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# THE JOURNAL

OF

# MENTAL SCIENCE,

Published by Authority of the

ASSOCIATION OF MEDICAL OFFICERS  
OF ASYLUMS AND HOSPITALS  
FOR THE INSANE:

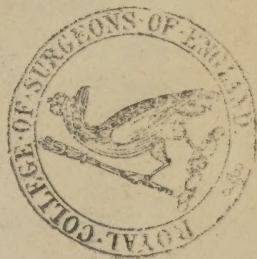
EDITED BY

JOHN CHARLES BUCKNILL, M.D.

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VOLUME IV.

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1858.



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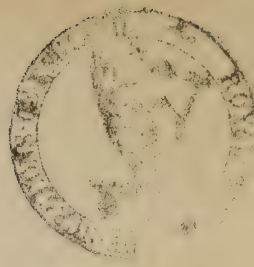
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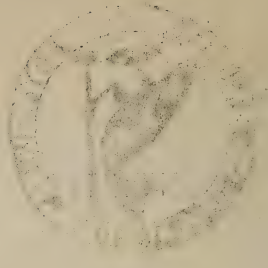


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# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

VOL. IV.

OCTOBER, 1857.

No. 23.

### ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOS- PITALS FOR THE INSANE.

The annual meeting for 1857 was held in London, on the 2nd day of July, at the Great Western Hotel, Paddington; Dr. HITCHMAN in the chair.

The following officers were present :

DR. HITCHMAN, President for the past year.

DR. FORBES WINSLOW, President Elect.

DR. THURNAM, Ex-president.

WM. LEY, Esq., Treasurer.

DR. BUCKNILL, Editor of the *Journal*.

DR. CAMPBELL, } Auditors.

DR. PRICHARD, }

DR. LOCKHART ROBERTSON, Honorary Secretary.

And the following members and visitors :

F. D. Walsh, Esq.

Dr. Boisragon.

Dr. Sutherland.

J. Cornwall, Esq.

Sir Charles Hastings.

Dr. Burnett.

Dr. Sherlock.

T. Allen, Esq.

Dr. Kirkman.

F. D. Tyerman, Esq.

Dr. Chevallier.

W. G. Marshall, Esq.

T. N. Brushfield, Esq.

A. Richards, Esq.

Dr. Monro.

Dr. Tate.

J. Millar, Esq.

Dr. Blandford.

Dr. F. K. Fox.	Dr. Stevens.
Dr. Fayrer.	Dr. Paul.
Dr. Sankey.	R. Gardiner Hill, Esq.
Dr. Donald Mackintosh.	J. G. Symes, Esq.
Dr. Lowry.	Dr. Arlidge.
J. Terry, Esq.	W. Hans Sloane Stanley, Esq.
Dr. Manley.	Dr. O'Connor.
Dr. G. Stilwell.	Dr. Wood.
Dr. Harrington Tuke.	H. Sankey, Esq.
Dr. Davey.	Dr. Willett, &c., &c.

The minutes of the preceding meeting (1856,) were taken as read, and confirmed.

The CHAIRMAN (Dr. Hitchman,) in resigning the office of President for the past year, made the following address :

“Gentlemen,

In resigning again to your trust the office of president, which I have had the honour to hold during the past year, I beg to state that no incident demanding a special report from me has transpired, except the proceedings of the Society in reference to our associate, Mr. Millar. That case is, I believe, as well understood by the members as by myself, and yet a recapitulation of the chief facts may not be irrelevant to the business of the meeting. In Sept., 1856, Mr. Millar published a pamphlet detailing the perpetration of an act of injustice by the Committee of the Bucks Asylum. So unjust was the conduct of the Committee, as related by Mr. Millar, that men were reluctant to believe that a body of English gentlemen could be capable of such proceedings. The Association shared in this doubt. The Superintendents of asylums had had large experience of the high character of the English Magistracy, and had found in them a chivalrous sense of honour, and a love of open even-handed justice and manly candour; and an especial abhorrence of mean, clandestine, and anonymous charges. They hoped, therefore, that the Committee of the Bucks Asylum would be no exception to this rule, and that the Committee would accord to Mr. Millar the right of meeting his accusers, of knowing the charges and hearing the evidence which was brought against him. For my own part I strongly believed this, because I knew the chairman of the Bucks Committee to be a gentleman thoroughly conversant with business, long and intimately accustomed to the management of public societies of a scientific and benevolent nature. I had heard his character pourtrayed in high terms, and, moreover, knew him



to be associated by relationship and intimacy with a family for whom I have great reverence. I felt that all the facts were not before the public, and prior to calling upon the Association to protest against the proceedings of the Committee, I addressed the chairman. Subsequent events proved that I had erred in my opinion, and that sufficient allowance had not been made by me for the contagiousness of passion, and the fanaticism of corporate bodies. The following fact would be incredible, were not Mr. Millar in possession of the minute to vouch for its accuracy :

“19th Sept., 1856. *Extracts*.—At a meeting of the Committee, present, Thos. R. Barker, Esq., Chairman; John Lee, Esq., L.L.D., Christopher Tower, Esq., W. Lowndes, Esq., T. T. Bernard, Esq., C. T. Gaskell, Esq., J. T. Senior, Esq., W. Pennington, Esq., the Rev. A. P. Cust, the Rev. C. E. Gray, the Rev. R. Townsend,—*Resolved*, ‘That it is the opinion of this Committee that the application made by Mr. Millar, for an extract of that part of Mr. Carrington’s letter, on resigning his office of chairman of the Committee of Visitors of the Lunatic Asylum, dated 8th January, 1856, and entered on the minutes of the Committee, on the 15th January, 1856, be not acceded to.’ ”

And, the following is a copy of another extract in Mr. Millar’s possession :

“At a meeting of the Committee of Visitors, held on the 24th Oct., present, Thos. Raymond Barker, Esq., J. Lee, Esq. L.L.D., William Lowndes, Esq., C. Tower, Esq., C. T. Gaskell, Esq., J. T. Senior, Esq., T. T. Bernard, Esq., the Rev. C. E. Gray, the Rev. A. P. Cust; ‘Mr. Millar applied for a copy of the charges made against him, which led to the resolution passed by the Committee on the 29th August last. The Committee decline to furnish the same.’ ”

On the reception of the letter from the Bucks Committee, disdaining to answer the simple enquiry which was made to it, the Committee of this Association felt that the time for a public remonstrance had come, and the protest which nearly all the members have subscribed was the result. As I adopted, rather than composed that remonstrance, I may be permitted to state that it was drawn up with much clearness and force, and received the approbation of nearly every member of the Association. Two or three gentlemen, from motives which I am not at liberty to explain, hesitated to attach their names to it, but from every superintendent (with one exception only,) I received a courteous reply to my application for his signature.

Perhaps no document ever elicited so much unanimity of opinion. It was posted to every magistrate in the county of Bucks, previous to their meeting at Epiphany Sessions. Mr. Millar has stated, that it was only on the day of the Session, namely, Jan. 5th, that he was supplied with a copy of the charges preferred against him. To these charges Mr. Millar has since published a "refutation," which has been read probably by all the members of the Association. These must have rejoiced to find, that, notwithstanding all the aspersions which have been made upon Mr. Millar by a Committee of the Bucks Asylum, imperfectly acquainted with the proper management of a Lunatic Asylum, that Her Majesty's Commissioners in Lunacy, skilled and experienced in such matters, have since given public testimony to the value of his services, and to the creditable state of the institution. And while the Commissioners have done this, his professional brethren have upon public grounds, and upon public grounds alone, come forward to protest against the injustice with which he has been treated, and to bestow upon him their sympathy and their aid.

For myself, I have seen Mr. Millar but once, and then only for a few minutes; yet I rejoice at the manner in which he has passed through this persecution, and beg to congratulate him upon the high position which he now holds in the opinion of his professional brethren, and in the estimation of the Commissioners in Lunacy, and of this Association. Few men have had the good fortune to be thus supported, when calumny and injustice have fallen upon them. Sustained by the inner consciousness of having acted well, such praise, and such sympathy, are a deep consolation, and a rich reward; a guerdon of honor to himself, and a brand of perpetual shame to those who have wronged him."

Dr. Hitchman then resigned the chair to DR. FORBES WINSLOW, the President Elect, who, in taking the chair, delivered the following address: . . .

#### PRESIDENT'S ADDRESS.

Gentlemen,—I have the honour of occupying on this occasion the distinguished position of your President, and in that capacity it is now my privilege and pleasure to appear before you.

Addressing myself to a body of gentlemen distinguished for their ability, experience, and knowledge of the morbid phenomena of mind, as well as practical acquaintance with the

treatment of the insane, I ask, Is it possible for me to give you any information you are not already fully in possession of? Is it in my power to impress upon your mind a higher appreciation of the noble and honourable vocation in which we are all engaged, than that which I believe you have already formed? I despair of bringing before this Association any novel facts in pathology or therapeutics—any startling deductions calculated to excite your interest, attract your attention, or instruct your understandings. However, I will, notwithstanding the obvious disadvantages under which I labour,—with, I trust, an unostentatious distrust in my own capacity either to inform or please—venture to address to my fellow-labourers in the great work of love and Christian philanthropy a few words in relation to the anxious, onerous, and often painful duties which devolve upon all engaged in the treatment of the insane. It is well that we should, from time to time, whilst occupied in life's pilgrimage, lean upon our staff, pause, and seriously consider the position it has pleased the will of Providence that we should occupy. It is right and befitting that we should occasionally solemnly reflect upon the PAST, dwell with earnestness upon the PRESENT, and seriously ponder over the FUTURE. In commercial phraseology, it is right that we should occasionally take stock, examine carefully our ledger, ascertain with accuracy the balance at the banker's, and consider with business-like precision and exactitude our credit and debtor account. The process of mental retrospection cannot be otherwise than beneficial to us all. It is well that the man occupied in the higher spheres of usefulness, who is cultivating the more abstruse and philosophical departments of the science and art of medicine; that he who is entrusted by the Legislature with the care and treatment of the insane, should frequently ask himself the question, what are the functions delegated to me? Do I entertain a right appreciation of my important duties, and am I so discharging them that at the great and final day of judgment I shall be in a position to give a good and faithful account of my stewardship?

Considering our vocation in its strictly scientific relations, need I observe, when comparing it with other branches of our noble profession, of which it forms a part, that the practical psychologist occupies high and honourable vantage ground.

It is not my intention to breathe a word in disparagement of other sections of the medical profession. Each class holds an honourable rank in the great circle of science; each division

has allotted to it its own anxious and specific duties; and whatever position the practitioner of medicine may fill, whether it be that of a surgeon, a general or special physician, all in their separate and respective spheres of duty have responsible functions devolving upon them. But in what respect do we differ from other departments of the medical profession? What particular and specific functions are assigned to those engaged in the treatment of the insane? Whilst the physician devoted to general practice is administering to the *physical* state of the system, in healing abnormal conditions of *matter* interfering with the *vital* manifestations, we, as psychologists, take a more exalted flight in the regions of science. It is our enviable privilege to deal with the *human mind*, to study its healthy as well as disordered state, to investigate that SPIRITUAL *aura*, that DIVINE ESSENCE, which is so mysteriously interwoven and associated with the grosser particles of the material fabric.

How noble is the study in which we are engaged! how important the duties that devolve upon us! how solemnly responsible is our position! Is it possible to exaggerate or over-estimate our character, influence, importance, and dignity? What profound and accurate knowledge of the mind in its normal state do we not require before we are fitted successfully to investigate, unravel, and treat remedially its deviations from a healthy standard! How intimate must be our acquaintance with the phenomena of thought, and with the nature and operations of the passions! How exact should be our notions of the instinctive and perceptive faculties before we are fully qualified to appreciate subtle morbid psychical conditions!

We should entertain right notions of our duty and position; we should encourage elevated, lofty thoughts, and grand conceptions of our honourable vocation; we should impress repeatedly, earnestly, and emphatically, upon our own understandings, and the minds of all engaged in the same holy work, the significant fact, that we are occupied in the study and treatment of a class of diseases affecting the very source, spring, and fountain of that principle which in its healthy operations alone can bring us into remote proximity to DEITY; that we have to deal with the spiritual part of a man's complex nature, with that which elevates him in the scale of created excellencies, and places him high on the pedestal amongst the great, the good, and the wise. But our solemn functions expand in interest, gravity, and importance, as we reflect that it is mind prostrated, perverted, and often crushed

by disease, with which we, as practical physicians, have to deal. That we have placed under our care a class of the afflicted human family, reduced by the inscrutable decrees of Providence to the most humiliating, degrading, and helpless position to which poor human nature can fall; that it is our duty to witness the sad wreck of great and noble minds, the decay of exalted genius. Like the historian and antiquarian, wandering with a sad heart over ground made classical and memorable in the story of great men, and in the annals of heroic deeds, surveying with painful interest the crumbling ruins of ancient temples, viewing with subdued emotion the almost extinguished remains of proud imperial cities, consecrated by the genius of men renowned in the world's history as scholars, artists, philosophers, and poets, so it is our duty to wander through the sad ruins of still greater temples than any that were in ancient days raised to the honour of an unseen DEITY. Yes, it is our distressing province to witness great and good intellects, and proud understandings, levelled to the earth and crumbled like dust in the balance, under the dire influence of disease. Survey that old man crouched in the corner, with his face buried in his hands. He is indifferent to all that is passing around him; he heeds not the voice of man nor woman; he delights not in the carolling of birds nor in the sweet music of the rippling brooks. The gentle wind of heaven, playing its sweetest melody as it rushes through the green wood, awakens no consciousness of nature's charms. Approach and speak to him. Address him in terms of endearment and affection; bring before him the glowing images of the past. He elevates his head, gazes listlessly and mechanically at you, "makes no sign," and, dropping his poor head, buries it in his bosom, and sinks into his former moody state of melancholy abstraction. This man's oratory charmed the Senate, the magic of his eloquence held thousands in a state of breathless admiration; his influence was commanding, his sagacity and judgment eminently acute and profound. View him as he is fallen from his high and honourable estate. Listen to the sweet and gentle voice of yonder woman, upon whose head scarcely eighteen summer suns have shed their genial warmth and influence. How merrily she dances over the green sward! How touchingly she warbles, like poor *Ophelia*, sweet snatches of song! What a pitiful spectacle of a sweet mind lying in fragments before us! Look, she has decked herself with a spring garland. Now she holds herself perfectly erect, and walks with queenly majesty. Approach her side, accost her, she exclaims,

“Yes, he will come; he promised to be here; where are the guests? where’s the ring? where’s my wedding dress, my orange flowers?” Suddenly her mind is overshadowed, and her face assumes an expression of deep choking and bitter anguish; she alternately sobs and laughs—is gay, sad, cheerful, and melancholy—

“Thought and affliction, passion, hell itself,  
She turns to favour and to prettiness.”

Speak again to her, and another change takes place in the spirit of her dream. Like her sad prototype, the sweetest creation of Shakspeare’s immortal genius, she plaintively sings :

“He is dead and gone, lady—  
He is dead and gone;  
At his head a green grass turf,  
At his heels a stone.”

Her history is soon told. Deep and absorbing passion, elevated hopes, bright and fanciful dreams of the future; DEATH, with all its sad trappings and solemn mockery; seared affections, a broken heart, and a disordered brain. In its sad ruin, her mind retains much of its native purity, innocence, and sweetness.

It is not my object to bring before you painful, fanciful, and imaginative sketches. The two illustrations I have cited are faithful and truthful outlines of cases that must have come under the notice of us all. How keenly cases like these tear the heart-strings asunder, and call into active operation all the kindly sympathies of our nature.

Having considered thus briefly the character of our vocation, and the grave responsibilities of our position, I would, with great submission to the members of this Association, dwell shortly on the present state of that section of psychological science more immediately connected with the practical pursuits in which we are in common engaged, viz., that of the care and treatment of the insane.

At the onset, I would premise that, as a body of men engaged in a holy and sacred office, we must not close our eyes to the fact, that our position is not what we have a right to expect or are entitled to claim. Our studies, beyond a doubt, are ennobling and elevating; our duties, if conscientiously discharged, excite into action the tenderest feelings of the *heart*, and the highest capacities of the *intellect*. To an intimate knowledge of the general characteristics of disease, and the sciences of pathology and therapeutics, which we possess in common with other sections of our profession, the

psychological physician must unite a profound knowledge, not only of the mind, but of mind as manifesting itself in *character* and human nature, in the most enlarged acceptation of these terms. He has to battle with the intellect in a condition of aberration; he has to combat with passions in a state of morbid exaltation; he has to administer to the feelings, affections, and appetites, in a deranged or perverted condition; he has, in the exhibition of his moral remedial agents, emphatically to act upon *mind* as well as upon *matter*; and if he be not qualified by natural aptitude, by education, habits of thought, and careful study of the higher branches of philosophy, to perform such duties, he is obviously unfit for the post he is called upon to occupy. If such are the recognised characteristics of the psychological physician, why is he considered by the public, to a certain extent, as a man engaged in the pursuits of commerce and trade? How is it that a psychological expert, when in the witness-box, is so often snubbed and browbeaten? Why should we, when engaged in the practical execution of our duties, be viewed and estimated as persons pursuing a degrading and dishonourable calling? Why should the finger of derision and scorn be pointed at us? Why should we be singled out from the crowd, and have flung in our faces the odious, offensive, and repulsive designation of "mad doctor," when called upon as *experts* to assist in the solemn administration of justice? I ask, why such a state of things should exist? why men engaged in so honourable, sacred, and dignified a pursuit, should occasionally find themselves in a position so false, painful, and humiliating? In justice to ourselves, as well as to those unhappy persons confided to our care, we are bound to consider this matter with becoming seriousness. The question cannot be ignored. There must be something "rotten in the State" to justify such a sad condition of things. We do not occupy our legitimate position in public estimation, and it is our duty to ask why such should be the case? Having given this question much anxious consideration and thought, I have come to the following conclusions: According to my apprehension, there are **THREE** modes of accounting for our present status. In the first place, I attribute much of the existing evil to the conduct of a few narrow-minded and ignorant men, who have improperly had the care of the insane, and who have, by their very questionable proceedings, in a measure degraded us all to their own ignoble level. Have we been true to ourselves? Is it necessary that we should look much away from home to find the adverse causes that have been operating to our degra-

dation and disparagement? Have we not made merchandize of the insane, considering their care and treatment more as a question of commerce than of science? Gentlemen, I am occasionally overpowered with feelings of deep humiliation and shame, when I take up the advertisement sheet of the daily newspapers, and see to what measures men will resort to bring themselves, their houses, and their asylums, prominently before the public, with a view to their personal aggrandizement. Not satisfied with advertising their establishments in the glowing, fanciful, poetical, and flowery language of the auctioneer, they go a step in advance, and offer liberal percentages and bonuses to all medical men patronising their institutions. Again, how often we see asylums and their unhappy inmates brought into the market and offered for sale, like a flock of sheep, to the highest bidder, in a manner calculated to destroy all public confidence and trust, in the honesty, integrity, and even common respectability of those connected with similar institutions. Consider for a moment the practical effect upon the public mind, and by reflex action upon the position of the psychological physician, of the following advertisement, which has been going the rounds of the medical journals.

“INSANITY.—Twenty per cent. annually on the receipts will be guaranteed to any medical man recommending a quiet patient of either sex, to a first-class asylum, with the highest testimonials. Address ——.”

This is not an isolated illustration. No number of the *Times* appears without containing announcements of a similar character. Thank God! the great body of men engaged in the treatment of the insane would sooner permit themselves to be reduced to the lowest depths of poverty and distress, than resort to such unprofessional means to advance their interests in life.

If we desire to elevate ourselves in the estimation of good men; if it be our object to secure for our specialty a legitimate position in public opinion, it behoves us to enter our firm protest against proceedings like these; to hold no converse, companionship, or communion, with men who thus degrade themselves to the condition of the common trader and shopkeeper, without any portion of the respectability, honesty, and worth, which so commonly distinguishes men engaged in the legitimate pursuits of commerce.

To remedy this great and growing evil we must, in the first place, put our own houses in order:



“Our remedies oft in ourselves do lie  
Which we ascribe to heaven; the fated sky  
Gives us free scope; only doth backward pull  
Our slow designs, when we ourselves are dull.”

It is now my duty to consider the second cause operating to our disadvantage, viz., the effect of legislative enactments upon the character of the psychologists, and the condition of the insane.

The Legislature has never fully recognised or admitted the important principle that insanity is a pathological condition: in other words, that it is a type of diseased manifestation. This great first principle should be prominently recorded in the preamble of every parliamentary enactment relating to the treatment of the insane, and all legislation should be based upon the full and liberal recognition of the fact, that *insanity, lunacy, unsoundness of mind, idiocy, imbecility*, to use the common legal phraseology, are curable states of bodily and brain disease, disordering the manifestations of the mind; and that in the organisation of all institutions for the care and treatment of the insane, as well as in the distribution of licences to persons willing to undertake the management of this class of affections, the first question to be considered is, whether the party is fitted by education, knowledge, and experience, for the performance of his responsible duties? I would permit no one to have the legal charge and treatment of either an acute or chronic case of mental aberration who was not a qualified medical man. As long as licences are granted to non-professional persons, as well as to women, the public will be indisposed to believe that insanity is the result of a physical morbid condition of the brain, or of some organ in close sympathy with it; or that the disease is one amenable to remedial medical treatment. The non-recognition of this important elementary principle in the past legislation on this subject of lunacy has undoubtedly had the effect, not only of encouraging in the public mind erroneous views of the nature and treatment of insanity, but of placing the psychological physician in a false commercial position. And why should such be the case? The qualified and educated medical practitioner who has an asylum for the treatment of his own patients, finds himself placed in the same category with non-professional men and women, into whose hands are entrusted the legal custody and treatment of the insane. It is obvious that this course of procedure must inevitably tend to depreciate the character

of all connected with asylums, lower the psychologist in public estimation, and tend to discountenance all remedial treatment.

What has been the natural consequence of permitting non-professional persons to have the care of the insane? Persons palpably unfitted for the right and humane performance of so solemn a trust, have been discovered seriously and wilfully neglecting the interest of those entrusted to their legal guardianship. The evil has been fully recognised by the State, and from time to time various legislative enactments for the protection of the insane have become part of the statute law of the land, so constructed as to meet the exigencies of the case, and, if possible, avert a recurrence of these evils. Stringent legal clauses have found their way into these various lunacy enactments, until we may be said to act under the authority of a bill of *pains and penalties*. I do not complain of the operation of these measures; I refer to the fact simply with a view of establishing my position, that owing to the character of a few of those who have in former years had the care and treatment of the insane, such stringent laws have been deemed essentially necessary for their safety and protection.

It is not my intention to consider in detail the various existing lunacy bills, for the purpose of satisfying you that the provisions of the present law operate prejudicially to the interests of psychology, and are seriously detrimental to those connected with the care of the insane. I will cite but one illustration of the fact.

Agreeably to the provisions of a former enactment, no medical man was held to be legally qualified for the post of a commissioner in lunacy who had any interest, direct or indirect, in the confinement of the insane for *one* year previously. This clause was altered in the last Act of Parliament, the one now in operation; and in conformity with the amended bill, no medical man is legally eligible for the office of commissioner in lunacy who has had for *two* years an interest, direct or indirect, in the confinement of the insane; in other words, the candidate must have been disconnected with a private asylum for a period of *two* years, the Legislature not considering *one* year a sufficient time to restore the mind of the psychological physician to a state of judicial purity.

So great is the contamination and degradation incidental to a connexion with the treatment of the insane, and the management of an asylum, that the Legislature, in its profound wisdom

and extraordinary sagacity, considers two years purgation, two years psychological quarantine, necessary before the medical man can be viewed as qualified to present a *clean bill-of-health*, and thereby fitted to sit at the board of commissioners, and assist in the administration of the law! Upon what principle was such a clause introduced into the Lunacy Bill?

I fully admit that no person appointed to so important an office should have the most remote interest, direct or indirect, in the care and treatment of the insane, and that before accepting an appointment of the kind, and prior to his taking the oaths of office, he should be in a position to say that he has entirely ceased to have the slightest or faintest shadow of interest in the confinement of any one insane individual; but it puzzles my simple understanding to comprehend why the law should require *two* years of cleansing and purification on the part of gentlemen engaged in the solemn and faithful discharge of the highest class of professional duties before they can be considered fitted for such an appointment.

I should be insulting the understanding of those I have the honour to address, if I were to occupy any time in attempting to demonstrate the practical injurious effect of such a provision of the law upon the character and position of all engaged in the study of psychology, and in the care and treatment of the insane. Whatever tends to lower in public estimation the psychological physician, whether connected or unconnected with a private asylum, must materially, and, without doubt, injuriously affect also those connected with our public institutions, and, at the same time, damage seriously the vital interests of the insane. Apart from the mischief such a state of the law must inflict upon the great body of psychological physicians, consider for one moment the serious injustice it does to a number of physicians engaged in private practice, and who, in a measure, are compelled to be interested in, and associated with private asylums. These men are disfranchised, virtually excluded from the office of commissioner. Irrespectively of a man's reputation, character, and experience, he is legally disqualified if he retains any interest in the confinement of a single insane person. Destroy by legislative enactments the *social* position of the physician engaged in this branch of practice, and you immediately cripple his resources, and very much circumscribe his sphere of usefulness.

I have no hesitation in asserting that this is an unjust, a mischievous, and an iniquitous enactment. I can conceive a man of European reputation, of great practical knowledge, of

unbounded experience, of profound sagacity, of high and unimpeachable honour and character, looking forward at the close of a brilliant and useful career to an appointment of this nature, as one of the prizes which should be awarded to professional men whose great public services and talents were entitled to some slight recognition. This man would be ineligible for the office, the duties of which he was admirably fitted to discharge, unless for two years he had ceased to have any interest in the confinement of the insane! Profound legislators! Wise statesmen! Eminent and sagacious senators! to have conceived so enlightened and benevolent an enactment!

In considering the third cause which has operated to the disadvantage of the psychologist, I must be brief. The ignorance exhibited by the public of the real characteristics of insanity and of the treatment necessary for its cure is certainly great. Poets, Dramatists, and Novelists have materially aided in promulgating fictitious, imaginative, and consequently erroneous, notions of insanity.

From this imputation I, of course, except our own immortal Shakspeare, that great magician whose colossal genius, profound wisdom, and subtlety, whose playful fancy, brilliant wit, extraordinary and intimate insight into the secret workings of the human mind and heart, and whose universal knowledge, shed a brilliant flood of light upon every subject to which he directed the powers of his noble and transcendent intellect. His delineations of insanity must ever be viewed as master creations—as imperishable monuments of grandeur, purity, beauty, grace, loveliness, and truth. He was pre-eminently the great and gifted psychologist of his epoch, and no man (and we have had great giants since his day) has yet been able distantly to approach him in his knowledge of healthy or morbid mental phenomena.

