presence of the same attendant: it improves the mind, and gives a wholesome play to the feelings; but he should always have the best company that can be procured for him, and it would be well if rational society could be always obtained for those who are capable of enjoying it. The gradual amendment of invalids, under this sort

of training, is obvious and pleasing. The prevention of recovery by an opposite mode of treatment is, in other cases, not less plainly discoverable.

I might enlarge on this part of the subject if it were necessary, which it is not; and I shall conclude what I have to say on the moral treatment, in the words of that eminent physician, whose genius and philanthropy originated in France that improved method of treating diseases of the mind, which is becoming the standard of practice in every civilised nation.

“ The character of a superintendant, who is in the habit of discharging the important duties of his office with integrity, dignity, and humanity, is itself a circumstance of great weight and influence in a lunatic establishment. How many rare qualities, what zeal, what sagacity, the union of how much firmness with mildness of manners and unaffected goodness of heart, is it not requisite to possess, in order to manage with complete success such intractable beings as lunatics generally are—subject to so many odd fancies, ridiculous whims, and transports of blind ungovernable passions? In order to foresee the approach of their paroxysms, how necessary the united application of vigilance and experience! Constant attention must be paid to the conduct of domestics, in order frequently to repress their cruelty and punish their negligence; and every cause calculated to irritate the temper and to exas-

perate the delirious excitement, must be cautiously removed. A coarse and unenlightened mind considers the violent expressions, vociferations, and riotous demeanour of maniacs as malicious and intentional insults. Hence the extreme harshness, blows, and barbarous treatment which keepers, if not chosen with discretion and kept within the bounds of their duty, are disposed to indulge in towards the unfortunate beings confided to their care. A man of better feeling and consideration sees in these effervescences of a maniac but the impulses of an automaton, or rather the necessary effects of a nervous excitement, no more calculated to excite anger than a crush from a stone propelled by its specific gravity. Such an observer, on the contrary, is disposed to allow his patients all the extent of liberty consistent with their own safety and that of others. He conceals, with great address, the means of constraint to which he is compelled to resort; yields to their caprices with apparent complacency; eludes with dexterity their inconsiderate demands; soothes with calmness and kindness their intemperate passions; turns to advantage any interval of their fury; and meets with force their otherwise incoercible extravagances."—PINEL.

CHAPTER IV.

ON THE CAPABILITIES OF THE INSANE.

AFTER what has been said of insanity and the proper mode of treating it, we are much better prepared to enter upon the religious part of our subject than we should have been without such an introduction; and I might proceed to give the facts which have removed from my own mind all doubts respecting the capability of insane persons to derive benefit from religious ordinances, hoping that a dispassionate consideration of them would produce a similar effect on others. But before I do this, I must be allowed to qualify any assertion by pointing out certain exceptions. This will oblige me to go over the same ground again in various parts, and so will the examples adduced to prove my point, by which means we shall obtain a more comprehensive and accurate knowledge of the different kinds of mental disease and their appropriate treatment, than we should have acquired from a long detail of symptoms and a multiplication of rules.

It would be a great mistake to suppose, that in asserting the general competency of insane persons, I mean to say that all such are in a fit state to attend divine worship, or capable of deriving advantage from the mere private exhortations of a christian friend ; for this is not the case. Some are completely fatuitous ; they have no mind ; it is gone, it has been destroyed by the progress of their malady ; they are mere automatons. In others, a want of understanding has existed from the beginning ; they were born idiots, and must remain such as long as they live.

Other patients are in a state of delirium, their thoughts are more than usually active, contrary to the preceding examples ; but they have lost all government over them, their imagination runs riot, while the power of reasoning is suspended. Ideas spring up in the brain in rapid succession, involuntarily and without connexion, like the changes of a kaleidoscope ; with these their attention is engrossed, and if they attempt to speak, their language is incoherent. They may sometimes be roused by a question, so as to give a short answer correctly, but they relapse immediately into their former state. I have seen a young man thus afflicted, apparently unconscious of anything around him, repeating, as I thought, passages out of Shakspeare ; but, on closer examination, I found

they were effusions of fancy, perfectly original, delivered in a theatrical tone, like blank verse, every line of which related to a fresh subject. Others, again, are in a state of excitement bordering on fury. They regard all around them as enemies, so that they cannot be approached with safety by strangers, unless they are under restraint, and to every exhortation they would be very likely to return a volley of abuse. They may be capable of understanding a great deal of what is spoken to them, if they who address them watch for favourable opportunities, and they will often remember it afterwards; but as these fits of excitement generally end in periods of tranquillity, it may be better, in every instance, to wait till they are over.

Recent cases also, in their early stages, are exceptions to the rule. There is in general more or less corporeal disease, with irritation of the nervous system; the body is weak and feverish, the mind excited, and there is often a great expenditure of strength by energy of thought and action, with want of sleep, which cannot be procured by any means. The feelings of the patient are often suffering under the pain of some dreadful calamity which has caused the disorder of the mind; or else some bodily illness or accident, or some great constitutional change, as a lying in, may have brought on the complaint; the whole system has in some

way received a shock, from which it must have time to recover, before any attempt is made to exercise the faculties.

The cases we have described are strongly marked, but the reader bearing in mind how greatly patients differ one from another, so that scarcely any two cases are alike, will not require to be informed that some examples of mania, or general insanity, are as mild as others are severe.

What does a patient in this state above all things require? Rest, and quietness, and medical aid. His ultimate recovery may depend on the immediate adoption of every measure likely to produce composure; there should be, if possible, a cessation of thinking. He may be capable of conversation, but it is necessary to prohibit this, and to place him where he shall hear no noise, and see nothing which can excite him. Every stimulus should be withdrawn, and all pains taken to allay the storm which has been raised. But when this has been accomplished, when there is no particular irritability, when the turbulence of thought and feeling has subsided, and nothing remains but a calm delirium confined to one or two subjects in place of general confusion, the understanding is then accessible; conversation may be allowed, and within due bounds is advantageous; the employment of the mind, which at first was deprecated, is now benefi-

cial to give it strength, and divert the thoughts from the channel they have worn for themselves; bodily exercise also, and a change of scene, may be ere long expedient, with amusement, occupation, travelling, &c.; and so all the different parts of the moral treatment come gradually into play. He may next, in the like manner, be brought to join the family at the morning and evening devotions, and to attend the short Sabbath-day service, which is performed within the house, till he is able to bear the longer one of a public place of worship.

There is another class of patients who may be necessarily excluded for a time from religious services and the use of the Scriptures. Their minds have been injured by the study of abstruse points of doctrine, or other difficult parts of the sacred volume, or by controversial writings, or by injudicious preaching, or self-imposed austerities; or their insanity, having been produced by some cause not of a religious nature, has assumed that character, examples of which are frequent. Such patients sometimes view everything religious through a distorting medium; say what you will to them on the subject, they pervert it, so that you have no alternative; you must keep religion out of their way till their insanity abates. Good in itself, supremely good, it proves *in this case* the incentive to evil; it is poison to them, and must be withheld. There are excep-

tions to this remark, but we cannot here particularise them, as we shall do in another place; we speak now in general terms only.

The propriety of attempting to benefit insane persons by religious reading, conversation, and prayer, must in each individual case be determined by circumstances, and it is often a matter of experiment; wherever it is found on trial to produce an unfavourable effect, it must be avoided. It costs us nothing to make this concession, or any other which truth requires, because, when all fair deductions have been made, there will remain a large proportion of persons, mentally afflicted, of whose spiritual interest no care is taken, or nothing worthy of that name, who might be addressed on subjects of eternal moment, provided it were done in a proper manner, with as fair a prospect of success as an ordinary congregation.

That I do not stand alone in this opinion, the following testimonies will show.

I was walking one fine summer's day towards the Middlesex Lunatic Asylum, which contained at that time about six hundred patients, with Sir Alexander Morrison, of whose knowledge of mental disease I cannot think without respect, and to whose kindness on many occasions I have been much indebted, when a lady of the party asked him whether he thought the inhabitants of the great house before us were capable of profiting by religious instruc-

tion. "Many of them as capable as you or I," was his prompt and emphatic answer; in which he allowed, of course, for those exceptions which would occur to the mind of every one acquainted with insanity.

Dr. Button, surgeon to that establishment on the female side, and his lady, who acts as assistant matron, having under their care at this time about 500 patients, are warmly in favour of their religious instruction, and speak with unhesitating confidence as to their general capability of receiving it. I have conversed with them repeatedly on the subject, and I consider their opinions of peculiar value, from their great experience in everything relating to the management of the insane. It is in substance as follows. There is no want of sufficient capacity; they possess the power of reasoning in every degree, and in the greatest variety; the difficulty which lies in the way of their instruction arises, not from their want of abilities, but from their dreadful depravity; but to secure their voluntary attendance in great numbers on the religious services of the chapel, it is only necessary to make them interesting.

Dr. M'Kinnon, house-surgeon to the Asylum at Aberdeen, whom I had the pleasure to meet in the summer of 1838, bore in like manner his testimony to the capabilities of insane patients, adding, "The greater part of them attend divine service twice on

a Sunday, and to restrain them is inflicting a punishment; the threat of doing which is a means of keeping them in order. No congregation behaves better than they do."

If our susceptibility of religious impressions bore always a due proportion to our mental capacity, a company of insane persons would be compared much to their disadvantage with an ordinary assembly; but that is by no means the case, as every minister of the gospel knows too well. Religion is not so much an affair of the understanding as of the will and affections, those higher and commanding powers of the mind, to which the intellectual are in a great measure subservient.

It is possible, therefore, all things considered, that a given number of insane persons being statedly addressed, in a manner suited to their capacities, a zealous minister might see as much fruit of his labour among them, as if he had been preaching for the same length of time to an equal number of persons in the full possession of their reason, the real obstacle to their conversion being in them, as in ordinary hearers, not the want of sufficient capacity, but long indulged habits of sinful indifference to eternal things.

The powers of intellect exist among insane persons in all conceivable degrees, from the total want of them in the automaton before mentioned, up to their abundant display in the highly gifted preacher,

whose eloquence delights, as much as his sound scriptural knowledge edifies, his crowded audiences ; but who, from the exuberance of a fertile imagination, or too close attention to professional studies, may occasionally exhibit peculiarities of thought and behaviour which are not consistent with his general habits.

Any one mode of teaching cannot, therefore, be suited to this diversity of character ; which fact is of itself sufficient to account for the acknowledged want of success in time past, to say nothing of the spirit in which prescribed duties may have been discharged. Let the experiment be fairly tried before it is pronounced a failure. The following examples show that true piety may consist with a very small portion of understanding. M. T., an idiotish woman, fancies the cloth in her hand cries out with pain when it is pierced by the needle in sewing. She frequently kneels in the yard and prays. "What do you pray for?" said I. She answered with great simplicity, "I pray to have my sins forgiven, and to be taken out of this place." What could such a poor creature have said more to the purpose ? These few words expressed her conviction of sin, trust in God's mercy, belief in his omnipresence, and dependence on his providential care.

Going round the house, I was struck with the placid appearance of C. C., an elderly female,

nearly imbecile. I was told she fancied herself in heaven, and talked of her fortune in the Bank. To my inquiry, of how she felt herself that day, she answered, "Happy, happy, happy! I have communion with angels sometimes, and I want for nothing." "Are you still in heaven?" said I. "O yes," she replied with emphasis, "I *am* in heaven;" and then of her own accord, she lifted up her tremulous voice and sang,

"When I can read my title clear
To mansions in the skies,
I'll bid farewell to every fear,
And wipe my weeping eyes."

Upon another occasion I heard her repeat the whole hymn.

The well-known tract "Poor Joseph" gives a remarkable account of benefit received by a man of small intellect under a sermon of which he remembered nothing but the text, which seems to have comprised all his scriptural knowledge. "This is a faithful saying, and worthy of all acceptance, that Jesus Christ came into the world to save sinners, of whom I am chief."—1 Timothy i. 15.

His inference was, "then he came to save poor Joseph," and with this prop the simple creature passed through the last trying scene, which occurred not long afterwards, repeating, as long as he was able to speak, the words of the sacred writer as

applicable to himself, and leaving in the minds of competent judges no doubt as to the saving nature of that change which a single text had wrought upon him.

In the *Christian Lady's Magazine* for October, 1837, page 350, is a paper on the religious instruction of idiots.

I did not like to interrupt the argument when enumerating certain exceptions to the fitness of insane persons, but a very remarkable fact must here be noticed. They frequently possess a consciousness of what passes, and of what is spoken and done to themselves, of which they will give proof on recovery, although appearing at the time insensible to everything, like any one lost in a trance. The young man before mentioned, who was spouting blank verse in his reverie, assured me, on getting well, that he remembered everything which had happened to him, and he proved it by mentioning a circumstance which I had forgotten. The respectable mother of a family, who had been "as mad as a march hare," talking in the most absurd and extravagant manner, with violent agitation of mind and body, said, on getting well, she should have a fine story to tell her friends in the country of all that had been done to her during her nine months' residence in the asylum; and went away, expressing her thankfulness for kind treatment to some persons in particular.

Patients who have been silent, giving no answer when spoken to, apparently absorbed in thought, often remember words that were addressed to them when in that state. “Why did you not answer me when I before tried to make you speak,” said a gentleman to a young woman, on finding her much improved. “Because,” said she, “I thought your question impertinent.”

Another, who in a fit of delirium, occasioned by lying in, had killed her new-born infant, through some culpable neglect in those about her, related to me a year afterwards, when perfectly well, what were her thoughts at the time of committing the deed. She had imagined that the child was destined to lead a wicked life and perish eternally; and she argued from these premises, that it would be the greatest act of kindness to put it to death at once, in order to prevent those terrible consequences.

Suppose, then, the minds of lunatics are seriously injured by the violence or long continuance of their disorder; or that their faculties have never been properly developed, as in idiots or naturals; or that they are for the present bewildered and confused by a multitude of unconnected ideas, chasing each other in rapid succession, as in mania; which is, while it lasts, a state less favourable for instruction than the two preceding? We have seen how a poor

half-witted creature, dropping casually into a church, picked up a text which answered every purpose to him. The examples of two females, one of them an extreme case, show how the germ of true religion may by possibility be joined to imbecility of mind; and if to these we add the remarkable fact just stated, that patients whose intellects are disordered by general insanity of an overpowering kind, like a sweeping tempest, sometimes understand what is said to them when in that state, and recollect it long afterwards, we shall have encouragement to try what can be done by the use of proper means, in cases which most people would deem hopeless; and if these are not to be despaired of, the milder cases have a more evident claim on our persevering efforts.

Let us not, then, require too much when a small portion only of understanding has been given. God alone knows what is essential to salvation, and let us not exclude from the means of grace those who are not excluded by absolute incompetency. They who cannot receive instruction in one way, may be susceptible of it if the mode is changed. The necessary exceptions are, in my opinion, *much fewer than at first sight would seem probable*. If we wait till they recover, we may lose our only opportunity of doing them good, and they will in that case return to the world as they left it. But if we obey the command to "sow beside all waters," though

we may not witness the effect of our labours, they who leave us cured, may carry with them "precious seed," which may take root downwards and bear fruit upwards, under the fostering hand of Providence, when the tongue of their teacher is silent; and they who die unrelieved, may obtain a benefit which eternity will disclose.

The Gospel accommodates itself to the circumstances of men, in all situations; and its recent triumphs in heathen countries show what may be accomplished by patient and persevering efforts. Well-educated missionaries find, on arriving at the field of labour, that they must adopt a mode of communicating knowledge, very different from that by which they themselves acquired it; but by suiting their lessons to the capacities of their pupils, and their accustomed modes of thinking, and thus becoming, after the example of the most distinguished missionary to the heathen, "all things to all men," they gain their point.