In conclusion, I would again repeat that we must look faithfully into our own hearts, honestly analyze our own motives, and conscientiously scrutinize our own conduct, if we desire to discover the true cause of the present unsatisfactory status of the psychological physician, and are anxious to elevate our body in the social scale.

Having said so much about ourselves, let me finally add a few words respecting those sad cases placed under our special care and protection. We cannot too frequently allow our minds to dwell upon the peculiar state of those reduced by insanity to a condition of utter and childish helplessness. In other classes of disease, in which the functions of the brain

remain intact, the invalid, even while suffering the most acute and agonising pain, bodily distress, and physical prostration, is in a state to appreciate his actual relations with those around him—he feels sensibly the exhibition of tender sympathy—he properly estimates the care and attention bestowed upon his case, and recognises the skill of his faithful medical adviser. Alas! how different are the feelings and thoughts of many of the insane! In this class of affections the kindness, sympathy, skill, unremitting assiduity and attention of the physician are often not outwardly or manifestly appreciated. He has, in many cases, to pursue his holy work without the exhibition of the slightest apparent consciousness on the part of the patient of his efforts to assuage his anguish, and mitigate his condition of mental disease and bodily suffering. Nevertheless, it is our sacred duty, even where, as is occasionally the case, our actions are greatly misconstrued, and perverted, by those to whose relief we are administering, to unflinchingly persevere in our efforts to carry out our curative process of treatment. Our poor unhappy invalid may believe that we are acting the part of his bitterest foe. This ought not to excite in our mind any feeling but that of the most profound love and sympathy. If his language be offensive and repulsive, if he be guilty of any acts of violence towards those in attendance upon him, let us never for a moment lose sight of the fact, that his unhappy affliction has to a degree destroyed his free will, and that he, for a time, has ceased to be a responsible being. It would be cruel, whilst such a condition of mind exists, to treat such a patient otherwise than as a person deprived by disease of the power of complete self-government and moral control. I feel how unnecessary it is for me to urge upon those connected with this Association, as well as to all engaged in the treatment of the insane, the importance of never losing sight of the fact, that even in the worst form of mental disease there are some salient and bright spots upon which we may act, and against which we may direct our most potent curative agents. How true it is that

“There is some soul of goodness in things evil,  
Would men observingly distil it out.”

The more formidable, and apparently hopelessly incurable, types of mental derangement admit, if not of cure, at least of considerable alleviation and mitigation. It is always in our power to materially add to the physical comforts of even the worst class of patients; and when a cure is impracticable, it is our duty by every means in our power to ease the

passage to the tomb. Again, we should never say of a case of insanity, that it is incurable, or that it baffles our skill. We undoubtedly possess the power of materially modifying (if we cannot entirely re-establish the mental equilibrium,) the most unfavorable and distressing forms of insanity, rendering the violent, the turbulent, tractable and amenable to discipline—the dangerous, harmless—the noisy, quiet—the dirty, cleanly in their habits—the melancholy, cheerful. It is possible, by a careful study of the bodily or mental idiosyncrasy of each individual case, and by an unremitting attention to dietetic and hygienic regimen, as well as by a persevering, unflagging, and assiduous administration of physical and moral remedies for their relief, to

“Pluck from the memory a rooted sorrow;  
Raze out the written troubles of the brain,  
And with some sweet oblivious antidote  
Cleanse the foul bosom of that perilous stuff  
Which weighs upon the heart.”

The spirit of love, tender sympathy, Christian benevolence, unwearying kindness, and warm affection, should influence our every thought, look, and action, when engaged in the treatment of the sad and distressing cases entrusted to our care. We should never forget that it is the special province of the psychological physician to

“Fetter strong madness in a silken thread,  
Charm ache with air, and agony with words.”

Oh, what a holy, honourable, and sacred occupation is that in which we all have the privilege to be engaged! The angels in heaven might well envy us the ennobling and exalted pleasures incidental to our mission of love and charity.

Dr. BOISRAGON hoped he might be permitted to express the thanks of the Association for the most admirable address which they had heard from their President, and to request that it might be printed in their *Journal*.

Dr. ROBERTSON said he had requested their President to allow the address to be published, and it would be printed in the October Number of the *Asylum Journal*.

TREASURER'S REPORT.

Mr. LEY proceeded to read the Treasurer's Report.

*Receipts and Expenditure for the Year ending July 1, 1857.*

RECEIPTS.		EXPENDITURE.	
	£. s. d.		£. s. d.
By Balance in the hands of the Treasurer . . . . .	27 18 4	By Annual Meeting, 1856 . . . . .	1 5 0
By Annual Subscriptions paid to Treasurer . . . . .	95 11 0	„ Printer's bills for Journal Numbers, 18, 19, 20, 21 . . . . .	108 4 11
By Annual Subscriptions paid to General Secretary . . . . .	10 10 0	„ Official Notices, &c. Postage . . . . .	1 7 4
By Annual Subscriptions paid to Irish Secretary . . . . .	4 4 0	„ Expenses of President's Remonstrance in the Case of the Bucks Asylum . . . . .	9 11 8
Subscriptions to Journal . . . . .	3 4 6	„ Expenses of Irish Secretary . . . . .	0 4 0
		„ „ General Secretary . . . . .	4 19 6
		„ „ Treasurer . . . . .	0 19 6
		„ Balance in hand of General Secretary . . . . .	5 10 5
		„ Balance in hand of Treasurer . . . . .	9 5 5
<b>Total . . . . .</b>	<b>£ 141 7 10</b>	<b>Total . . . . .</b>	<b>£ 141 7 10</b>

Correct.

D. C. CAMPBELL,  
THOMAS PRICHARD, } Auditors.

The expenses had been very similar to those of the previous year, and the receipts were much the same. The report of the treasurer's accounts and expenses had been audited by the auditors, who would pronounce an opinion as to its correctness. The only point to which he had to call attention, as being something unusual, was a matter which had taken place at the last meeting. A Committee was then appointed to act in cases of emergency, (not formed from the whole body,) but when it might be for the interest of members generally, they had power to call them together. That Committee had acted in the case of Mr. Millar through the president, and some slight expenses were incurred, which received the president's signature, and the auditors thought it right to pass the account, which was made out separately, though it was but small, because the auditors, collectively, felt they could not say that the accounts were made up in the same way as in the former year. There was a balance in hand of £14 15s. and about £60, outstanding debts. Many of the members had come forward to double their subscriptions, some honorary members had sent in two guineas instead of one, not knowing whether they were to pay for a future year; and in all cases there was an expression of good will that left no question as to the disposition to keep up the subscriptions. With reference to the balance which was due to the treasurer, a great part of it had not been asked for. He could, with propriety, repeat the expression which he

had made use of at the last meeting, as to the perfect success of the Society.

Dr. CAMPBELL begged to observe that as to the accounts, he thought it would be found that a great number of subscribers were in arrears, some had not paid up their subscriptions for two years, some not even for three years. He recollected that two years ago a motion was made, that unless the subscriptions were sent in and paid for the two years, notice should be sent to the parties so in arrear, and, if, after notice so sent, the subscriptions were not paid, the defaulter's names should be struck off the roll of members. He thought the names of persons in arrear should be struck out after three years.

The PRESIDENT asked whether Dr. Campbell had any intention of making a motion to that effect.

Dr. CAMPBELL said he would move "That those who should not have paid up their subscriptions for two or three years, after notice being sent (if necessary,) in two or three months, should have their names struck out."

Dr. HITCHMAN: There was a rule in respect to such cases.

Dr. ROBERTSON said it was provided under Rule V.,

*"That any member in arrear of his subscription more than twelve months after the expiration of the year for which it becomes due, and more than three months after application by the Secretary for the same, shall cease to be considered a member of the Association, provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears."*

Dr. CAMPBELL would then simply move, "That the fifth rule of the Association be enforced;" and the motion being seconded, was carried unanimously.

Dr. BURNETT begged to move, "That the treasurer's report be received."

Dr. SHERLOCK seconded the resolution, which was carried unanimously.

Dr. SUTHERLAND begged to propose a vote of thanks to their late president. [Hear.] That gentleman had first raised the office of president to the dignity which it had now acquired; and he had by his admirable conduct in the chair, raised this institution very much in the eyes of the public. He thought the Committee which had been established last year, was of much use practically, and that the Association had much need of it in this way, that it was a check upon those who, as Dr. Winslow had said, (and there were those persons,) did not understand them. Unless



they went together, they might have to encounter, not only cases like that of Mr. Millar last year, but others; and they might be liable to be crushed as an association formed for the most beneficent of purposes.

Sir CHARLES HASTINGS said it was with the greatest pleasure that he rose to second the vote of thanks to Dr. Hitchman.

The PRESIDENT having put the question, it was carried with acclamation.

Dr. HITCHMAN begged to tender his best thanks for the very kind manner in which the members of the Society had received the last resolution. He was indeed happy to find that his services had been deemed acceptable to the Society, and had elicited their so cordial approbation. As far as his efforts enabled him, it would be the dearest joy of his heart to see the Association prosper; and he hoped that feeling might be carried out which had been so eloquently referred to by their president. [Hear.]

#### ELECTION OF OFFICERS.

The PRESIDENT said the next business was the election of officers. They must first elect a *President* for the next year, and it would be open to any member to propose a gentleman for that office.

DR. BUCKNILL rose and said: It fell to him to propose the name of a gentleman for President next year, who, he was sure, would reflect great honour and dignity on this Association. Important as this Institution had now become, still the presidency of a gentleman who stood so high not only in this country, but throughout the world, in connection with the treatment of insanity, he felt assured they would, in common with himself, regard as an event which would reflect honour upon and promote the interests of their Association. He meant Dr. Conolly. [Hear.] He believed it had been suggested that the Association should meet next year at Edinburgh. He mentioned this, it was true, incidentally, and perhaps it was not the right time to mention it; but the Association would probably meet at that great seat of learning and science, the capital of the north; and it seemed to him very important that they should there have at their head a man of Dr. Conolly's eminence, and that they should go with a staff of officers as strong as possible, in order to make the best of that occasion. He felt it quite unnecessary to eulogize Dr. Conolly, his name was so well

known to all the gentlemen present, that he should content himself by proposing that Dr. Conolly be their president for the year ensuing.

Dr. HITCHMAN had great pleasure in seconding the proposition that Dr. Conolly should be the president for the ensuing year. The position of Dr. Conolly, his European fame, and the greatness of his character, eminently fitted him to promote the interests and dignity of this Institution. While some names needed elaborate eulogy, Dr. Conolly's name had ever been a household word with them all. By his earlier pursuits, he had fitted himself for the great task of enlightening the ignorant, soothing the sorrowful, and promoting the cause of truth. Let them look to his brilliant career at Hanwell. The Hanwell reports marked an epoch, they unfolded great facts in language of which the literature of the country might be proud. His able work on asylums and their management, he thought, stood as a monument of his fame. He therefore had great pleasure in seconding the resolution.

The proposal was carried by acclamation.

The PRESIDENT: The general way of proceeding was, after electing a president for the next year, to select *the place of meeting*. Therefore it was desirable to decide now where they should meet next year.

In answer to a question, Dr. LOCKHART ROBERTSON read Rule XII.

*“PLACE OF MEETING.—That the annual meeting be held either in London, or, if so agreed at the preceding meeting, or after circular to each member, in some provincial town or city where, or in the neighbourhood of which there is a public asylum, or where some other object is likely to attract the members.”*

The PRESIDENT desired to know whether it was the pleasure of the meeting that the place of meeting should be Edinburgh, if the British Medical Association went there.

Dr. STEVENS said he really did not like to hear their place of meeting spoken of in connection with the possible movements of any other institution. He knew it was very inconvenient for many members of the profession to go to Edinburgh. He would therefore propose as an amendment “That they do meet in London.”

Dr. BUCKNILL said that this was a matter which he thought ought to be decided by vote, being one in which the convenience of the majority of the members should have the greatest weight. He would therefore, suggest that it

would be best to vote as between London and Edinburgh with the proviso that the British Medical Association met there.

Dr. LOCKHART ROBERTSON then moved, "That the annual meeting for the year 1858 be held in Edinburgh."

The PRESIDENT observed, that it was clear that Dr. Conolly had been elected president for next year; and the next question was, Where should they meet? He thought that Dr. Conolly would think it a great compliment that they should go, under his presidency, to Edinburgh to meet the British Medical Association; not that they should go in their tail but *pari passu* with them. He thought they would materially reflect importance and dignity on each other. He would further recall attention to the fact, that they had among their body many very eminent gentlemen in Scotland, and he thought they should turn their steps occasionally in that direction. It was a pity to confine themselves to England. If those who were members of the British Association, as well as of this, went to Edinburgh, it would be a good opportunity for this Association. But the question was in the hands of the meeting.

Dr. BUCKNILL said he should second the motion of Dr. Lockhart Robertson, that they should meet in the city of Edinburgh next year.

The PRESIDENT said he had now to put the motion which had been made by Dr. Robertson, and which had been seconded by Dr. Bucknill, "That the annual meeting for the year 1858, be held in Edinburgh." On the question being put, there appeared for the motion, 17, against it, 3.

The PRESIDENT said he thought they might now congratulate themselves on having passed that resolution. The meeting would now proceed to *the election of a Treasurer*.

Dr. ROBERTSON said he had the honour to propose Mr. Ley as Treasurer of the Association. No one of the officers of the Association had so often as himself come into contact with that gentleman, from the very nature of their respective offices. No man could devote more time and care to the funds and the interests of the Society than Mr. Ley. He had therefore great pleasure in proposing him as Treasurer for next year.

Dr. BOISRAGON seconded the motion, which was carried unanimously.

The PRESIDENT: They had now to proceed to another important business, and that was to elect *an Editor of their Journal*.

Sir CHARLES HASTINGS had great pleasure in proposing

Dr. Bucknill as the Editor of their *Journal* for the ensuing year. That gentleman carried out the objects of this Association in the best manner, and he edited the *Journal* without any exclusive views.

Dr. MUNRO seconded the motion. He would only say that he could scarcely conceive a scientific *Journal* which could be more ably conducted.

The question being put, was carried with acclamation.

The PRESIDENT: They had now to elect Auditors.

Dr. ROBERTSON said the Auditors were Dr. Campbell and Dr. Prichard; one of these gentlemen was re-eligible, but that the other must retire. Dr. Campbell had given extreme satisfaction, he understood Mr. Ley's mode of carrying out the accounts, and he hoped that Dr. Campbell would again be re-elected as one of the auditors.

Dr. PRICHARD declared he should much prefer Dr. Campbell being re-elected to himself.

Dr. ROBERTSON: The rule was, undoubtedly, that one was re-eligible and that the other retired.

Dr. PRICHARD said he would at once retire, in order to secure the re-election of Dr. Campbell, who was so well acquainted with Mr. Ley's mode of keeping the accounts, and he begged to second the motion for his re-election.

Dr. SHERLOCK proposed Dr. Stevens, of St. Luke's, as the other auditor; and the motion having been seconded,

The PRESIDENT put the question, that Dr. Campbell and Dr. Stevens be the auditors for the ensuing year.

Carried unanimously.

The next business on the paper of agenda was the election of a *General Secretary*.

Dr. HITCHMAN proposed Dr. Lockhart Robertson as general secretary for the ensuing year.

Dr. TUKE felt great pleasure in seconding the motion.

The question being put, was carried unanimously.

The PRESIDENT said they had now to elect two other secretaries—one for Ireland, and another for Scotland.

Dr. BUCKNILL proposed that Dr. Stewart be re-elected the Secretary for Ireland. Dr. Stewart is a gentleman who has taken most active interest in the welfare of this Association. That interest he still retained, and he much regretted that from an accidental circumstance he had not been enabled to be present on that day. The fact was, that he had not been informed of the day of meeting sufficiently soon. He believed his absence would be generally regretted; and he would have been with them, he was sure, if he could.

Dr. ROBERTSON with much pleasure seconded the motion. By an oversight of the printer's, Dr. Stewart had not received the intimation of the day of meeting until it was too late for him to be present. He had received it only two days before. He was requested by Dr. Stewart to convey to the meeting his extreme regret that he had so been prevented from being present.

Mr. LEY proposed, and Dr. Mc'INTOSH seconded that Dr. Browne be re-elected Secretary for Scotland.

### NEW MEMBERS.

The PRESIDENT said they had now to proceed to the election of New Members, and perhaps he might be allowed to propose as an honorary member of the Association, one of the most distinguished psychologists of France, who had paid the Association the compliment of coming over from Paris to meet its members. He referred to Dr. Brierre de Boismont, whose name must be as familiar to them as household words, a man of European fame, of personal worth, and high attainments. He (the president) thought they would be guilty of an act of discourtesy if they were to overlook the fact he had stated, and not appoint this gentleman an honorary member. They had no rule as to distinguished foreigners, but if he were the first, they could not have selected a better man than in this case. His mind and soul were engaged in that which alike occupied their time and best attention. He begged to propose this eminent man's name first in the list of honorary members to be this day elected.

DR. SUTHERLAND said he had much pleasure in seconding the proposition of the president. Dr. Brierre de Boismont had told him that he was most anxious to be introduced to the Association, but he was sorry subsequently to hear that he would not be able to be present at this time.

The question was put by the president, and was carried unanimously.

Dr. ROBERTSON proposed, as an honorary member, Mr. Hans Sloane Stanley, the Chairman of the Board of Visiting Magistrates of the Hants County Lunatic Asylum, who wished to become one of the honorary members of this Association. He hoped that if ever a future chairman of the Bucks Asylum took as high a position, they would elect him also. [Hear.]

Dr. HITCHMAN begged most cordially to second the nomi-

nation of Mr. Stanley. He occupied a great position, and the fact of Mr. Stanley coming forward, reflected honour on the Association which received him as an honorary member.

Resolution put and carried unanimously.

Mr. STANLEY begged to acknowledge the great honour which had been paid him by the members of the Association, in electing him into their valuable Society. During the time he had served as chairman of the Committee of Visiting Magistrates of the Hants County Asylum, he had always felt a deep interest in the progress of this Society. He had subscribed to the *Journal*; and though he could not say he had read all the various papers with which it was filled, yet he had read enough to excite his deepest sympathy in the institution, and to make him wish to become a member. He trusted that the harmony which existed between the Committee over which he presided, and the medical superintendent was so well established, that no such circumstances as those which had been referred to by the late president would arise. Such was the cordial feeling between their Committee and Dr. Manley, though they had different duties to perform, they would respectively carry out those beneficial improvements which were suggested, from time to time, in the treatment of those unfortunate persons who were placed under their care. He had not come there, however, to make a speech, but as a listener, and a promoter of that science for the furtherance of which they were assembled together.

The PRESIDENT: They had now twenty-five ordinary members of the Association to propose; and what he would venture to suggest would be, that the secretary should read over the names, with the names of the proposers and seconders, and that then, in order to save valuable time, they should elect them *en masse*.

Dr. ROBERTSON then read the following list:

#### ORDINARY MEMBERS.

1. Richard Adams, Esq., M.S. Cornwall County Asylum, Bodmin.
2. J. Bartlett, Esq., Sussex House, Hammersmith.
3. J.J. Blake, Esq., M.B., Essex County Asylum, Brentwood.
4. Dr. Blandford, 7, Grove, Brompton.
5. Dr. Dillon, V.P. Ballinasloe District Asylum, Ireland.
6. Dr. Duncan, Farnham House, Finglas, Ireland.
7. Dr. Francis Fox, }  
8. Dr. Charles Fox, } Brislington House.

9. F. Gould, Esq., County Asylum, Hants.
10. J. Hawkes, Esq., Wilts County Asylum, Devizes.
11. Dr. C. Howden, the Royal Lunatic Asylum, Edinburgh.
12. J. Humphrey, Esq., M.S. Bucks County Asylum, Aylesbury.
13. W. Langley, Esq., Rivertop House Asylum, Uxbridge.
14. Dr. D. M. M'Cullough, the Royal Lunatic Asylum, Edinburgh.
15. Dr. Peppard, Bushy Park, Limerick.
16. J. Philipps, Esq., Bethnal Green, London.
17. Dr. Rogan, M.S. to the Londonderry District Asylum.
18. Dr. Andrew Ross, Portsmouth.
19. Dr. Stilwell, Moorcroft House, Uxbridge.
20. J. P. Symes, Esq., Devon Branch Asylum, Exmouth.
21. Dr. Tanner, Charlotte Street, Bedford Square.
22. Dr. Tate, St. Luke's Hospital, London.
23. R. Walker, Esq., County Asylum, Chester.
24. F. Wilton, Esq., County Asylum, Gloucester.
25. Dr. Andrew Wynter, Brompton.

The PRESIDENT put the question whether it was the pleasure of the meeting that the gentlemen whose names they had heard read, should be elected ordinary members?

Dr. DAVEY rose to propose Dr. O'Connor. He was not engaged in their particular department of the profession, but he was much interested in the treatment of the insane, and he wished to become a member.

Dr. ROBERTSON said he had to state that when this gentleman's name was brought before the Committee, an objection was taken to him, from his not being specially engaged in this department of medicine. The rule, as relating to members, was "That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners, otherwise engaged in the treatment of insanity."

The PRESIDENT: In whatever might be done, he begged to say, on behalf of the Association, that there were was no personal feeling towards Dr. O'Connor. The rule, as read by the secretary, existed, and it was a stringent one, and one which they were bound to adhere to. He was sure that Dr. O'Connor would see that in adhering to the prescribed rule, nothing personally offensive was intended to him.

Dr. STEPHENS would beg to second the name of Dr. O'Connor.

The PRESIDENT: It is necessary to go to the ballot. Dr. O'Connor would clearly understand what was the motive of

the Committee in opposing his election. There could be no personal feeling with regard to himself, but if they had a law, he felt they should adhere to it stringently; a principle which, he was sure, Dr. O'Connor would appreciate.

Dr. THURNAM suggested whether a resolution could be put as to adhering to the recommendation of the Committee as to the list of new members to be elected?

The PRESIDENT: Would any one move an amendment to this effect?

Dr. ROBERTSON then moved as an amendment, "That the recommendation of the Committee, as related to the list of new members, be adhered to."

Dr. THURNAM seconded the amendment.

The question was then put, and on a shew of hands being taken, there appeared:

For the amendment	...	...	...	18
Against it	...	...	...	2

Majority in favour of the amendment	...	16
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The original motion was therefore lost.

#### ALTERATION OF RULES.

Dr. TUKE said he rose, in pursuance of the notice which he had given last year, to move "That the names of proposed honorary members be printed, and sent round with the circular convening the meeting of the Association." The inconvenience of the present practice was, that they were not supplied beforehand with the names of the new members to be proposed. He thought it was a bad compliment which they paid to their honorary members to be in ignorance of whom they might be; and, on the other hand, there was no opportunity to object to persons at the moment they were announced.

Dr. CAMPBELL seconded the resolution, which was carried unanimously.

#### ACTING SUB-COMMITTEE.

Mr. LEY said he rose to move the re-appointment of the acting Sub-Committee. The matters to which this Committee applied itself were peculiar. Circumstances might arise which would make it desirable that this Committee should act, and summon the general body, when it would be inconvenient to any private member to take that duty upon



himself. Thus, they were likely to have questions sent to them during the session of Parliament, when the Society itself would be incapable of acting. In the course of last year they made the president take upon himself the correspondence with the Committee. A small number of persons thus acted together, and agreed on the mode of proceeding. By this means much more work was done than by waiting to have the concurrence of some 120 or 130 persons who were members of the general body. His proposition was, "That the acting Committee of last year be re-appointed."

Dr. SHERLOCK begged leave to second the motion, knowing, as he did, the admirable manner in which the business of the Sub-Committee was carried on. He sincerely concurred in all that had fallen from Mr. Ley.

The motion was then put. Carried unanimously.

Dr. TUKE having been called upon by the president, proceeded to read the following paper :

#### OBSERVATIONS ON THE TREATMENT OF INSANITY, WHEN REFUSAL OF FOOD IS A PROMINENT SYMPTOM.

Mr. President and Gentlemen,—It is not without some diffidence that I venture to bring before this meeting, numbering, as it does, so many of the most distinguished practitioners in our department of medical science, views of my own, on a subject that must be so familiar to them ; or that I attempt any description of a symptom of insanity that is so often seen, and which all of us are constantly called upon to meet. But I have found in private practice so great a diversity of opinion amongst medical men as to the treatment of this particular symptom, refusal of food—our text-books on the care and cure of deranged minds pass over the subject as one of so little importance ; I have found it so impossible to obtain any information on the point, except scattered, through the medical reports of asylums, which our Association may well be proud of, as containing all that is most valuable in the practical treatment of insanity—that I believe I shall be doing a real service to medicine in bringing the question before this assembly. My own practice is comparatively of little importance : my object is rather to elicit and place on record the opinions of gentlemen so well qualified to pronounce judgment ; whose dissent from my views would incite me, and perhaps others, to still further

investigation, and whose concurrence in my conclusions would set the matter at rest.

I do not propose in these remarks to bring forward any new theory, or strange method of treatment. My object is to attempt a classification of those cases where refusal of food is a prominent symptom, founded on the real or presumed causes of such refusal; to point out the treatment necessary for each division; to discriminate those in which forcible alimentation is or is not justifiable; and lastly, to point out the various methods that may be adopted for this purpose, and the reasons that have induced me to choose the particular mode of treatment I myself prefer.

I divide those cases in which repugnance to nourishment, or inability to take it exists, into five divisions, more or less distinct from each other. Disinclination to food in the insane may arise from—

1. Simple dyspepsia.
2. Delusion as to food itself, or to their power of taking it.
3. Suicidal tendency, or wound of gullet after an attempt at suicide.
4. Stupidity, inertness, idiotcy.
5. Special organic lesion in the brain or other internal organ.

I shall consider each of these classes separately; and although these divisions may not embrace all the cases that may arise or have been met with, and one may not often occur uncomplicated with some other, I believe such a classification will be found practically useful, and will, by clearly defining the nature of the case I am speaking of, enable me to defend myself against the charge of erring on the side of those who advocate mechanical interference in all cases where food is refused, or with those who think the forcible administration of food usually unnecessary, or even cruel.

I need not dwell on the first of my divisions; the symptoms are those familiar to the general physician. It is, however, most important that we should recognise the symptom, having the treatment of patients who are so often unable to explain their wants, or justly describe their sensations. Dyspepsia, superadded to chronic mental disorder, will frequently change for a time the character of the disease, induce new delusions, or add strength to old ones. The forcible administration of remedies in these cases may sometimes be necessary, but of food scarcely ever; and it is terrible to think that we may ignorantly inject into the stomach of an invalid suffering from headache, mania, or

gastrodynia, an indigestible meal that will probably add to his sufferings, or even induce severe constitutional disturbance.