We must act on the same principle in the present case, if we would rival their success. Some patients will receive instruction in one way, some in another, and our ingenuity and patience will be tried. But how great will be our recompense in successful cases! How exquisite the pleasure to hear from the lips of one about to take his leave, the effusions of a grateful heart! We may imagine such an one addressing his benefactor in the following simple

language :—“ I thank you for all your care of me since I came here. I have caused you a great deal of trouble, and you have been very indulgent. I think I should never have recovered without that kind and skilful attention which you showed me while I was out of my mind, for I have no doubt I was completely so at one time. But this is nothing compared with what you have done for me in other respects. Before I was attacked with the illness which occasioned me to be brought here, I was an ignorant careless sinner, but I foolishly thought I should be saved with others, because I was no worse than they ; but my opinion is quite altered ; I see the mercy and love of God in laying this affliction upon me, for I may say with David, before I was troubled, I went astray ; but this trial has been the means of producing such a change as will, I trust, end in my everlasting welfare. I shall never forget your kindness, and I pray God to bless you.”

I might here stop, having, I think, proved my point, as far as capability is concerned, by showing that extreme cases are not to be despaired of. And if it be allowed by the highest medical authority, that they who are incurably mad are capable of deriving spiritual benefit from the prayers of the Church of England, a portion of scripture, and a short discourse, I run no risk in declaring my opinion that persons whose cases are considered

curable, and who possess, in every variety of degree, the use of their understandings, would be benefited by such a course of instruction as I refer to, viz. a regular religious service for those who are able to join in it, and for others a mode of teaching adjusted to the measure of their intellects; some being treated like adults, others like children of different ages.

But prejudices of long standing are not easily removed. I must therefore go on, hoping that an accumulation of facts of different kinds may draw the attention of some persons more closely to what passes under their own eyes, and that it may induce others to apply their minds to a subject which has never engaged their thoughts. My only difficulty lies in making a proper selection from the heap of materials before me. I shall begin with the mad-house itself.

He that would form a correct notion of the capabilities of the insane, should mingle freely with them, converse with them, and observe their conduct. He will then find that he had previously not only much to acquire, but something to unlearn; that his former conceptions were not only defective but erroneous; that a well-conducted asylum is by no means that kind of a place which it is generally believed to be, and that its inmates are far more rational and companionable than we

had supposed them. Who is it, for instance, that would not be surprised to see, for the first time, thirty or forty of them seated at the same table, well dressed, and behaving with propriety? I have done it repeatedly, and have heard the matron, to whose humanity and prudence the improved treatment of females in a large establishment is chiefly attributable, exult with honest pride at being able to make such a display to her astonished visitors.

At other times, a large portion of the patients are engaged in domestic employments, and they take a lively interest in the news of the day when it reaches them.

The understanding of Mrs. B. is in better order than her temper and feelings; on the whole, however, there is in her not much to complain of, as respects her conduct. "I think," said she, as she danced along the gallery, "a madhouse is a merry place, instead of a melancholy one;" and she spoke of it as she found it; she sang at her work, and joked with anybody.

The patients are, I believe, happier than they would be at home, disturbing the peace of their families, and becoming progressively worse through want of management.

One visiting day, at Hanwell Lunatic Asylum, the friend of a patient asked her, in my hearing,

whether she was comfortable; her reply was, "Why should not I be so, there is nothing to make me otherwise?"

I have sometimes thought the interior of a lunatic hospital, particularly on the female side, bore no small resemblance to a nursery or infant school. The patients in it have, like children, their whims and tempers, and are governed by a similar kind of discipline, the same mixture of kindness and authority, which are necessary to preserve order in a family. All of them require to be managed, that is, made to feel that they are subject to a superior, who must and will be obeyed; and I have no doubt this contributes greatly to their recovery by teaching them self-control. But some of them are not equal to this, and want as much looking after as infants; they get into corners, lie on the ground or on the forms, rise up from table and walk about the room, scatter their food over the apartment, and tear their clothes. Some would lie in bed all day, others will not be dressed, or make sad work of it in attempting to dress themselves; some will not take their meals in the company of others, but will eat them when alone, and some who appear to have no want of understanding, take delight in doing mischief and being troublesome. So that arguments of all kinds, suited to their comprehension, are in constant requisition, and scolding, coaxing, promising, threatening, ridicule, and

commendation, are employed by turns to procure obedience, and “drive the nonsense out of their heads,” as a valuable nurse expressed herself.

As the disease gives way, they become more amenable to discipline, and behave with greater propriety. They may be still blind to their own infirmities of mind, but they are not so to the foibles of those around them, and rally each other upon their respective delusions ; the follies of each being considered common property, as a subject of merriment by those who are not too much occupied with their own trains of thought. By this, a system of mutual inspection is kept up to the advantage of all parties, and sometimes they may be brought by a little address to convict themselves of absurdity, and will join in the laugh which their detection has created. This state of things is now and then productive of curious scenes.

In a private asylum near London, there were, as the proprietor informed me on going over it, two gentlemen who laboured under the impression that they had not more than another day to live ; yet each has been heard trying to convince his companion that his fears were groundless.

“I am quite positive,” said a young man one day in my hearing, “that when I came here, the rest of the people were no more mad than I was.” “Very true,” said the physician, who happened to be present, “you are quite right, the rest are no

more mad than you are—many a true word is spoken without intending it.” Those patients who stood by, caught the joke and laughed, in which the youth, convicted of a blunder, joined against himself.

A young woman, tired of her captivity, complained to the visiting physician. “I wish, Sir, you would let me go home, there is nothing at all the matter with me, I am as well as ever I was in my life, only somebody comes into my room every night, and sprinkles vitriol on my hands and face to burn them, and puts knives into my bed.” “What!” said the doctor, “*when the door is locked?* How do they get in?” “Yes,” said she, “somebody comes into my room and does it.” Such a proof that she was “quite well and fit to go home” was irresistible; and those around her enjoyed the sport.

A little man fancied he was bishop of Winchester. I knew him well. “*You a bishop!*” said some one to him; “how could such a notion ever get into your stupid head? A pretty sort of a bishop you would make; I should like to hear you preach. Why, you are a carpenter, man; you know you are nothing but a carpenter; how could you think you were a bishop?”

“Look at that little woman,” said a female, “that little woman on the seat there, she thinks she is dead; did you ever know anything like it?” My informant was incurably mad, I fear, but the

little woman came to life, and went home well a few months afterwards.

The following curious dialogue took place between her and the visiting physician.

“ Well, Mrs. H., I saw your friend, and I told him you were better. Was that right?” No answer. “ What, have you not a word for me to-day?” Still silent. “ Well, I see you are alive and getting fat, I hope you feel yourself alive?” “ I don’t know.” “ What, not know whether you are alive or dead? You eat and drink, and move about, and talk sometimes; is not this being alive?” No answer, but a smile. “ But,” continued the doctor, “ I don’t know what you *call* being alive.” Answer: “ A great deal too much has been said about that, I am always being asked about it.” “ Well now,” said he, “ I will say no more on that subject, I promise you, as soon as you tell me it was all a delusion. You know you did once think that you were dead; are you now convinced it was nothing but a delusion?” “ *Why, everybody tells me that it is, so I suppose it is a delusion.*” “ Well, as soon as you are quite satisfied that is the case, I shall be glad to send you home.”

Having in vain tried to engage the attention of a silent patient, I asked her neighbour at the dinner table if she ever spoke. “ Oh!” cried one of them, full of fun and frolic, “ set a pot of porter before her, and she will find her tongue if any one tries to take it away from her.”

Thus they by turns exert, and are subject to, an influence which is no other than the control of public opinion ; and sometimes a convalescent patient is appointed deputy-keeper or nurse, during the absence of the principal on business in some other part of the house. Patients who have gone through the complaint, often make the best of keepers ; knowing, as they do, the feelings of the lunatic, they sympathise with those under their care, understand how to meet their wants, and become attached to their employment.

A gentleman wishing to see the curiosities of a madhouse, a genteel-looking well-behaved man offered to conduct him over the place in the absence of the keeper, explaining to him the remarkable cases, and at taking leave confided to him the secret that he was himself heir to the throne, and would make him prime minister when he should be king. The disease under which this guide laboured is called monomania, or partial insanity, already described at length. The madness of such persons is supposed to be confined to one object, leaving their understanding free in other respects ; an opinion which is not perfectly correct ; therefore the term partial insanity is more strictly applicable than monomania to that form of derangement, though the latter, as being shorter, is generally preferred.

So numerous are the patients who are only par-

tially insane, that the Parliamentary Report of 1815 states them to comprise seven-eighths of the whole number of lunatics.

The derangement of some persons is so slight, that it is a matter of doubt whether they can with propriety be deemed at all insane. Others who are certainly affected with madness are conscious of their state, which proves their disorder to be mild as regards the intellect. "Harkee," said one of this description, who is a troublesome, impertinent fellow, and mad enough in some respects, though he knows very well what he is about,—“Harkee, I am a madman and a dangerous one too, dangerous to myself as well as to others, and incurable; for you know it is not in the power of any of you to make me well; therefore take warning. I give you till next November to consider of it, and if I am not then liberated, this place shall burn; I will set it on fire, mind that. Death or liberty.” The same patient is also a calculator and maker of verses, which he sometimes reads to visitors, but I could never prevail upon him to give me a copy.

Others will tell you, that having been pronounced mad, they should not be punished for it if they were to commit murder.

I know one who is not considered sufficiently well to have his liberty, but who is nevertheless able to preach connectedly, and sometimes exercises his talent before such an auditory as he can collect

within the bounds of a very ample enclosure in the country. And I have heard a Jew argue in defence of his own creed and ritual, appealing to precedents, and cunningly evading arguments in favour of Christianity, by pointing to another patient who once thought himself Jesus Christ, observing, "How can I tell whether all you say is true? That man says that he himself is the Saviour."

Some patients have actually no delusion at all, their disorder lying not in the understanding, but in the will and affections; whence it is called moral insanity, described in page 25; and in others it consists in a state of general excitement, by which the intellectual powers are for the time augmented.

The subjects of intermitting insanity are better and worse alternately, and sometimes perfectly free for weeks or months together.

A. H. is a powerful man, who has, under the excitement of his disorder, killed one person who ventured too near him when confined. His paroxysms return rather suddenly, so that it is not thought right he should at any time enjoy the full use of his arms, which are confined near his side by a short chain fastened to a belt which goes round his body. But for weeks together he is quiet and respectful in his behaviour, thanks God for his amendment, and I believe attends divine worship.

Sir Alexander Morrison has given the portrait of another man in the two opposite states of excite-

ment and quiescence, and a description of the case, in the first number of his *Physiognomy of Mental Disease*.

An aged female has been known to set a learned man right, as to the meaning of the last chapter of *Ecclesiastes*. And what shall we say of the capacity of another, who could give the following account of herself? "You don't look well to-day," said the superintendent, "you are not merry; what makes you so dull?" "I am not ill." "Then what are you thinking of?" "I often think of my sins." "Sins! why, you have committed no sins to make you uncomfortable?" "O yes, I have a great many." "Why, what sins can you have been guilty of? let us hear now. Did you ever commit murder?" "Yes, I think I have; for I have often been out of temper, and angry with persons, and I have sometimes wished to do them an injury, and that is committing murder in my heart." This was pretty well for a madwoman considered one of the incurables!

The fitness of all these persons to attend religious ordinances, either private or public, so long as they behave with decorum, cannot be questioned, and the catalogue of similar cases might be increased to any extent.

For our last proof of general competency of the insane, we are indebted to the anti-religious mania of French republicanism. Of some former ones it might be suspected that they are select cases culled

out of a great number, and not fair samples; but this is an aggregate specimen, representing the *class* of persons to whom we refer.

“ In the third year of the republic, the directors of the civil hospitals, in the excess of their revolutionary zeal, determined to remove from those places the external objects of worship, the only remaining consolation of the indigent and the unhappy. A visit for this purpose was paid to the hospital de Bicêtre. The plunder, impious as it was and detestable, was begun in the dormitories of the old and the infirm, who were naturally struck at an instance of robbery so new and unexpected, some with astonishment, some with indignation, and others with terror. The first day of visitation being already far spent, it was determined to reserve the lunatic department of the establishment for another opportunity. I was present at the time, and seized the occasion to observe, that the unhappy residents of that part of the hospital required to be treated with peculiar management and address; and that it would be much better to confide so delicate a business to the governor himself, whose character for prudence and firmness was well known. That gentleman, in order to prevent disturbance, and perhaps an insurrection in the asylum, wished to appear rather to submit to a measure so obnoxious than to direct it. Having purchased a great number of national cockades, he called a

meeting of all the lunatics who could conveniently attend. When they were all arrived, he took up the colours and said, 'Let those who love liberty draw near and enrol themselves under the national colours.' This invitation was accompanied by a most gracious smile. Some hesitated; but the greatest number complied. This moment of enthusiasm was not allowed to pass unimproved. The converts were instantly informed that their new engagement required of them to remove from the chapel the image of the Virgin, with all the other appurtenances of the catholic worship. No sooner was this requisition announced than a great number of our new republicans set off for the chapel, and committed the desired depredation upon its sacred furniture. The images and paintings, which had been objects of reverence for so many years, were brought out to the court in a state of complete disorder and ruination. Consternation and terror seized the few devout but impotent witnesses of this scene of impiety. Murmurs, imprecations, and threats expressed their honest feelings. The most exasperated amongst them prayed that fire from heaven might be poured upon the heads of the guilty, or believed that they saw the bottomless abyss opening to receive them. To convince them, however, that Heaven was deaf equally to their imprecations and prayers, the governor ordered the holy things to be broken into a thousand pieces,

and to be taken away. The good-will and attachment, which he knew so well how to conciliate, ensured the execution of this revolutionary measure. A great majority immediately seconded his wishes. The most rigid devotees, who were comparatively few in number, retired from the scene, muttering imprecations, or agitated by fruitless fury. I shall not inquire into the propriety of so harsh a measure, nor how far its universal enactment might consist with the principles of a wise and enlightened administration. It is very certain that melancholia or mania, originating in religious enthusiasm, will not admit of a cure, so long as the original impressions are allowed to be continued, or renewed by their appropriate causes."

Having succeeded, I hope, in proving the intellectual competency of insane persons, I avail myself once more of the words of their great benefactor, to do them justice in another respect.

"I cannot here avoid giving my most decided testimony to the moral qualities of maniacs. I have nowhere met, except in romances, with fonder husbands, more affectionate parents, more impassioned lovers, more pure and exalted patriots, than in the lunatic asylum, during their intervals of calmness and reason. A man of sensibility may go there every day of his life, and witness scenes of indescribable tenderness associated to a most estimable virtue."

Let us then approach them with kindlier feelings than have been usually cherished. Let us treat them as friends and as children. Let everything possible be done to alleviate their sufferings, to console and make them happy. And if we cannot win them over to piety, let them not have to say that our harsh conduct has confirmed their dislike to our principles.

CHAPTER V.

ON THE SAFETY AND PROPRIETY WITH WHICH
INSANE PERSONS MAY BE ADDRESSED ON RELI-
GIOUS SUBJECTS.

RELIGIOUS insanity was slightly touched upon, in speaking of certain exceptions to the competency of insane persons to profit by christian instruction. It comes again before us, now that we are estimating the probability of their being injured by that which is intended for their benefit; and in this point of view it demands a more attentive consideration.

It is of two kinds, differing widely from each other as much as cause and effect, though generally confounded together. They differ in their origin, their nature, and in the treatment required.

The origin of the first is always something of a religious kind, such as excessive mental pain from the accusations of a guilty conscience; terror inspired by fanatical preaching; perplexity of mind

from studying controverted subjects, or endeavouring to unravel the mysterious parts of the sacred writings; or the misapplication of particular texts; or self-denial in food or sleep, to the injury of the bodily health. These and similar excesses, and lesser causes in persons of a delicate and very susceptible constitution, predisposed, it may be, to the disease, do now and then produce insanity, which takes its character from them, and requires for its cure that the exciting causes should be avoided for a longer or shorter time; like as a person who has injured his health by living in an unwholesome spot, requires a change of air in order to his recovery.