I shall not now enter on the treatment of dyspepsia, superadded to chronic insanity, a subject I hope to have the honour of bringing before you on a future occasion. It is of frequent occurrence in private practice. It may sometimes induce repugnance to food, endanger life from exhaustion, and require mechanical feeding, but I have never seen such a case; and those practitioners make a grand mistake who sedulously pour gruel or beef-tea down the throats of those unwilling to eat, without investigating the causes of their reluctance. Much mischief may thus be done, and I believe to this indiscriminate use of the stomach-pump the objections that some of our first physicians have to its employment is mainly attributable.

The second group of cases, those in which food is refused under the influence of specific delusion, is the most ordinarily met with, and, fortunately, the most amenable to treatment. Such delusions are not often persistent, and the repugnance to food may usually be overcome by gentle and patient persuasion. Stratagem will often succeed, where you have any clue to the nature of the delusion. Medical treatment will frequently overcome such fancies, and of course obviate the necessity for further interference.

The delusions giving rise to refusal of food are sometimes most ridiculous—more often painfully distressing. The idea of poison being administered is, perhaps, the most common. Patients under my care have frequently refused food for this reason; and would thus, as it were, starve themselves to save their lives. Metallic taste, especially that of copper, is not unusual. There is, probably, always dyspepsia present in those cases, and the deranged secretions should be appropriately prescribed for. I have seen great mischief arise from drugging or tampering with the food of insane patients, a practice too frequently resorted to. A patient so treated will lose all confidence in those around him. In some cases it gives rise to an entire refusal of sustenance; in many it is the origin of these illusions of taste. Of course, I do not mean that such treatment is not sometimes useful. The stomach or the intestines may be the seat of disorder giving rise to this form of delusion. A patient now under my care believes that his stomach is turned inside out. Sometimes this idea will prevent his eating for twenty-four hours; but such abstinence relieves the uneasy sensations, and the use

of bismuth and vegetable tonic infusions prevents the symptom becoming more severe. The delusion itself has existed for ten years.

The idea that voices are heard warning them against food is a frequent and dangerous symptom in deranged patients, often ushering in or attending suicidal mania. In all these cases active medical treatment is most essential. A lady very recently under my care was, at the commencement of her attack, obstinately bent on suicide, requiring the constant presence of an attendant. She was fed with a spoon for several days, but with great trouble and difficulty. She would give no reason for her abstinence. A great amount of nervous tremor, want of sleep, fits of weeping, marked one of those cases, which Dr. Hitchman, of Derby, our last president, has pointed out to us as being so especially benefitted by opium. After taking it in the form of Battley's solution for a few days, the repugnance to food ceased. Under the persevering use of this remedy, her melancholy disappeared. She is now rapidly recovering, and tells me that her objection to food arose from imaginary voices thundering in her ears warnings against her taking it, and telling her it was "bathed in human blood."

I need not, before my present hearers, enlarge upon the various recorded plans by which patients have been seduced, or surprised into taking food. Dr. Conolly, in his "Clinical Lectures at Hanwell," used frequently to mention the case of a man who had persisted in refusing food for a dangerous length of time, but at length eat heartily of a mighty seed cake, which the steward, with the view of tempting him, caused to be cut up and distributed in his presence, without any apparent wish that the patient also should share it. This is a useful hint to the practitioner; in such cases too much anxiety defeats our object. An affected indifference will often disarm the suspicions of a patient, and induce him to give up his intended abstinence.

Esquirol pretended to flog a patient of his who obstinately refused food, telling him that if he persisted in acting like a naughty child, he must be treated like one. The expedient for the time succeeded. The Bourbon prince, who imagined himself dead, and was induced at last to eat by an invitation to meet some distinguished pretended ghosts, who assured him, by precept and example, that eating was quite compatible with his and their position, is familiar to us all. I question the wisdom of such a plan; and I believe it is recorded, that the poor prince, undeceived as to his com-

panions, at last died a victim to his delusion, and to the prestige of his rank, that interdicted the employment of forcible means of nourishment.

A change of diet, or allowing the patient to choose his own food, will sometimes be beneficial. A young Spanish gentleman under my care would not eat. In the hope of ascertaining the reason of this resolution, I invited him to dine with me. On his plate being handed to him, he rose from the table, pale, trembling, and with all the marks of the most unfeigned abhorrence. "*Mon Dieu!*" said he, "it is a woman's flesh you give me." I had now a clue to his delusion. My suggestion that eggs were not open to this objection was well received. His repugnance to other food soon wore off, and under appropriate medical treatment he rapidly recovered.

Another patient, a boy of eighteen, whose refusal to take solid food began to give me great uneasiness, I induced to eat by inviting him to help me dress some mutton chops, which I affected to take with great mystery from my own larder, in the absence of the cook. He entered into the joke, and, without any pressing, eat more than his fair share; and as he had not tasted food for more than thirty-six hours, I was delighted to see him eat. Badly dressed chops were never, perhaps, so much enjoyed. From this time his recovery commenced, and he is now perfectly well. I mention these cases, because it is obvious that, these plans not succeeding, either of them would have been proper subjects for the forcible administration of food. In their weakened physical and mental condition, a few hours longer abstinence might have been a serious obstacle to their ultimate recovery.

Sometimes persuasion, with a little gentle force, will induce a patient to take food, in spite of his delusion; and finding no ill result follow, the persistence in abstinence is overcome. But it is only to experienced and kind hands that this experiment can be safely entrusted. No servant should be allowed to threaten the stomach-pump, or to employ even the slightest force, without the presence or the express sanction of the physician in attendance. Ill-judged efforts at feeding increase the repugnance, which tact and gentleness might overcome. Still the more grievous error appears to me to be in delay. The valuable aid of the stomach or nasal-tube is neglected till exhaustion has set in, and even if life be preserved, the mental disorder has become more deeply rooted, and the patient remains a chronic case,

to be daily fed, who under early medical treatment would have recovered his mental, as well as his corporeal strength.

Change of scene, and of the immediate attendant, is worthy of trial. I have seen a patient who refused food obstinately in his own sitting-room, dine with appetite in the company of others. Attention to the quality of the food, to the way it is cooked and presented to the patient, is in private practice absolutely essential. I should take care that the soup I was about to inject through the stomach-pump was well served up, as though about to be taken by myself. I have seen, at the last moment, a patient elect to eat, rather than be forcibly fed; and he is more likely to do this if the food offered is not a disagreeable mess of beef-tea and gruel, such as he would not have touched when in his usual health.

The third of my divisions—cases in which there is a determination to die by starvation—gives, perhaps, the most anxiety to the medical man. At any moment the desire for self-destruction may take some other form. The great point in the treatment of other cases is to decide when you have carried persuasion far enough, and the exact time at which you must resort to mechanical and forcible feeding. The age, the constitutional strength, the habits of life of the patient, must guide us here. It must be remembered, that if insanity is essentially a disorder of debility, in suicidal cases, as a general rule, there is more particularly an exhaustion of nervous power, and that each hour's delay diminishes the chance of the patient's recovery.

The length of time for which abstinence can be borne is sometimes extraordinary. In one remarkable case, a man existed for seventeen days without food. Captain Chesterton, in his "Revelations of Prison Life," gives two instances of voluntary abstinence from food for thirteen days, without injury. I do not myself wait in these cases till the pulse begins sensibly to flag; there is no harm in being too soon. The longest time I have ever ventured to delay has been four days. My usual rule is not to wait more than forty-eight hours.

Long abstinence in some constitutions produces a train of symptoms very apt to mislead the practitioner who has not watched the progress of the case. Excitement comes on, a state analogous to that seen in *delirium tremens*, strange visions pass before the patient, horrible sounds are heard; there is mania without inflammatory symptoms, prostration with excitement. The remedy for this state of things is, the forcible administration of food in small quantities, and

even stimulants. The following case illustrates this form of disorder :

In the summer of last year, a lady, travelling abroad, lost her only daughter. Her grief took the form of religious melancholia. She was brought to London to consult Dr. Conolly. Soon after there were several attempts at self-destruction ; then an entire refusal of all nourishment. Excitement now came on, with mania such as I have described. At this stage, Dr. Conolly recommended her removal to my house. No food had been taken for two days ; for two days more everything but water was refused. Raving continued, but dangerous exhaustion was becoming evident. On the fifth day we determined on injection of food into the stomach. I sent through a tube, introduced through the nostril a small quantity of beef-tea, thickened with isinglass, and two ounces of sherry. Within six hours the raving ceased. For three days afterwards food and medicine were taken without much repugnance, but there were frequent attempts at suicide in other ways. Forced nourishment was only once more necessary. The tincture of Indian hemp and opium, were freely used in the after treatment ; and this lady recovered perfectly, and has remained since perfectly well. Writing to me from Wiesbaden lately, this lady, after many kind and grateful sentences, adds, "To you and to Dr. Conolly I owe my life."

It is singular how long patients will sometimes permit themselves to be forcibly fed, rather than take food voluntarily. I have fed such cases through a tube for many weeks, and cases are in record where it has been necessary to do so for years.

I may mention here, that it is important to vary the aliment introduced. Arrowroot, gruel with or without milk, beef-tea, thickened with isinglass, or with flour, or with the yolk of eggs, are all available. To my friend Dr. Hodgkin, I owed the suggestion, in one case where feeding was necessary, of pounding roasted chicken in a mortar, adding milk, and rubbing it down to a cream, which passed easily through the smallest tube. Thus imitating, as nearly as possible, the effect upon the food produced by mastication and insalivation. In the case of a patient at St. George's Hospital, whom it was necessary to feed daily for twelve months, with the aid of the stomach pump, a tube of double size was procured ; and through this meat and vegetables were passed down the œsophagus, cut up in the ordinary way. The man

did not appear to suffer under this treatment. I rather imagine that those cases which the opponents of forced alimentation adduce, of patients who have sunk with symptoms of atrophy and exhaustion in spite of the stomach-pump, have too frequently either been left too long uninterfered with, or have not had a judicious variety of diet. I do not believe that a patient of depressed vital power would live for any length of time upon beef-tea alone, and his sinking would be an argument, not against his being fed by force, but against delay in the first instance, and against the administration of improper and insufficient aliment.

There is one important point to remember in these cases of refusal of food; the intention of suicide will rarely be confessed. If, therefore, the cause of the refusal is not ascertained, you must consider such a patient dangerous to himself, and watch carefully against efforts at self-destruction repeated in some other shape.

As the result of such attempts, wounds of the throat come sometimes under our notice, but more frequently under the care of the hospital surgeon, as the result of suicidal attempts in *mania a potu*. Mechanical feeding will of course be required, and caution and careful manipulation are essential; a small tube should usually be employed.

The fourth class of cases is easily disposed of. They are not numerous, their diagnosis is easy, and their treatment obvious enough. In the case of idiotcy and imbecility, spoon-feeding will generally answer the purpose. Should it fail the stomach-tube must be resorted to. Dr. Leon de Verga, usually opposing all attempts at forcibly feeding the insane, excepts this class of cases. "I do not call it, in this case," he says, "forced," but "artificial alimentation." As he admits they should be fed, I will not make any objection to his nomenclature.

Special lesion of the brain, or organic disease of internal organs, occasioning the refusal of food, I have made the last of my divisions. There can be no disorder that requires more careful study, or that places the medical man in a more painful position. On the one hand, interference may add to the agonies of the certainly dying patient; on the other, how distressing to witness prolonged suffering without an attempt to relieve it.

Instances of disease must too often come before us, in which we are forced to confess how unavailing are all the resources of our art; but it is a heavy responsibility to doom, by non-interference, a patient to a certain, a painful, and a



lingering death, without an effort to save him. And I am by no means certain, that in some recorded cases that have been left to die, the organic changes adduced to support such practice may not have been caused by long starvation. The effect has been mistaken for the cause. The motives of many of those who think the forcible administration of food an extreme measure are worthy of all respect. They shrink from anything like violent or severe treatment, as cruel and unjustifiable. At the same time, I must think them mistaken in their views. Dr. Leon de Verga writes an essay against the practice of feeding a patient contrary to his will. Would Dr. Leon hesitate to recommend tracheotomy, as a last resource, in a child dying with croup? I think not. And yet the same objections apply, and in a stronger degree. The little sufferer cannot consent, the pain is great, the operation is usually unavailing. In my own practice, if I considered that ulcer of the stomach, or intussusception of the intestines, rendered alimentation unavailing, I should call in the general physician, or the operating surgeon, and even then urge the propriety of forced alimentation, as affording the last and only chance.

In the case of an old gentleman of weak physical power, who had been long insane, and whom I was attending with Dr. Hodgkin, we suspected internal cancer. The patient could tell us nothing; he had all the appearance so characteristic of schirrous disease. He took fluids freely, but obstinately refused all animal or solid food. He had become emaciated to a frightful degree; and, as a last resource, I injected some egg and wine into his stomach, with but little hope of any beneficial result. However, he seemed to rally, and in eight hours I repeated the operation. In the course of a few days, he was walking about, comparatively strong. This feeding was at intervals necessary for about a month. He then began to take nourishment as usual, gained flesh, and seemed out of danger. At the end of seven months the same symptoms again appeared. All our remedies failed to do any good, and he died in a state of the greatest emaciation I have ever seen. An examination of the body after death showed us the stomach, reduced to one half its natural size, a thickened band embracing it, forming the appearance known as "hour-glass contraction," the mucous membrane throughout was pale; the other organs of the body were apparently sound. There was little information gained by the examination of the brain. This gentleman's life was at least prolonged by our treatment; and the only thing to be

regretted was, that we did not resort to the forcible administration of food earlier in the first attack.

I had the misfortune to have one very painful case under my care, which I bring before you—first, because it is an example of what I mean by repugnance of food arising from special disease of brain; and secondly, because it is a form of disorder which has been recently exceedingly well described by Dr. Bell; so graphically, indeed, as to have become known in America as “Bell’s disease,” but which I have never seen noticed before, except in Mr. Ley’s report of the Oxford Asylum, for 1854, where he describes something like it as occurring after *delirium tremens*. A young country gentleman, of strong physical power, was brought to my house, suffering under a paroxysm of acute mania. He refused all solid food, though he took some little nourishment in the shape of barley-water, tea thickened with isinglass, and such things as occurred to us at the time. Several of the first London physicians and surgeons saw him with me. Forced alimentation was thought of, but we were agreed as to its being unadvisable, and in ten days my patient sank exhausted. The lungs had been resonant throughout, but breathing had seemed confined to their immediate apices; the respiratory sounds were scarcely audible; there had been intense inflammatory symptoms about the head, but these appeared to yield to treatment, and the immediate cause of death was considered to be pneumonia. On opening the thorax the lungs seemed too large for their bony cavity; the air-cells were distended, and, although healthy as to structure, were infiltrated in parts with frothy serum. The other viscera were perfectly healthy; the brain was not examined. These conjoined symptoms, functional disease of lung, and repugnance to food, appear to me to point out clearly the nature of the attack—acute inflammation of the membranes at the base of the brain, *involving the origin of the pneumogastric nerve*. The same in a chronic form might explain the want of inclination to food, associated with slow respiration, in some cases of melancholia; but I rather throw out this for the investigation of our Association. I do not wish to start a theory not immediately connected with my subject. The suggestion is, at all events, worthy of consideration; and, as far as I know, the coincidence of the symptoms have not been in any way explained, or even specially noticed. If I saw such a case again, I should recommend counter-irritation to the nape of the neck, and treat it gene-

rally as one of inflammation to the base of the brain, without reference to the lung-symptoms.

From the foregoing remarks, it will be easily seen that I hold decided opinions as to the propriety of forced alimentation in most cases of refusal of food, and that I strongly advocate the early adoption of this mode of treatment, before the strength fails, and fatal exhaustion is imminent. I quite agree with M. Emile Blanche, who says, in a letter published in the *Union Médicale*, in answer to some one who had decried the importance of mechanical interference, or in some case had neglected to give it a trial: "*Ce n'est pas sans un douloureux étonnement que l'on apprendra que, les médecins en sont encore réduits à rester spectateurs désolés, mais impuissants de l'agonie des malades.*" It is, indeed, with a sad astonishment I hear forced alimentation objected to by many eminent men; and I believe it is partly because its advocates have not clearly defined the cases where it is essential, have not dwelt sufficiently upon the importance of its early adoption, and have not taken pains to simplify their instruments, and to render the operation of feeding as little as possible distressing to the patient.

Of the various modes of forced alimentation, and of the forms of instrument used for the purpose, I have not now to speak.\*

Dr. DAVEY said he was sure they were all much indebted to Dr. Tuke for his very interesting paper, but he wished to make two or three remarks upon the subject of compulsory alimentation. Cases had occurred within his own experience where that principle had been successfully carried out. One case he would mention in which such was the determination to resist food, that the patient must have died if she had not been sustained by nou-

\* At the conclusion of this division of his excellent Paper, Dr. Tuke shewed to the Association a collection of instruments, and explained the different modes of treatment in use at home and abroad. The members of the Association expressed themselves highly gratified with the Paper, and requested that it might be published *in extenso* in their Journal. This, of course, is a rule with all papers thus submitted to their Association. In the early years of the Association, papers like the above were read at its meetings, to which they imparted a scientific character; but since the resuscitation of the Association, which has taken place during the last four years, no such papers have been read, until Dr. Tuke has this year revived the practice by favouring the Association with his excellent and practical essay. The discussion elicited was also in the highest degree valuable and interesting, although it by no means exhausted the subject. Dr. Tuke had only time to read an abstract of the concluding part of his Paper. He has, however, kindly promised to supply us with the whole of the remainder, so that it may be published in our next number.—ED.

ishment supplied through the rectum, but she was restored to health by this treatment. Some five years ago, when he became the proprietor of an asylum, a lady, who for ten years had been kept alive by mechanical appliances, and who died about two years ago, had been fourteen years, although under the influence of powerful delusion, sustained by this means. She was kept alive by the introduction of food into the stomach, not with a tube, but with a funnel which was outside a pipe; the funnel was about the size of two hands, and she was thus kept alive for fourteen years. That was a fact which he considered to be worthy of record. There was another kind of case which bore relation to those mentioned by Dr. Tuke, which came under the head of hysteria, a disorder in girls, which sometimes prompts them to refuse food, but to go away and consume food in some corner in secret. In the case he referred to, he accepted as truth what the girl told him as truth; but it came to his knowledge that she did eat on a certain occasion. He acted still upon the patient's assertion as truth, and it was only necessary to apply the remedy once. He said to her, "Will you refuse food? Then you must be fed artificially." She was fed accordingly, and the poor creature never gave him any more trouble. He considered she was cured by the inconvenience to which she was put. It set up a new action in her volition, she took her food quietly, and recovered.

Dr. Wood said, that as a London practitioner he had had a large number of patients who refused their food; and he had been rather startled at hearing such an authority as Dr. Conolly say that it was a rare thing for insane patients to require the application of stomach pumps. Many curious cases of this character had come before him. It was necessary the first time to observe closely the bodily powers of the patient; and in the second place, to judge whether there were not peculiar features in the case, which should lead the medical man to consider whether he ought not to hesitate to introduce food artificially. At the same time, it was most important to introduce food at an early period; it should be determined on as soon as possible. In the criminal department of Bedlam, M'Naughton laboured under this delusion. He took it into his head that he would take no food. He was at the time in good health; there was no reason for the delusion on that score. He did not appear to be under any other than his ordinary delusion about the Tories having ill-used him, but he resolutely refused his food. He watched him for some days, and at last he became thinner, and even-

tually he was compelled to use the stomach pump. He then said to the patient, "You must not die under my hands." He nevertheless still refused his food, and he was fed for about a fortnight, and gained flesh. At last it became almost a matter of joke between him and M'Naughton, who saw his folly, and eventually took his food without any trouble. There was another man in the same department, who, whenever he had to be fed, would be fed by the stomach pump. He was determined to have his food in no other way, and actually introduced the tube into his mouth himself. There was no reason to oppose him, or he would have starved himself; and he soon gave up the notion when he found that he was not opposed. After all, the main point which they had to consider was the bodily powers of the patients, and the mode of introducing food must depend upon circumstances. There were sometimes circumstances of difficulty in the application of the stomach pump; but with the nose tube they could not introduce food sufficiently fast. Now, Dr. Tuke had referred to the pounding of meat, and all the patients' commons might be reduced to pulp without much difficulty. He thought it desirable, also, that the food should not be limited to one kind, except where the patients were fed more than once a day. It was necessary to introduce farinaceous matter, for that they would get fat upon, and it was certainly more easy of digestion. There were patients who would die, let what might be done for them; but his feeling was that no medical man ought to let them die of starvation; they were bound to take every means, till they saw a man must die in spite of all their exertions. There was an impression abroad, that where patients were weak it was cruel to force anything in the shape of aliment; but he thought, that where a patient was dying, they were bound to administer food artificially, where it was necessary. There were many reasons, he contended, for the use of the stomach pump, and but few for conveying aliment through the rectum.

The PRESIDENT asked Dr. Tuke whether, where a patient obstinately refused food, and struggled violently, and he were put slightly under the influence of chloroform, the patient then became facile to the tube? as in some cases he believed where patients struggled excessively, and were brought under the influence of chloroform, the tube was then introduced with comparative ease and success.

Dr. TUKE: There could be no doubt chloroform lessened resistance, and the tube would be more readily handled.

Dr. SUTHERLAND had tried this treatment with success. Dr. Davy had cited a case in which he had injected food into the rectum for many months, and the patient recovered. There appeared to him many objections to this practice. Dr. Davey had not stated the reason for this mode of treatment.

Dr. DAVEY : She was pregnant, and there was constant vomiting.

Dr. TUKE : Then the injection by the rectum was the last resource, and the case hardly bears on the question at issue. It is certain that life can only be supported for a limited period by this mode of nourishment. In cases of hysteria firmness was essential ; but, in his opinion, threats should be avoided. Forced alimentation was a remedy, and not a punishment. He had to apologise for the length of his Paper, and to thank the members of the Association for their kind attention.

Dr. WOOD wished Dr. Tuke to understand that when he once told the patients they were to be fed by the stomach pump he was not deterred by any consideration whatever in carrying out the threat.

The PRESIDENT had known cases where he had said to the patients that unless they took their food rationally, the stomach pump would be used, and they have immediately taken their food, and continued to do so without the necessity of using it.

Dr. TUKE would here suggest, that he would not threaten the forcible administration of food, unless he had the instrument open by him, to imply, " You mean resistance : I am prepared." He had never found any difficulty from resistance when using the nostril-tube.

Dr. SHERLOCK said he had known some cases in Edinburgh of delusion, acute excitement, and others, where it was necessary to have recourse to forced alimentation. In many cases where it was formerly used, they gave chloroform, and the patients took it themselves ; but in a proportion of the cases, they only took the forced alimentation under the influence of chloroform.

The PRESIDENT : Dr. Tuke had made some observations upon medicating the food of the patients, a system advocated by Dr. Browne, namely, that of giving jalap in cakes, and senna in tea or coffee. And he also must say that he had seen very disastrous consequences resulting from this practice. The taste became nauseated, the patients soon discovered there was something noxious in their food, and something different from what they had expected to taste. They

thought it extraordinary food, and hence they imagined that an attempt was being made to poison them. He thought that all practitioners should be very cautious how they meddled with such a system, which tended to create obstacles to the recovery of the patients.

Dr. SANKEY: As to the administration of food artificially, it might be morally effected by having a large apparatus at hand, without using it; but the more simple the instrument the better. He had had a case where he had recourse to forcing the food. The patient continued in that case for three months with great resolution to refuse food. At last it was found that the application of two spoons was the most effective mode of proceeding—better than any amount of persuasion. One spoon was forced into the mouth to keep it open, and to keep down the tongue. The appearance of a large stomach pump, with its brass fittings, had an effect. The introduction of a tube into the nose might sometimes act well; but two spoons, he was of opinion, were often the best instruments.

Dr. SHERLOCK said in chronic cases it would suit very well.

Dr. SANKEY: If there was a struggle, a gag must be placed in the mouth, and a simple spoon used. He should prefer a wooden one.

Dr. WOOD: He presumed that it would take a long time to convey a sufficient quantity of food into the system by the mode now suggested.

Dr. SANKEY replied that he would undertake to administer a pint of beef-tea in a quarter of an hour or less.

On the motion of Dr. BUCKNILL, seconded by Dr. CAMPBELL, a vote of thanks to Dr. Tuke for his excellent paper was carried by acclamation.

The PRESIDENT informed the members that Messrs. Tyerman and Marshall, the Superintendents of the Middlesex Asylum at Colney Hatch, had a communication to make to the Association.

Mr. TYERMAN then said that the Committee of Visitors of the asylum at Colney Hatch, had requested him and his colleague to communicate to the Association an invitation to visit and inspect that asylum on the morrow. A convenient train would start from King's Cross at 12.25; and after their inspection, luncheon would be prepared for the members in the board room.

The PRESIDENT said that the Association felt greatly obliged by this courteous invitation, and he did not doubt that many of the members would avail themselves of it.

Dr. WOOD observed that they had had a large and long meeting, and much trouble had been entailed on their respected President, to whom, on behalf of the meeting, he begged to tender their best thanks.

The proposition was carried by acclamation.

The PRESIDENT replied: He accepted the compliment which had been paid him. It was with satisfaction to himself, pride, and pleasure, that he had had to preside over so large and influential a body of gentlemen connected with the treatment of the insane.

Dr. ROBERTSON, on the part of the Committee, gave notice that they would, at the next annual meeting, propose certain alterations in Rule II., and also in the designation of the Association.

The meeting then adjourned.

In the evening, the members dined together in the hotel, and were joined by Dr. Copland, and Mr. Gaskell, one of the Commissioners in Lunacy, [an honorary member.] The arrangements of the hotel, the dinner, wines, &c., gave the utmost satisfaction.

### THE PRESIDENT'S *CONVERSAZIONE*.

On the evening of the 1st July, the President (Dr. Forbes Winslow,) received the members of the Association at a brilliant *conversazione*, at his residence, in Cavendish Square, which was attended by 400 persons, including the leading members of both branches of the profession in London.

*The Pathology of Insanity*, by JOHN CHARLES BUCKNILL, M.D.

(Continued from Page 334, Vol. III.)

It has been unfortunate for the cause of cerebral pathology, that those writers who have devoted much care and attention to the observation of cerebral changes presented in *post-mortem* examinations, have either lacked the desire or the opportunity to make themselves acquainted with the mental phenomena which had preceded death. The careful and minute detail of appearances observed in the brains of persons supposed to have died insane, disconnected from any account of the symptoms which existed during life, are of



comparatively little value in the present imperfect state of pathological science. A few fossil teeth and bones enable Professor Owen to reconstruct the probable similitude of an extinct animal ; but the science of pathological anatomy has attained far less certitude than that of comparative anatomy ; and even the able descriptions of the *post-mortem* examinations made in Bethlem by Dr. Webster, have their practical value diminished from the want of some account of the symptoms which in each case preceded death. The descriptions of the older anatomists, Morgagni, Bonetus, and others, have the same defect ; a defect, indeed, of which Morgagni was fully sensible, and of which he offers an explanation, or rather an excuse, in the fact that the medical men who had observed the cases during life frequently did not know whether to call the patients melancholics or maniacs ; and that, indeed, "melancholia is so nearly allied to mania that the diseases frequently alternate, and pass into one another, so that you frequently see physicians in doubt whether they should call a patient a melancholic or a maniac, taciturnity and fear alternating with audacity in the same patient ; on which account, when I have asked under what kind of delirium the insane people have laboured whose heads I was about to dissect, I have had the more patience in receiving answers which were frequently ambiguous, and sometimes antagonistic to each other, yet which were, perhaps, true in the long course of the insanity." (*De Sedibus et Causis Morborum*, Epist. VIII.)