In the second species of religious insanity, which is by far the most frequent, religion has nothing to do with its production; and the religious alarm which attends it is the effect, a mere symptom and nothing more, of a melancholy state of mind produced by the common causes of grief, such as the loss of property, the death of friends and relations, and even corporeal disease. Sometimes the melancholy, instead of being traceable to any such natural cause, is an insane delusion for which we cannot account—an idea or impression originating in the mind itself, the effect of disturbance in the functions of the brain, of which numerous examples were given in the description of monomania. Thus, one man believes himself to be a king, another a

beggar, a third that he is a prophet, and a fourth that he is doomed to hell-fire; the notion in each case being a maniacal hallucination, the creature of a disordered fancy. I have, in four or five instances, heard men arrogate to themselves divine titles, but I was never satisfied that they fully believed in their own lofty pretensions. They always seemed to me to take a wicked pleasure in gratifying their vanity and surprising their auditors, though I cannot deny or doubt the possibility of such delusions being complete.

Patients of the first class may be pronounced *religiously insane*,—religion, or something pertaining to it, having been the cause of their insanity, too plainly to be mistaken.

Those of the second class may be termed *insanely religious*, they being just so far religious as they are insane, and no farther. If you cure the madness, their religion is gone with it, and it returns if they suffer a relapse, their religion not being the cause, but the consequence, of their mental malady.

The distinction between these two kinds of religious madness, which we are so anxious to establish, and which is easily made by bearing in mind that the one is the cause, and the other the consequence of insanity, would be of no great consequence, if our only object in the treatment of patients was their restoration to health. But if we thought our whole duty to them was comprehended in that, the present

work had not been written. We are of a different opinion, and we consider the want of discrimination in this particular instance to be the ground of a serious error; for, as religious insanity of both kinds is believed to arise from excessive attention to sacred subjects, it is argued that if religion so often produces madness in persons who were previously in their right mind, it will, much more, be likely to aggravate it in those who are already insane. It is accordingly prohibited in some asylums, and if admitted into others, it is either received with caution like a bale of goods coming from an infected port, or treated with such contemptuous neglect as neutralizes all its power of doing good or evil.

This reasoning is, in our opinion, applicable to one kind of insanity only, viz. that which proceeds from a religious cause; and not always even to that, for when insanity proceeds from misapprehension of scripture doctrine, its proper antidote is a correct statement of the same, *if the patient's mind is able to receive it*. Truth, seen as truth, is the certain corrective of error; but if the patient is too far gone to be capable of judging between what is true and what is false, when both are clearly laid before him, then, indeed, all the labour of refutation will be useless, and another course must be taken. His mind must be amused and directed to other subjects, or left at rest, till it has regained its rea-

soning power. In melancholy monomania, or religious melancholy, arising from causes not religious, of which we shall presently give several examples, the prudent exhibition of sacred truth *does no harm where it fails to do good*. This is a general rule, we had almost said a universal one; it should therefore be always joined with other means of cure in such cases, till we have unquestionable proof that from some peculiarity it is hurtful.

As to the application of the above mode of reasoning to *ordinary* cases of insanity, or the inference that religion must be always injurious to them, nothing can be more inconclusive. It reminds me of a request I heard made to a superintendent by one under his care. "Please, sir, may I attend chapel with the rest? My own keeper will be with me, and I am not likely to become too religious, or anything of that sort." He was allowed to attend from that time, and I never heard that he was the worse for it.

Respecting the two kinds of insanity before mentioned,—the one proceeding from a religious cause, the other not;—it is to be observed of the former, that it is divisible into two varieties, distinguished by a state of excitement or a state of depression, corresponding to the very ancient separation of all cases of madness into the two grand classes of mania and melancholy; some patients labouring under it being so much excited as to exhibit high

delirium and violent action of the muscular system, like furious maniacs ; or they converse loudly on religious subjects, sing hymns and pray extravagantly, and exhibit other signs of being partially deranged. Others are gloomily depressed, asserting that they have committed the unpardonable sin, and that their souls are irretrievably lost.

But patients whose disorder was occasioned by distressed circumstances, and *whose religious impressions have grown out of worldly sorrow*, are never, as far as our own experience goes, affected with maniacal excitement ; their disease is a *settled melancholy*, and we should deem the supervention of excitement a favourable change giving hope of recovery. It has proved such in some cases, we have no doubt ; but though it is common enough for excitement and depression to alternate in the same individual in common mania, it has not happened to us to witness the transition from religious despondency of that kind to which we now refer, and which we shall immediately describe more fully, to an opposite state of mind.

That religion is an occasional cause of insanity we have admitted, and we do not deny that it is rather a frequent cause of it in conjunction with predisposing constitutional peculiarities ; but we are not prepared to go the length of Sir William Ellis, who says, page 67,—" Too intense thought upon religious subjects is the moral cause which,

next to distressed circumstances and grief, has produced, so far as we have been able to ascertain, the greater number of cases in the institution at Wakefield." And, after the most careful perusal of his work, it seems to us that he was not alive to the important fact, that insane melancholy, strongly marked with religious despair, *has not, in a multitude of cases, a religious origin.* "Such patients usually go mad first, and become religious afterwards," to use the expressive language of Doctor Paris, who showed, in a conversation which we had with him on the distinction referred to, that it had not escaped his notice; and we do not see how any one can retain an opposite opinion, after reflecting on the facts and observations which we now proceed to lay before him. Our own experience certainly does not coincide with that of Sir William Ellis, if he has correctly stated what was the case at Wakefield.

The tendency of melancholy, from whatever cause arising, is from bad to worse. It first casts a gloom over our prospects of one kind, then over others, till all our hopes of earthly happiness become extinct; and in persons who have been religiously brought up, taking that word in its most extensive meaning, it goes on to torment them with a belief of God's present displeasure towards them, and a dread of final perdition as the consummation of human misery. But in countries where the

restraints of piety and superstition have been broken down by a spirit of infidelity, the fever of temporal punishment has been substituted for the fear of God.

Dr. Pritchard, in his valuable treatise on mental affections, has well described this process :—

“ Mental dejection or melancholy, which extinguishes hope and gives the mind up to fear and the anticipation of evils, lays the foundation for many kinds or varieties of monomania. The most numerous and the worst instances are those in which the thoughts are directed towards the evils of a future life. The unseen state opens the most ample scope to the dark and gloomy anticipations of melancholy and remorse, and hence it is selected by the desponding monomaniac as a field for the exercise of his self-torturing imagination. If the habits of his mind lead him to fix by preference on scenes connected with the present life, he still finds imaginary objects of terror and disquietude. Two centuries ago persons were everywhere to be found who fancied themselves possessed by demons, just as the ancients were pursued and agitated by the furies. Dæmonomania occupies an important place among the forms of insanity described by the old writers, and we are informed by Jacobi that this is still the character which, in some catholic countries, insanity connected with superstition frequently assumes.”

“ In modern times,” says M. Esquirol, “ the punishments which the priest denounces have ceased to influence the minds and conduct of men, and governments have recourse to restraints of a different kind. Many lunatics express now as much dread of the tribunals of justice as they formerly entertained of the influence of stars and demons.” “ C’est toujours la pusillanimité, l’inquiétude, la crainte qui agissent sur ces infortunés, comme elles étaient la cause des maladies des possédés. Tel individu est aux Petits-Maisons, parcequ’il craint la police, qui eût été brulé autrefois, parcequ’il aurait eu peur du diable.”

A few examples will render this more intelligible.

J. P. having been dismissed, but not for bad conduct, from the situation which he filled under a wealthy corporation, and his son having died about the same time, he was so affected by the double loss, that he became melancholy and gradually insane. He considers himself a lost and ruined man, though it is certain he will be provided for, if he recover, either by another place or a pension. He imagines all his friends and acquaintances have turned their backs upon him—fears he shall be hung for something—thinks he saw the chief magistrate pass by him, who accused him of being drunk, and had it put into the newspaper—fancies he has committed some sins which cannot be pardoned, that he has cursed the Almighty, &c. These and similar delu-

sions having continued some days, he was seized with a paroxysm of furious mania, which made it necessary to confine him to his bed by straps and the strait waistcoat, having made an attempt on his own life. This is the account received with him, corroborated by what we have witnessed ourselves since he came under medical care. His violence soon abated, and he is now impressed with a sense of his sinfulness, and believes the devil is about him, and within him. In this state he had continued more than a year when we last saw him.

S. B., a fisherman's wife : she has been ill in mind ten weeks ; the only cause assigned is a fright from her husband's supposed loss at sea. She lost an infant lately, and says she killed it ; but there is no evidence of the fact. It is a case of melancholy, brought on probably by the above fright, and the death of her child.

December 19th. S. B. continues much dejected, weeping almost all day, under the idea that she killed her child. She may sometimes be heard in the night, particularly before going to sleep, crying out, " I have lost my soul, I have thrown my soul away."

January 16th. Crying at the dinner-table, and wanting to see her husband, that she may tell him something about some money.

March 26th. Pacing the gallery in great dis-

tress, crying out, "O, my soul is gone, my poor soul is gone." The nurse says, she ought to have had on the gloves yesterday, for she picks her flesh with her nails.

March 28th. Her cry now is, with abundance of tears, "What have I done to be brought away from my precious husband?"

30th. "Why did I fret that my precious husband was lost at sea? O why did I fret that my precious husband was lost at sea? I am lost myself, my poor soul is lost for ever."

April 3rd. "What makes you cry so?" "Oh, I am going to be burnt, I am going to be burnt." "No such thing," said I. "O yes, I am, when I die, going to be burnt."

20th. She continues much the same, though removed to another and pleasanter part of the house, that others may not be disturbed by her. She is crying to see her husband and child, alternately exclaiming, "I am for ever banished from my God."

27th. I found her quietly mending stockings at the work-table, without any appearance of sadness. "How is this?" said I to the nurse. "She is so sometimes for a little while," said the nurse, "but she has been worrying all the morning."

Here is a case of melancholy, with which religious considerations have become accidentally associated. When the mind is otherwise quiet, the

religious distress subsides. In some cases, this is the effect of delusion; in others, I have no doubt it is that of an awakened conscience, accusing them of religious negligence in time past.

“An opulent merchant of forty years of age, and of a melancholy temperament, in consequence of the loss of a large sum of money a few months ago, was affected with such excessive grief and perpetual anxiety as almost entirely deprived him of sleep. After having been thus tormented for about a month, he began to be fond of solitude, to have absurd thoughts, and to imagine that he was reduced to absolute poverty, and that he and his family should perish for want. To add to his distress, his disorder having gradually increased, he fancies that he is condemned by God to eternal torment; and that he is perpetually haunted by monstrous spectres, which he calls devils, both sleeping and waking: and though the faculties of his mind perform their functions in every other respect very well, yet can he by no reasoning be persuaded that these are mere fancies, and not realities. Perpetually, therefore, tormenting himself with the most dreadful apprehensions, he wishes for death, and refuses both food and medicines.”
—*Arnold*, ii. 234.

T. H., a sober, industrious, steady character, was servant to a nobleman of high rank. His illness commenced about the year 1836,—three years

before I knew him. He awoke in the night with an oppression of the chest, and a disturbed feeling in the head. These feelings continued increasing, with depression of spirits, till he became utterly unable to work, or read, or do anything to amuse himself—though he would willingly be employed. His master kindly obtained for him the best advice; but as nothing relieved him, he proved unfit for his place and left it, and was sent two years afterwards to an asylum where I saw him.

His appetite is good at all times, his tongue clean, and bowels regular; but his sleep is disturbed, and he is tormented with a dreadful delusion. I give it in his own words: “As sure as God is in heaven, my soul is at this moment burning in hell fire, separated from my body. Sometimes my body also is burning, but particularly my face, which is so much heated, that I cannot be shaved more than once a week. God Almighty has allowed the devil to separate my soul from my body, and it is burning in hell.” “But how did this come upon you; what was the occasion of all this?” said I. “I can give you no account of it,” was his reply; “God laid the judgment upon me for the wickedness of my heart.” This poor man used to frequent his church, and read the Bible, like other persons decently brought up; but he has laid the book aside, and disbelieves in the Saviour. I tried him upon this. “Is that true,” said I,

“which I hear of you?” “O yes,” said he, “I cannot *now* do anything I used to do. I never read the Bible, and as to the Saviour, there never was any such person as Jesus Christ.” His conversation is rational on ordinary topics; but he is immovably firm in his erroneous opinions, and his appearance is that of melancholy itself. I never saw him conversing with any one of the other patients, or taking the least interest in the scene around him; but he answers readily when spoken to, and is well behaved.

Here are several examples of religious melancholy, in the production of which I cannot discover that religion was at all concerned. To these many more might be added, and similar to them would, I apprehend, be found the greatest number of religious cases so called, if their true history could be learned.

In other cases of depression and fear, the insanity is brought on by intense study, and a neglect of all the usual precautions for keeping up the health of the body. It makes no difference to the argument, whether the object of that inordinate application of the mind was something connected with religion, or quite foreign to it—whether it was perpetual motion, the nature of comets, the exposition of unfulfilled prophecy, or the balance of power in Europe. The study of any subject will disorder the intellect, if carried to the extent above

described ; and I cannot allow to religious studies the exclusive property of stultifying their votaries, when so many able statesmen, lawyers, mercantile men, and others, have lost their senses and their lives, in the ardent devotion of all their energies to their respective pursuits.

“ I was consulted some years ago,” says Dr. Pritchard, “ on the case of a youth who had become insane, as his friends supposed, through unusual excitement and exertion of mind. He had been attending the sermons of a preacher noted for the vehemence of his language, and at the same time had devoted himself to studies for which he was unprepared, to the neglect of sleep and bodily exercise. He became depressed in spirits, and disordered both in body and mind. The morbid feelings which afflicted him, at length conjured up for themselves an imaginary cause, which soon became indelibly impressed upon his belief. He fancied himself to be suspected of some horrible crime, for which a process had commenced against him ; and whenever the door of his room was opened, he supposed that officers of justice were coming to apprehend him. The illusion which torments the monomaniac is generally something bearing a near relation to his former habits of business, or the usual occupation of his thoughts ; and this youth was the son of an attorney in a country

town, who was frequently employed in criminal prosecutions.”

We are not informed of what kind were the unusual studies to which this young man so closely applied, nor is that of any consequence; the course taken by him would naturally produce a morbid sensibility, and his familiarity with the terrors of justice, in which he had the fullest belief, gave the colouring to his disorder. Religion *might* have done this, for he was not an infidel, but attended the sermons of a very animated preacher; and if his fears had been tinged with piety, religion would, in that case, have borne the blame. It had, therefore, an escape in the present instance.

It is no doubt true, to a certain extent, that the delusions of monomaniacs bear a relation to their former employments and modes of thinking; but there are no bounds to the extravagance of the imagination, when it has fully disengaged itself from the restraints of reason. The two following cases exhibit, like the former one, the effect of excessive application of mind to a favourite pursuit; but there is in them no obvious connexion between the habits of the individuals, and the hallucinations to which they gave rise.

Let this be borne in mind when religion is arraigned as the cause of insanity, merely because the false idea, or morbid train of thought, assimilates itself to that pure and holy feeling.

“I have learned from good authority,” says Dr. Tissot, in his *Treatise on the Diseases of Literary Men*, “that Peter Jurieu, once so famous for the acrimony of his disputes, so disordered his brain by writing books of controversy, and by the labour of composing an exposition of the Revelation, that, while in his right mind in other respects, he firmly believed that the violent colics with which he was tormented, arose from the continual engagements of seven knights who were shut up in his bowels.”

“The brain of the celebrated Mons. Pascal was so much injured by the severe labours of study, reflection, and imagination, which it had undergone, (and it is well known he both thought and wrote much on religious subjects,) that certain of its fibres were agitated with a perpetual vibration, which excited incessantly the same sensation in the soul, as would have been produced by a ball of fire fixed in his side; and reason, overcome by the influence of the nerves, could scarcely ever lay aside the idea of the actual presence of such a ball.”

The next case is one of a mixed character; the good man's mind was deeply tinctured with enthusiasm, between which and madness there is a close affinity.