Of the thirteen examinations recorded, Morgagni himself made eleven ; his pupils made one ; and the other one was made by Valsalva. The appearances noted by them in this small number of dissections, include a large part of the morbid appearances which extended observation, and the advantages derived by later anatomists from the instructions of those preceding them, have been able to distinguish. In one or other of the cases, the dura-mater was found thickened and adherent to the cranium—the vessels of the meninges distended with dark blood ; serum was found between the meshes of the pia-mater, sometimes in large quantity ; there were also air bubbles in the vessels of the pia-mater ; the consistence of the brain altered, sometimes soft, sometimes more or less hard ; discoloration of the medullary substance, from distension of its blood-vessels ; serum in the ventricles, sometimes clear, sometimes turbid ; the choroid plexus sometimes injected, in others containing cysts ; the vessels of the brain sometimes distended with black and fluid blood ; in one

instance the coats of the arteries were unusually firm (query atheromatous). In one instance a fibrinous clot occupied the whole of the longitudinal sinus. This occurred in a young woman who died with general prostration of the vital powers. It is probably the earliest instance recorded of this appearance, and is interesting in connection with Dr. C. B. Williams' views on the formation of fibrinous clots in the cerebral sinuses of asthenic subjects.

Of the thirteen insane persons dissected by Morgagni, it is remarkable that no less than four came to an untimely end. One threw himself out of a window in the night, and was killed. One was tied by the throat by his keeper so that he was strangled. One was starved to death during severe weather; and one, after recovery from insanity, died from inflammation of the intestines, occasioned by a finishing dose of black hellebore.

*Morgagni* concluded that the cause of insanity existed in many cases in the morbid changes of the pineal gland, and in many others in an induration of the brain. We are informed, that in his examinations he was in the habit of removing the head from the trunk, for the sake of convenience, before he examined the brain. This indicates forcibly the difference between the accuracy and delicacy of the examinations made by the greatest of the old pathologists and those of the present day. An examination conducted after this fashion would be little likely to offer evidence of moderate serous effusions, or the less obvious conditions of hyperæmia. The pathological records of insanity made by other anatomists of the last century are still less marked by exact observation than those of *Morgagni*, and are, perhaps, more interesting to the medical antiquary than to the modern pathologist.

A brief reference to them may, however, be instructive, as shewing that the changes which still most readily catch the attention of observers were noted.

*Bonetus* observed hypertrophy of the brain; obliteration of the sutures; the dura-mater adherent to the cranium and turgid with blood; the pia-mater turgid with blood, and not insinuated between the convolutions; water in the ventricles and other parts of the brain, in large quantity; the substance of the brain marked with a black spot, and sometimes with an infinite number of bloody spots, especially on pressing it—in one case, dry, hard, and friable.

*Boerhaave* mentions, that the brain of maniacs has been found dry, hard, and friable, and of a yellow color.

*Haller* classified the observations made by others upon the brains of insane and phrenetic persons, and concludes thus: "From these few observations, for which we are chiefly indebted to *Morgagni*, but little certainly can be derived; since it not only frequently happens that we can discover no disorder in the bodies of maniacs, or even of such as have been totally insensible; but where we do, we are as far from being able to perceive a uniform connection between any one disorder of the mind and some corresponding preternatural state of the contents of the skull, that the very same appearances are exhibited after those most opposite disorders, idiotism and phrenzy; which last seeming inconsistency may possibly appear less extraordinary if we consider the symptoms of drunkenness and phrenzy, in which we may observe that the very same cause produces at first delirium, and afterwards, as the disorder advances, drowsiness and insensible stupor. This, however, seems evident, that in the disorders of the mind the brain and its connections are usually affected; and *when, in some rare instances, we can discover no disease of these parts, we may conclude, either that it is seated in their very elementary particles, or has not been sought for with sufficient patience and attention.* (Elements of Physiology.)

*Greding*, in 216 cases, found the skull unusually thick in 167 cases; the dura-mater adherent to the cranium in 107 cases; the pia-mater thickened and opaque in 86 out of 100 cases of mania; and beset with small spongy bodies in 92 out of 100 cases. He observed effusions of serum between the dura and pia-mater in 120 out of 216 cases of insanity, and in 58 out of 100 maniacal cases; the lateral ventricles were distended in 52 cases. The choroid plexus was found healthy in only 16 out of 216 cases of insanity; and it was thickened and full of hydatids in 96 out of 100 maniacs.

These records will convey strongly the impression, that however exact the observations of this pathologist might have been, he did not interpret the morbid appearances as we are accustomed to do at the present day. Effusions of serum between the dura-mater and the pia-mater, and diseased conditions of the choroid plexus, are certainly not so common as he represents them.

*Meckel* remarked the increased density of the cerebral substance in the bodies of the insane.

*Sæmmering* and *Arnold* confirmed this observation; and the latter expressed his conviction that insanity was occa-

sioned by the increased density of the cerebral substance, and of those parts of the brain by means of which the soul is connected with the body.

*Portal* declared that all mental diseases were the effects of morbid alterations in the brain or spinal chord. He enumerates a great number of alterations, but with so much looseness that little reliance can be placed upon them. He enunciates, however, on this subject, the following sound and philosophical doctrine, which to the present day may well serve as a text for works in this difficult and obscure department of pathology. "Morbid alteration in the brain or spinal marrow has been so constantly observed, that I should greatly prefer to doubt the sufficiency of my senses, if I should not at any time discover any morbid change in the brain, than to believe that mental disease could exist without any physical disorder in this viscus, or in one or other of its appurtenances."

*Pinel* had no confidence in the revelations of pathological anatomy. In the preface to his excellent work on "Mental Alienation," referring to the labours of Greding, he remarks, "But although one must eulogize his efforts to throw new light upon the organic affections of the insane, is it possible to establish any relation between the physical appearances manifested after death and the lesions of intellectual function which have been observed during life? What analogous varieties does one not find in the skull and brain of persons who have never shewn any sign of aberration of mind! And therefore, how can we succeed in fixing the limits which separate that which is normal from that which must be held to be the result of disease?" (p. xx.)

In the body of his work (p. 142,) he refers the primitive seat of mania "to the region of the stomach and intestines, from whence, as from a centre, the disorder of the understanding is propagated by a species of irradiation. A feeling of constriction, &c., manifests itself in these parts, soon followed by a disorder and trouble of ideas."

Well might Gall exclaim, in reference to these opinions of the great reformer of the treatment of insanity, and to other opinions, scarcely more philosophical, on the same point, of *Pinel's* eminent pupil and successor, *Esquirol*: "It is a sad business that in writing for men who ought to have the clearest ideas upon mental disease, it should be necessary to commence by establishing the true seat of mania" (tome ii., p. 223); and he adds that *M. Foderé* actually undertakes to

prove that the brain is neither the seat of inclination, instinct, or mental power, much less of mania or delirium.

In justice to Pinel it should be remarked, that however mistaken his views upon the pathology of insanity may have been, they at least had the merit of referring a bodily disease to a bodily origin. In the preface to the second edition of his work, he thus wisely expresses an emphatic condemnation of metaphysical theories on this point: "The most difficult part of natural history is, without doubt, the art of well observing internal diseases, and of distinguishing them by their proper characters. But mental alienation presents new and diverse difficulties and obstacles to surmount, either in the unusual gestures and tumultuous agitations which it occasions, or in a kind of disordered and incoherent chatter, or in a repulsive or savage exterior. If one desires to account for the phenomena observed, one has to fear another rock—that of intermingling metaphysical discussions and divagations of ideology with a science of facts."

*Esquirol*, the pupil of Pinel, adhered with affectionate pertinacity to the opinions of his great master.

M. Esquirol states in the *Dictionnaire de Sciences Médicales*, that the principal changes observed in the brains of insane persons are—"The cranium frequently thick, sometimes eburnated, sometimes with thickness of the *diplœe*, very frequently injected, more rarely thin, its thickness variable in different regions; the *dura-mater* adherent either to the vault or to the base of the cranium, sometimes thickened, frequently its vessels developed and injected; the internal face of the *dura-mater* clothed with a membraniform layer, as if the fibrine of effused blood had extended itself in the form of a membrane. Almost always between the *arachnoid* and *pia-mater* serous or albuminous effusions are found, which cover, and almost efface the circumvolutions. Effusions at the base of the brain are common; they exist almost always in the ventricles."

In M. Esquirol's great work *Des Maladies Mentales*, published so recently as 1838, his opinions on pathology are considerably modified. Referring to the case of a recent maniac, who was killed by one of her companions, and in whose body he and his pupils were surprised to find no lesions of the brain or its meninges, he says, "Hence it happens that the brain and its meninges are without lesion, although the maniac may have been so many years. The nature, the extent, and the seat of lesions, have no relation with the violence or extent of the delirium. When authors

have met with lesions of the brain or its membranes, they have but established the existence of disordered movements during life, of paralysis or convulsions. If one follows with attention the progress of the malady, one may be able, by the symptoms of complication which are added to the insanity, to assign the period when the lesion commences. On the other hand, what organic lesions of the brain or its meninges have not escaped the most attentive observation? When mania persists a long time, does not general enfeeblement during the last days of the patients dispose them to local inflammations? Do not the symptoms of meningitis, of sanguineous congestion, of cephalitis, the cephalic lesions which one observes in *post-mortem* examinations—do not these belong to the epiphenomena which precede death. Have people taken the care to distinguish simple from complicated mania? It is certain that it is in maniacal cases where one does not find cerebral lesions. Maniacs are the patients who are cured suddenly. There are others who live twenty or thirty years, in spite of the organic lesion of an organ whose influence makes itself felt by all the organs most essential to life. The accessions of intermittent mania cease spontaneously. What is the conclusion to be drawn from all this? That pathological anatomy, in spite of the very important labours of MM. Foville, Calmeil, Bayle, Guislain, has not been able to make us acquainted with the organic cause of mania. Thirty years ago I would willingly have written upon the pathological cause of madness. At the present day I would not attempt a labour so difficult—so much of incertitude and contradiction is there in the results of the necroscopy of the insane made up to this time. But I may add that modern researches permit us to hope for ideas more positive, more clear, and more satisfactory.”

*M. Foville* describes in acute cases injection of the pia-mater existing in a greater or less extent, according to the degree of inflammatory action in the cortical substance. In chronic cases he describes opacity and thickness of the membranes, adhesion of the membranes to each other, granulations of the pia-mater, and false membranes. The grey substance, he asserts, is in acute cases intensely red on its surface and in its substance. This redness is most vivid in the frontal and vertical region. The redness is not uniform, but mottled and diversified with spots of a violet hue, and with minute extravasations of blood. He describes the consistence of the cortical layer underneath its surface to be diminished, the surface itself being somewhat indu-

rated. In acute cases, the pia-mater, he says, is not adherent to the cortical substance, while in chronic cases it frequently is so; and in this fact he sees an important distinction, capable of explaining the incurability of chronic mental disease. In chronic cases, the superficial or outer layer of the cortical substance becomes indurated, and capable of being separated from the inner layer, which is softened and mammillated; the outer layer is harder, the inner layer is softer; the outer layer browner and frequently paler, the inner layer redder than natural. Atrophy of the convolutions he also describes as frequent; and this may be confined to the cortical substance, the surface of which is marked with irregular depressions filled with serum. The grey substance is sometimes softened throughout its thickness, and changed to a brownish colour; the softening of the grey matter is sometimes so great that it may be washed off the white matter (which is sometimes harder than usual,) by pouring water upon it.

The medullary substance is frequently injected, shewing numerous bloody points when divided; sometimes it is more uniformly discoloured, and has a purplish hue; sometimes it becomes exceedingly white and indurated; sometimes, however, when indurated it has a yellowish or grey tinge. Induration of the medullary substance is attributed by M. Foville to the adhesion with each other of the planes of the several fibres, of which he believes the mass of the white substance to be composed, and which are united to each other by fine cellular tissues.

These observations of M. Foville, made partly at the Salpetriere and partly at St. Yon, are highly important and instructive. They agree in many respects, as we shall hereafter see, with the precise and admirable researches of M. Parchappe; and although in some respects it may be difficult to verify their correctness, in the *post-mortem* rooms of institutions where but a few cases are examined, it is certain that the leading features of pathological change in the substance of the brain, which were first indicated by M. Foville, are to a greater or less extent recognizable in a great number of bodies, and amply deserve full and patient investigation, in order to establish their nature and their connexion with the various forms of insanity.

The researches of *Bayle* and of *Calmeil* have reference rather to a particular form of insanity, namely, general paralysis, than to the pathology of mental disease at large. M. Bayle attributes insanity to inflammatory irritation of the

membranes of the brain, and paralysis accompanied by loss of mental power (dementia,) to pressure exerted upon the brain by effusions resulting from this inflammatory state.

M. Calmeil attributes insanity in general to a chronic inflammation of the brain, and general paralysis in particular to chronic inflammation, followed by induration of the fibrous substance.

M. Lèlut, who published in 1836 his work upon *The Value of Cerebral Alterations in Acute Delirium and Insanity*, came to conclusions opposed to those of the author last mentioned. He sums up the result of his researches in the following words :

“ 1st. Numerous alterations of the brain and its envelopes are met with in delirium and insanity, especially in extreme forms of the latter ; but these alterations are neither constant or exclusive.

2ndly. Hence it must be allowed that the more or less local and coarse alterations in the skull, the brain and its membranes, cannot be held to be the proximate causes of insanity. They are, doubtless, capable of existing with a delirious or insane condition, but they do not constitute this condition, and frequently they are only the exaggeration, the effect, or the transformation of it.

3rdly. That which may be given as the nearest approach to the proximate cause of delirium, and to the most acute form of insanity, is inflammatory lesion of the brain and its tunics. But this alteration neither does nor can constitute the state which is anterior to it, and may even destroy life without producing it.

4thly. The conditions of the brain which approach the most closely to the proximate cause of the chronic forms of mental alienation, with or without impairment of motion, are without doubt chronic inflammation of the substance and of the membranes of the brain, its atrophy and induration, which may be accompanied by variations in its specific gravity. But yet these alterations are not the proximate cause of these forms of insanity, because they are neither constant nor exclusive, and they do not make themselves apparent except in an advanced period of the disease.”

The logic by which M. Lèlut arrives at these conclusions appears scarcely more reliable and consistent than the organic lesions which are, and are not, according to to him, the cause or the condition of insanity. Inflammatory lesions of the brain are, according to him, very near being the cause of acute insanity, but they are not the cause, because



insanity may destroy life without producing them. Chronic inflammations also are very near being the cause of chronic insanity, (les conditions du cerveau qui si rapproche le plus de leur cause prochaine), but yet they are not the proximate cause because they only make themselves obvious after a while.

Some years subsequently to the publication of M. Lèlut's book, another eminent French physician, *M. Lèuret*, published a work on the same subject. The title of this work, *The Moral Treatment of Insanity*, would lead us to expect views adverse to the somatic origin of mental disease, and such, in fact, is the case. Physicians who treat insanity with moral and penal remedies are not likely to regard its cause as a pathological condition of the organism; and, on the other hand, physicians who refuse to regard insanity as a bodily disease, and who interpret its phenomena as manifestations of a fermentation in the spiritual essence, easily and logically persuade themselves that sharp penal remedies are useful and justifiable in its treatment.

M. Lèuret certainly combats the somatic theory, and the the pathological facts upon which it rests, with a logical acumen, contrasting very strongly with the manner of the author last mentioned, and even of M. Esquirol. While we entirely dissent from his conclusions, we are glad to avail ourselves of his assistance to ascertain the weak points of that doctrine which attributes insanity to cerebral change alone; a doctrine of the truth of which we are convinced, but the proofs of which it would be vain to deny require to be multiplied, confirmed, and arranged, with a care and precision which they have not yet received. M. Lèuret believes that he has established the following positions:

1st. That the authors who believe it possible to establish an anatomical change as the cause of insanity differ greatly among themselves; thus Greiding asserted that thickness of the bones of the cranium occurs in 77 out of 100 patients; while Haslam found this condition in 10 only out of 100 patients. Hyperæmia of the brain is recorded by Parchappe in 43 cases out of 100; and by Bertoleni only in 14 out of 100.

2ndly. That some of the cerebral alterations (to which insanity is attributed,) are by no means well established. Thus, in the cases which are cited of hypertrophy in the brain, it ought to have been established that this was not owing to fulness of its vessels, or to the presence of a serosity in its tissue. These observations have not been made. Again,

that which is called a dense brain, or a soft brain, expresses nothing distinctly except in extreme cases.

3rdly. That the value attributed to certain alterations is deduced from a number of observations by far too small, so that one result frequently invalidates another; thus M. Parchappe has deduced the average normal weight of the healthy brain from thirteen observations on men, and nine upon women, and upon this average he establishes the rule for atrophy of the brain. This average is evidently too small, and indeed M. Parchappe gives different averages elsewhere.

4thly. That the pathological alterations referred to insanity, are met with in patients who have never been insane.

5thly. That all authors confess that there are insane persons in whose brains no pathological changes are found.

6thly. That the lesions which are frequently met with among the insane, to which any value can be attached, are only met with in cases in which insanity has been complicated with paralysis; and that, in order to decide if any lesion is the cause of insanity, it is at least necessary to find it in a case of simple mental aberration in which there has been no affection of motion or sensibility.

That so able an opponent of the somatic theory as M. Lèuret undoubtedly is, should have been compelled to rest his argument upon no better foundations than those above named, appears to afford strong presumptive evidence of the truth of that theory. I shall make some brief comments upon each of his objections.

1st. That authors should differ so greatly in their numerical estimates, as M. Lèuret has shewn them to have done, can prove no more than that authors have been inexact in their observations, or careless and untrustworthy in recording them. The objection may to some extent be valid against the value of statistics in pathological science. It may shew that one author counted slight appearances of change, while another only recorded extreme instances; but it can in no way diminish from the value of the fact, that all the authors cited did observe the pathological changes they record, in a certain number of cases.

2ndly. That pathological changes of the brain need to be observed with greater exactness than heretofore is undoubtedly true. They have, however, been observed with greater exactitude than M. Lèuret admits; for instance, in the case he cites, hypertrophy, it is well established that in this rare condition the brain is paler and drier than usual, and that the increase in its

volume cannot be attributed to fulness of the vessels or serous infiltration.

3rdly. This objection again applies to the statistical method of proof, as it is too frequently used. It applies, however, to the abuse of this method, in all departments of pathological science. Doubtless, those who count observations without estimating them as recommended by Morgagni, misuse the numerical method in their deductions upon all diseases, insanity included.

4thly. If M. Lèuret can shew that serious pathological change in the cortical substance of the convolutions has existed in persons whose mental functions have never been affected, he will go far to upset the pathological nature of insanity, but this he has not done, nor in my opinion is he likely to do. That some pathological changes which are observed in insane persons, but which are non-essential to insanity, should occur also in persons who have always been sane, is a fact of no value in the present discussion.

5thly. That in the brains of some insane persons no pathological changes are observed, is undeniable; but would it not in these cases be more philosophical to doubt with M. Portal, the sufficiency of our powers of observation, than to use it as an argument against the existence of all pathological change of an organ whose functions are perverted, but whose structure is not obviously injured. Is M. Lèuret able to point out the pathological changes which cause neuralgia, tetanus, chorea, or hysteria, or that by which life is destroyed from a blow on the epigastrium, or concussion of the brain? Deficient information should lead us to seek for more light, and should by no means induce us to veil that which we possess.

6thly. M. Lèuret certainly mistakes the fact, when he affirms that cerebral lesions are only found in those who are paralysed. The lesions peculiar to the different forms of ordinary paralysis are by no means well ascertained, and yet no one doubts that paralysis is always occasioned by lesion of the nervous system, while the conditions of the brain which are found in general paralysis, are not as yet better understood than those which occur in simple mania or acute delirium. Moreover, whatever doubt may hang over the primary pathological changes which attend the earlier stages of simple mental aberration, there can be no doubt whatever that the secondary conditions which attend the chronic stages of simple insanity, uncomplicated with paralysis, are obvious and undeniable in degraded nutrition and atrophy of the cerebral organ.

I have stated M. Lèuret's objections, and have answered

them at some length, for I must pay him the compliment of considering him the most formidable antagonist of the pathological view of insanity. He has stated his reasons for the opinions he entertains, with precision and candour, and he has thus afforded an opportunity of answering them, an opportunity which would be sought in vain in the crude opinions upon this point expressed by Pinel, and even by Esquirol, and Georget.

*M. Guislain*, the able leader of psychology in Belgium, reduces the lesions of the brain found in insanity under nine heads: 1st, a state of sanguineous congestion of the meninges, the brain, or the two together; 2ndly, a state of serous congestion of the above; 3rdly, cerebral softening; 4thly, opacity and thickness of the arachnoid; 5thly, adhesions of the membranes to each other, or to the brain; 6thly, cerebral induration; 7thly, cerebral hypertrophy; 8thly, cerebral atrophy; 9thly, vices of conformation of the brain and of the skull.

These conditions are, he thinks, in a practical point of view, capable of being reduced to four fundamental alterations: sanguineous congestion, serous congestion, softening, and induration. It is open to doubt, however, whether the three latter of these alterations can be considered fundamental; and it is certain that the four do not include all the conditions which may be considered fundamental. He does not include those aberrations of nutrition known under the names of inflammatory, atrophic, and anemic.

That *M. Guislain* admits the existence of such conditions is abundantly evident from the pages that follow. At page 367, *Leçons Orales, tom. i.*, he attributes to the state of congestion, not only eecyhmoses of the arachnoid and pia-mater, but false membranes, and a red appearance of the arachnoid, "having the aspect of an inflamed conjunctiva."

Such an appearance, and especially the existence of false membranes, cannot be attributed to a state of congestion, and should have induced this able physician to have admitted the inflammatory, at least, as one of the fundamental states of the brain in insanity.

He estimates that in one-fourth of the bodies of persons dying insane, there is a congestionary state of the encephalic mass; but he declares his opinion that this proportion is far from that which obtains among the living insane, and that the majority of those who are cured have never had congestion of the head in a notable degree.

*M. Guislain* says, "The brain and its membranes may have

been congested without the existence of a state which can be called inflammatory. If inflammation was always a condition of congestion, would one see the numerous cures which take place among sanguine and robust maniacs, who offer in the course of their disease those symptoms, which one often considers to be inflammatory, and which are really only a vascular orgasm, and not a state of phlegmasia. Broussais himself felt this in giving to this condition the name of sub-inflammatory. It is an afflux of blood, which may in a manner be compared to that injection of the cheeks which accompanies shame and modesty; that injection which makes itself evident in the eyes, over the whole of the face, the neck, and even over the breast of a man agitated by violent anger."

It is evident, however, that a much more profound and serious change exists in the blood-vessels of the insane brain, than in the transitory blush of modesty or suffusion of passion. These states are physiological, and leave behind them no tendency to destructive change. The state of the congested brain in insanity is pathological, and tends to pass into a state of structural change, respecting the wide deviation of which from a state of health there can be no doubt.

M. Guislain has himself gone further than most writers on this point, in representing by means of woodcuts the microscopic appearances of change in the congestionary state of mania, in the fatty degeneration following mania, and in congestion with and without softening.

I have been unable to verify the accuracy of these representations, but I firmly believe, that my want of success in recognizing the microscopic character of the cerebral changes which result from hyperæmic conditions of the brain, has for its sole cause the limits which bound our powers of observation, arising from the want of power in the organs of sense and their mechanical aids. If the congestion of insanity were of the character which M. Guislain attempts to attribute to it, insanity might be as transient as passion, or passion would be as dangerous as insanity.

The most careful and elaborate investigations into the pathological anatomy of insanity, made in France, are, without doubt, those made by *M. Parchappe*, the present Inspector General of Asylums in that country. His first work on the different alterations of the brain in insanity, was published in 1838. *M. Parchappe* commences by admitting fully, "That there is no single pathological alteration which can be proved to exist in all cases of insanity; but there are three which have been found in the majority of cases. This is a result which

might have been expected. The pathologists who have searched for one essential characteristic pathological change, might have saved themselves a deception. . . . The point which one may reasonably hope to obtain, is to be able to distinguish among cases of mental disease those kinds which are characterised both by the constancy of the symptoms, and by that of pathological change." The uncertain existence of pathological alterations in insanity, and the occasional absence of all change disprove indeed, the theories of those who attribute insanity to some exclusive pathological condition of the brain, for instance, to chronic meningitis, or to induration of the brain, but they do not prove that these alterations are, as asserted by Esquirol, Lèuret, and others, mere complications or consequences of the malady. The alterations which exist in simple inflammation of the brain and its membranes, are not those which are found in insanity. Those which are found in insanity may be distinguished into, 1st, those which may be considered accidental; 2nd, those which existing in other maladies, yet appear to play a part in the production of insanity, and, 3rd, those which are believed to be essential to mental alienation. Among the first may be enumerated cerebral hemorrhages, partial softening of the white substance, disease of the cerebral arteries; and among the second, thickening and opacity of the arachnoid, hyperæmia of the pia-mater and of the brain, serous infiltration of the pia-mater, dropsy of the arachnoid cavity. In the important last division, M. Parchappe includes the following changes, sub-arachnoid ecchymosis, and partial punctiform injection of the cortical surface with or without softening, extended softening of the middle portion of the cortical substance, adherence of the pia-mater to the surface of the brain; rose, lilac, and violet coloured, discolorations of the cortical substance, loss of colour of the cortical substance, atrophy of the convolutions, induration of the brain. M. Parchappe believes, that he is able to establish the following classification of mental disease upon the pathological changes which he has observed. 1st. Monomania; in this form of insanity, no pathological change is found to exist in the brain, and the probable cause is to be sought in the organic predominance of some portion of the brain in consequence of its size or activity. 2nd. Acute Mania and acute Melancholia; in these forms of insanity, the alterations found in the brain, to a certain extent resemble those of inflammatory affections of the organ. They are hyperæmia of the pia-mater and of the cortical substance, partial injections of the sub-arachnoid tissue,

punctiform injection, and occasional softening of the cortical substance; it is rare that the meninges are found extensively thick and opaque. The above alterations are usually more decided in acute melancholia than in acute mania. In sympathetic mania, that is, in mania occasioned by the irritation of some part of the distal nervous system, no anatomical changes may be discovered if the examination is made during the early period of the disease, but after a while, the brain passes from the state of physiological excitement into that of pathological change, and then the above alterations may be expected to be found on examination. 3rd. Simple chronic mania; in this form of insanity, the aspects of the brain are altogether different from those which prevail in the acute paralytic forms of insanity; they are, atrophy of the convolutions, with loss of colour and induration of the cortical substance, or of the medullary substance, or of both; serous infiltration of the pia-mater, and dropsy of the ventricles, connected with and consequent upon general atrophy of the brain. 4th. Paralytic insanity, (general paralysis.) In this the essential alteration consists in softening of the middle layer of the cortical substance; very frequently also the pia-mater is thickened, adherent and infiltrated; in the acute form the cortical substance is hyperæmic and deepened in color, and the pathological appearances of acute mania are present. In the chronic form, the cortical substance has lost colour and become thin; atrophy of the convolutions, and the appearances of chronic mania are present. 5th. Epileptic insanity. In this the alterations resemble those of simple chronic mania.