“A certain student, dejected with grief for the death of his sister, and worn out with study, complained to me of the stratagems of the devil.

He assured me that he could perceive the evil spirit enter into him, accompanied with wind, and proceed upwards in his body till he arrived at his head, so as to prevent him from attending to sacred matters with his usual devotion; and to descend and pass out by the same way, whenever he betook himself to praying and reading the Scriptures. That before this, through constant praying and watching, he had been filled with such inexpressible joy, as to hear the harmony of the heavenly choir; and that, despising mortal things, he had given away whatever he had to the poor: but that now, since the fervour of his piety was abated by the violent cravings of hunger, and the disturbance which the wind had produced in his brain, he seemed to hear a voice proceeding from his brain, as of somebody accusing him of blasphemy, felt the strokes of fists on his body, and his nostrils were offended by a fœtid smell.”—*Bartholini*.

The history of the Church, primitive, Catholic, and Protestant, furnishes innumerable examples of this kind of insanity, many of which will be found in the works of Sir Alexander Crichton, Doctor Arnold, “Old Burton,” and others. Murders have been often committed in private life, and national wars carried on, under the guidance of this *ignis fatuus*; and so many are the evils to which it has given birth, that we cannot wonder at the dread of it which universally prevails, as of a species of infec-

tious madness, from which we do well to keep at the greatest possible distance. In other cases, an infusion of this principle has enabled men, labouring and suffering in a good cause, to triumph over difficulties which would have been insurmountable without its aid.

We see, from the preceding examples, that gloomy anticipations with regard to our future state may arise from various causes productive of grief, despondency, and a bad state of health, and that it is not necessary to the production of religious melancholy, that they should partake of a religious character ; of which further proofs will be given as we proceed ; and we could show by innumerable instances, taken from among the partially insane, that there is no necessary connexion between their delusions and the exciting cause of their malady ; admitting, at the same time, that such a connexion is very frequently traceable.

How then, amidst all this uncertainty, can we venture to assert, that excessive attention to religious duties was in any given instance the exciting cause of madness, merely because the patient has, during his insanity, evinced that the awful realities of a future state occupy, as they ought to do in health, the first place in his thoughts and feelings ?

And if our heavenly Father so commonly employs the rod of correction, out of love to his erring creatures, to make them attend to the voice of con-

science and his written word, which have spoken to them in vain during a long period of prosperity, how shall we dare, without some better reason than the above, to exclude them from the perusal of that book, and the use of other means of his appointment, at the only time, it may be, when their hearts have been impressible?

Persons labouring under mental derangement are seldom totally mad; they often understand and reason too, when a thoughtless observer would suppose they were incapable of a rational idea. They may, therefore, be under genuine religious impressions, when such a thing is least suspected; and the beginnings of religious life in them may resemble a morning darkened by heavy clouds, which is nevertheless about to usher in a glorious day. A christian friend of mine, who seemed to enjoy all the comforts of a serene hope at an advanced age, declared to me that in early life, when he first felt the power of religion, he walked the streets of London for about two years, without daring to look people in the face, because he thought they must read his sins written on his forehead.

We have then to distinguish, if we can, between melancholy impressions which are nothing more than the offspring of a disordered brain,—the mere symptoms of an insane delusion, and those which are the proper actings of an awakened and accusing conscience. But this is not easily done. Let the

patient then have the benefit of our doubts when they exist, and not be condemned untried to civil death without benefit of clergy.

It should also be remembered that in a multitude of cases the origin of insanity is discovered with the greatest difficulty ; and that our information on this point is often anything but satisfactory ; sometimes it comes on gradually without any apparent cause, and in many instances a cause is assigned, which further inquiry shows not to have been the true one.

The following ridiculous story from Mr. Bakewell's little work is a striking illustration of the above remark.

“ A young woman living servant in the neighbourhood of a relation of mine, who was a medical man, came to him requesting his advice. She gave a most strange and contradictory account of her complaint, but her wild looks and strange manner convinced the doctor that if she was not then a fit subject for a madhouse, without care she soon would be so. She therefore underwent a course of medicine, and quite recovered. Some time after, the doctor meeting her alone, and stopping to inquire after her health, she hung down her head and said, ‘ If you will not betray me, sir, I'll tell you a secret.’ Upon his assuring her that he would not, she said, ‘ Why, sir, that physic that you give those mad folks is very comical sort of stuff, for

when I was first sent to you, nothing in the world was the matter with me, but I was most desperately in love as ever poor wench was, and your physic has quite entirely cured me. I am now as happy as the day is long, and I mind the man no more than I do you or any one else.' The medicine so effectual in the cure of love was a vomit, and two or three smart purges. The fact was, the girl's being desperately in love was a *symptom of approaching insanity*, which the medicine prevented."

If the young woman above mentioned had gone on to become actually insane, it is more than probable her madness would have been attributed to love.

Madness is always to be suspected when a man's habits undergo a sudden and remarkable change, without any obvious reason, as when the sober man becomes a drunkard ; the prudent man, a speculator or spendthrift ; the man careful of his person, negligent ; the benevolent man covetous. And it is in like manner possible that the first symptom of a disordered intellect may be a propensity to attend places of worship and religious meetings, or to read the Bible at all hours, or to be praying without intermission ; and in such cases, when insanity shall have plainly manifested itself, it will almost always be conjectured that religion had driven the person out of his mind, when, in fact, *he was mad before he became religious* ; and we must wait till he recovers

before we can judge whether he is religious at all, in the proper sense of the word.

Further, there is in many persons a predisposition to madness, as there may be a tendency to gout, consumption, &c.; sometimes it is inherited, sometimes acquired by the mode of living to which they have subjected themselves. Any of the innumerable exciting causes of madness being applied for a length of time, in a degree less than sufficient to produce actual insanity, may become the source of a predisposition to that disease, which some future circumstance, unequal in itself to that effect, may ripen into madness, as a single spark may ignite a mass of combustibles; and that spark may be religion or anything else—the merest trifle—such as an agreeable surprise, an imaginary affront, a trivial disappointment, an angry word from a friend, a parental rebuke, a party of pleasure for a single evening, a passage in a play, or a text of scripture.

The natural susceptibility of some persons makes them liable to be affected by causes to which thousands of others are exposed with impunity. The general excitement produced by the coronation of Queen Victoria caused insanity in one young woman, to our own knowledge; and Sir W. Ellis informs us that two country lasses got their heads turned by a visit to London.

I have known two cases of insanity caused by attending persons ill of that complaint. One of

them I had the pleasure to see perfectly restored ; the second was a laughing idiot of many years' standing. But how few are those compared to the numbers similarly engaged ! and many who have been patients remain as nurses and keepers, without contracting the disease afresh.

When there is not a predisposition, it is astonishing what the mind will sometimes bear without injury ; some have, therefore, thought it was impossible to produce insanity, unless such a predisposition had a previous existence in the individual. This, however, seems to be going too far, the power of resisting other diseases being equally remarkable in some persons, who shall, under certain circumstances, be for years proof against infection of the most virulent kinds, even the plague itself, of which they may die at last.

Others, again, say they cannot understand what predisposition means apart from the existence of disease itself, thus keeping up a dispute, which, like many others, may be indefinitely prolonged.

Certain it is, that cases of great violence, and of the greatest obstinacy, do come before us without our being able to obtain from the friends of the invalid any satisfactory clue to their origin. I have known a case of this kind in an amiable girl, who never spoke or moved her head, or looked up, when I have been present, and on whom every probable means of cure had been tried in vain for

a long period ; yet the only cause to which I ever heard her state attributed, was the stitching together bundles of religious tracts to gain an honest living !

When we are obliged to descend thus low in search of an exciting cause, it is pretty clear there must be another and deeper-seated one which we cannot investigate. And how shall we account for the different members of the same family being subject to insanity, of which I have known an instance in four sisters, being confined in the same establishment at one and the same time ?

The connexion of cause and effect is much more perceptible in the cases which follow, and which may on that account be termed examples of *religious* madness—as proceeding from a religious cause.

An accomplished female having offended her minister by some part of her conduct, which it is needless to specify, he told her the devil was in her, and subsequently announced from the pulpit that Beelzebub had entered into one of the congregation. She was by this thrown into a state of violent excitement for several days, so as to make restraint necessary, exclaiming that Satan was indeed within her, prompting her to do all kinds of wickedness. The disease took another direction after a time, and she fancied what was more extravagant, that she had put out the sun. She was still under treatment when the anecdote was related

to me by a medical friend, who very properly withheld the names and residence of the parties.

A young lady in genteel life having attended the vehement harangues of a distinguished preacher, had her understanding so shaken by them, that she imagined she was in the vicinity of the place of torment, and smelt burning sulphur wherever she went. The anxious parents were advised to remove her into the family of a pious clergyman, where she perfectly recovered.

The same eccentric declaimer so wrought upon the imagination of a journeyman printer, that he conceived himself St. John the Baptist, threw aside all his clothes, and to such a pitch did his excitement arise, as to cause his death by fever or inflammation of the brain.

So great, also, was the effect produced by revival meetings in Cornwall about twenty years ago, as I am informed by a medical gentleman who then lived in that county and witnessed the proceedings, that some persons lost their reason through it.

A good man, very commendably earnest to promote the religious welfare of his son, about thirteen years of age, wrote such affecting letters to him, and so urged his reading certain books, perfectly unexceptionable as to their contents, that it proved more than his tender mind could bear, and we saw him in a state of derangement.

Such a case teaches us that, as the health of the body may be injured or destroyed by the improper administration of wholesome food, so may that of the mind also.

The following is another instance in which the youthful mind was oppressed beyond its power of endurance, by well-meant, but not well-directed, endeavours to impress deeply upon it a sense of the infinite importance of divine things.

“ A gentleman of fortune, and some consideration, but who had become highly nervous and somewhat hypochondriacal and gloomy, anxious that his son should be educated with strict principles of religion, placed him under the care of several divines in succession; each of them was enjoined to be very attentive to his religious instruction. Many of the most abstruse doctrines of theology were pressed upon him; his mind consequently became bewildered and enfeebled, and impressed with the most visionary images. At length he conceived that his sole duty was to pray for the remission of his manifold sins, and to study the Bible and particular homilies. Accordingly, if he walked out, when the devotional fit came upon him, he cared not in what puddle he knelt; or, if at his meals, his food was quitted for prayer. Soon his spiritual extravagances were so many, and, if interrupted, his violence so great, that he was pronounced insane. As he was uncontrollable else-

where, he was sent to my establishment. He was then about fifteen years of age.

“No notice was taken of his religious enthusiasm: fresh excitement only was avoided. By degrees his thoughts and views were directed to objects more congenial with his years. Innocent amusements were introduced. As he now behaved very docile, and had some taste for the sciences, he was induced to visit different exhibitions, and to read history and belles lettres. At length, after several cautious trials of his present religious feelings, the Bible was allowed him, and with good effect. Then, and not till then, he was trusted to church, where he conducted himself with the utmost propriety. Soon after he returned home, and went on a tour. In about six months he removed to a new school, where he finished his studies. He has now been three years at one of the universities, where he has been distinguished by his talents; nor has he exhibited more zeal in his devotional duties than a correct sense of them dictates.”—*Burrows's Inquiry*, 197.

The same work contains other instructive examples of aberration of mind, produced by the discussion of novel opinions, acting as so many causes of painful perplexity, on minds highly sensitive by nature, and rendered still more so by education and domestic trials.

As this work was going through the press, I met

with the following account in the *Times* newspaper, of September 11th, 1840. I confess I did not give credit to it at first, some circumstances in the narrative seemed so highly improbable; but when the second part appeared, three days afterwards, in the same paper, I felt that I was bound to receive it as substantially true, though not correct, I presume, in every minute particular. The previous history of such a case would be interesting: we cannot form a satisfactory opinion as to the state of the patient's mind from the facts before us.

“Singular case of fanaticism. — On Monday, September 7th, 1840, a young man, about eighteen years of age, was admitted into the Meath Hospital, Dublin, under singular circumstances. He had been labouring under religious mania for several days, and had been reading that part of scripture which says, ‘If thy right eye offend thee, pluck it out, and if thy right hand, cut it off,’ and without any ceremony commenced to remove the eye by some instrument used in his business, which he did effectually, and then with a knife he severed the hand at the wrist-joint. He then showed the men, who were at work in the same shop, (a very extensive silversmith's,) what he had been doing, who, on seeing the state he was in, had him at once taken to the hospital, where he now lies in a state of seeming tranquillity, but still labouring

under the mania, as he frequently utters sentences and quotations from the Bible."

Further particulars from the *Times*, Monday, September 14th, 1840.

"The unfortunate man who committed such frightful injuries upon his own person, as narrated in yesterday's paper, is, we find upon inquiry at the Meath Hospital, considered out of danger by the physicians who attend that institution. The wretched victim of an unheard-of fanaticism continues to glory in the act; and yesterday morning, after taking breakfast, got out of bed, knelt down, and said his prayers; after which he sang a hymn of thanksgiving, for the grace which had been bestowed upon him from on high."—*Dublin Freeman's Journal*.

There is in many cases of religious despondency, or rather of melancholy madness tinged with religion, a propensity to suicide, which it requires our utmost vigilance to prevent. Nor is that always sufficient. The persevering ingenuity with which suicidal patients strive to effect their purpose is astonishing. We are enabled sometimes to account for it; at other times we are not. There seems to be no cause in many cases, but that perversion of feeling which is distinguished in the present day by the term moral insanity. At other times it has arisen from cruel treatment, and sometimes from insane melan-

choly, producing despair of comfort in this world or the next. How dreadful must be the sufferings, whether ideal only, or some undefinable internal uneasiness acting upon the mind, by which persons labouring under the fear of eternal misery are induced to commit that most horrid crime of self-murder, as if they thought the intermediate period of suspense more terrible than the tremendous reality!

To close this part of the subject, I extract the following example of fanaticism from Sir Alexander Crichton's *Inquiry into the Nature and Origin of Mental Derangement*. (Vol. II., page 59.) It is taken from a German author and well authenticated.

“ Among the students of theology at the university of Leipsic, there was one of the name of Rau. His studies were chiefly directed to the Revelation of St. John, in the reading of which he took much delight. He did not at first choose to venture alone in this labyrinth of holy mystery, and he, unfortunately, selected as his guides two celebrated enthusiasts. Bengel and Cruzius were his torch-bearers.

“ When his imagination became heated by the sublime pictures which were presented to his mind, he began to try if he himself could not develop the visions of the holy saint. He thought himself happy in his first attempts, and his imagination being once on fire, he could not discover that his explanations were gratuitous and unfounded. He arrogated

to himself the praise of uncommon penetration ; and at last he believed himself to be inspired. The natural consequence was, that he could not endure those who differed from him in opinion ; he neglected the common duties of his situation, and became passionate and morose. He thought himself superior to the rest of mankind, because the treasures he had found in the sacred writings seemed to be concealed from all but himself. It was not, therefore, to the natural powers of his understanding, he imagined, to which he was indebted for these lights, but some supernatural gift with which he was endowed. Every one knows, however, that it is the duty of him who is preternaturally enlightened, to disperse the rays of his wisdom as wide as possible. No sooner did he find the divine call within him, than he preached his opinions openly. The last sermon he ever delivered ended with these remarkable words :—‘ He who believes not in witches, does not believe in the devil ; he who believes not in the devil, does not believe in God ; he who believes not in God shall be damned.’ Upon this the magistrates of the town wished to confine him in some place of safety, but at the entreaties of his father, he was permitted to remain under his custody.

“ Rau began to be ashamed of what he had done, and refused to go out of the house. He at last appeared, however, to grow better, and was pre-

vailed upon to take short walks ; and he expressed to some friends who visited him, a strong desire of being restored to his wonted powers of mind, in order that he might recommence his studies.

“ On the 4th of August, 1779, being the day after his friends visited him, the neighbours were much alarmed on hearing Rau abuse his father. Upon knocking at the door, he opened it, and allowed them to come in ; the father lay on the floor, weltering in his blood, murdered by his son, who had stabbed him in fifteen different places, and had cut his throat. Rau walked backwards and forwards to the window, agitated alternately by contrition, the consciousness of his crime, and ebullitions of insanity. At one moment he accused himself of having committed so horrible and unpardonable an offence : at another, he denied his having murdered his father, saying it was an old Jew and a Turk whom he had killed.

“ Upon being asked in the court of justice what his name was, he answered, that he believed he had never been baptized, neither did he consider the man whom he had killed as his true father, because he did not resemble him. Before he went out of the court, he said, that he formerly had studied the Revelation of St. John, but that now he had nothing to do with them ; yet he never showed any marks of contrition while in prison, nor did he utter any of his former opinions.

“ His conduct was outrageous, and exhibited pride and contempt for all mankind. During a violent storm he broke out into the following exclamation :—‘ The wild prince is coming, I know the fellow well, for I have heard him often.’

“ This is not a very common case, but it is by no means uncommon for people whose imagination has been exalted by such objects of study as give little or no exercise to judgment, to conceive such a firm conviction in the reality of their thoughts, as to cause them to be justly considered as delirious people.”

Thus, while the exciting causes of religious insanity are in some cases quite clear, they are in others doubtful; and when the disorder is plainly attributable to a religious source, the effect is generally imputable, not to the principle itself, but to some misapplication or perversion of it, or other circumstances and accidents for which religion is not accountable.

The divine truths of the Gospel which were preached by Christ and his apostles to the poor and unlearned, addressed alike to the capacities of the philosopher and of the child—truths, many of which are above our comprehension, and received by faith only on the authority of revelation, declared in Scripture but not explained, incentives to love and principles of action, not matters for strife and debate—these meekly, thankfully, and practically

assented to with humble prayer, have supported thousands in their extremities, and preserved them from madness under heavy trials ; but seldom have they been the cause of insanity, although liable, of course, like every gift of Providence, to be misused, and to become, without any perversion, the occasion of mischief in rare and peculiar cases.

It remains to be shown, in the next place, that insane persons are not more susceptible than others of religious excitement. We might reasonably decline the trouble of refuting this fallacy till its authors had proved, as they thought, its correctness ; but they have no proofs to bring, which do not apply with greater force to those persons whose soundness of mind has never been called in question. One part of the common objection to the religious instruction of lunatics is, that it would be a useless labour, as they cannot comprehend the lessons of a teacher. How then can it be also true, that they are peculiarly disposed to be excited by them ? The two parts of the objection seem incompatible, and one would suppose, *à priori*, that the reverse of the last proposition was most likely to be correct. We see how little effect the mere reading of the Bible, and the cold statement of evangelical truth unaided by the powers of oratory, have upon mankind in general ; but let the preacher's eloquence, or the opportune occurrence of some public or private calamity, or other striking providence, bring it home to their

feelings, they are melted, roused, inspired. Why, then, should lunatics exhibit greater sensibility than other persons on this point? And if so much depends on the manner in which they are addressed, they will be in no danger from that source under the ministrations of a wise preceptor.

Beside which, the minds of lunatics are, for the most part, preoccupied to a certain degree with their own mistaken fancies, and they would necessarily have less spare attention than others to bestow on a new and unpalatable subject.

But it may be said, you mistake us. Our meaning is, that lunatics are very liable to misconceive what they hear or read, and, under the influence of such erroneous impressions, to work themselves up to a pitch of feeling which is highly injurious to themselves, if not dangerous to others.

That in certain states of mind they are liable to put a wrong construction on what is addressed to them we admit, and the proportion of persons rendered in this and other ways incompetent has been discussed already; so that we have now to do with that small portion only of the residue, who are likely to be unduly excited by the perusal of the Scriptures, or a plain and practical exposition of their contents.

But of whom are we speaking? Of persons left at liberty to read what they please, hear whom they please, and do whatever their inclination prompts

them to do ; or of patients in safe custody, subject to the rules and discipline of a house of recovery ? There is a very wide difference between the two cases. A madman at large may do incalculable mischief in a short time ; and many persons left to choose for themselves have fallen into such bad hands, that their friends have been compelled at last to deprive them of what some account dearer than life, by lodging them in an asylum, or placing them under surveillance in a private house, till the fervour of their imagination has cooled down.

It is the *sane*, or those who are so reputed, and not the insane, who have most to apprehend from the various causes of religious madness. It is they who are in the full enjoyment of their faculties, and therefore entirely under their own guidance, who are led astray by pretended prophets and other enthusiasts—who are bewildered and terrified by unscriptural preachers—who overstrain their minds by studying subjects above human investigation—who contract acquaintance with injudicious, but well-meaning persons, having more zeal than knowledge—who read, on their recommendation, books more calculated to perplex the thoughts and agitate the feelings than to bring them into subjection—whose newly-awakened desire after holiness pushes them on to unrequired austerities, to the injury of their health ; and finally it is they, or persons in the initial stage of unsuspected madness, of whose

minds an isolated text sometimes takes such full possession, that the spirit sinks at length under its burden, and gives up the struggle, like a deer of the forest, on whose neck the destroyer has sprung, and from whose fatal grasp it tries in vain to escape.

It is they who enjoy, or seem to enjoy, the full use of their intellect and unrestricted freedom, who suffer from these causes—who are by them driven mad, and to whom religion sometimes becomes on this account an interdicted subject, till their mind has recovered itself. But the poor lunatic who is not *religiously* mad—who fills his little cup at the fountain-head of truth, or drinks instruction from the lips of a prudent teacher, is not likely to become thus intoxicated ; and if, perchance, his feeble intellect should stagger, and emotions stronger than desirable should be produced, which is very improbable, the remedy is simple and sure—let him forbear for a short time—him, I say, not others, for why should they be judged by another man's weakness ? No evil could arise from such an experiment made *within the walls of an asylum*.

Nor would an invalid be likely to experience any detriment to his health from such an occurrence. Fluctuations in the state of excitable patients happen every day, and are not regarded. He who is quiet enough to-day may be " high " to-morrow, and *vice versá* ; and though it would be extremely

reprehensible to provoke them wantonly, irritation cannot always be avoided in such capricious subjects as mad people are ; and should it accidentally occur in spite of precaution, it passes over in a few days in the worst cases, but in others it is momentary only.

A gentleman, who was insane not long ago, and who has written an interesting account of the state of his mind during his illness, says, page 267 :—
“ It is curious, and it is contrary to the theory of the doctors, who deprecate all excitement among their patients, that every dispute and struggle I had with those controlling me, served to strengthen my mind and to dissipate my errors.”*

But suppose, for argument's sake, the allegation were just, and that insane persons, under treatment, were very liable to be dangerously excited by religious topics. What then ? Shall all such be excluded from the means of grace, because it is hypothetically possible that one out of a thousand, or ten thousand, may so mistake the sense of a passage as to believe himself in duty bound to kill his fellow worshippers, as the Israelites were commanded to destroy the idolatrous inhabitants of Canaan ; and this when all offensive weapons are carefully kept out of reach, and he is surrounded by attendants ? The internal police of such establishments are too well trained to be taken by sur-

* Published by Effingham Wilson.

prise in this way, and too well supplied with the means of preserving order, to allow such an occurrence to be for one moment the subject of real anxiety on their part. Moreover they are well acquainted with the disposition and character of every individual under their care ; and if any one was considered dangerous, he would be the object of special attention, and kept apart from the rest. In point of fact, the managers of such institutions are under so little apprehension of mischief from sudden bursts of feeling, that it has been discussed, as before mentioned, whether personal restraint might not be laid aside ; and though it is contended by some that this would be proceeding from one extreme to another, both parties are agreed that such dependence is to be placed on the vigilance and good conduct of keepers, that restraint might be dispensed with during the day, so far as safety is concerned ; and the only reason for continuing it when there are plenty of servants is, that a small degree of it inflicts less injury on the patient's feelings than to be watched incessantly, and occasionally compelled by main force to do what is right.

But it sometimes happens that the keeper is obliged to leave the room ; and when that is the case, and another cannot just at that moment be spared, some patients will take advantage of it to do themselves an injury, if not by some means prevented, of which

many examples might be given ; and others, under the influence of vindictive feelings or delusive impressions, or impelled by imaginary voices speaking to them — sometimes audibly, sometimes within their brain—will attempt to murder their attendants while they are asleep, if not prevented by having one arm secured by a strap to the bedstead.

It is, however, a very erroneous opinion, that lunatics are to be governed by force only. It is necessary to be provided with a sufficient number of assistants, so that in all cases of emergency help may be at hand, but the power of numbers is very seldom called for. Kindness of manner, self-possession, and a little ingenuity, will sometimes go farther, and when they are successful they produce a much better effect. The violence of a furious patient arises from a mistaken idea respecting the designs of those about him. He thinks they are combined to do him some personal injury, and proposes to defend himself. Convince him, if you can, that no hurt is intended, but kindness only, and he is disarmed and tractable. A keeper, who understood his business, rather a small man, was summoned to a refractory patient. He found three men, of the labouring class, preparing to overpower a gentleman, who had possessed himself of the poker, determined to fell to the ground the first who should touch him. The keeper ordered the

three men to leave the room; then offering his hand to the patient, went up to him, and calmed his anger by assuring him nothing should be done contrary to his wishes. Such attendants as these manage turbulent persons, by knowing when to be firm and when conciliatory. By steadiness in small matters, showing that they will be obeyed when necessary, and by the greatest attention to their health and comfort at all times, they secure their love and respect, so that a nurse or keeper of small stature will control a giant.

I wish the managers of such establishments, who affect to be so much alarmed at the introduction of religion, had always manifested an equal degree of sensitiveness on other points connected with the well-being of their charge. Before that better classification took place, which now prevails in every well-governed institution, patients of all kinds were mingled together, and left to pass their time either in listless idleness, sighing for occupation and amusement; or in talking nonsense to each other, or something worse, to make the dull hours pass less tardily. Here the more rational and decent were compelled to listen to the ravings of the incoherent, the babblings of fools, the wailings of the melancholy, the noise of the obstreperous, and the filthy and profane conversation of the abandoned; seeing, at the same time, all around

them, that which painfully reminded them of their own dreary situation.* Nevertheless, they often recovered in spite of these impediments. But if any kind-hearted visitor had dropped a word about supplying them with religious instruction, to relieve the tediousness of having nothing to do, and give them a profitable subject of meditation, he would have been asked, and not in courtly phrase, whether he did not think them mad enough already, or why should he propose the most likely means of making them worse !

We observe, then, in conclusion, that it is a mere prejudice, a phantom, and nothing more, against which we are contending. The causes of insanity are innumerable, and of all kinds—intellectual, moral, and physical; religion is only one among many; and, however frequent a source of madness it may have been among those who were previously uninfected, *the tenants of an asylum*, and all who are in similar circumstances, are in a peculiar manner secured from pernicious consequences, though it should be freely brought before them,

* At Rome, iron rings, armed with chains and fixed in the wall, serve to confine the furious and turbulent maniacs, who are fastened by their necks and feet. There is no garden, nor any particular walk for convalescents, nor any work-rooms. Quiet patients have always before their eyes the spectacle of turbulent and furious madmen. More than three hundred lunatics are confined in this frightful prison.—*Pritchard*, 347; edition 1835.

and in a moderate degree pressed upon their notice.

It matters not to the present inquiry, how many atrocities have been perpetrated under the sacred name of religion; how many persons have lost their reason by studying its mysteries; how many their health, and all their comfort in this world, by imbibing mistaken views of its doctrines and precepts; how many enthusiasts and fanatics have endeavoured to make it responsible for their extravagances; how many excellent people have had their spirits embittered towards others, or their minds unhinged by controversy; or in how many instances a patient deranged from other causes has had a religious hallucination grafted upon his insane perceptions. The object before us would be unscathed, though all that has been alleged against religion should be granted. It is practicable—it is safe—and it is expedient to impart religious knowledge, and the consolations of piety, to THE INSANE.

CHAPTER VI.

SUGGESTIONS AS TO THE BEST MODE OF CONDUCTING
THE RELIGIOUS INSTRUCTION OF THE INSANE.

WE come now to the most important part of our subject, to which all that has been said before is preparatory. It was necessary to meet, in the first place, old standing objections, which have still a very extensive influence; but we have now to describe the manner in which the religious instruction of insane persons should be carried on. There is here presented to us a new field for the exercise of christian benevolence, open to all the improvements which experience may point out. Old methods have long been tried, with what success we leave others to report; we know what has been the result in some places, and it appears to us that a change is indispensable. It is not sufficient to have stated services, which they who are but slightly affected are allowed to attend; provision ought to

be made for others who can derive no benefit from them. There should be not only a tolerant, but an aggressive spirit. They who have to acquire everything worthy of the name of personal religion stand in need of that kind of assistance which others do not. They may have no taste for religious employments of any kind. Our first care in such cases will be to produce in them, if it be possible, a love for such things; and if we succeed in this, and do no more while they remain under our management, we shall have accomplished a great deal.

There is in all men, by nature, a religious instinct which has survived the fall, but it is greatly impaired and needs direction, and is liable to be misled. Accordingly, we find that man is a religious animal in every clime, and worships something, either good or evil, till this innate principle has been overpowered. It often shows itself strongly in lunatics, who are a sort of privileged race, emancipated from all conventional forms of behaviour and expression, and we should do well to take advantage of it. We proceed to describe those means which seem to us best calculated to effect the end proposed; but our rules must be general, and their application left to the wisdom of those who have the care of the insane, among whom, as regards their fitness for instruction, there exists as much variety as in their countenances.

The first requisite is the concurrence of all parties concerned. The committee,—if there is one,—the superintendent, matron, nurses, keepers, and every officer of the establishment. Just as in a large family of children whom it is intended to bring up in good habits, the father and mother should be united in purpose, and no domestics retained, no masters engaged, who will not fall in with, if they do not cordially approve, the prescribed regulations; so, one spirit should actuate the whole; and uniformity of conduct will be much more likely to prevail, when the entire power of engaging and dismissing servants, and regulating the internal discipline, resides in one head. The experiment will be imperfect, and a failure the consequence, if parties, among whom the governing power is distributed, are at variance. And not only should there be a unity of design and operation, but, in order to give full effect to the means proposed, all who have intercourse with the patients should exhibit, in their own persons, that which is recommended to their adoption. In short, the whole economy of the establishment should be so decidedly religious, that all may feel they are in a house dedicated to God; and at the same time so much attention should be employed to render everything agreeable, that a favourable impression may be made upon the hearts of the invalids before they are able to appreciate those lessons

of piety which it is the object of this arrangement to inculcate.

Another important feature of the plan should be the avoidance, as much as possible, of everything sectarian. There always has been, and probably always will be, a difference of opinion on a variety of lesser matters among those whose only rule of faith is the Bible; and this difference may be very great, without involving what is essential to salvation.

Good men agreeing perfectly as to the grounds of a sinner's acceptance in the sight of God, who equally insist on the necessity of repentance, faith in our Lord Jesus Christ, both God and man, who died the just for the unjust, and the renewal of the heart by the influence of the Holy Spirit, may and do differ widely in other particulars, but they are taught by their common Christianity, mutual forbearance; they endeavour to preserve the unity of the spirit in the bond of peace, and to love one another with a pure heart fervently.

How much is such moderation necessary in a community of persons under the same roof, amounting sometimes to many hundreds, gathered without the least regard to sect or party, and worshipping in one assembly!

And how plain must be the necessity of observing and imposing silence on disputed points in such a congregation! They who cannot agree thus, to

“seek peace and ensue it,” are certainly unfit to hold offices in such an institution.

In the third place, every large establishment of this kind should have a resident chaplain, not only to preside over the customary services, but to be at all times ready to converse and pray with those who require it, subject to the approval of the medical officer, and to exercise a kind of spiritual superintendence over all. The governor is not by any means so fit a person to discharge these duties. His post is one of command ; and he from whom all orders proceed, and without whose sanction nothing is done, will find it very hard to avoid becoming an object of dislike to some individuals. He must at all events support his authority ; and patients who are not so competent as children to judge of the propriety of his conduct, will often fancy themselves aggrieved by it.