In 1841, M. Parchappe published his *Theoretical and Practical Treatise upon Insanity*, a work more fully devoted to necroscopic record than *Andral's Clinique* or *Lallemand's Letters*. M. Parchappe attempts to establish his deductions by the numerical method; and in this we think he has fallen into an error: first, because the number of cases upon which he founds his averages are, under some heads, insufficient to establish a trustworthy average; and secondly, because he has in several instances adopted methods of comparison, which are much open to objection. The manner in which he arrives at an estimate of cerebral atrophy is objectionable on account of both of the reasons above given. He founds his estimate upon a comparison between the weight of the brain examined and the average weight of healthy brains. Now it is evident that if the diseased brain was originally heavier than the average, a considerable atrophy might not be shewn by a com-

parison of this kind. An atrophied brain of large size may still be heavier than the average of healthy brains.

Indeed, an excellent English pathologist, Dr. Boyd, has inferred from averages much larger than those of M. Parchappe, that the average weight of the insane is actually greater than that of the sane brain. Dr. Boyd's result, however, is open to the same objection as that which I have made to M. Parchappe's. He appears to have compared the healthy brain of metropolitan paupers with the insane brain of lunatics who have resided in the country. Now it is possible, nay probable, that the cerebral average of healthy brains in Somersetshire and in Marylebone Workhouse may differ to a greater extent than the average weight of the sane brain differs from that of the insane organ. The stunted growth of metropolitan paupers may have a greater influence upon the average weight of the cerebral mass than the influences of disease.

M. Parchappe's average weight of the sane brain may have been deduced from average individuals; but he could make no selection of this kind for the other side of the comparison. The insane person whose brain has to be examined and compared, may have been a well developed man, with all the organs above the average size, or with a brain originally large or small in comparison with the rest of his body. So true is the addition which Morgagni made to the dogma of Hoffman, "*Ars medica to tain observationibus.*" Morgagni wrote, "*sed perpendendæ sunt non numerandæ observationes.*"

Moreover, the number of observations upon which M. Parchappe has founded his average of the weight of healthy brains is clearly insufficient for the purpose, being only thirteen for men and nine for women. From numbers so small it is impossible to avoid accidental errors and disturbances.

The comparison of an atrophied brain with a supposed standard of weight, was the best method which suggested itself to M. Parchappe for the purpose of establishing the fact of atrophy. Since, however, I have devised a method by means of which the actual bulk of the diseased organ can be compared with that of the sane individual organ when it was in a state of healthy nutrition, all methods of estimating its loss of substance by means of weight which take no cognizance of specific gravity, or by comparison with averages, must be superseded.

In the *resumé* upon 38 autopsies of persons dying in the acute stage of mania and melancholia, M. Parchappe (p. 45,) affirms the same principles which he has enunciated in his former work, especially the absence of any essential and ex-



clusive encephalic alteration. He affirms, moreover, that the defections prove the existence of an analogy as strong as possible, if not perfect, between the cerebral alterations found after acute mania and those of acute melancholia; and therefore he concludes that the distinction between these two states is not justified upon pathological grounds.

The 38 examinations afford the following *resumé*: In 36 the brain was the seat of hyperæmia, either in the periphery, its membranes, or its substance; in 7 instances the hyperæmia was simple; in 29 it assumed the form of subarachnoid ecchymoses; in 23 instances there were subarachnoid ecchymoses, with punctiform injection of the cerebral surface; and in 17 of the latter there was also softening of this surface. Sixteen times the cortical substance was reddened in colour. In one case there was no apparent encephalic alteration whatever, and in several the alterations were inconsiderable. It is needful, therefore, to admit that the pathological condition of acute insanity is of such a nature that it is possible for it to leave no *post mortem* appearance. Taken single, none of the alterations described can be held to express a pathological state of the brain, which corresponds to the abnormal psychical manifestations; but examined collectively, these alterations afford an idea of the pathological character which must be attributed to that state, namely, that of hyperæmia. This condition was only absent in two cases out of the whole thirty-eight, and it is very probable that hyperæmia also existed during life, even in the two cases in which there was no trace of it after death. The thickening of the meninges and the superficial softening of the cortical substance, which are so frequently found, indicate that this hyperæmia is not that of simple congestion, but that of active congestion.

“A legitimate induction may therefore be derived from the facts, to the effect that there is in general during life an active sanguineous congestion of the brain co-existing with the symptomatic phenomena of acute insanity.” “One may even recognise, up to a certain point, a relation between the intensity of the symptoms during life, and the extent of the alterations after death.”

Of chronic insanity M. Parchappe details the appearances of one hundred and twenty-two cases, which may be summoned up as follows. In seven instances there were no alterations, or almost none; in eleven instances the alterations were simply hyperæmic; in five the two substances were softened; twice there was induration of the cortical substance alone; eight times there was induration of the white substance

alone; twenty times there was induration of the two substances; sixty-one times there was atrophy of the cerebral convolutions; sixty-four times there was hyperæmia, which was simple in forty-six cases, and in eighteen combined with ecchymoses, and in two cases with injection and softening of the cortical substance. This substance was coloured red five times. It was deprived of its [normal?] color fifty-nine times.

It is evident, says M. Parchappe, from these facts, that there is no essential and characteristic pathological appearance in chronic insanity. There may be no trace of pathological change after death, or only an unimportant one of simple hyperæmia. But the alterations are remarkably different from those which belong to acute insanity. In the latter, the predominant alterations are hyperæmic conditions, with arachnoid ecchymoses, injection and softening of the cortical substance. In chronic insanity the predominant alterations are atrophy of the convolutions, and induration of the two substances. "The symptomatic differences in the two forms of insanity correspond generally with the pathological differences in the organ of intelligence." In chronic insanity the predominant state is pathologically opposed to the hyperæmic condition of acute insanity, and the atrophy of the convolutions especially expresses a movement of the plastic force opposed to that which represents active hyperæmia. "The predominant alterations in chronic insanity express in general, a state of diminution of the plastic activity; a state diametrically opposed to that expressed by the predominant alteration in acute insanity, which has been shown to be active sanguineous congestion, representing the physiological principle at the highest point of plastic activity. And these conditions of the organism coincide with the psychical symptoms peculiar to the two forms of disease which present two "opposed dynamical states, the one in which the psychical activity is in a plus, and the other in which it is in a minus condition."

M. Parchappe concludes his valuable treatise with a chapter upon the appearances of the healthy brain. From an early period of his investigations, he had instituted comparative examinations of sane and insane brains, having both before his eyes at the same moment.

"I have thus been able to assure myself how inexact is the assertion frequently made, that between two brains of this kind, it is absolutely impossible to distinguish that which belongs to insanity. The contrary assertion would be much nearer to the truth, especially if one did not make it without some restriction. In regard to paralytic insanity at least, it

may be said, that the difference strikes the eye, and can only be mistaken by prejudice or inattention."

He sums up the characteristic appearances of the sane brain as follows: "Extreme tenuity and perfect transparence of the arachnoid, and of the pia-mater. Absence of subarachnoid serous infiltration. The membranes may be detached from the convolutions without producing decortication. When the cortical substance is soft, and the membranes begin to become dry, it may happen, that in circumscribed points they detach with themselves floculi, and even small plates of the cortical substance. The cortical substance is of a grey color, of which the shade varies a little in different individuals, and in the same individual in different parts of the thickness of the substance. To the naked eye, the shade of the surface does not appear paler than that of the deeper parts. The internal portion is, perhaps, a little deeper in color, and between the two we can sometimes distinguish an intermediate shading, paler than either. The medullary substance is of a pure and striking whiteness. The consistence of both substances is considerable when the death has been recent and the temperature moderate. The white substance is rather more firm than the grey. The surface of the ventricular membrane is smooth and brilliant, sometimes offering very fine granulations. The cut surface of the white substance is sometimes dotted with a small number of red points. Under the influence of the air, the blood in the vessels becomes more brilliantly red, and the cortical substance takes on a rosy tint, which gradually becomes deeper, but which never attains the intensity which characterizes pathological alteration of color of this substance. The influence of time and a high temperature, produces softening and commencing putrefaction, and causes the detachment of floculi with the membranes, like that produced by drying of the membranes from contact with air. The convolutions are pressed together, only offering space for imbedding of the pia-mater. When the membranes are removed they still touch, and if separated, they return to their apposition on account of their elasticity, and the anfractuositities efface themselves. The thickness of the cortical substance varied in the anterior lobes from two to three millimeters, and on the convexity, and at the base, from two and a half millimeters to five."

The eminent author I have here freely quoted, has done excellent service in the cause of a rational pathology of mental disease. He has excluded all speculative hypothesis upon the nature of mind and its aberrations, and has set a worthy

example to his successors, in the careful and laborious manner in which he has observed and recorded the facts upon which alone any trustworthy knowledge in this, as in all other departments of science can be founded. I am far from agreeing with all the conclusions at which M. Parchappe has arrived, but to the spirit of his enquiries, and to his general results I give my hearty adherence. These results however, require to be accepted with large limitations and exceptions; and, as I hope hereafter to prove, large additions to them must also be made to present a correct general idea of mental pathology. It is, however, no small praise to an author to affirm, as may with truth be done of M. Parchappe, that no candid investigation, even into his errors and deficiencies, can be made without advancing the science of which he treats.

The principal error into which M. Parchappe has fallen, is that of having made so abrupt a classification of insanity, into acute, and chronic. The phenomena of the disease by no means justify a distinction of this kind so sharp as to lead to M. Parchappe's assertion, that the two forms of the disease present pathological conditions essentially opposed to each other. Doubtless the pathological appearances presented in a typical case of each form, will sometimes contrast with each other as remarkably as he insists; but a large proportion of cases of mania and melancholia are chronic from the first, and a large proportion of cases which are unquestionably chronic in point of duration, present at intervals, all the symptoms of acute disease, and after death present an intermixture of those pathological conditions which M. Parchappe has described as opposed to each other from their very nature. Nothing is more common than for an atrophied brain to suffer from temporary hyperæmia. It is a pathological law, that injured and ill-nourished organisms are liable to sudden congestions, almost in proportion to the amount of deficiency in their nutrition. Hyperæmia is moreover peculiarly liable to take place in the atrophied brain in consequence of the loss of external support which the organ has sustained by shrinking away from the cranium. The lengthened, tortuous, and dilated vessels of the pia-mater in atrophied brains, indicate the frequency with which they have been in a hyperæmic state.

It is not often that persons suffering from simple recent mania or melancholia, die from the effects of the disease. The form of mental disease which destroys life in the early period of its course is comparatively rare, and has been thought by many modern writers to be a distinct form. The French alienists of the present day, call it *Délire aigu*, and distinguish

it from recent mania and recent melancholia. In the brains of persons who have died while suffering from this form of insanity, the strongly marked characteristics of hyperæmia of the substance, and the membranes, even to the sub-arachnoid ecchymosis described by M. Parchappe, undoubtedly exist. But it is by no means so certain that in the recent cases of mania and melancholia of most frequent occurrence, if death were to occur from some accidental cause or intercurrent disease, which did not interfere with the state of the cerebral circulation, it is by no means so certain that strongly marked signs of hyperæmia would be found to exist. In many cases of recent mania indeed, a condition of the brain the very opposite of hyperæmia is known to be the condition of disease both by the nature of the cause, the effects of remedies, and the post-mortem appearances when chance has afforded an opportunity for their observation. The fact, that all the symptoms of acute mania frequently arise, and continue throughout the course of an exhausting bodily disease, which leaves every individual organ, the brain included, in an ill-nourished and anemic state, affords irresistible evidence that the phenomena of acute insanity must in many cases co-exist with a state of the cerebral organ, the very reverse of hyperæmic. The rapid formation of ideas is so remarkable a symptom in acute insanity, that M. Parchappe, in common with M. Falret and others, considers it a proof that the psychical activity is in a state of exaltation; and he logically enough infers that the plastic activity of the organ of which psychical activity is the function, must also be in a state of exaltation, or, as he expresses it, in a plus state. This, however, is not unconditionally true. Doubtless in some cases, and for a short time, active hyperæmia of the brain, producing a rapid nutrition and decomposition of its substance, and accompanied by quick-flowing ideas and fancies, may be the condition of acute mania, as it is the condition of cerebral excitement in the early stage of intoxication. But it is an error to suppose that a rapid flow of ideas is always a sign of that psychical activity which depends upon an exalted state of cerebral nutrition. There is an ideal activity which resembles palpitation of the heart from weakness; and ideas frequently flow through a debilitated brain in rapid succession, because the mental impression made by each of them is feeble and unsuggestive. Doubtless they follow a certain train, but this is of the most desultory kind, because the organ answers to the faintest touch. The Germans have a curious term for this impressive and remarkable symptom. They call

it *ideenjagd*, idea-hunt. It is a hunt in which there is nothing hunted; or, like the chase of the ocean billows, where the old are ever vanishing and the new arising, without evident purpose or end.

“Ac veluti ventis agitantibus æquora, non est  
 Æqualis rabies continuusque furor.  
 Sed modò subsidunt, intermissique silesunt;  
 Vimque putes illos deposuisse suam.”

Dementia, moreover, is oftentimes acute as regards its duration. No disease is so various, and so fruitful in exceptions and apparent anomalies to all rule as insanity; no other organ being exposed to such a variety of influences, combining and interfering with each other in every possible degree, as the brain. Pathologically, however, two states of the brain, and two classes of phenomena dependant upon those states, may in many instances be distinguished, namely, in the first place, the pathological state, upon which the early phenomena of the disease depend, whether this be hyperæmia, mania, toxæmia, or some other state; and in the second place, those conditions of the brain which are consecutive upon and the results of the former conditions, secondary conditions which, in some cases, may be those of shrinking or atrophy—in others, those of hardening, sclerosis—in others, softening—in all, some degree or kind of nutritive degeneration, expressed by tissue-change into fat, or the deposition of serum. Pathologically, this distinction is, in a considerable number of instances, as well founded as the distinction of congestive kidney from the atrophied kidney which follows, or the sub-inflammatory condition of the liver from the atrophic cirrhosis. The passage from the primary to the secondary state cannot, indeed, be proved to have taken place in the brain as in other organs, because the primary state is often of a nature to escape our observation. That, however, a primary pathological state did exist even in those instances where no appearances thereof could be discovered by *post-mortem* examination, is in the highest degree probable, from the circumstance that in instances in which the early manifestations of the disease have been of a similar kind, the chronic appearances of the brain have afforded unquestionable testimony of profound pathological lesion. Monomania has been supposed to be unattended by changes in the brain appreciable by our senses. This is generally true, in the early parts of the disease; but the brains of persons who have been monomaniacal for many years frequently present unmistakable evidence of degraded nutrition. It may, indeed, be said that some allowance must be made for

the disuse of the cerebral functions, which takes place in many instances of partial insanity, the mind becoming, as a whole, completely inactive, in consequence of the predominance of some delusions. The influence of a fixed idea upon the mental activity is certainly a curious and important question. In some instances a fixed idea petrifies the mind, and it is then no wonder that its organ is badly nourished, like the disused arm of a self-tormenting fakir. But the possibility of an idea arresting mental activity to the extent of producing cerebral atrophy, could only exist in a diseased organ. No amount of healthy pre-occupation, or of mental indolence in a physiological condition of the organ, ever produced such a result.

Much has been written upon the urgent necessity of distinguishing with care and exactness, those appearances in the brain which have been the cause of, and those which have been caused by the mental disease. "It is particularly necessary here that the *post*, the *cum*, and the *propter*, should be carefully distinguished," says Feuchtersleben; and many authors have not hesitated to repudiate the evidence of their own senses, that mental disease was occasioned by cerebral change, under the shallow and absurd plea, that the changes they saw in the brains of the dead insane, were not the causes, but the consequences of the insanity.

The objection that cerebral change is not the cause of insanity may be true, but in a sense very different from that used by these writers. Organic change is not the cause, but the condition of disease. The real causative agent is the event which induces the organic change. All that we know of causation is an invariable linking together of consecutive events. This chain in the production of insanity stands thus: a blow on the head, followed contemporaneously by an organic change in the brain and the phenomena of perverted mental function. The first link used to be called the remote cause—the second, the proximate cause of disease. It is now agreed, however, to designate the first agencies only as causes, and the organic changes resulting from them as the conditions of disease.

It is true that in the course of brain disease the philosophical figment of the *vis medicatrix* finds little support, and that the progress of events too frequently leads in the direction of increasing injury and progressive decay. A morbid condition of the organ gives rise to the phenomena of mental excitement. These phenomena are themselves the occasion of an increased waste of tissue, and of vascular congestion, and other morbid conditions of the organ. This, however, is

only what occurs in many other diseases. In bronchitis, for instance, the difficulty of breathing and the cough increase the bronchial inflammation; and it would be as correct to affirm that the morbid changes found after death in this disease are caused by difficulty of breathing and cough, as to affirm that the morbid changes found in the brains of lunatics are occasioned by passion, excitement, and other phenomena of mental disease. The simple facts, as they relate not only to the brain, but also to all the organs of the body, are that, from some cause or other, a morbid condition of the organism is occasioned. This condition is attended by abnormal states of the functions of the organ, which in some instances afford facility to the organ for the recovery of its healthy state; for instance, when the stomach is deranged by noxious ingesta to a degree which impairs the appetite, repose of function is afforded, which restores its power and tone. Such instances are referred to under the euphonious title of the *vis medicatrix naturæ*. But in other instances injury to the organism does not give rise to phenomena of function having this curative tendency. On the contrary, it occasions abnormal states of function, which perpetuate and increase the morbid conditions of the organism. This ought to be called the *vis exitialis naturæ*. were not physicians too complimentary to nature, to admit in explicit terms that she is capable of exercising an influence in any way pernicious.

In diseases of the brain affecting the mind, the functional phenomena are rarely of the conservative, and frequently of the injurious and destructive character here referred to. Morbid conditions of the brain occasion abnormal states of the mental functions, excitement of emotion and instinct, accompanied by loss of rest, increase of degenerative change, and diminished repair, which result in an exaggeration of the diseased conditions of the organ, which conditions may to this extent, and to this only, be considered as occasioned by them. The exact view is, that disease of the brain is not a stationary, but an ever-changing condition; that the actual state of the organ at any one moment is the result of its state in the previous moment, and the occasion of its state in the following moment; and that the morbid appearances which are finally observed are in no instances immediately produced by the cause which set these changes in motion, but are the visible expression of the last change which took place in the diseased organism. So that, in fact, the actual condition of diseased brain at any moment, is unlike its condition at any other moment; and inasmuch as insanity is a disease rarely fatal in



its early stages, it would, *a priori*, be probable that the appearances observed in the brains of deceased lunatics should widely differ from those occasioned by the immediate application of the remote cause, which would be seen, were it possible to observe the state of the organ at an early period after the application of the cause. There is no doubt, in fact, that the morbid conditions observed in the brains of lunatics differ as greatly from those which result immediately from the agency of the causes of mental disease, as hobnail liver differs from hepatic congestion.

I shall now sketch the most frequent anomalies of appearance and organization which I have myself found in the dissection of the bodies of the insane.

On making the examination, it is well to note the size of the bony frame, measured by the length of the body and its breadth across the shoulders and hips. This affords a much better standard with which to compare the size of the head, and the weight of the brain, than that afforded by the weight of the body which has been adopted for this purpose by some pathologists. The weight varies so greatly between the obesity of dementia and the emaciation of mania and melancholia, that the standard it affords is most untrustworthy.

Careful observation however should be made of the state of emaciation or obesity; also of any bruises or bruise-like marks; any bed sores, or deformities. The features after death generally lose all expression characteristic of mental disease. The examiner is frequently surprised at the regularity of feature and placidity of expression, in countenances which, to the last hours of life had been disfigured by the peculiarities of insane physiognomy. Even the heavy and relaxed features of general paralysis are braced up after death, and return to their normal expression. Often have I felt that I have never seen the sane expression of a patient's face until after his death.

The dimensions and form of the head should be noted. Although, I believe that the average dimensions of the head are below those of the sane, when the comparison is obtained by the examination of large numbers, still in a great number of instances they will be found to be good, and, indeed, the head is frequently not only large, but phrenologically well-shaped.

I am not aware in what proportion of the sane the shape of the head is peculiar, since it is rare that opportunities occur for making the observation among them; but among the insane a considerable proportion present decided peculiarities in the shape of the cranium. The most frequent peculiarity

is a want of symmetry in the two sides. One side is rather smaller or flatter than the other; or the whole cranium is pushed over a little to one side; or one side of it is a little more forward than the other; or the two anomalies co-exist, giving the cranium a sort of twisted appearance. These things will not be seen unless they are carefully looked for, with accurate and careful eyes, upon the shaven scalp.

Sometimes the skull is high and dome-like—more frequently it is as if it had been compressed laterally, and elongated from before backwards, keel-shaped, in fact, like the skulls figured by Dr. Minchin, in which the centres of ossification of the parietal bones are increased in number. Sometimes the forehead is preternaturally flat, narrow, or receding, or very large and bulging, or the occipital region is deficient, and the back of the head rises in a straight line with the nape of the neck. Sometimes the skull has a remarkably square configuration. The square and carinated form of skull I have seen most frequently in connection with mania. The dome-like and high vertical skull, and also the unsymmetrical skull, most frequently in melancholia. In mania the anterior cranium is more frequently of good shape and size than in melancholia. In the latter the forehead is often small and mean, but sometimes it is disproportionately large and globose. The shape of the head indicated by the rules of phrenologists, can only fairly be expected to coincide with the mental symptoms in those somewhat rare instances in which insanity is the mere development in excess of natural character; and in some such instances I have found the shape of the head tally in its general outline with the indications of phrenology.

Occasionally depressions are found in the outer skull, which sometimes do and sometimes do not correspond with the bulging of the inner table of cranium. When they do not so correspond, I have found that they indicate a local absorption of the diploe.

It is an interesting question, how far the shape of the skull alters in insanity. If the forehead expands, even in mature age, under the influence of intellectual development, it is likely that it will contract under the influence of intellectual decay. Some writers have asserted that the shrinking of the brain in atrophy is commonly, and to a considerable extent, followed, and the cranium filled, by a flattening and shrinking of the cranial bones; (see Paget's *Lectures on Pathology*.)

Rokitansky also affirms that atrophy of the brain frequently gives rise to deposit of bone on the inner table of the skull, especially about the anterior convolutions.

I have not satisfied myself that the increased thickness of the cranium which is frequently met with in the insane, is in any way connected with atrophy of the brain. Some of the thickest and heaviest craniums which I have met with have occurred in instances in which there was little or no cerebral atrophy; and the condition of the cranium where there is undoubted atrophy of the brain, is as frequently one of abnormal tenuity as one of abnormal thickness.

In pursuing the examination, the state of the ears and of the scalp should not be forgotten. The sanguineous tumour of the ears peculiar to the insane, and the shrinking of this appendage consequent upon such tumour, are noteworthy objects of attention. These tumours, for the most part, occur in the worst and most hopeless cases; but it is an error to suppose, as some authors have done, that they occur in such cases only. I have not only seen patients recover after the ear has been shrivelled up by the contraction after sanguineous tumour, but I have seen several patients labouring under quite recent insanity, in whom a shrivelled ear led to the information that a curable attack had been undergone many years previously, an attack which had been followed by perfect mental sanity of considerable duration.

The scalp is sometimes full of blood, sometimes marked with scars or contusions, telling of blows and falls. In old cases of mania it is sometimes remarkably loose upon the cranium.

The cranium itself is frequently altered from its normal condition. When thicker and heavier than usual, it is also soft and full of blood. The eburnated cranium, which is at the same time thick, dense, and devoid of blood, is not found in the bodies of those dying insane. In recent cases the only abnormal condition to be expected in the cranium is its discoloration from excess of blood. This is often evident, not only at the margin where it has been separated by the saw, but also through the whole extent of its inner surface, after the dura-mater has been separated. It presents a mottled, but decided discoloration, from sanguineous congestion.

In chronic cases the skull cap is sometimes thicker than usual, congested with blood, and soft in its texture; sometimes thinner than usual throughout, or partially. In the latter case the thin portion usually occurs in the parietal region, in which the diploe frequently disappears to such an extent that the skull becomes diaphanous. The thin diaphanous skull is met with in all stages, but most frequently in cases of very chronic mania and of dementia, in which the patient has not been subjected to temporary attacks of cerebral

hyperæmia. On the other hand, the thick and heavy cranium is mostly met with in cases of chronic insanity, which have been subject to attacks of congestion or hyperæmia e vacuo. The cranium is often strongly marked by indentations produced by the pacchionian bodies. Not unfrequently, also, the *christa galli* is elongated and enlarged; and in epilepsy the protuberances of the *sella turcica* are enlarged, and the marks of the gyri of the convolutions are more strongly impressed, especially in the middle fossæ.

Exostoses or spiculæ of bone, growing either from the vault or the base of the cranium, are exceedingly rare. In 400 examinations of persons dying insane, including a large proportion of epileptics, I have only found a cranial exostosis in *one* instance—that of an epileptic man subject to violent attacks of mania. The *dura-mater* is frequently found adherent to the cranium. In old cases, indeed, it is rare to find that this membrane separates from the cranium with its usual facility in adults. The degree of adhesion which exists in chronic insanity varies from that which can scarcely be called abnormal to such a close and intimate union, that on the application of force the membrane splits into layers, rather than part from the bone, from which its fibres cannot be separated except by hard scraping. In acute cases the *dura-mater* is sometimes discoloured by sanguineous congestion.