The distress which persons in the pitiable condition of insane patients undergo from this cause, is sometimes very great, admitting of no relief till their malady itself abates ; for insane opinions are regarded as truths by those who hold them, and it is in vain to oppose them by reasoning. Unconscious as most of them are of being deranged, and denying it altogether, they see nothing but cruelty in their confinement, and harbour unpleasant feelings against all parties concerned in their detention.

But the chaplain, having nothing to do with the management, has the better opportunities of making himself beloved, while his official character gives to his ministrations a dignity and an acceptableness which those of a superintendent can never possess.

The resident chaplain should be acquainted with each individual, he should be always accessible on proper occasions, and very much among them. His ear should be open to their tales, and he will now and then be mediator between them and the superintendent, who will sometimes appear to grant a favour through his intercession, to make him the more beloved and respected. Like the sovereign of England, he should be the dispenser of benefits only, while every charge of severity falls on the law and its administrators.

A gentleman qualified for such a post would be an invaluable help to the superintendent as a consulting friend in emergencies, and as a witness of the manner in which patients are treated. Their friends would be delighted with such an arrangement, and he on whom rests all the responsibility could not desire a better shield against the shafts of calumny.

In this way a chaplain might become the general benefactor. Exempt by virtue of his office from secular cares, his undivided attention would be given to doing good—and how greatly would such a man endear himself to the whole community!

Patients who by the blessing of God should have been restored to health and comfort in a house so conducted, would, on leaving it, carry away impressions never to be totally effaced.

In the last place, some provision should be made for an improved classification of patients, according to their progress in religious knowledge, and propriety of conduct; otherwise, the profligate conversation of the more abandoned characters which abound in county asylums, and the various ways in which their enmity to religion is sure to betray itself, will prove most serious hindrances to the well disposed, who ought to be protected, and in every possible way assisted in their early efforts. They should be in some way separated from the mass, so that they may be screened from their attacks, and enjoy more privacy for devotional purposes and special exhortation suited to them in particular. A room might be set apart for their use, to which none should have access but those to whom the chaplain should have given an introduction. It might be furnished under his direction with books, and be called the reading-room, admission to which would soon come to be accounted such a privilege as to constitute a premium for good behaviour. A pious keeper would of course be appointed librarian, with a deputy to act in his absence and preserve order.

Our establishment being formed with a deter-

mination to have about us none but those who cordially submit to the proposed regulations, and, as soon as we can procure them, those only who are truly pious, we proceed as follows.

For those patients who are capable of deriving benefit from family prayer and the usual services of the Sabbath, such things are provided; with a permission to other patients also to attend, on condition that they behave well. Such services should be rendered as interesting as possible, and this will not be difficult among persons whose time hangs heavy on their hands, through want of occupation. But beside this, there should be a short simple service, peculiarly their own, for another class, in a different room, which all who are capable of behaving decently would be required to attend like children at school. To them a small portion of Scripture should be read, with *a few words* in the way of application; and it will be so much the better if they can be brought to join in a verse or two of a psalm or hymn, set to some well-known tune. A grace should be said before and after each meal, and every opportunity seized for reminding them of God and another world; hoping that by this means some religious feeling may be stirred up—some good impression made. Advantage should be taken of trifling events, to introduce observations respecting their souls, eternity, redemption, &c. Instructive books should be read, and interesting

stories narrated, sin reprov'd, and all attempts made to get them to pray for themselves in few words, going over them first, and getting the patient to repeat them after you. Some may feel their pride hurt at being thus treated—tell them you are glad to find they are above it, and allure them to give proofs of their superior understanding. In this way must the teacher condescend to the very feeblest of the flock ; and if there are none under his care who require this mode of instruction, it is so much the better.

It is only by proceeding in this manner that we can hope to conquer the difficulties which lie in our way. In some cases before specified we can do nothing, in others little : but he who came not “to break the bruised reed, or quench the smoking flax,” can teach without means, or render effectual by his blessing those which seem ill adapted to the purpose. That the beneficial instruction of the insane is not, in the opinion of competent judges, a hopeless task, may be inferred from the appointment of chaplains to so many public asylums in this and other countries. Dr. Shattuck of Boston in America, whom I saw on his return from the continent in the spring of 1839, informed me, that when he visited the large one at Aversa near Naples, he saw the patients attend mass, and behave with the greatest propriety, while some priests, who had themselves been patients, conducted the ser-

vice. The religious instruction of insane persons occupies a conspicuous place in a report addressed to the Chamber of Peers by the Marquis Barthelemy in 1837, in the name of a special commission appointed to consider the project of a new law, for the better regulation of lunatic practice in France; and so far back as 1819, when the appointment of a chaplain to Bethlem Hospital was under consideration, Dr. Monro, the senior physician, laid before the governors a report on the subject of religious instruction, in which he strongly advocated the proposal, and received the thanks of the court. It was at the same time ordered that the paper should be printed, and, through the kindness of the author, I possess a copy of it.

Encouraged thus by the sympathy of the public, we may go forward in hope, considering within ourselves in what manner the doctrines and duties of Christianity may be inculcated with the best effect on persons whose mental infirmity prevents their deriving benefit from established and ordinary modes of instruction; and trying all means for this purpose.

We cannot tell what may be the effect of a single word dropt casually as it were, of which they may at the time seem to take no particular notice. I know a lady well who attributes her conversion, and eventually that of three other members of the family, to some passing observation made by a

zealous Christian who often visited them. The words and the occasion are forgotten by all parties, but the effect remains to this day. Thus, a scriptural admonition, a few words of earnest prayer, a sententious remark, a single verse of a hymn occasionally repeated to fix it in their memories, joined to a consistent life and uniform kind treatment, may do that in a moment which a hundred sermons have failed to achieve. The means must be adapted to the end, and that end is to induce a poor half-witted creature to begin to think seriously that he has a soul to be lost or saved, and to give him cause to praise God through eternity for having brought him to be the inmate of a madhouse. Time would fail us in attempting to describe all the different ways by which religion may be *insinuated* into the minds and hearts of those, on whom a regular pulpit exhortation would be thrown away. Only let the work be taken up in an earnest manner, with a sincere endeavour to do them good, and many unforeseen methods will suggest themselves.

But there are other persons who are in a state opposite to that of which we have been just now speaking—who are not insensible to “the terror of the Lord,” but alarmed lest they should be made examples of it; who do not need to be awakened, but to be calmed; and whose only concern it is, that in their opinion God is angry with them, that they have offended past forgiveness, that they are in

righteous judgment given up to the power of the evil spirit in this world, and reserved to everlasting punishment in the world to come.

Some instances of this terrible, and by no means rare state of mind, have been already given, in which the insanity was the natural fruit of grief from ordinary causes; in other cases, the alarm is the effect of an awakened conscience; and in both these we have but to sow the seed of good instruction in ground prepared for it. It is sometimes the consequence of misapprehending the meaning of scripture, and is then properly considered an example of religious insanity, as proceeding from a religious cause; but, at other times, it is a species of monomania unconnected with any of these sources—a mere insane illusion, and nothing else—a form of madness, hereditary perhaps, or brought on by corporeal disease, and the poor sufferers as madly believe they are under the displeasure of God, as another that he is heir to the crown. Cure the insanity, and you cure their fears, which return with every fresh attack of the disorder. The case of Cowper, the poet, was of this kind, arising from constitutional infirmity, therefore invincible by argument. Other and very different characters may, from the same cause, be affected in a similar way.

In the following case, the patient was just so far religious as she was insane; that is, she was insanely religious.

J. R., aged thirty, admitted July 6, 1828. She lost her child three months ago, after having suckled it fifteen months, and has been deranged ever since. She was detected about that time in a petty theft, and fined five shillings. This mortification, with the long nursing of her child, and grief for the loss of it, were so many causes likely to produce insanity in a constitution predisposed to the complaint, as hers was; for her mother, grandfather, and grandmother were of unsound mind.

She is always reading the Bible, and praying, contrary to her usual custom; sits at table with her eyes turned up to heaven, muttering prayers while others are taking their dinners, and talking to herself; says the devil is after her, and that she is bewitched. She cautioned her husband to put away the knives and razors, lest she should be tempted to injure herself.

August 4th.—She had nearly left off the practice of praying continually, but the habit is returned upon her.

September 17th.—Has been praying all night; she is not so well as she was. I addressed her. She said she was very happy, only the enemy tried all he could to disturb her. “I heard him,” said she, “get in at the window, and jump on the floor.”

September 19th.—“I am very happy. I enjoy

the peace of God, which passeth all understanding ; only I am so much troubled with the enemy.”

Hearing her run on in this strain, I asked her if she had ever been among Methodists ; but she did not understand my question, and conversed incoherently. I then pointed out the case to a gentleman present, as an example of madness assuming a religious character. She has picked up some religious phrases, and insanely applies them to herself.

October 22nd.—She wants to return home to her husband and children : *says she has lost all her fears, and is quite comfortable.* She is not used to go to any place of worship, but she promises she will attend in future to the care of her soul.

T. S. came in many months ago in a state of depression. He was much alarmed at night, thinking he should die before morning ; and this continued till within a fortnight of the present time, when he suddenly became excited, and even violent, for ten days. But he has now relapsed into melancholy, complaining as I stood by his bed-side, “ My spirit is broken within me, my spirit is broken. I have lost my Saviour ; my spirit is grieved by what I have done.” Here is melancholy alternating with furious mania, proving that as one is the effect of insanity, so is the other. In a few weeks he may be violent again, and raving on other subjects. His history is not known.

M. M., wife of a labourer in Dorsetshire, has been troubled with insane melancholy two months. She fancies that she has sold her soul by receiving the Sacrament unworthily, after being a frequent communicant for many years. About three weeks before her admission, she attempted to cut her throat. The cause of her madness is unknown, but the insane idea is, that she had sold herself to the devil, by doing that which she had done many times before without any self-accusation!

It is, like many others, a case of pure insanity, in which religion is accidentally mixed up with it—a mere symptom of the disease, not the cause of it.

In private practice, several years ago, I was called in to a farmer's widow in advanced life, who, having recently become melancholy from some unknown cause, had attempted to open the vein of her arm with a common kitchen knife. I recommended her removal for security to a neighbouring asylum, where she had not been many weeks before she hung herself in the absence of the nurse. Insane melancholy is the disease; religious fears, and a propensity to suicide, are the fruits of it.

C. R., aged forty-six, has been mentally affected three months, occasioned, it is supposed, by a constitutional cause. She is melancholy; thinks her soul is lost; calls on her minister and on Jesus Christ; will not eat; thinks she should be doing

wrong to take her food ; prays much, and will not be disturbed in what she terms communion with God ; rambles about the fields and woods, praying everywhere. Admitted into the house, she falls down upon her knees to every one, to the physician, surgeon, matron, nurse, &c. Thinks she has offended them as well as her Maker. Drops down upon her knees in any part of the house or premises, and requires to be continually lifted up, and forbidden to indulge the practice.

August 24th.—The same propensity continues. She prays much by herself, whenever she can escape from the nurse's vigilance, who makes her stand on her feet and walk about.

August 31st.—No alteration.

September 7th.—Perceptibly better. She does not so frequently fall on her knees as she used to do, but is inclined to do it, if she meets a stranger. From this time I lost sight of her, but I heard after a while she had died of a complaint in the bowels.

Here was another case of melancholy madness assuming a religious form ; having its origin most probably in some visceral disease which acted upon the mind, as disorders of the alimentary canal do in hypochondriasm.

W. B. has experienced reverses in life, and has lately returned from Canada, where, having exhausted his means to no purpose, he suffered many privations. On his way to London he took a sailor,

who travelled with him, to be Jesus Christ. On being afterwards questioned concerning this, he replied, “ O, that was when I was insane ; I hardly knew what I said then. I have had these religious fancies, but I am well enough now in my mind, if I can get employment so as to earn my bread.”

The young man was, however, so far from having lost all his religious fancies, that from conscientious scruples he refused to eat bread which he had not gained by labour, and we were compelled to use the stomach pump every day for some time to keep him alive. He got well at last.

His father was deranged in his twentieth year, but he lived to the age of eighty.

Religion may in this manner be mixed up with any kind of madness, and is by no means confined to melancholy cases. Patients under maniacal excitement often pray, sing hymns, swear, threaten, and would commit murder too, if at liberty. The next day such a one may be crying, because he thinks he is going to be punished for some imaginary crime.

One more example of insane religion, which I watched with much concern for more than nine months, shall finish the catalogue. We will then proceed to the treatment of such cases.

On referring to my notes, I read as follows :—

“ S. F., aged forty, from the county of Kent ; general health good at present. Had the ague some

time ago, but has been free from it these five months. She has been mentally afflicted about three or four months, being very much depressed in spirits. She is aware that her mind is not in its right state. It seems a very simple case of melancholy, taking a religious turn. I asked her friend, who came with her, if she was very religious at home—meaning thereby, given to religious talking, reading her Bible much, and praying frequently. “No,” answered the patient, “I am not religious, I am very wicked; I cannot be pardoned; I am not religious.”

I cannot learn that before this attack she had any serious views or feelings on the subject of religion. Her house in the country is far from the church, and she seldom went there, or to any place of worship, and of this her conscience now accuses her; but if she should recover her cheerfulness, these convictions will, in all probability, leave her as they do others, unless she should be taught something better during her illness.

I will now describe her state at different times since her first admission.

September 4th.—In answer to the usual inquiry of how are you to-day, she replied, in the tone of one who was weeping, “O, sir, you know what I have done; I am very wicked; I can never be forgiven.” “No, I don’t know that you have done anything wrong; compose yourself, I want to see

you happy." "O, sir, I shall never be happy any more; you know what I have done; you know what it is—you know what it is."

September 13th.—The poor woman followed me about the grounds, stating her spiritual distress. "O, what shall I do? I cannot pray; the devil will not let me pray, what shall I do?" with no incoherency, or other symptom of insanity, but this deep religious melancholy. My heart pitied her.

September 17th.—Clings to any one to know what she is to do to prevent her soul being lost. "I cannot pray, the devil within me will not let me pray. Tell me what I am to do when the sun looks black to me. Shall I pray to God?" "Yes, by all means, pray." "But how can I pray when I have no God to pray to; I cannot make a God?"

December 11th.—Walks about, telling every one who speaks to her she has lost her poor soul, God having taken it from her. "But," said I, "pray to God, he can comfort you." "O, I am too far gone for that." Thus she wanders about, the image of despair.

January 7th.—No alteration for the better; her cry is still the same. "I have lost my poor soul!—I have lost my God, and what can be done for any one in such a situation? I have no God, I am lost; it is a judgment upon me."

January 17th.—About this time I had the follow-

ing conversation with this poor creature :—“ What makes you so unhappy ?” “ How can I be happy, I have lost my God. He has given me up—he has forsaken me—he has cast me off ?” “ No,” said I, “ he has not ; he casts off none who pray to him.” “ But I cannot pray ; I am full of the evil spirit. God has taken his own spirit from me, and an evil spirit has entered into me, so that I cannot pray. I am a great sinner. I have told a great many lies without intending it, and I have taught children to tell lies, when I stole some turnips from a field,” (meaning that she had persuaded them likewise to deny it). “ Well,” said I, “ if it was so, you have only to turn to God in true repentance, and he will hear you, and comfort you. Do you never pray ?”

“ I cannot pray, as I told you. God has sent an evil spirit into me. The grave—the grave—is the place for a sinner. I shall live on this earth for ever—till I go down to the grave. My husband brought me here eight months ago ; and now he cannot take me away again till I am dead.”

“ He brought you here,” said I, “ because you were out of your mind. Do you remember coming ?”

“ Yes, I remember everything that has happened to me since I came here. You are the best friend I have had since I came. I am not out of my mind. There is no use keeping me here. I should be better if I was out of this place.”

I saw the poor woman again on March 30th, but I discovered no improvement in the state of her mind, and I never heard what became of her.

I have been full, and perhaps tedious in my narratives, because I am so desirous to rectify the common error, which leads the uninformed and inconsiderate to assign a religious origin to all cases whose symptoms partake of that complexion. Nothing can be more unjust than such a conclusion; and I hope the examples I have given will be deemed satisfactory on that point. The proofs of insanity may exhibit any character. The history of the patient, and that alone, in most cases, guides us with any certainty to a knowledge of the cause of his illness. Religious despondency is so frequent an attendant on a melancholy state of mind, from *whatever* cause that melancholy proceeds, that no inference worthy of notice can be drawn from this circumstance. The man is insane; this may generally be established without difficulty, but his insanity cannot be traced to a religious source, for he was not remarkably attentive to religion till his mind was upset by some trial tending to produce grief and despondency; or he may have gradually sunk into that state of mind without his friends being able to assign any cause for it, as sometimes happens; or his insanity may have arisen from corporeal disease, or too close application to study, or something else; and as his melancholy in-

creased, he became, *for the first time*, anxious about the state of his soul, and finally desponding. The probability in such a case, amounting almost to certainty, is, that the person in question is religious just so far as he is insane, and no farther; and that if you can by any means cure his madness, his religious concern will disappear at the same time. But, for the most part, so striking a symptom will fade away before the insanity itself is completely removed: his religious feelings will be cured first.

The mistake referred to is of little consequence when it does not prevent the adoption of the best means for alleviating the present sufferings of the patient, for promoting his recovery, and for producing a beneficial change of character, by taking advantage of these serious impressions, of which he is now for the first time in his life the favoured subject; for although religion, or anything connected with it, is not the cause of insanity in a multitude of cases marked by religious despondency, it is not impossible that in some of them the voice of conscience, awakened by suffering, concurs with other feelings to heighten the patient's distress of mind; that there is a true religious sentiment mixed up with his earthly sorrow, or insane perceptions; and that as God usually works by means, so there is hereby afforded to the real friends of the afflicted man an opportunity of for-

warding his best interests, which, if neglected and suffered to pass by unimproved, may never occur again. This, however, it is generally allowed to do; he is in time cured of his insanity, but he is none the better for what he has gone through. He has not learned to love God more, and the world less. He is not now fond of prayer and reading God's word, as he was when under the influence of mental disease. No minister, or religious friend, was his adviser and companion to cherish what was good within him, under the correcting rod, and with the removal of *that* his docility also has fled—he is the same creature that he was before.

There is another kind of insanity, more properly called religious, because it has a religious origin. This also has been before described, and its causes dwelt upon at sufficient length. The subjects of it are persons whose hearts and minds have been previously imbued with religious principles; who have known their Creator in the days of health and peace, and took pleasure in drawing nigh unto him in prayer before the evil days of insanity came upon them. Humble, diligent, and sincere inquirers after truth, they have met with stumbling-blocks in their way, and have been discouraged: or their minds having been perplexed and overworked, their strength has given way, and they have become for a time unequal to further exertions

of the same kind. They want rest, and must have it. These are the persons to whom all polemical writings must be for a time prohibited. They must be separated from those books, those preachers, those injudicious friends, and those more abundant labours, which have caused all the mischief. Experience shows the necessity of this precaution in *their case*. A lady of my acquaintance brought on a fatal disease by disproportioned efforts to do good among the poor, and serve one of our great public charities. That which is most excellent in itself, and the source of innumerable benefits under proper restrictions, may become injurious through excess. So those estimable persons, of whom we are speaking, being carried away by the overflow of their zeal and religious affections, as by a sweeping torrent, have lost sight of landmarks, and well nigh become a wreck. How shall we save their minds from destruction? is now the point. How shall we get them safe to shore? We must beware of mistakes in our attempts to do this; the reverse of error is not always truth and wisdom. Shall we, in such cases, forbid *all* religious reading? Shall we put a mark upon the Bible, as is done at Goa? Shall we interdict prayer and sacred exercises and attendance at church, under the persuasion that indulgence in those and similar things, to which the patient is accustomed, would only add strength to the malady, while every expedient is

used to divert the mind from serious subjects to those of an opposite character? Such a mode of treatment would, in some cases, be as impolitic as it is cruel. Some patients would be exasperated by it, and driven to despair. Their habits are so formed on a religious model, that they could enjoy no peace separated from their beloved employments, and the consequence might be deplored when it is too late. They have sense enough to know that total abstinence from religious duties cannot be right as a general practice, and they see not why it should be required in their particular case. The pleasures which are offered to them as a substitute are become distasteful, or they dare not indulge in them, and, by a perpetual crossing of their inclinations, a dislike to their nearest relatives will be generated; they will think they have not a friend on earth, and may become incurably melancholy. The middle path is generally safest. A trial should be made of milder remedies in the first instance, and we should be well assured of their inefficacy before we proceed to extremities. In some cases a partial abstinence, a trifling change, a moderate and scriptural use of the different means of grace, will answer every desired purpose: it may in others be necessary to proceed farther, and interdict for a time all such things as have any connexion with the patient's disorder.

We have already given the case of a young lady

who was cured by boarding in a clergyman's family, and we may close our observations with the following remark. Patients retain with various degrees of tenacity the insane notions they have adopted, and the illusion itself may exist in every shade of intensity. It may be slight as the transparent film which scarcely dims the brightness of the moon; or it may be dense and impervious as the blackest cloud which ever turned day into night. Their minds are therefore open, in all imaginable degrees, to be convinced by reasoning, and it is by trial only we can discover the best mode of procedure.

In general these cases are very manageable, so that we need not say any more respecting them; and our remaining observations will be almost entirely confined to the treatment of melancholy, which has been always found more difficult to cure than raving madness.

As there is not much variety in the delusions of melancholy patients, our attention is chiefly directed to raising them out of the dejection of spirits under which they labour, and guarding against the disposition to suicide which so frequently accompanies it. For this purpose our first care should be to afford them every harmless gratification, while proper means are employed to restore them to a good state of bodily health, on which, in many instances, their recovery depends as much as upon

moral remedies. The kindest treatment, a pleasant room, the use of a garden, walking or driving out, amusing books, everything, in short, which has a tendency to divert the mind from its own gloomy thoughts, and make the invalid satisfied with himself, his situation, and those around him, should be provided. He should not be left alone to brood over his sorrows, or to the uninteresting company of an attendant only. He should not be subjected to personal restraint, if it is possible to avoid it consistently with safety to himself. His feelings should not be hurt by the seeing or hearing of others labouring under any terrible form of madness, and he should be invited to join in games of all sorts, and out-of-door exercises. Music is often remarkably agreeable to patients, they will listen to a lady playing upon the piano, and steal up into the room, from distant parts of the house, when they hear the sound of it. Dr. Conolly, in his able work on the Indications of Insanity, gives a striking proof of the power of music on a class of persons who occupy a very low place indeed in the intellectual scale, showing, I think, that its influence in the cure of insanity has been hitherto underrated, and certainly warranting a fuller trial of its efficacy.

“ My observation used frequently to be attracted by an insane gentleman, of good family, who had formerly held a military command. He was a

man of elegant appearance, had been liberally educated, was fond of music, and possessed animal spirits, which nothing could depress; he passed much of his time in playing the flute for the diversion of two or three idiots, who were taken care of in the establishment in which he was himself confined. Standing upright in the midst of them, he would so inspirit these poor creatures with his lively performance, that they would dance around him, affording a spectacle curiously illustrative of the alleviations of which even their condition was capable."

Sir William Ellis relates the case of a woman, who, upon hearing a tune which she recognised, thought she might be able to repeat the song herself, as she had formerly done. She tried and succeeded, and from that time she evidently began to improve in the state of her mind.

I should be disposed to go to the utmost length of what was permissible, in my endeavours to procure amusement and agreeable occupation for the miserable subjects of insane melancholy; and this kind of treatment should be perseveringly employed, though it may seem to have no effect, for it is not always lost upon the patient when he appears to take no notice of it; at some unexpected moment, perhaps, he will surprise his attendant by an intelligent remark, or by asking for pen, ink, and paper, that he may write home and inquire

after his family ; and so, all at once, emerge, as it were, from behind a cloud, under which his faculties have lain dormant for months or years !

As to his particular delusion, whether it be religious or not, whether he believes that his soul is lost, or that his prospects in life are ruined, or that his legs are made of glass, or his body of iron, it is equally vain to attack it by serious reasoning. The false notion possesses, in his esteem, all the force of reality, and he is not more convinced of anything by the evidence of his senses, than he is of the truth of what exists in his imagination only.

Mrs. P., a religious woman, rather melancholy, but in other respects rational enough, took it into her head that the town of W., near which she once lived, had been destroyed, like Sodom and Gomorrah, and in this opinion was immovable. A gentleman called upon her, and informed her he had seen her husband that day, who was well, and that he came through W., which stood where it did, and looked as it always had done. " I don't care," said she, " you may say what you please ; I know it is all burnt, for I saw it with my own eyes." Our better way is to attack the disorder, taking but little notice of the delusion, which will die away of itself, becoming fainter and fainter, as the mind recovers its tone. Such patients will by degrees bear to have it combated without being angry ;

they will at times believe it less firmly than at others; they will begin to have doubts of it themselves, and finally wonder at the power it once had over them. For this we are to wait, not rudely assailing them by ridicule, but joking them, in a good-natured tone, now and then, as they are able to bear it, for *all means* are to be employed, which seem to have a natural tendency to correct the errors of the fancy, but they must be so used as shall not irritate; and when the patient is ultimately cured, we are often not able to decide which of the remedies has done most good, but it is possible each may have contributed something to restore his mind to health.

Mrs. V., aged fifty-five, not in the least melancholy, the mother of four children, was the subject of a very singular religious delusion. I would gladly give the particulars, which, in a medical point of view, are very curious, but it might be thought to savour of too much familiarity with divine things. When I first saw her, she told me she had no children, that she had been "first robbed, then murdered, starved, shut up, bruised and beaten, and murdered, and that she was sane, and not mad." She was not what is understood by a religious person, and had been insane about one month.

On the 26th of November we had a long conversation on her very singular hallucination, of

which she gave me the particulars, just as I had before heard them described by a friend. I expressed my disbelief, and my opinion that it was all a misapprehension, at which she was not angry, but showed her own perfect conviction of its correctness.

Nov. 29th.—She seems less confident to-day, and appears to think it possible she may be deceived.

Dec. 1st.—She persists in her original belief, and says it is I who am mistaken, and not herself. I tried her at my next visit, and found her firm. But on December 4th, only two days afterwards, she voluntarily declared to me the delusion was quite gone, and said it was very extraordinary she should ever have been the victim of so strange a fancy. It never again returned, and she seemed perfectly well, but died in a few days of apoplexy.

Patients are sometimes *suddenly* set free from their illusions, but they are never talked out of them. A man whom I knew, who had been for months the subject of a good deal of banter, on account of a very absurd idea which had taken possession of his mind, got up one morning as mad as usual, but after breakfast informed his keeper that he was quite well.

Cases are related, not by English authors, so far as I can recollect, but by foreign ones, in which

the hallucination has been cured at once by stratagem, or a direct and well-planned attack upon it. I do not say they are misrepresentations of facts, for I have myself given one of that kind which occurred in Saint Luke's Hospital, (page 71,) but I believe that those of which I have read or heard were slight cases, hardly deserving the name of insanity; or those in which the disease had been treated medically for some time, and was beginning to give way; or else they were examples of hypochondriasis or merely nervous affections, between which and insanity in its lower degrees there is a very strong affinity. All means of cure should certainly be tried, provided no harm is likely to ensue when they fail of success.

The following case of melancholy cured by a fit of religious enthusiasm, kept up for a considerable period, is much more likely to be true, and I give full credit to the narrative.

“ A rich merchant met with some inconsiderable reverses of fortune. His imagination was, however, so deeply impressed, that from that time he believed himself to be a ruined man, and that he had no other prospect than that of dying of hunger. No exertions were spared to convince him that he was still in possession of a very large fortune. The contents of his bureaux were displayed in his presence, but these he believed to be only false appearances, and his prevailing idea of extreme

poverty continued to haunt and distress him. It was at the period of the disturbances excited in Germany by the Reformation. What the advice and medicines of Forestus, a celebrated physician of those days, failed to produce, was effected by ardent zeal for the catholic religion. The melancholic exerted himself night and day, both by conversation and writing, in defence of the rituals of the Romish church. It was not long before he was completely cured of his melancholia.”

This is a most striking example of the cure of melancholy by the excitement of a new passion. I believe it would be often effectual, if we possessed the means of summoning to our aid so powerful an auxiliary ; but there, alas ! we feel our weakness. The scanty resources of the poor, and the satiety of the affluent, leave us but little choice ; and real downright insanity on one particular point, firmly rooted in the mind, is not easily dislodged.

Nevertheless, though, like an ancient fortress proud in its massive strength, it bids defiance to a *coup de main*, it may be, and continually is, overcome by a steady and persevering but judicious combination of various modes of assault, which, taken separately, appear little calculated to effect our purpose. Gulliver was bound by the Lilliputians ; and it is said that the strokes of the battering ram, kept up from day to day, exert a force which the strongest ramparts are not able to withstand.

In a similar way do we sometimes, in obstinate cases, overcome the no less impregnable stronghold of melancholy madness.

Among the remedies which analogy and reasoning point out to our adoption, religion seems to have been overlooked, or rather shunned, as if by an instinctive dread. It has been charged with causing insanity by its peculiar tendency to excite the mind; but if that accusation be true, *it is the very thing we want in the present instance*; of which the merchant's case just given is a most happy illustration. A moral stimulus superior to others is above all things requisite, in the cases now under consideration. We want something equal to the emergency, which common remedies are not. Give us that, whatever it is, a power like steam or gunpowder, we shall know how to manage it. If, then, the exciting doctrines of Christianity, of which some persons are so wonderfully afraid, are able to supply the desideratum, in the name of reason, of common sense, and of humanity, let them be preached, with all the power of the most impassioned eloquence, to the victims of religious despondency. Send me those ministers who can speak of nothing else but the love of Christ, free grace, and the privileges of the Gospel;—send me those who, like Saint Paul, are “beside themselves,” when they touch that heavenly theme, which brought down angels to earth at the birth of our Saviour.

It is recorded that, in one of our great battles in the late Peninsular war, a certain regiment of well-known bravery fled. The commander, all astonishment, expressed his feelings to an officer present, who told him it was owing to his having ordered that the pipers should not play that morning. "Is that the reason?" said the colonel, "then let them blow with all their might, if it will bring back the men." The pipers began to play, and the regiment returned to the charge.

"The children of this world are wise in their generation." Let them in the present instance lay aside prejudice, and act up to their own principles; and if a blunder has been heretofore committed in the treatment of insane persons, let it be repaired as quickly as possible.

O that men were indeed so disposed to be excited by the doctrines of our holy religion! I appeal to every minister of it, and ask him if the charge is true. I appeal to every one practised in the management of insane people, and ask him to tell me, with his hand upon his heart, whether he believes that the most animated style of "Gospel preaching" would rouse the dormant sensibilities of his dejected patients, and inspire them with hope. If he answers in the affirmative, then I insist that it should be tried. If he replies negatively, the inference is, that the experiment would not be at-

tended with danger, and ought, therefore, to be made.

With respect to *other cases*, our mode of procedure must be different. Stimulants are not required by them. They do not need excitement, like melancholy patients; it would not be proper for them; it would do harm in many instances, and the style of preaching above recommended would be unintelligible to the greater part: whereas the understanding of the melancholy is in general perfect, or nearly so; their disease is not so much derangement of intellect, as depression of spirits, with erroneous judgment on one particular subject. But the modes of address suited to the condition of patients in general, have already been frequently pointed out, and any minister, who is allowed to use them, and who has been selected for that purpose on account of his supposed competency, must be left to the guidance of his own judgment in so doing. As the intelligent principle exists among them in all imaginable degrees, he will vary his instructions accordingly, and in his appeals to their feelings he will exercise no less discrimination.