Recent anatomists discard the old view, that the inner polished surface of the *dura-mater* is a reflection of the arachnoid. It certainly cannot be demonstrated by the scalpel that any serous membrane lines the *dura-mater*; and the idea of a parietal arachnoid appears to have been due to the exigencies of systematical anatomy, rather than to the evidence of demonstration. I adopt the view that there is no parietal arachnoid, and that the polished surface is actually part of the *dura-mater*. This polished surface is not unfrequently the seat of exudative processes in the insane, although it is rare to find in this locality exudations of a true fibrinous character the results of undoubted inflammation, notwithstanding the assertion of Rokitansky, that the surface of the brain and the scull bound together by a series of successive normal and false membranes is a “termination of meningitis frequently found in mental disease, especially in cases of secondary imbecility.” Notwithstanding this high authority to the contrary, I must assert, that adhesions between the cerebral arachnoid and the *dura-mater* are extremely rare in the bodies of persons dying insane. On

the upper part of the brain I have never met with this state of things referred to by this author. The nearest approach to it that I have met with in this region, has been the connexion of the dura-mater with the thickened arachnoid and pia-mater by means of several ligamentous bands, the condensed and organized remains of very moderate fibrinous exudation. In two instances, I have met with adhesion of the substance of the brain and its intervening membranes to the dura-mater along the petrous portion of the temporal bone, and in one instance, by the ridge formed by the ala of the sphenoid. It is an occurrence of much greater frequency for the polished surface of the dura-mater to be the source of an exudation not fibrinous, and not tending to contract adhesions. These exudations are very remarkable, and by different authors have been hitherto generally regarded either when much coloured with blood pigment, as instances of sanguineous effusion into what was considered the sac of the arachnoid, or as false membranes arising from arachnoidal inflammation. That instances of these latter conditions are not very unfrequent, renders it the more needful to distinguish the peculiar exudation to which I refer. It resembles a layer of red currant jelly spread over the surface of the dura-mater. On examination there appears to be an extremely fine cellular network, containing in its meshes an albuminous semi-fluid substance colored with blood pigment. Sometimes the exudation extends to the temporo-sphenoidal fossæ. Sometimes it is confined to this locality. Virchow has quite recently announced its nature to be that of a colloid tumor, flattened into the resemblance of a false membrane by its position. I adhere to the belief that it is an albuminous exudation, containing a small proportion of fibrine, and coloured with blood pigment. Sometimes, true hæmorrhage is found on the inner surface of the dura-mater. On the appearance of this as a layer, Rökitansky observes, "those extravasations which have been supposed to be collections of blood between the serous and fibrous state of the membrane, with the exception of a few cases in which a small effusion has raised its innermost layer, must have been extravasations into the sac of the arachnoid, which, after acquiring an adhesion to the dura-mater, have become encysted;" (Vol. III, p. 323, *Sydenham Society's Translation*.)

In many instances of chronic insanity, and of recent insanity in which there had been a previous attack, I have found the dura-mater in the temporo-sphenoidal fossæ

changed to an orange yellow colour, not uniformly, but as if freckled. Doubtless this discolouration was due to the blood pigment of re-absorbed exudates; and it points, like the other changes so frequent in this membrane, to the frequent existence in insanity of one period during which the appendages of the brain are in an hyperæmic state prone to hæmorrhages, and to albuminous or albumino-serous exudations, coloured with dissolved blood pigment. The coloured exudations above referred to seem to me to bear a close resemblance to the exudations of blood-coloured serum which take place between the cartilages of the ear, and to be owing to the same crasis.

Sometimes the structure of the dura-mater is found to have undergone osseous metamorphosis. I have never found this in the tentorium where the comparative anatomy of the felines would lead one most to expect it. I have, however, found it in the falx cerebri. Exostoses of the inner table of the skull probably have their origin in the dura-mater. I have only once found a true tumour of the dura-mater. This was as large as a filbert, pressed upon the pons, and was accompanied by epilepsy. Its structure was fibro-cellular, and it contained an abundant quantity of cholesterine in large plates.

*The Arachnoid.*—I have never found a state of undoubted inflammation presenting the appearance described by Guislain of the inflamed conjunctiva. In a few cases of acute mania and melancholia, I have observed the appearances of ramiform congestion; but it may be doubted whether this was not due to the underlying vessels of the pia-mater. Doubtless, in some cases the hyperæmia in its capillaries amounts to actual stasis, otherwise the fibrinous false membranes, and the adhesions which are sometimes observed in it, would scarcely exist. A frequent pathological change of this membrane found in persons dying insane is thickening and opacity. “The arachnoid tissue is opaque, dull like whey or milk, tumid and white, and it has the appearance and density of tendon.” Often this change is limited to the arachnoid covering the convolutions of the vertex; sometimes it is restricted to that part of it which corresponds to the sulci, leaving the part which covers the convolutions thin and transparent. Patches, however, of very decided thickening and opacity, are occasionally found on the anterior convolutions of one or other hemisphere; the changes observed in the vertical region being rarely one-sided, or even greater on one side than on the other.

What does opacity and thickening of the arachnoid indicate? According to Rokitansky, the "changes frequently discoverable in this membrane can be attributed only to congestion, or to slight and passing attacks of inflammation." "Opacity and thickening of the arachnoid are very common *post-mortem* appearances. After middle life a moderate degree of them is almost constantly found, and their absence is the exception; for at that period every one must have been exposed to repeated congestions of the brain and its inner membranes;" (op. cit. p. 329.) The change here referred to as being so common is, although the same in nature, greatly less in degree than that commonly found in the bodies of persons dying insane. It is merely an opalescence as compared with decided thickening and opacity like a thin slice of the boiled white of egg. The frequently repeated congestions to which Rokitansky refers this change in the sane, exist in much greater force and frequency in the insane, and give rise to a corresponding intensity of this pathological change. It appears not to be the result of inflammation, even "of slight and passing attacks," so much as that of congestion. In nature it closely resembles those opaque patches so frequently found upon the visceral pericardium. Its character is that of albumino-fibrous deposit, which forms one link in the chain of degenerative change, which passes, according to its locality, into atheroma or into fat.

In connection with the arachnoid are the pacchionian bodies, absurdly called glands. These Rokitansky regards as granulations of the arachnoid, rarely indeed altogether absent, but depending for their development upon the same repeated congestions which render the arachnoid itself thick and opaque.

Luschka, however, has recently shewn that these bodies are normal as to their existence, and pathological only as to their hypertrophy. He calls them *arachnoidal villi*, and refers the genetic cause of their growth to "the disturbances of the circulation which attend the natural involution of the organism in old age. In consequence of the impeded motion of the blood, a modified transudation must take place which—in our ignorance, it must be confessed, of its precise nature—we regard as the principle cause of the increased amount of nutritive material with which the arachnoid is supplied;" (*Weld. Sydenham Soc. Trans.* p. 352.)

Now in the insane of all ages, the pacchionian bodies are frequently found to be greatly enlarged, so as not only deeply to indent the dura-mater, but even to perforate it, and form

for themselves reception cavities in the parietal bones alongside the sagittal suture. Before the circulation has become impeded by the advance of age, they are prematurely produced in the insane by the impeded circulation of cerebral congestion, the frequent condition of mental disease.

I am not aware whether the minute anatomists of the German school make any distinction between that which they call the *ependyma* of the lateral ventricles and the arachnoid membrane in this locality. This ependyma, which is the seat of those puzzling bodies, the amylaceous corpuscles, is described by Virchow as the uppermost layer of the fine connective tissue which binds together the foundation masses of the brain. Be this and the arachnoid of the ventricles synonymous or not, it is certain that the walls of the lateral ventricles present in chronic insanity, and especially in general paralysis, a peculiar and frequent change. They appear to be covered with fine sand, or rather to be converted into the resemblance of fine shagreen, a change due to a nodulated deposit of fibro-albumen.

The arachnoid of the ventricles also becomes more thick, dense, and tough; a change which is most obvious in the eptum lucidum, which in the early stages of general, and the later ones of chronic mania, instead of the exquisite delicacy which renders its demonstration so difficult in health, becomes a toughish and resistant membrane.

*The Pia-mater*—tender mother of the brain, and its wondrous offspring of thought and passion, is far more closely and intimately related both in health and disease with the organ to whose more noble parts it supplies nutriment than either of the other meningeal wrappings. The pia-mater is more than a mere investing membrane; it is more than a subserous connective tissue of vascularity greater than is common to such parts. It is a vascular plexus, admirably arranged to supply the grey matter of the convolutions with an abundant supply of the nutritive fluid, so loose and large in its ramifications as obviously to suggest the idea, that its construction is also subservient to rapid and great changes in the quantity of blood in the organ it supplies. What the submucous vascular layer of the stomach is to the function of digestion, that the pia-mater appears to be to the higher functions of the brain; and it is more than probable, that active thought or intense emotion cause in it hyperæmia as sudden, frequent, and transitory as the function of digestion gives rise to in the vascular layer of the stomach. One part of this plexus, or



rather an appendage to it, the choroid-fold within the lateral ventricles, has a structure analogous to, if not identical with erectile tissue. Upon this resemblance an ingenious writer in the *Dublin Quarterly Journal of Medicine*, has based the theory, that sleep in the normal state, and epilepsy in the abnormal state, are dependent upon a turgid or erectile condition of this apparatus, by means of which, a gentle but general pressure is exercised from within upon the whole substance of the brain. With regard to epilepsy, there are unsurmountable objections to this theory, but the very existence of such a structure in connection with the pia-mater increases the probability that frequent turgescence of this membrane is a physiological state. "There is no question," says Rokitansky, "that congestion of the pia-mater is a very frequent occurrence." "Yet, if we except the *post-mortem* congestion of the pia-mater covering the posterior lobes of the cerebrum, any considerable degree of congestion is far less commonly met with in the dead subject than is usually supposed; and there is, perhaps, no respect in which moderation in estimating appearances needs so much to be impressed upon the unpractised observer, as in regard to the quantity of blood contained in the vessels of the pia-mater. As a general rule, a very moderate injection of these vessels is erroneously looked upon as congestion." "The terminations and consequences of these congestions vary, according to the frequency and duration of their cause. They consist of thickening and condensation (increase of volume,) of the pia-mater and arachnoid, of permanent infiltration of the former, and a varicose condition of its vessels. Such a state of the inner membrane is well marked after the congestions which are produced by continued and forced exertion of the mind, or by repeated intoxication, especially by alcoholic drinks;" (op. cit. pp. 339 and 340.)

Thus we learn from this great pathologist the frequency of congestions of the pia-mater; their causation by two of the common causes of insanity, mental overstrain and drunkenness; and lastly, the difficulty which exists in recognising, after death, the existence of a pathological degree of this frequent congestion. The same difficulty exists in the tissue to which I have compared its functions, namely, the submucous vascular layer of the stomach. In both these instances this difficulty of *post-mortem* recognition arises from the same cause. A moderate degree of congestion is in neither instance pathological. It becomes so only when the degree or frequency of the congestion tends to produce struc-

tural change. The last moments of life are commonly passed in a state adverse to the continuance of congestion, unless they are attended by such difficulty in the respiratory movements as to impede the return of the venous blood to the heart, and hence a state of congestion which may have existed in the pia-mater, even to a short time before death, may have left no traces discernible after that event.

Rökitansky does not appear to have paid particular attention to the pathology of insanity. Wide and profound as his pathological knowledge undoubtedly is, he here and there hazards statements which indicate that persons dying insane did not frequently come under the investigation of his scalpel. Thus he says, that "terminations of meningitis, by which the surface of the brain and the skull are bound together by a series of successive, normal, and false membranes, are frequently found in mental disease, especially in cases of secondary imbecility;" (op. cit. p. 343.) It is very certain, however, that such gross and palpable results of meningitis as adherent false membranes, are of extremely rare occurrence in any form of mental disease. Congestions of the pia-mater, whether recognizable or not after death, are undoubtedly most common, but they rarely pass the boundary line (if there is such a limit,) of phlogosis. The exudations of the pia-mater in mental disease are not of the organizable fibro-albuminous kind. They are rarely even distinctly albuminous. It is rare to find them even opaque, either from partially coagulated albumen or from fat. Even when the arachnoid is thickened and opaque from exudations of this kind, those of the pia-mater are remarkably limpid and serous. The adherent false membranes above referred to are not found once in a hundred cases of persons dying insane; and even in these rare instances their occurrence is traceable to a pre-existent inflammation, and is not to be considered as a condition proper of insanity. According to Vogel, fibrinous exudations result mainly from the minute capillaries, whilst serous or hydropic effusions derive their source from the small veins. The plexus of vessels which forms the pia-mater is decidedly venous in its anatomical character, and the serous nature of its ordinary exudates may fairly be thus accounted for.

Although fibro-albuminous exudates in the pia-mater, and the false membranes and adhesions therefrom resulting, are so uncommon in insanity, there is one form of adhesion of frequent occurrence in this membrane, namely, the slight but important adhesion between it and the grey substance of

the convolutions. The plexus of vessels more or less infiltrated with serous effusion, is sometimes very readily separable from the grey substance which it invests. But in many instances it is not so. What are called adhesions more or less intimate and extended are found to have formed, so that sometimes over the whole extent of the convolutions, sometimes only in isolated parts, the convolutions cannot be divested of their vascular envelope, without small portions of the grey substance remaining adherent to it. In these instances there is no appearance of fibro-albuminous exudation in the pia-mater; but it is probable that the cytoblastema of the grey substance has received an addition of fibro-albumen from the minute arteries and arterial capillaries in connection with the pia-mater, and ramifying in the grey substance; an addition which prevents the small vessels from being withdrawn from the soft substance of the grey matter with the same facility as in the normal state. Something, also, may be attributed to an increased toughness in the coats of the minute blood-vessels preventing their facile rupture.

Congestion of the pia-mater, and consequent serous effusion into its meshes, is the constant result of atrophy of the brain. "When an empty space is formed within the skull by a reduction of the volume of the brain, it is filled up by an increase of the volume of the inner membranes of the brain, and especially by an extraordinary exhalation of serum into the tissue of the pia-mater, the sac of the arachnoid, and the internal cavities of the brain, more particularly the lateral ventricles. These changes result from the congestion of the vessels which the vacuum produces;" (op. cit. antea p. 364.)

Thus arises the *hypercæmia e vacuo*, the pathological condition of the very frequent cases of spurious apoplexy which occur among old and chronic lunatics—every attack of which renders the vessels of the pia-mater more dilated and tortuous, and more disposed to the recurrence of the congestion. This may, and frequently does, concur with an anemic, as well as an atrophic condition of the substance of the brain. In the healthy organ, congestion of the pia-mater cannot occur without accompanying congestion of, at least, the grey matter of the convolutions; but under the pathological conditions which attend atrophy of the organ, a sudden congestion of the loose and water-logged membrane frequently occurs, without affecting the anemic and atrophic brain otherwise than by adding a temporary impediment to its functions from the sudden pressure.

To recapitulate. The pia-mater in rare instances is found to be the seat of fibro-albuminous exudation, and consequent adhesion. It is the very frequent seat of congestion, which may or may not be obvious after death. Frequent congestions enlarge and render its vessels more tortuous. They also result in a thin hydropic effusion; more rarely in a turbid albuminous one. Not unfrequently the membrane contracts adhesions to the grey matter of the convolutions, but without visible exudation of albumino-fibrine or false membrane. In cases of acute mania and melancholia, thin extravasations of blood, not larger than a finger-nail, occur in its tissue. Diffuse inflammation of the pia-mater, and tuberculous inflammation and deposit, are extremely rare among the insane.

The pathological conditions of the choroid plexus are as obscure as its physiological purpose. It is not found hypertrophied in epilepsy, which it should be, were the theory true which attributes the production of that disease to its turgescence. It often contains cysts analogous to those observed in Bright's disease, in the malpighian bodies; but whether the frequency of these cysts is greater among the insane than the sane there are no data to determine.

*The Cerebral Substance.*—The condition of the cerebral membranes, and indeed of all other parts, is, of course, in the pathology of insanity very secondary and subservient to the state of the substance of the brain itself. The condition of the cerebral substance is the prime question in the pathology of mental disease. Frequently this condition can only be judged of by the state of its blood-vessels, or can only be guessed at by that of its membranes, or some still more remote indication. Not unfrequently in partial and sympathetic insanity, it appears to be perfectly sound in structure, although the deductions of science assure us that this soundness is in appearance only, and is solely attributable to the imperfection of our means of observing and investigating.

To the pathologist the substance of the brain is as yet practically structureless. Although the microscope reveals cells and tubes and intervening stroma, up to the present time it is unable to indicate when these are in a normal or abnormal state; and although it may prove that in some cases the smaller arteries are diseased—that in a few others there are exudation corpuscles, or an increase of fatty particles in the substance itself—it has not yet been able to distinguish between states of the whole organ which must be diametrically opposite, for instance, between the states of hypertrophy and atrophy.

Practical observations, therefore, must be made upon the bulk, colour, density, and specific gravity of the brain-substance, and upon the condition of its blood-vessels.

The bulk of the brain varies from a state of atrophy, in which it has been known to lose nearly a third of its volume, to one of hypertrophy, in which, but for the restraining pressure of the unyielding cerebral walls, there is little doubt that its bulk would be not less augmented. Cerebral atrophy, as the most frequent, is the most important of all changes in chronic conditions of mental disease. I have already written so fully on this subject that my limits only permit a few further remarks.

A considerable degree of cerebral atrophy is rarely unattended by changes in the colour and consistence of the brain-substance, sufficiently obvious to the eye of the experienced observer. It is frequently both anemic and discoloured: the grey substance contains less red and more brown, and its colouration, also in depth of tint, varies greatly; sometimes its tint is deeper than is usual in health, but far more frequently it is paler, and occasionally it is of little more than a darkish buff.

On this point Mr. Solly remarks, that having many opportunities of examining the brains of the insane at Hanwell, he made coloured drawings of the cortical substance of all patients indiscriminately; and he adds, "The general result of my observations was, that a pale condition of this ganglion was almost invariably found in patients who had sunk into a state of imbecility, and was generally associated with some serous effusion and thickening of the arachnoid and pia-mater;" (*Solly on the Brain*, p. 398.) Its uniformity of colour also is lost. The grey layer of the convolutions consists of six planes, in which white and grey substance alternately preponderate. M. Baillarger, in his memoir on this subject, (*Mem. de l'Acad. de Med.* tome viii.,) states that it consists of six of these alternate layers. There can be no doubt that three such layers exist, but whether these can again be subdivided is a question which I have not for myself been able to determine. In the normal state this triple division is very obvious to the naked eye in the posterior convolutions of the cerebrum; but in a state of atrophy it becomes still more obvious throughout all the convolutions where it was previously not observable. This appearance arises from diminution in the quantity of the pigment coloured cells in the whole of the cineritious layer. This diminution in the bands where the white matter exists

in largest quantity, renders the colour of the latter very apparent. According to M. Baillarger, the external layer of the convolutions is white, and not grey. It would, I think, be more correct to say that the external layer contains a less proportion of vesicular neurine to the tubular substance with which it is intermixed, than the layer next but one to the surface, and again, than the layer next but one to that. The consistence of the grey matter of the convolutions is very generally lessened when the organ is atrophied. Sometimes the superficial layer is obviously softened, but more frequently the grey layer immediately under it is the seat of the greatest amount of softening. The colour and consistence of the tubular neurine is notably altered. Unlike the grey matter, its depth of colour is generally increased. From the clear white of health, almost imperceptibly tinged with pink, it assumes a dirty brownish hue, very faint indeed, but quite unmistakable.

The consistence and density of the white substance varies greatly. In the *Atrophia cerebri senium*, the consistence of the white matter is generally a little increased. In the *Atrophia cerebri præcox*, the consistence is increased whenever the primary condition of disease has been an hyperæmia verging on phlogosis, and tending to the addition of albuminofibrine in the substance of the brain. This is particularly the case in the atrophy which attends the later stages of epilepsy, an atrophy which is preceded by a period of congestive hypertrophy, and meriting the name which has been applied to it, of concentric hypertrophy of the brain, if such a term is not in all instances somewhat absurd. In atrophy not consecutive upon a congestive condition of long-standing, but either primary or secondary only to a state of general debility or dyscrasia, the consistence of the tubular neurine is diminished; sometimes to the extent of making it appear that the whole brain is infiltrated with serum. Rokitansky asserts that atrophy is accompanied by increased consistence and tenacity, or sclerosis, as it has been called. "The surface of a section of the hemisphere shrinks and becomes concave, and here and there certain portions offer more resistance than others, and wrinkle and lie in folds." This, however, is an appearance which I have not been able to verify.

When induration exists, it is greatest in degree in the neighbourhood of the lateral ventricles. The latter are generally enlarged and distended, with a very limpid effusion; and thus the bulk of cerebral substance is diminished, both from within and without. Sometimes the lateral ventricles

are greatly contracted ; sometimes they are of normal size. Andral states, that unless each lateral ventricle contains more than an ounce of fluid, it cannot be reckoned abnormally large.

It is unnecessary to refer in this place to the shrunken and pinched appearance of the convolutions, and the widely-opened sulci. In not very unfrequent instances, however, the remarkable appearance of circumscribed atrophy affecting three or four convolutions, generally about the vertex, is presented. In such instances the loss of bulk is replaced by a partial œdema of the pia-mater, presenting the appearance under the arachnoid of a gelatinous bag. This partial atrophy of the brain has not hitherto been connected with any peculiar loss of mental function calculated to add an additional proof to the arguments of phrenology.

Atrophy of the brain rarely exists in any considerable degree, without a notable diminution of the breadth of the grey substance of the convolutions. The normal breadth of this substance I have ascertained by numerous measurements to be eight hundredths of an inch. In atrophied brains it is reduced to seven, and frequently to six hundredths.

It is a remarkable fact, first noticed by Cazauvielh, that atrophy of the brain is confined to the cerebrum. Even in extreme age, when the cerebrum is much wasted, the cerebellum retains its full size.

The usual condition of atrophic brains, with reference to the state of the blood-vessels, is a degree of anemia ; but sometimes, owing to the circumstances of death, this condition is replaced by one of congestion, and the dirtyish white of the tubular neurine becomes mottled with a faint violet discoloration. This is especially the case when death occurs soon after severe convulsive attacks, or during the course of congestive apoplexy.

*Hypertrophy* of the brain is an interesting, but rare form of pathological change. But for the pressure exercised by the unyielding walls of the cranium, the brain would doubtless undergo enlargement with every considerable degree of congestion which it suffered. As it is, congestion of the brain constitutes one form of hypertrophy, of common occurrence contrasted with the true hypertrophy of the cerebral substance, in which the brain is anemic, the vessels being emptied by the ever-increasing pressure.

In the bodies of persons who have died during the early period of epileptic disease, and of some who have died in the first stages of mania, the brain appears too large for its case ;

the convolutions are flattened; the sulci cease to exist as indentations between the convolutions, lines only can be perceived into which processes of the pia-mater dip. The vessels of the pia-mater itself are distended with blood; the grey matter is deepened in colour; the white matter pinkish or mottled with pale violet; and the cut ends of the vessels in it effuse an abundant quantity of *puncta sanguinea*. This is false or congestive hypertrophy.

In true hypertrophy, the brain swells up when the cranium is removed, so that the latter cannot be replaced; the convolutions are flattened, the sulci obliterated; the arachnoid is transparent, thin, and dry; the pia-mater is exsanguine, the grey substance very pale, the white substance pure white, with few traces of blood-vessels, dense and tenacious. As the change progresses, the mental functions, and especially the memory, become more and more feeble; but dementia, to the extent which follows atrophy of the brain, rarely, if ever, supervenes. Epileptiform convulsions appear towards the close of the case, and usually supply the means of death. In a marked case which came under my own notice, epileptiform convulsions existed at intervals for more than six months before disease. The *post-mortem* examination displayed all the above appearances, with the addition of the remains of a sanguineous effusion, thin, old, and yellow, surrounding the crista galli of the ethmoid.

There have been many differences of opinion respecting the nature of this pathological change. Dr. Handfield Jones, in an excellent paper on "Fibroid and Allied Degenerations," in the 27th No. of the *Medico-Chirurgical Review*, maintains that it is not a true hypertrophy. "It can hardly be thought," he says, "that a true hypertrophy existed, otherwise surely there would have been some apparent superiority of intellect. The truth probably was, that there was just the ordinary amount of nervous matter, *plus* a certain quantity of interstitial exudation. Doubtless it is not a true hypertrophy in this strict sense of the term, *i.e.*, the abnormal increase of normal structure;" and although Rokitansky declares it to be "a genuine hypertrophy," he explains the meaning he attaches to this term; so that, according to the acceptance thereof in this country, it would be excluded from the category. He says, "It consists as such (*i.e.*, as a genuine hypertrophy,) not in an increase in the number of nerve-tubes in the brain, from new ones being formed, nor in an increase in the dimensions of those which already exist, either as thickening of their sheaths or as augmenta-



tion of their contents, by either of which the nerve-tubes would become more bulky. It is an excessive accumulation of the intervening and connecting nucleated substance." He attributes its occurrence to an excessive development of the lymphatic system, although he admits that its immediate cause may be congestion.

Dr. Handfield Jones' test of a genuine hypertrophy appears to me fallacious, inasmuch as an increase of normal tissue may fail to confer increased power of function, if the new tissue is in a condition unfavourable to its activity,—if, for example, it is subjected to pressure. Nor does it seem more probable that it is a genuine hypertrophy, upon Rökitsky's shewing. The substance normally intervening between the cells and tubes of the brain is a semi-fluid stroma, and any considerable increase in it would give rise, not to a great density and tenacity of the organ, but to a kind of softening. It is, I think, far more probable that the addition to the brain-substance consists in a slowly-formed exudate of an albuminous or fibro-albuminous character, gradually pervading the whole of the cerebral substance. This originates in some obscure vice of nutrition; and is, I believe, a pathological change far more common than is generally supposed. In rare instances the exudate goes on increasing until death from convulsions takes place, and the peculiar characteristics of cerebral hypertrophy are found. More frequently, however, the process undergoes an arrest and an inversion. The exudate pressing upon the normal tissue, and upon the blood-vessels, impedes the nutrition; the exudate arrests its own further accumulation, and a reverse movement takes place, tending to cerebral atrophy with induration. Such I believe to be the true pathology of a large class of epileptic cases, namely, of those in which the nutritive powers are at first in excess, the muscular system highly developed, the functions vigorous and the health robust, and in which there is an early tendency to maniacal excitement, gradually passing into the opposite one of dementia. The cure of these cases is hopeless, but the relief afforded by early antiplogistic treatment, moderate and prolonged, supports my view of their pathological character.

*Inflammation, Congestion and Anemia of the Cerebral Substance.* Inflammation of the grey substance of the convolutions is, undoubtedly an occasional cause of insanity, although it cannot be admitted as one of its conditions. According to the limitations of that most artificial of sciences, nosology, phrenitis is not insanity, and does not

belong to the specialty of the psychologists. The same may be said of cerebral hemorrhage. The appearances and symptoms which primarily attend these forms of pathological change, are, therefore excluded from the present notice. But a brief reference cannot be avoided to the conditions which they frequently undergo, attended by symptoms of undoubted mental disorder. One of the reliquiæ of inflammation of the grey substance of the convolutions is a chronic induration of the superficial layer; another is the adhesion of the same to the pia-mater, which has been found by M. Parchappe so frequent in the insane; others are a softened condition of the middle layer of the grey substance; induration or atrophy of the whole of this substance; in some rare instances entire loss of portions of it by ulceration and absorption. When the functions of the grey substance have been deteriorated by these changes, the whole substance wastes as the optic nerve wastes in cerebral amaurosis, and thus atrophy of the whole cerebrum finally results.