But it must not be forgotten that a certain degree of animation is essential to the success of pulpit exercises. He who by his oratory is expected to produce an impression, must not be tied down to tameness of manner and insipidity of style. Let the

superintendent, or some one in his place, always be present, and then let the preacher feel that he is unfettered. All such as are capable of receiving instruction in the form of a lecture, might be thus addressed, either in one company, or in separate groups, according to the judgment of the chaplain, who, by his continual intercourse with them, is supposed to be well acquainted with the mental and spiritual state of each individual.

CHAPTER VII.

ON THE RELIGIOUS ADVANTAGES OF THE INSANE.

FROM what has been said of melancholy in the preceding chapter, the reader will be apt to think that all religious cases are tinged with it. I therefore beg leave to introduce to him one of a different kind, in which cheerfulness and contentment were never wanting. It is that of a young woman conversant with the Holy Scriptures, who, from some undiscovered cause, became affected with mania, or general insanity with excitement, which is the opposite state to melancholy. There was in this instance very little delirium, and none that I myself ever witnessed; but there was a confusion of ideas, which betrayed itself in conversation by odd associations of thought, and inappropriate quotations of Scripture.

E. B., aged twenty-seven, admitted February 1st.

A tall good-looking young woman : she has had her mind affected about four months, and, according to report, believes herself to be inspired. The following examination into her state of mind took place on her being received :—

“ They say you believe yourself to be inspired ; what makes you think so ? ”

“ Because the Holy Spirit is in me. ”

“ How do you know that ? ”

“ Because he is promised to all who shall believe in the Lord Jesus Christ, ‘ For the promise is unto you and to your children, and to all that are afar off, even to as many as the Lord our God shall call. ’ ”

“ Are you able to do any miracles by virtue of being inspired, or are you sent to preach ? ”

“ No, but I expect I shall be, and in the meantime I wait patiently and in all humility ; for it is said, ‘ Tarry at Jerusalem till ye be endued with power from on high. ’ ”

“ But how do you know that promise refers to wonderful and extraordinary powers—to anything supernatural ? ”

“ ‘ Verily I say unto you, he that believeth on me, the works that I do shall he do also ; and greater works than those shall he do, because I go to the Father. ’ I am a believer in Jesus Christ. I am a sinner by nature even as others, but I am washed in his blood. I am justified by faith ; I am

a child of God, who has given his Holy Spirit to me to teach me all things."

"Very well," said the examining physician, "orthodox enough, for she uses the very words of Scripture, but may not be quite correct in the application of them, and she is evidently much excited."

Going round next day, I saw her at dinner. She seemed quite satisfied, and promised obedience in everything except the taking of medicine. "Why not that?" said the doctor. "Because I have a Physician in heaven who will do for me whatever my health requires, and I hope you will not press me to take medicine." "O," said he, "I hope you will oblige me in taking what is necessary? I will not give you more than is requisite, nor more than I think will do you good; you know it is our duty to use means." "I will be obedient in everything else," said she, "but I cannot take medicine." It being found upon inquiry that she was out of health, something was ordered for her, and duly taken.

February 11th. — She told me she had been beaten by another patient, but that she bore it patiently without resistance, quoting the appropriate passage from the New Testament. This, however, the nurse does not corroborate, but says that she struck again.

February 16th.—"Well, how are you to-day?"

said I. "I am quite happy; there is no condemnation to them that are in Christ Jesus."

February 16th.—This day the nurse's report is, "She is more than excited; she is quite insane. She talks a great deal of religion, and swears and is quarrelsome, so that I am obliged sometimes to shut her up in her own room."

February 28th.—I found her composedly engaged in household work.

March 2nd.—Some disturbance being caused in the dining-room by a refractory patient, she rose like one about to make a grand speech, but by desire of the head nurse sat down immediately, declaring it was a pleasure to her to put up with injuries, and receive them meekly.

March 6th.—She said to me, "I am determined to speak to the doctor; I want to ask him one question. I want to know whether he can see me, for I am as small as a grain of mustard-seed, which is the least of all seeds. Did you ever see one?" "Yes," said I, "and I drew a common mustard seed of the natural size. But how do you make it out that you are no bigger than that?" "I am," said she, "as small as that in God's sight now, but I shall one day be a great tree. I am not speaking of what I am in the eyes of man. But I thought," said she, "mustard-seed meant the dust or powder of mustard-seed, which cannot be seen or its particles counted, it is so small; as it is written,

‘the seed of Abraham shall be like sand upon the sea-shore, which cannot be numbered.’ I am of that seed, and of the first-born of Abraham.”

She no longer admits that she is inspired, but says it was falsely imputed to her, because she was more religious than the rest, in some house to which she was taken in the first instance.

March 14th.—She was busy in the laundry, but, on seeing me, began : “ I am like a green olive-tree planted by the waterside.” “ That is what *I* wish to be,” said I. “ Do you ?” said she ; “ and do you think the kingdoms of this world will become the kingdoms of our Lord Jesus Christ ?” “ I believe they will,” said I. “ The kingdom of God is *here*,” said she, laying her hand upon her bosom.

March 23rd.—“ I live and learn,” said she ; “ I shall never die and forget all, because I am alive from the dead. I am better, and more comfortable than I was the other day, when the laundry-maid stopped my mouth, because I wanted to preach a little in my way. I don’t like to have my mouth stopped by a laundry-maid ; but I must learn to stop it myself, and keep it in till afterwards.” “ Why,” said I, “ there is a time for all things, you know, as Solomon says ; a time to speak, and a time to keep silence.” “ That is true,” said she ; “ are *you* alive from the dead ?” “ I hope I am,” said I, “ and I wish all here were as happy as you are.”

March 30th.—She was “ on the high ropes ” to-

day; something had set her off. "There is that Mrs. Levi, she will not eat her food; she ought to be *made* to do it as I was; and I thank God I *was* made to do it. The nurse forced me to eat, and it saved my life; for when I first came here, I was like Mrs. Levi, and I should have starved myself. I would make her eat, that I would. It is the work of God," rising and extending her arms. "I would suffer anything for her. Jesus Christ was not sent, but unto the lost sheep of the house of Israel. Mrs. Levi is at death's door from starvation." She was going on, but an order to sit down made her quiet.

April 3rd.—"Still at work?" said I. "I like to be employed," was her answer. "I should not know what to do with myself, if I was not. Tribulation worketh patience, and patience experience and experience hope, and hope maketh not ashamed. My comforts are spiritual."

May 13th.—Very much improved every way. "I am not impatient to leave this house, as some are," said she; "but I wait till it is thought I am sufficiently well to do so, though I should like to go home. Let patience have its perfect work. I fancy there is nothing the matter with me, but other people say there is something yet."

Mania seldom puts on a form so agreeable as this: it is often shocking to behold. Religious mania, therefore, with cheerfulness and pleasant feelings, is something rare; and after what we have

seen of melancholy, it is quite refreshing. The cause of insanity in this case was never ascertained; but whatever it was, it seems to have acted on a mind already imbued with religion, to what extent I would not venture to say. Religious people are not exempt from the common causes of mental disease, many of which are corporeal; and when once attacked by it, their cases do not necessarily differ from others, though they are sometimes greatly modified by the restraints of piety.

A lady, the wife of an eminent dissenting minister, whom I attended in her confinement some years ago, became in consequence deranged for some weeks, but nothing escaped her during that time unbecoming the character she had previously sustained for piety. And the same may be said of a clergyman, whose last illness was marked by strong delirium. But the religious character may be quite effaced by disease, and so great a change does mania often produce in the tempers and affections of those who are afflicted with it, that they conceive antipathies to friends and relatives, places and employments, in which they formerly took the greatest pleasure.

A gentleman of religious habits, becoming insane, was removed to an asylum, where two friends paid him a visit, and one of them, who was a dignitary of the church, engaged in prayer, supposing it would have a soothing effect upon his mind; but

he had not proceeded far, before the patient became so outrageous, that they were glad to make their escape. His insanity might have been brought on by bodily illness, or domestic sorrow, or twenty other things, to which he was as much exposed as his neighbours, and the complaint, once produced, showed no remarkable peculiarity. We need not say that in such cases it would be improper to force religion upon their notice, as much so as in the following :—

“ A respectable man, having lost his reason through family trouble, addressed himself to three others whom he met on the public road, and, after some extravagant discourse, fired a pistol at them, by which one was killed, and then, falling on his knees, began to sing psalms.”—*Morning Chronicle*, 29th March, 1839.

Religious instruction would do nothing for such cases as these ; the insanity must be cured first, or very much subdued ; but in all cases to which it is adapted, it may go hand in hand with the means of recovery ; it will not in the smallest degree interfere with them.

Thus have we endeavoured to show, in a plain and familiar way, that insane persons, with comparatively few exceptions, may be instructed in all that is necessary to salvation, if we adapt our lessons to the impaired state of their faculties ; and

that this may be done without the smallest danger of increasing their disorder, provided we use common prudence in the choice of our topics, and our modes of address. That, in fact, their capabilities are much greater than is generally supposed, and their liability to injurious excitement none at all. To prove this, a great number of examples have been detailed, and we have gone with a degree of minuteness, perhaps unnecessary, into a description of the manner in which religious sentiments may be inculcated in very unpromising cases. The difficulties of the undertaking have not been kept out of sight, because they do not affect our duty, as Christians, to render such patients all the assistance in our power while we have the management of them, instead of waiting till they shall have recovered, by which the opportunity would, in all probability, be lost by their removal; but we believe they would be found, on trial, less than they appear to those who have not considered the subject with attention. We know that success must in every instance be looked for, not as the natural result of the means employed, but as the consequence of a higher power co-operating with our humble efforts; and although persons of disordered intellect labour under difficulties peculiar to themselves, we know also that there are other circumstances quite as much in their favour. Every

situation has advantages and disadvantages pertaining to it, and a mixture of good and evil is, in a fallen world, the law of human existence.

The benevolent Author of the creation, whose mercies are over all his works, has, by the principle of compensation, so nicely adjusted the balance of happiness among all orders of beings in their natural state, that it would be difficult to prove he had in any instance departed from the strictest impartiality. We have reason to believe that the same principle has been recognised in the present instance. It is a well-known fact, that in blind persons the loss of one sense is partially supplied by the superior acuteness of others. So, when persons are rendered unfit for general society by the weakness of their understanding, their situation gives them in other respects an aptitude for religious impressions, which is not possessed by thousands and tens of thousands who look down upon them with pity. There is about them, when recovering, a child-like teachableness, which is the very first requisite. They have a sense of their own inferiority, which makes them humble; they are thankful for kind attentions, when persons of intellect stoop to notice them; and the moral discipline to which they have been of necessity subjected, has taught them submission to authority. If they are among the partially recovered, of whose complete restoration there is little prospect—in other words,

if they are on the incurable list, they consider themselves one of the family ; and, provided they are comfortable, there is no desire of change ; their opinions and habits assimilate to those of the household ; they become insensibly religious to a certain extent, if they live among good people ; and when the enmity of the heart to religion is subdued, and they respect and love their teachers, the greatest difficulty is taken out of the way.

Mr. Bakewell, speaking of the tractability of those who have been cured, says, “ It is an additional misfortune in this disorder, in the lower walks of life, that such as have been afflicted are avoided, and rejected as servants. This is an unnecessary cruelty, for they most frequently make the best of servants ; nor should I at all hesitate to take them myself, or recommend them to my friends. Though I might not think it proper to advise any man, having been afflicted with this complaint, to enter the married state, yet I should not by any means think it necessary to give the same advice to the other sex. I make no doubt but that many worthy females have been doomed to a single life, that would have made the best of wives and mothers, and far better than if they had never been afflicted. Of this I have known many instances. Humility is a quality which men wish for in a wife. This complaint cannot so properly be said to teach humility as to implant it in the

very nature. But it seldom happens that any man having been insane, is afterwards able to conduct himself with any degree of propriety, as a husband, master, or in any situation of authority."

Do we want any proof of the infinite worth of such a state of mind in those who have all their religion to acquire? Look at the tens of thousands of poor, despised, and, till lately, oppressed negroes, who throng to overflowing the missionary chapels of the West Indies. Witness their strong, simple, child-like, unquestioning credence of all that is taught them. Witness, as the fruit of this, their speedy conviction of sin under a faithful ministry—their immediate reception of the Saviour when offered to them—their peaceful trust in Providence—and their scriptural experience, comforting, sanctifying, and supporting under the greatest trials. Witness their burning zeal for the conversion of their associates, and their countrymen at home; their love of prayer, and their attendance on public worship, which brought them as often as possible by night, during the continuance of slavery, ten or twenty miles, or more, to fill the house of God at sunrise on the Sabbath. And, finally, witness their regard to truth, their forgiveness of injuries, their mutual love as brethren, their strong attachment to their teachers, the extent of their liberality, though poor, their habitual

assurance of God's pardoning love, and their happy deaths.

Here we behold Christianity triumphing in primitive purity and simplicity. O happy ignorance of theological refinements, and all religious disputes! O happy ignorance of the actual state of Christ's church in other lands, where outward prosperity, internal divisions, and conformity to the world, almost preclude the hope of such a display of unsophisticated piety! "I thank thee, Father, Lord of heaven and earth," said the meek and lowly Saviour, "because thou hast hid these things from the wise and prudent, and hast revealed them unto babes."

But let us appeal to our own experience, which, after all, carries with it more convincing power than any other proof whatever.

Who is it, having known deep affliction, that cannot bear witness to its utility in a religious sense? It is well for us, when circumstances, however painful, compel us to think seriously of the great end for which we came into being; and affliction, in one shape or the other, is the usual means employed to awaken the careless to a sense of danger, and rouse the negligent to duty. He also that has been corrected is humbled, and he that is meek is teachable. In all these respects, the lunatic enjoys an advantage over others, who, in the estimation of the world, have been more fortunate.

He has lost caste; his standing in society is forfeited—not by any crime which he has committed—but by a visitation of Providence: he is therefore humbled, without being degraded; his moral character has received no stain, though he is abandoned by those who formerly treated him with respect. He was by nature as fond of the world as others, and placed his hoped-for happiness in the enjoyment of its favours; but it has eluded his grasp—that dream has been dissipated.

He suffers, however, as an innocent person; he is not tortured by self-reproach, and if the world have turned their backs upon him, he is the more open to the consolations of religion. He values the things of earth by a more correct standard than he used to do before his illness, and his affections are henceforward directed more singly to that world where disappointments are not known. From this state of mind he derives solid comfort, such as he never before enjoyed, and becomes more than reconciled to his situation. He has found true wisdom in the retreat of the insane, happiness in the abode of sorrow, immortal possessions in the loss of all things; and he has learned to say, with devout and thankful resignation,—

“ Father, I bless thy gentle hand;

How kind was thy chastising rod,

That forc'd my conscience to a stand,

And brought my wandering soul to God!”

How much is such a man to be envied by those who enjoy the riches, honours, and pleasures of this world—and nothing more!

And is it no advantage to be placed among those who encourage him by their example? How often are Christians prevented, by a fear of “the world’s dread laugh,” from adopting a course of conduct which would expose them to the charge of singularity, though it be one which conscience enjoins upon them, and which they are persuaded would assist them greatly in the attainment of personal piety! They wish to pursue it, but they are met by the consideration, “What will people say of me if I do so?” In this state of mind, halting between two opinions, a merciful Providence sometimes takes their case in hand; some sudden stroke, painful at the time, severs them from their former connexions, and places them where the opinion of their acquaintances, and that of the world at large, can no longer affect their happiness. Here they have time to reflect. They become wise in retirement, whether of the sick room, the prison, or the asylum; and they return again to society, with their minds made up to do what is right, and leave all consequences with Him, “who by his never-failing providence ordereth all things both in heaven and earth.”

But the condition of the incurable, supposing him to be partially restored to health of mind,

and placed in a well-chosen retreat, gives him, in one respect at least, an advantage over those who recover. They return to the world and its distractions, but he does not; he enjoys an immunity from care and temptation peculiar to himself—the benefits of religious retirement are all his own.

THE END.

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