Inflammation of the whole substance of the brain usually extends over a far less surface than that of the grey substance. It is also a more chronic affection, destroying life when fatal, by convulsions, low fever, gangrenous sores, and pulmonary congestions. Although, during its progress the mind is always more or less disturbed, and actual delirium is frequent, yet, it is a less frequent cause of insanity in any of the acknowledged forms of the latter than inflammation of the grey substance. Parts of the brain which do not participate in the inflammatory action become œdematous, and others anemic from the pressure of those parts whose bulk is augmented. This disturbance of pressure and of blood supply consequent thereupon, are necessarily accompanied by disturbance of the functions of the organ, often to a greater extent than the post-mortem appearances explain; since the pressure of the different parts equalizes itself after the process of inflammation has been arrested by death.

The relation which *Cerebral Hemorrhage* bears to insanity, is of the same nature but less intimate than that which inflammation holds. Numerous instances of cerebral hemorrhage occur without giving rise to any mental disorder, but on the other hand the processes of irritation and exudation set up by a clot in the brain, not unfrequently give rise to mania, rapidly running into dementia. In such cases the brain is found to be atrophied, and to contain clots or cysts, or cicatrices in the various stages of change.

When cerebral hemorrhage is subsequent to atrophy, a

remarkable modification of the usual symptoms of apoplexy may result. An enormous amount of blood may be slowly effused arround the cerebral hemispheres, not only without the immediately fatal result which would occur if the hemorrhage took place in a brain not atrophied, but without giving rise to urgent symptoms of cerebral pressure. Instead of exerting a fatal pressure upon the substance of the brain, the effused blood only displaces an equivalent quantity of serous fluid which finds its way from the cavity of the arachnoid and the meshes of the pia-mater to the spinal bag. In the 29th Vol. of the *Medico Chirurgical Review*, I have given the details of a case remarkably illustrating this proposition. In this case a demented patient had an attack of apoplexy on the 29th of September, 1853, and he lived until 7th of July, 1854. The post-mortem examination shewed the remains of a sanguineous effusion, fibrinous and tough, which completely enveloped the cerebrum. It was situate in the cavity of the arachnoid, and over the vertex and sides of the brain was half an inch thick, and was the colour of venous blood. In the petrous fossa it was also thick but had become yellow. It did not extend over the cerebellum, but the effusion from which it was formed, had found its way into the lateral ventricles, as these contained masses of dark red fibrine, and a thin layer extended two inches down the spinal canal. Between the visceral arachnoid and the brain there was a large amount of serous effusion. The cranial cavity required  $52\frac{1}{2}$  ounces of water to fill it. The brain displaced only  $37\frac{1}{2}$  ounces, so that the atrophy of the organ was equivalent to 15 ounces, or nearly one third of its normal bulk. Subsequent to the occurrence of the apoplexy, the patient lived a kind of vegetative existence, with the smallest amount of mental and animal function I ever saw in the possession of a living human being during so long a period.

The small extravasations of blood often found on the surface of the convolutions in many cases of acute mania and melancholia, result from congestion of the pia-mater. In some instances the condition of the blood may aid in the production of these effusions, as it does in the extravasations, which, in the insane take place under the conjunctiva and between the cartilages of the ear.

One of the most important conditions of the Brain substance is *Congestion*, but of its appearance little can be said. Congestion of the grey matter is indicated by various shades of deeper red and brown, of which, the practised eye

becomes cognizant. In recent and acute mania, a deeper red tinge prevails. In cases of longer standing, and where atrophy of the organ also exists, the deeper tinge is of a brown caste. The same distinction is true in congested states of the whole substance. In acute mania and melancholia the whole surface of the centrum ovale in some instances presents a uniform pinkish hue; in others, this hue is mottled with the normal white. In other instances not in any way distinguishable from the last by the previous symptoms, the cut surface of the centrum ovale is mottled with a light violet hue. This hue is never uniform except after death, from long-continued epileptic convulsions. In acute mania and melancholia it is mottled either with white or with pinkish white. The above appearances of cerebral congestion are commonly accompanied by a great abundance of bloody points due to blood issuing from the cut orifices of the small vessels. This appearance is not constant even in brains obviously discoloured by congestion. Its absence may be due to the loss of contractility in the small vessels, or to the blood they contain not being fluid.

*Anemia* of the Brain-Substance, made evident by paleness both of the grey and white matter, and by the small number of blood-vessels which are visible, is observed in a few cases with symptoms of acute mania; sometimes also, but more rarely, in melancholia. In many chronic cases with cerebral atrophy, anemia is the ordinary condition of the brain-substance, although it frequently alternates with transient states of severe congestion. The state of the pulse, and the aspect of the skin of the face, the conjunctiva, and the lips, may indicate whether congestion or anemia is present in the brain; but these conditions cannot always be diagnosed from the mental symptoms. Andral has well pointed out this common result from diverse causes: "It is a law in pathology, that in every organ, the diminution of the quantity of blood which normally it should contain, produces functional disturbances, as well as the presence of an excessive quantity of blood. We have found more than once, the brain and its membranes completely bloodless in children who died in the midst of convulsions. We have also seen the state of coma, in which many of their diseases terminate, coincide with remarkable paleness of the nervous centres. Sometimes, also, in adults we have been struck with the complete absence of colour in the brain, perceptible principally in the grey substance, in cases wherein during life cerebral phenomena had taken place, such as delirium, convulsive movements, coma.

Do not animals also, who are bled to death, exhibit symptoms of this description?" "But when we have referred the symptoms to hyperæmia in one case, and to anemia in another, are we come to the bottom of the subject? By no means; for this hyperæmia and this anemia are themselves mere effects which, a thing very remarkable, the same influence can very often produce. Thus, by an emotion of the mind, the skin of the face becomes red in one person and pale in another;" (*Clinique Medicale, Spillan's Ed.*, pp. 91 and 92.)

This enlightened view must be applied to explain the uniformity of symptoms which attend many other deviations from the normal condition of the brain-substance. Thus induration and œdema are both found in atrophic brains, in chronic mania and dementia. Either of them may be attended by a congested or anemic condition, anemia being the usual condition, and hyperæmia a frequent but transient state.

With regard to induration of the brain-substance in the bodies of persons dying insane, I have never met with that "leather-like and fibro-cartilaginous hardness and resistance" to which sclerosis of the brain is described to attain. The slighter degrees of induration dependent upon diminution of water in the brain, and perhaps also to the existence of some amount of albuminous exudation is common in cerebral atrophy. The slighter degrees of induration may be general, but the higher degrees must be partial, since the organ could not perform its functions were it universally changed into a tough substance, like leather or caoutchouc. Callous cicatrices, marking the locality of old apoplectic rents, have offered the only examples of leather-like induration which I have met with among the insane.

*Ædema* of the Brain, a state in which the tissue of the organ is permeated by water or serosity, is a not unfrequent condition with persons who, with atrophy of the brain, have great general debility or cachexia of the body. The brain appears unusually moist, and its cut surface is of a brilliant white. In extreme instances, this condition is exaggerated until parts of the organ are almost broken down into a pulp, and the appearance of remollissement is produced. It is not, however, to be considered one form of this affection.

Neither the space at my command, nor the occasional occurrence of the two forms of remollissement in the insane, render it advisable to describe or comment upon these pathological states. They are not found more frequently in the brains of persons dying insane than in those of others. The

same may be said of the cellular infiltration described by M. Durand Fardel. In four hundred autopses of the insane, I have only met with it in two instances. In both instances it occurred in aged persons suffering from chronic mania, in whom it gave rise to a series of convulsive attacks, which terminated in death. The brains of the insane appear to be certainly not more liable than those of others to various incidental affections. Thus in four hundred autopses of the insane, I have only once met with an hydatid, only once with tubercular deposit in the substance and meninges, only once with a fibro-cellular tumour, and not once with malignant disease. The arteries at the base do not appear to be more frequently or extensively affected with atheromatous change, than those of sane persons of the same age. And in the bodies of the insane I have never yet met with that cretaceous deposit in the coats of the small arteries, which makes them feel like pieces of fine wire imbedded in the brain-substance.

A large number of brains of the insane I have diligently investigated with a first-rate microscope. The results appear to me to have afforded no distinction between the sane and the insane brain. I have found exudation corpuscles, but only in instances where the existence of inflammatory action was apparent without the use of the microscope; and therefore this microscopic test of cerebral inflammation proposed by Dr. Hughes Bennett, appears to be of little value. In inflammatory and softened parts of the brain-substance, I have found fatty degeneration of the coats of the small arteries; but it remains to be seen whether this change is not as frequent in the brains of the sane. I have not been able to discover fatty degeneration of the arteries where the pathological changes more peculiar to insanity alone existed. The same may be said of fatty degeneration of the brain-substance, consisting in the abundant dissemination of amorphous fat particles, which is found in some specimens of cerebral softening.

It seemed reasonable to expect that, by the aid of the microscope, one would be able to ascertain whether any exudation or addition to the stroma of the brain, or any change in size, shape, or proportionate number of its cells, took place; and in the indurated brain of chronic insanity, whether that finely fibrillated exudate which has been described by some writers actually existed; also, whether in extreme atrophy of the brain, any proportion existed in the diminution or degeneration in the form of the cells or tubes. In none of these points of inquiry have I been able to attain the slightest success.

The atrophied brains of the insane frequently contain a large quantity of those bodies which bear so close a resemblance both in form and chemical reaction to starch corpuscles. I have found them most abundantly immediately under the lining membrane of the lateral ventricles, but they are to be met with in all parts of the organ. Small plates of cholesterine are not uncommon in degenerated brain tissue, and I have frequently observed peculiar bodies which I have seen nowhere described. They are in shape like the blade of a lancet pointed at both ends, and about three or four times the width of a nerve tube. They remind me of the raphides of some plants.

My present limits do not permit in this place any reference sufficiently detailed to be satisfactory to my investigations upon the specific gravity of cerebral substance. These I have already published in the *Lancet* for December 25th, 1852, and the *Medico-Chirurgical Review* for January, 1855, to which I must refer those of my readers who desire to know more of this subject.

A may state briefly, that in the thirty cases tabulated in the *Lancet*, the average specific gravity of the cerebrum was 1040, the range being from 1036 to 1046; while the average specific gravity of the cerebellum was 1043, the range being from 1039 to 1046. It was also observed that the specific gravity was higher "when life had terminated in coma or asphyxia, than when it had ended in syncope or asthenia." In my annual report for 1851, I published some investigations on the same subject, from which it resulted that the average specific gravity of the cerebrum was 1039½, and that of the cerebellum 1042. In the sixty-three cases tabulated in the *Medico-Chirurgical Review*, the average of the white substance of the cerebrum was 1039, and that of the grey substance 1037, that of the cerebellum grey and white substance conjoined 1040. The lowest specific gravity of white cerebral substance was 1033, the highest was 1046; of the grey substance the highest was 1048, the lowest 1030; of the cerebellum the highest was 1040, the lowest 1030. The lowest specific gravities were generally connected with a watery or œdematous condition of the brain, which led me to adopt the term "relative atrophy," in contradistinction to that of "positive atrophy," where the organ has actually shrunk. The two conditions, however, may co-exist, as I remarked in the *Lancet*, "The additional fluid which makes the brain light goes to make up for interstitial atrophy, but it does not wholly make up for it, and the brain shrinks from its bone case." "A low specific gravity

does not necessarily indicate a diminution of cohesion, or the commencement of ramollissement, although it points in that direction. A brain may acquire a low specific gravity from an increased quantity of fat globules in its tissue, while retaining its normal consistence. I believe, however, that fat tends to accumulate only in softened brain, so that possibly this source of error may not exist; but it is, nevertheless, a point of the utmost importance to determine how much of diminished specific gravity in brain tissue is to be attributed to the effusion of serum, and how much to the accumulation of fatty matter. This question may be resolved by treating the substance with ether and by evaporation. I am convinced that in circumscribed softening of the brain (true ramollissement,) the low specific gravity is to a great extent owing to the amount of fatty matter deposited. In the last case of the appended table, the specific gravity of the cerebrum generally was 1041; while that of the softened part was 1035; and on examination this pulvaceous substance was found pervaded with an immense quantity of fatty matter." The conditions which favour a high specific gravity are congestion and induration—those which favour a low one are œdema and fatty degeneration. A watery or œdematous condition of the brain is frequently met with in dementia and chronic insanity generally, and in such cases the specific gravity is low. It is low in the softened condition of circumscribed parts, which the microscope shows to be one form of fatty degeneration; and in other cases in which it is low, it is probable that there is much diffused but unrecognisable fat; finely granular amorphous fat diffused in the stroma, or contained in the cells any tubes, it being highly probable that morbid degeneration of brain-substance, like that of muscular tissue, takes place by the running together of the organic elements into forms of hydro-carbon.

The pectoral and abdominal viscera present in the insane some pathological peculiarities which require notice.

*Disease of the heart* is very common among the insane. Obstructive valvular disease is often seen in connexion with simple and with hypochondriacal melancholia. Dilatation of the heart with great irritability of the organ, and frequent attacks of palpitation is frequent in chronic mania, and I have observed that this condition of the heart appears to impress its character of excessive excitability upon the mental disease, and that those who thus suffer are susceptible, irritable, impulsive, and subject to gusts of passionate excitement, but that they are neither malevolent nor refractory. In dementia the heart is very liable to undergo fatty degeneration;



and in three instances I have satisfied myself by microscopic examination, that death was occasioned by this change.

*Disease of the Lungs* occurs in the insane in all its varieties. It is frequently latent from the absence of cough, and the patient's absorption of mind preventing complaint. The absence of cough in serious pulmonary disease is very peculiar. In dementia it arises partly from torpor of the excitatory system, partly from loss of attention, from the same cause in fact as the frequent dirty habits of the insane. In mania it arises from the attention being intensely preoccupied by the vivid ideas and delusions which absorb the mind. I have seen many patients in advanced stages of phthisis who never were heard to cough so long as they were under the influence of maniacal excitement. When this underwent a temporary diminution, they were greatly troubled with cough, which was again arrested by the recurrence of excitement. The continuance of colliquative diarrhoea and perspiration, and of emaciation, proved that there was no halt in the progress of the lung disease, as the absence of cough has led authors erroneously to suppose. The torpor of the nervous system in dementia leads to another peculiarity in the lung and some other bodily diseases of the insane, namely, the absence of irritative or symptomatic fever; and hence it happens, that in a demented person whose strength is unimpaired, and whose constitution is tolerably good, diseases will obtain a degree of development, with symptoms so few or obscure as to be incredible to the general physician. It is on this account that the numerous sloughing sores to which general paralytics are liable, produce so little suffering or constitutional irritation. I have known the stomach disorganised by cancer without the patient complaining of any pain until a few days before death, when perforation took place. The only case of carditis I ever saw, occurred in an insane person who complained of no pain, and in whose heart disease was only suspected twenty-four hours before death in consequence of failure of the pulse. This peculiarity in the intercurrent diseases of the insane should teach the physician to observe with watchful anxiety every physical indication from which he can derive knowledge of the attack of disease, before it is so advanced as to be beyond control. Pulmonary gangrene is more common among the insane than the sane, but not to the same extent here as at Vienna, where it contributes largely to asylum mortality.

*Diseases of the Stomach* bear to insanity a relation of the highest importance. In acute melancholia attended by refusal of food, its mucous membrane is frequently found to be in-

flamed and softened, or ulcerated, and it often requires all the skill of the most experienced physician to determine whether an inflammatory condition of the stomach is the cause or the result of the abstinence. Softening of the coats of the stomach is sometimes an effect or a concomitant of advanced cerebral degeneration. Whether the different forms of stomach disease classed under the term dyspepsia, are efficient causes in the production of insanity, by impeding the due nutrition of the body in general, and of the brain in particular, there are no reliable statistical data to determine. The probability is in the affirmative. This, however, is certain, that dyspepsia is common among the insane, and that its removal by therapeutic and dietetic agencies is an important and efficient means of promoting the cure of mental disease. There is nothing remarkable among the insane in the pathology of the small intestines; but the large gut suffers in chronic insanity frequent and extraordinary displacements, which I am quite at a loss to explain. The most common of these displacements is that of the transverse arch of the colon to the lower part of the abdomen, from whence it again ascends to take its proper position as the descending portion. But the most extraordinary anomaly I ever met with, was the formation of a cul de sac rising in the middle part of the rectum, and ascending in front of the other intestines until it reached the ensiform cartilage, the cul de sac being nearly two feet in length. Its walls were thicker than those of the colon, and it contained all the intestinal coats. The patient in whom it occurred had ascites, and preparations were made for tapping; but percussion and palpation revealed the existence of something strange, and the operation was not performed. Had it been performed in the usual manner, the trocar would have passed into the rectum. My friend Dr. Parsey, of the Warwickshire County Asylum, assisted me in this case, and made the *post-mortem* examination.

*The Liver* is not more frequently congested or otherwise diseased in the bodies of the insane than in others. The old Greek theory, that madness depends upon black bile, has no foundation in pathological fact. The only noteworthy peculiarity in the liver which I have observed, has been an apparent loss of its structure occurring in melancholia and dementia of very long-standing, and in which great emaciation and prostration of vital power has long preceded death. In seven instances of this kind, I have found the liver shrunk and flabby, and its structure converted into an appearance closely resembling that of the healthy spleen. Dr. Budd describes

an analogous change occurring in persons not insane, but with acute and recognizable symptoms.

*The Spleen* is usually small in chronic insanity.

*The Kidneys* are remarkably free from disease in all the forms of insanity, and the changes which give rise to albuminous urine are especially rare in them. In the whole course of my practice I have never met with an instance of decided Bright's disease among the insane; and, upon inquiry in other asylums, I have found that the same observation has been made by others. The only case I ever saw was in the Rainhill Asylum, but the patient, an old drunkard, was not then insane. Prior to observation, we should have expected Bright's disease and insanity to have been frequently concomitant, on account of the common influence of intemperance in the production of the two disorders, or even that the former might be the occasion of insanity through the influence of its accompanying anemia, and the unsecreted urea upon the brain. Renal and vesical calculi are equally rare in the insane. I have not once met with either, and only once with prostatic calculi. In this case the bladder and kidneys had become diseased from irritation, communicated from the diseased prostate.

*The Reproductive Organs* are frequently the seat of disease or abnormal function. Among male idiots and imbeciles, instances of deficient or excessive development of these organs are common; and the female population of every large asylum contains several instances of that masculine development of frame and constitution which indicates an abnormal formation of the sexual organs. There can be little doubt, from the number of such instances, that the androgynous character is frequently accompanied by mental imbecility.

Amenorrhœa is a frequent cause or consequence of, or concurrent phenomenon with mental disease, and its removal not unfrequently leads to recovery of sanity. Extreme congestion of the ovaries and uterus, with false *corpora lutea* in the former, I have found in two instances of young women who died during the excitement of acute nymphomania. Ovarian tumours are not uncommon; and at the present time I have two insane patients suffering from ovarian dropsy. One has been tapped several times to ward off the imminent danger of death from the upward pressure of the fluid on the stomach and lungs. The other, an epileptic, I, with the assistance of Dr. Parsey, tapped for the same reason nine years ago, drawing off five gallons of porter-coloured fluid, and, strange to say, the cyst has only refilled to a slight extent.

(*To be continued.*)

*Does Civilization favour the Generation of Mental Disease?*

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This question may conveniently be regarded from two different points of view. Apart from the information to be derived from actual observation or statistical inquiry, it is manifestly very important also to inquire, whether the most frequent causes of insanity are to be found in greater force in civilized countries than in those which are not civilized.

There is no sufficient evidence to show that the brain, so long as it is not deprived of the ordinary range of exercise and stimulus which existence in the world necessarily presupposes and ensures, has any tendency, from the want of systematic cultivation, to become diseased, however true it may be that moderate use develops and strengthens it. On the contrary, from every analogy we should predicate that the healthy condition of this organ would be endangered in proportion to the amount of work, to which (beyond the limit referred to) it is subjected. The mental faculties are the thinking man's tools, constantly in use, and often necessarily subject to very rough usage, but still oftener to unnecessary wear and tear—their employer not unfrequently totally unaware that in producing certain results he is using any tools whatever. If the above position be well founded, the inference would seem clear, that the liability to mental disease is greater (other things being equal,) in a civilized and thinking people, than in nomadic tribes, or in any race whose intellectual faculties are but little called into action. Knowledge brings with it its miseries as well as its blessings. The tree in the Garden of Eden, which was "a tree to be desired to make one wise," was nevertheless the tree of the knowledge of evil, as well as of good. The tragical termination of the author of the "Old Red Sand-stone," speaks loudly in confirmation of this. The fatal effects of an overworked brain would not have occurred, had he not substituted head-work for manual labour. "He has not wrought out his way," writes one who knew him well, "from the stonemason's quarry to so distinguished a position in science and literature, without a life of incessant and wearing mental toil. In fact, he had worked much too hard and constantly. And although a man of

sturdy physique, his brain was unable to stand the stress of his will, and the strain of his perseverance." It is not asserted, that the course of life which this gifted man pursued did not add immensely, on the whole, to his happiness. All that is here contended for is, that had he not pursued that course, he would have been less likely to fall a victim to the particular disease of insanity. Civilization, with its attendant knowledge and education, creates social conditions, and offers prizes dependent solely upon intense intellectual competition, unparalleled in any former age, and of course unknown among barbarous nations, which of necessity involve *risks* (to employ no stronger term,) which otherwise would not have existed.

"Oh, sons of Earth! attempt ye still to rise,  
By mountains piled on mountains, to the skies?  
Heaven still with laughter the vain toil surveys,  
And buries *madmen* in the heaps they raise."

It may seem opposed to the importance which is here attached to overtaking the brain, that among the causes of insanity, as tabulated in our asylum reports, excess of study forms an insignificant item. Thus, in 472 cases in which the cause was traced by Esquirol, in 13 only is it referred to excess of study. But even if this proportion be generally true, it is not to be forgotten that there are circumstances almost necessarily associated with it (excessive study,) which are recognised by all as frequently productive of mental disease. Loss of sleep, by which the nutrition of the cerebral tissue is necessarily interfered with, is one of the most important of these. The health is, moreover, injured by the various attendants on sedentary employments, and it cannot be expected that the brain should escape without a certain amount of injury. Besides, in many an over-stimulated child, or over-worked student, there may be only sown the seeds of future mental disease. Other circumstances may cause the seed to germinate, and be regarded as the cause, instead of merely the occasion.

From these and other considerations, it is evident that excess of study may lay the foundation of many of those cases of insanity in which statistics recognise only loss of rest, and numberless other secondary causes.

It is sometimes remarked, in opposition to the view which is here taken, that our asylums are peopled with inferior, rather than highly intellectual, minds. But this circumstance (if true,) does not really militate against such a view, inasmuch as it is obvious that excess of study will be very likely to derange the former class, and leave the latter comparatively

uninjured. Although, however, civilized society offers a striking contrast in regard to excessive intellectual exertion, to those which are sunk in barbarism, there is another point of contrast as remarkable, and which is to a much larger extent the generator of mental disease. No one word conveys an adequate idea of this altered condition. There is an acuteness of sensibility, a susceptibility of the emotions, an intense activity of the feelings, which would seem to be peculiar to highly-civilized life. The observation has, indeed, been made, that savage nations never shed tears, and rarely ever laugh. It would seem obviously to follow, from this cultivated condition of the higher sentiments, that external circumstances are much more likely to produce an impression upon them, to excite or depress them, and thus induce a shock under which the mind at last succumbs. Dr. Guislain forcibly observes, that "the people of European civilization, and of North American civilization, are, as it were, in a state of continual intoxication—intoxication of the emotions—intoxication of personal dignity—intoxication arising from constantly renewed impressions. It is not thus with those nations which most closely approach a state of nature; men who live far from the tumult of what we call the world." "The characteristics of such nations are—less affection, uniformity of manners and habits, the unchangeable character of social institutions, wants much more limited, the being inured to privations, a life in accordance with the instincts, a savage life which enables them to support pain, to fortify themselves against suffering, to brave peril, and to contemplate death itself with courage and tranquillity of mind. Among such there is much more resignation, less inquietude, dread, or apprehension. . . . Such primitive people consider a display of the moral feelings, oratorical gesticulation, the gaiety so characteristic of Europeans, as so many proofs of madness. But we develop among ourselves a refined sensibility unknown among barbarous nations." It might be expected, then, that modern civilization would induce more insanity, not only or chiefly because there is more study or purely intellectual labor, but because there is more emotion, and especially painful emotion, called forth. And this is entirely consistent with the position which we are disposed to take, that disease of the organ of the mind would be likely to increase in proportion to the work to which, beyond a certain point, it is subjected; the emotions being as much a component part of the mind as the pure intellect. To speak of civilization and the over-tasking of the intellectual powers as synonymous is incorrect,

and has often led to confusion as to the real question at issue. Civilization involves the overtaking of the emotions, as well as, and sometimes independently of, the intellectual powers.

Regarding the causes of insanity under the divisions of moral and physical, it has generally been thought that the former considerably preponderate. Thus fear, grief, reverses of fortune, speculation, domestic trouble, pride, ambition, great successes of any kind, religious fanaticism, are all frequently productive of mental disease. And can there be any question as to whether the several sources of insanity which have been enumerated are more frequent among civilized than uncivilized nations? Barbarians know little comparatively of the over-tasking of the emotions to which we have referred. The loss of friends, the prospect of death, are with them matters of superficial and temporary concern; not of profound sorrow or anxious anticipation. Several years ago, an Esquimaux and his wife were exhibited in this country. On the voyage homeward the wife was taken ill and died. Such an event would have risked the mental equilibrium of an Englishman; but not so with the unimpassioned, matter-of-fact, Esquimaux, who only considered how he could best repair his loss, and within a few days after his arrival at home provided himself with another wife! What, indeed, can be a greater contrast than that which is presented by the untutored savage, on the one hand, and the member of a civilized community, on the other? The former passes his time chiefly in the open air, engaged in hunting and other pursuits, requiring much physical and but little mental exertion; never exhausts his brain by thinking, suffers very slightly from grief and sorrow, and knows little of the anxieties and sufferings connected with poverty. The latter, very generally, is obliged daily to infringe more or less the laws of health. He is subjected to "the steady, soaking intoxication of habitual over-work." If the brain demands rest, that rest is denied, and the brain, perhaps, goaded on by alcoholic stimulation. The very same person is possibly, also, the subject of ever-present anxiety and apprehension, in consequence of a precarious income. In a highly-civilized community, the highest standard of intellectual attainment is constantly presented to the aspirations of its members; and minds, without reference to calibre, promiscuously enter the lists of an unequal contest. From these and other points of difference, do we rashly draw the conclusion that there are reasons for expecting a greater susceptibility to mental disorders among the civilized than the uncivilized nations of the world? Political commotions, also,

may here be referred to as a cause of insanity but little known, or at least less felt, in uncivilized nations. In England, in America, and still more in France, they have had their share in adding to the number of inmates of our asylums. Dr. Webster attaches much importance to both political and religious movements, and instances the effect produced by the Crusades, the Reformation in Germany, the Low Countries and Britain, the civil wars of England, and the domination of Puritanism under the Long Parliament and Cromwell; as also the Revolutions in France. "The influence of our political misfortunes," observes Esquirol, "has been so great that I could illustrate the history of our revolution, from the taking of the Bastille to the last appearance of Buonaparte, by describing in a series, the cases of lunatics whose mental derangement was in connection with the succession of events."

In opposition to the view that civilization would seem in many respects to favor the development of insanity, it has been asserted by many writers, (and among others by the author of the spirited article on "*Lunatic Asylums*," in the *Quarterly Review*,) that there is a larger number of pauper lunatics in the agricultural than in the manufacturing counties. Were this, however, admitted to be the case, the inference which has been drawn by no means necessarily follows. In the agricultural districts, (which are by these writers taken as the representative of savage life,) there are to be found, as well as in the manufacturing districts, many of those very elements of modern civilization which are not found to the same extent in savage life; such for instance as the excessive use of alcoholic liquors, and the hard struggle to obtain an honest livelihood. Drink, and want, and consequent domestic suffering, produce their certain effects in the generation of insanity, in agricultural as well as in manufacturing districts. It should, besides, first be shown by those who make this comparison, for this purpose, that there are not in other respects any essentially dissimilar conditions in the two districts. Indeed Sir Andrew Halliday, in whom this statement originated, himself attributed the fact, in part, to the circumstance of the women in agricultural districts labouring in the field during pregnancy. And Dr. Prichard suggests that the hard labour and low diet to which the males are subjected, may have an influence on the offspring propagated by them. But we do not think this line of argument need be further pursued. The *fact*, we believe, may be boldly denied. The statement is not established that more persons become insane in agricultural districts, proportionately, than



in manufacturing ones. Instead of taking the proportion of pauper lunatics to the pauper population in the respective counties, an estimate has been made of the proportion of pauper lunatics to the total population of the county. Thus, the following agricultural counties are taken: Bedfordshire, Berkshire, Buckinghamshire, Cambridgeshire, Herefordshire, Lincolnshire, Norfolkshire, Northamptonshire, Oxfordshire, Rutlandshire, Suffolk, Wiltshire; and for the manufacturing district, we have Cornwall, Cheshire, Derbyshire, Durham, Gloucestershire, Lancashire, Northumberland, Staffordshire, Somersetshire, West Riding of Yorkshire, Warwickshire. In the former group, the proportion of pauper lunatics to the general population was found to be 1 in 820, while in the latter it was only 1 in 1200. It must, however be clear, that in those counties where pauperism is the greatest, there will of necessity be a larger number of pauper lunatics in proportion to the general population. For example, if we take Lancashire as a manufacturing, and Suffolk as an agricultural county, we find that the proportion of paupers to the population is in the former 3.3 per cent., and in the latter 6.9 per cent.\* In the agricultural county therefore, the proportion of paupers is double that which exists in the manufacturing county, and consequently, there must be absolutely more *pauper* lunatics; but it by no means follows that there are more pauper lunatics in proportion to the pauper population, nor that there are more lunatics in Suffolk than in Lancashire.

If, then, we work the proportion in accordance with the above principles, (*i.e.* proportion of pauper lunatics to total pauper population,) we shall find that in Lancashire the proportion is 28.16 lunatics, and in Suffolk 11.31 to every 1000 paupers. And taking the two groups of counties selected by Sir Andrew Halliday, we shall find that the proportion of paupers to the general population is, in the agricultural coun-

\* We may here observe, that we do not forget it may be objected, that, inasmuch as the mere circumstance of becoming insane frequently involves pauperism, we cannot arrive at any just estimate by a consideration of the varying extent of pauperism in different counties; it is clear, however, that the proportion of lunatics to paupers is comparatively so small, that the deduction of the total number of the former, would not materially affect the relative number of the latter in the several counties. Further, it may be here stated, that the proportions of pauper lunatics to paupers, subsequently to be given, cannot be taken as rigidly correct, because, we fear that some diversity of practice exists on the part of those who make the returns. If such diversity does exist, their value is much lessened. Our present object, however, is gained if we succeed in shewing that there are no certain data on which to base the inferences which have hitherto been drawn. It is to be hoped, that uniformity and completeness in the returns made by the various unions in England and Wales will be attained here long.

ties, 59.58 per thousand, and in the manufacturing counties only 34.66, a difference of 25.2 per thousand. If, then, instead of calculating the proportion of pauper lunatics to the general population in these two groups, we ascertain the proportion of pauper lunatics to the total number of paupers relieved, we shall find that in the former the proportion is 18.37, and in the latter 23.60 per thousand, *the greater proportionate number of pauper lunatics being in the manufacturing districts.* The following table exhibits a similar calculation, made on a somewhat different arrangement of the agricultural and manufacturing counties :

AGRICULTURAL GROUP.		MANUFACTURING GROUP.	
Proportion of pauper lunatics to pauper population (per 1000.)		Proportion of pauper lunatics to pauper population (per 1000.)	
Leicester . . . . .	31.91	Lancaster . . . . .	28.16
Norfolk . . . . .	12.73	West Riding of Ycrk-shire . . . . .	23.33
Suffolk . . . . .	13.31	Durham . . . . .	19.86
Essex . . . . .	16.19	Chester . . . . .	26.74
Cambridge. . . . .	11.75	Derby . . . . .	32.91
Northampton . . . . .	23.69	Nottingham . . . . .	39.43
Hertford . . . . .	18.28	Northumberland . . . . .	19.66
Bedford . . . . .	22.56		
Buckingham . . . . .	12.44		
Oxford . . . . .	28.11		
Berkshire . . . . .	35.92		
Sussex . . . . .	17.54		
Wiltshire . . . . .	14.85		
Dorset . . . . .	10.85		
Somerset . . . . .	18.59		
North and East Riding			
Yorkshire . . . . .	24.49		
Average of agricultural counties . . . . .	18.37*	Average of manufacturing counties . . . . .	26.40

From which it will be observed that the proportion of pauper lunatics to the pauper population is greatest in the manufacturing counties, the excess being 8.03 p.m.

We see no reference either, to another important source of fallacy in the calculations of those who have compared together the manufacturing and agricultural statistics of insanity. The mortality in large towns is greater than in rural districts. In a county, therefore, like Lancashire, the existing number of lunatics would appear to be smaller than in a county in which the inhabitants live mostly in the country or small villages. Agricultural labourers are long-lived; and therefore lunatics accumulate among them, who would have died if resident in the manufacturing districts. Neison estimates

\* By a singular coincidence the average is the same, even to a fraction, whichever agricultural group is taken.

that the mortality of the town exceeds, at the ages between 30 and 35, that of the rural districts, by nearly 15 per cent.

Such arrangement of counties, however, as would show their relative condition, in regard to learning, would appear to be more important in the present inquiry, than the distinction between agricultural and non-agricultural shires.

Now, in the first of the following group of counties, the largest number, according to the *Vital Statistics* of Mr. Neison, signed marriage certificates with marks; while in the second the number signing with marks was at least 25 per cent. below the average. The proportion of pauper lunatics to the number of paupers is, it will be observed, considerably greater in the more educated counties. The calculations have been worked on the returns made in the Eighth Annual Report of the Poor-Law Commissioners.

Counties.	Proportion per 1000.	Counties.	Proportion per 1000.
Hertford . . . .	15·02	Buckingham . . . .	13· 3
Monmouth . . . .	16·68	Cumberland . . . .	27·66
Bedford . . . .	17·92	Surrey . . . .	24· 9
Cambridge . . . .	12·28	Northumberland . . . .	19·16
Suffolk . . . .	6·76	Westmoreland . . . .	29·03
Essex . . . .	14·28	Devon . . . .	19·03
Worcester . . . .	23·67	Durham . . . .	18·27
Huntingdon . . . .	11·86		
Average . . . .	14·81	Average . . . .	21·63

It has been stated by several writers on the Continent, that their statistics distinctly exhibit a larger amount of lunatics in cities than in country districts. We have no facts which would afford the means for an exactly similar comparison. It will be seen however, that so far as the agricultural and manufacturing districts are analogous, the contrast (though pointing in the same direction,) is not so great in our own country as on the Continent. There may be, therefore, some disturbing influences at work in England which prevent the difference being greater than it otherwise would be. For while in Ghent, (according to Dr. Guislain,) there is one lunatic in 302 inhabitants; the rural population around has but one lunatic to 1,400; and in one of the departments of France, (Murthe,) there is only one lunatic in 1460 inhabitants, while in the town of Nancy, in the same department, there is one in 500. "Examine the elements of insanity in our asylums," observes a French writer, "and you will find two-thirds of them made up of the inhabitants of our towns, and scarcely one-fourth by the country population. And wherefore? he asks, Because, he replies, in proportion as

you remove from the great centres of activity, the subjects of conversation are contracted and circumscribed, and you will find the country people almost exclusively engaged in the same circle of ideas, having reference chiefly to their interests and their property." Dr. Parchappe admits the fact, but is disposed to attribute the difference to the drunkenness and demoralization which, as he believes, are more prevalent in city than in country life. Such statements as those of Dr. Guislain can scarcely be called in question, coming as they do from such high authorities; at the same time, seeing that in regard to the statistics of England and Wales, we are not in a position to point to such striking results, we do not found any conclusions upon them, but rather confine ourselves to the proof already adduced, that no evidence exists, (such as has again and again been brought forward,) which militates against our position that modern civilization tends *cæteris paribus*, to increase the amount of mental disease; and to the fact, that so far as the evidence afforded by figures is worth anything, it tells in the opposite direction.

To resume. The agricultural and manufacturing districts cannot be taken, the one as the representative of savage, and the other of civilized society. But even if they are so taken, the statistics, when fairly worked, indicate less insanity in the former than in the latter. Further, if we take those counties in which there is the most, and those in which there is the least ignorance, as bearing more closely upon the present inquiry, although from the impossibility of excluding all disturbing influences such grouping of counties is liable to fallacy, we find more insanity in the latter than in the former.

The causes which have now been considered in reference to this question, belong all of them to the moral class. Of those which are properly physical, the most important for consideration is intemperance. It is probable that all nations, in some form or other, make use of stimulants; at the same time, those which are employed in Europe would appear to be decidedly more extensively injurious, both to bodily and mental health. Thus we shall see that in China, and among the Mussulmen in Egypt, by whom opium is so much used, there is comparatively little evidence of mental disease; and that travellers attribute the immunity enjoyed by the former to the limited use of alcoholic drinks. Of 1428 cases of insanity admitted into Bethlem Hospital, 181, or 12 per cent., were found by Sir Alexander Morison to be referrible to intemperance. At the Wilts County Asylum, of 348 cases in

which the exciting cause of the attack was ascertained, 47, or 13·5 per cent., were attributable to the same cause. And from the Report of the Commissioners in Lunacy in 1844, it appears that of 9867 cases in which the cause of insanity was ascertained, 1792, or upwards of 18 per cent., were caused by the abuse of intoxicating liquors. In America, the proportion is stated to be very much higher among the patients admitted into some of the State asylums. But we believe that all these figures fall far short of presenting a true picture of the complex influence of intemperance in inducing, directly or indirectly, derangement of the mental faculties. The grand cause of the general paralysis of the insane, Dr. Guislain believes to be the united action of drink and study, or *chagrin*.

When we reflect on the very large number of cases of insanity more or less connected with functional or organic disease of the uterus, and remember that among barbarous nations these disorders are unquestionably of less frequent occurrence than in civilized society, we shall not fail to recognise in this difference, one reason why more mental disease might be looked for in the one condition of society than in the other. Parturition itself, according to the general testimony of travellers, interferes much less, and for a shorter period, with the healthy action of both body and mind among savage nations, than among the luxurious daughters of artificial life. There are several other important physical causes of insanity, which in relation to the present inquiry ought to be referred to, but we cannot now consider them. The extent of intermarriage is one of these. In what direction this would affect the question at issue, we are not prepared to say.

It may still, however, be said, notwithstanding all these unfavorable circumstances, and notwithstanding the greater excitement of the brain arising out of civilized life, which naturally increases its risk of derangement, that there are, on the other hand, *favorable* circumstances, which outweigh those which have an unfavorable tendency. Indeed, in endeavouring to reply to a question like the present, in which so much can be justly said on both sides, one is disposed to adopt somewhat of the style of the profound Sganarelle, when responding to the inquiry whether men or women are most easily cured of disease. “Monsieur, c’est une grande et subtile question entre les docteurs. . . . Les uns disent que non, les autres disent que oui; *et moi je dis qu’oui et non.*” The main counterbalancing advantages we suppose to be, improved hygiene and therapeutics, by which health may be

preserved, and if lost restored; the greater discipline of the emotions, by which they may be brought more under control; and the check put upon vice and intemperance, by the principles of religion and virtue supposed to attach to civilized communities. And regarding the question in an abstract and theoretical point of view, we should be much more disposed to expect that the development of civilization, in its highest and widest sense, would conduce to the mental health of any people subjected to its influence. But practically we submit, that in consequence of the abuse of the very blessings attendant upon the progress of civilization, and of the temptation which civilization offers to overtask the mental faculties, and lastly, in consequence of the greatly increased degree in which the emotions are developed, the result is, that an advanced civilization tends to increase the number of the insane. "I am not one of those modern philosophers," says Dr. Rush, "who derive the vices of mankind from the influence of civilization; but I am safe in asserting that their number and malignity increase with the refinements of polished life. To prove this we need only survey a scene too familiar to affect us; it is a bedlam, which injustice, avarice, pride, vanity, and ambition, have filled with inhabitants."

After these considerations as to what we might expect to be the effect of civilization when viewed in relation to the etiology of mental disease, we pass on to make some inquiry as to the fact. *Are there more lunatics among civilized nations than among those which are uncivilized?*

Here, however, unfortunately, we are met by the absence of anything like reliable data upon which to proceed, for, however nearly we may be able to approximate to the numbers of the insane among ourselves, or in other civilized countries, there exists no parallel series of facts with which to compare them, among those nations which are in a state of barbarism. Nor can it for one moment be doubted that the apparently greater extent of insanity among civilized nations, (as well as the great apparent increase of insanity in recent times), is in great measure satisfactorily explained by the obvious fact, that these, much more completely than barbarous nations, know of the existence of insane persons, and recognize mental disease as such. And there are various other reasons why uncivilized nations should appear to be less subject to insanity, than is actually the case. Thus weakly children, including imbeciles, would be generally neglected (except when regarded superstitiously), and among some nations (as the Esquimaux) put to death. The same remark

attaches to the aged, who on this account rarely afford examples of superannuation.

The testimony of travellers, however, although to be received with extreme caution as necessarily based on more or less imperfect sources of information, must not be disregarded, but be accepted as the nearest approach we can make to the statistics of insanity in uncivilized countries.

“After much inquiry” says Rush, “I have not been able to find a single instance of *fatuity* among the Indians, and but few instances of *melancholy* and *madness* ;” and subsequently he contrasts their comparative immunity from nervous diseases, with the diseases of civilized countries; observing, that according to Cullen’s nosology, these latter amount to 1387; of which 612 are comprised in the single class of neuroses.

Dr. Lillybridge of Virginia, under a government appointment, paid special attention to the diseases of the American Indians: yet he never saw, nor heard any mention made of, a case of madness among them. Again, Dr. Butler of America, who lived twenty-five years among the Cherokee Indians, never witnessed a well-marked instance of insanity, although he had known delirium to arise in the course of other diseases ninety-five times. He also states that an intelligent chief, 80 years of age, informed him that he had never seen any Indian affected, in the way those were whom he had seen in the Philadelphia asylum.

If from the American Indians we pass on to the African continent, we may avail ourselves of the valuable testimony of Dr. Moreau of Paris, who when travelling in Africa, some years ago, made especial inquiry in regard to the numbers of the insane. The following is a brief abstract of the result of his investigations.

“Cairo is the only town in Egypt (the population of Egypt 4,000,000,) which possesses an asylum for the insane. At Alexandria, where there are not fewer than from 80 to 90,000 inhabitants, and where there are many hospitals for diseases in general, they have not assigned even a single ward to the insane. I have found in the Marine Hospital *two* imbeciles, and *three* labouring under nostalgia, one of whom was said to have frequent paroxysms of excitement. Dr. Greyson, surgeon in chief, who has been in Egypt for nearly ten years, has assured me, that he has only seen a single example of insanity. An old Arab had from his admission into the Hospital, manifested symptoms of suicidal insanity, and at last cut his throat. He has not observed any of those convulsive affections which, as everyone knows,

have so much to do, in causing mental disease. He has only seen one individual attacked with convulsions of a suspicious character. According to him, affections of the head (congestion, apoplexy, &c.,) are exceedingly rare." "In Egypt, we find in an area of a few hundred leagues, the proof of what social institutions can effect in the production of mental disease. In short, as we ascend the Nile, the further we go from Cairo, the city of the Delta, where civilization is at its height, nature becomes rude and monotonous; lofty mountains and desert plains, tents, and cattle, successively replace cultivated and fertile fields, habitations and bazaars. With the soil, man becomes more degraded, his intellectual activity diminishes, and is at last reduced to a minimum, absorbed as he is in the necessary wants of physical life. Among this population, the insane become fewer and fewer in number. I have not met with a single one—not even an idiot—in all Nubia. Several of my friends who have visited Sennaar, Cordofan, and Abyssinia, have found only here and there a few imbeciles. Dr. Aubert, who during three years travelled in all parts of Abyssinia, has only seen two idiots. Captain Cousin said to me a few days ago, that in his long excursions on the coast of Guinea, over an area of 2,400 miles, he had only met with a single individual who could be regarded as insane. . . . . Dr. Hadgi, chief physician to the 2nd Regiment, during the seven years he had been in the service of Mahomet Ali, has informed me, that he had only had occasion to treat two madmen." Both these were Syrian soldiers, and laboured under intermittent mania. Dr. H. had seen also two examples of nostalgia among Syrian soldiers—one of whom fell rapidly into a state of marasmus and died.

Dr. Moreau further observes, that outside the hospitals, those who are insane afford examples of imbecility and dementia. "They are few in number," he adds, "for those which I have cited, are all that I have discovered in travelling from one end of Egypt to the other, from Alexandria to Soanne, and even in Nubia, as far as Oadi-Elfa, beyond the second cataract. No doubt, in spite of all my endeavours, I have not always been fully informed, and unquestionably many of the Santons are really insane; but, be this as it may, it is impossible to doubt that in these countries there are infinitely fewer lunatics than in Europe."

In a work entitled, *A Medical Tour in Northern Africa*, the author (Dr. Furnari,) states that the number of insane among the natives of Algiers, and the Arabs of Northern



Africa, is far below that of Europe. He thinks that one cause of this difference lies in their "total abstinence."

As regards the liability of the African negro to insanity, when in a state of slavery, some difference of opinion has existed. Dr. Jarvis, however, says that there is no evidence whatever to shew that either free or slave blacks are more subject to mental disease than the whites. The inquiry which resulted in this statement, was made in consequence of the American census making it appear that the *free* colored race is fearfully subject to insanity—a position which, however palatable to the authors of the census, was found by Dr. Jarvis to be totally erroneous.

In the *Medical Times and Gazette* (Nov. 8th, 1856,) it is stated that "in a work by Mr. Olmsted, on the *Seaboard Slave States of the Union*, a Dr. Cartwright describes a form of disease he calls *Drapetomania*, which, like a malady that cats are liable to, manifests itself by an irrestrainable propensity to run away." But surely Dr. Cartwright is here enjoying a joke at the expense of his readers. In our judgment, the absence of such a propensity would be a melancholy proof of imbecility or incipient dementia.

We can more readily credit the existence of the disease he describes as *Dysæsthesia æthiopica*. "From the careless movements of the individuals afflicted with this complaint, they are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidity of mind and insensibility of the nerves induced by the disease. Thus they break, waste, and destroy everything they handle; abuse horses and cattle; tear, burn, or rend their own clothing; and paying no attention to the rights of property, steal from others to replace what they have destroyed. They wander about at night, and keep in a half-nodding state by day. They raise disturbances with their overseers and among their fellow-servants, without cause or motive, and seem to be insensible to pain when subjected to punishment. . . . When left to himself, the negro indulges in his natural disposition to idleness and sloth, and does not take exercise enough to expand his lungs and vitalize his blood, but dozes out a miserable existence in the midst of filth and uncleanness, being too indulgent, and having too little energy of mind to provide for himself proper food and comfortable clothing and lodging. The consequence is, that the blood becomes so highly carbonized and deprived of oxygen, that it not only becomes unfit to stimulate the brain to energy, but unfit to stimulate the nerves of sensation dis-

tributed to the body. . . . This is the disease called *Dysæsthesia* (a Greek term, expressing the dull or obtuse sensation that always attends the complaint.) When roused from sloth by the stimulus of hunger, he takes anything he can lay his hands on, and tramples on the rights as well as on the properties of others with perfect indifference. When driven to labour by the compulsive power of the white man, he performs the task assigned to him in a headlong, careless manner, treading down with his feet, or cutting with his hoe the plants he is put to cultivate—breaking the tools he works with, and spoiling every thing he touches that can be injured by careless handling; hence the overseers call it ‘*rascality*,’ supposing that the mischief is intentionally done. . . . The term *rascality*, given to this disease by the overseers, is founded on an erroneous hypothesis, and leads to an incorrect empirical treatment which seldom or never cures it.”

Passing from Africa to the East, we find Dr. De Forest of the Syrian Mission, thus expressing himself, in a letter written from Syria to Dr. Butler, of America. “It is impossible to obtain accurate statistics of the insane here, but I think the disease far less frequent than in our own land.” He gives a fearful picture of the treatment of those who are unfortunate enough to be insane. Dr. Paulding, in the *Boston Medical and Surgical Journal*, (1852,) also observes that, “the insane are not very numerous” in Syria, and that those in an asylum at Damascus are wretchedly treated. There would appear to be more insane, however, in Syria than in some countries to which we have referred; and it is noticeable that Dr. Hadgi’s cases of madness in Egypt, occurred among the Syrian soldiery.

In China, where till recently the people have been little subjected to political commotions, and although in some respects decidedly civilized, have led a stereotyped and unexciting life, there is little evidence of a large amount of insanity. Williams, a missionary from New York, who resided there twelve years, asserts that he had only seen two who were “upside down sick,” as the Chinese call their insane. He attributes the rarity of mental disease among them to two causes—the absence of the feverish intellectual condition which characterises Europe and North America—and the limited extent to which they indulge in alcoholic liquors. He was not aware of any hospitals in which the insane were kept. The Hon. Caleb Cushing likewise, after residing for some time in China, concluded, that there were

very few lunatics to be seen or heard of. The Chinese medical books, according to Dr. Mc Gowan, scarcely allude to the disease. Dr. Hepburn, who had charge of a hospital (under the missionaries,) at Amoy for more than a year, did not admit a single case. It appears from Turner's Embassy to Thibet, that he could not hear anything of insanity there.

Dr. Wise, the superintendent of an asylum in Bengal, some years ago wrote a paper entitled, *Practical Remarks on Insanity as it occurs among the Inhabitants of Bengal*. In this essay he states, as the result of his experience, that insanity is less frequent, and assumes a less acute form, among the East Indians than among the civilized nations of Europe. He says, however, that the number is being increased by the use of gungah (Indian hemp,) and by the spirituous liquors which the Europeans have introduced. It is a common practice in India to learn large quantities of the sanscrit off by heart; and this practice Dr. Wise considers to be a fruitful cause of mental disease.

Lastly, turning to the South Sea Islands, we have the following testimony from Captain Wilkes, commander of the United States Exploring Expedition, in a letter written to the late Dr. Brigham.\* "During the whole of my intercourse with the natives of the South Sea, I met with no deranged person. . . . I am confident that had any instance of mental derangement among the natives occurred, it would have been observed by us."

On the whole then, we would suggest the following as the conclusions to which the foregoing facts and considerations lead :—

1. That, while the greater facilities which exist in civilized countries for obtaining a knowledge of the numbers of the insane, and the greater degree in which the disease is recognized, render any just comparison very difficult, and tend to shew a much larger proportion than is actually the case, there can be little doubt nevertheless, after making due allowance for this source of error, that insanity attains its maximum development among civilized nations; remaining at a minimum among barbarous nations, as well as among children, and animals below man.

2. That, having regard to the main causes of insanity, there can be no reasonable doubt, that in modern civilized society, these outweigh those circumstances which might be supposed to favour mental health; these unfavourable causes

\* *American Journal of Insanity*. January, 1845.

being principally, the increased susceptibility of the emotions to slight impressions, consequent upon their constant cultivation—the abuse of stimulants—and the over work to which the brain is subjected, especially in infancy, by an overwrought system of education—the higher emotions or moral sentiments, the lower propensities, and the intellectual faculties, being thus all subjected, separately or combined, to an amount of excitement unknown to savage tribes.

3. That, inasmuch as all civilization is up to the present time to be regarded as imperfect and as transitional, it does not necessarily follow from the foregoing, that civilization carried out to its perfect development, a civilization which should exactly temper the force of the emotions, moderate intellectual exertion, and banish intemperance, it does not follow, perhaps, that such a civilization as this would generate mental disease. Even such a condition of society as this, however (which it is to be feared will never be realized,) would, we believe, present greater danger to the integrity of the great centre of the nervous system than a state of barbarism.

In the view of such conclusions as these, we might be disposed to join in the sentiment expressed by the poet, in Locksley Hall, when he exclaims:—

—“ Ah ! for some retreat,  
 Deep in yonder shining Orient, where my life began to beat ;  
 There, methinks would be enjoyment, more than in this  
 march of mind,  
 In the steamship, in the railway, in the thoughts that shake  
 mankind.”

But also like the same poet, we shall, in the contemplation of the moral and intellectual enjoyments which attend civilized life, be ready to suppress such a wish, and to add:—

— “ but I *know* my words are wild,  
 For I count the grey barbarian lower than the Christian child.

\* \* \* \* \*

Mated with a squalid savage, what to me were sun or clime ?  
 I, the heir of all the ages, in the foremost files of time !  
 Not in vain the distance beacons. Forward, forward let us  
 range,  
 Let the great world spin for ever down the ringing grooves  
 of change.

Thro' the shadow of the globe we sweep into the younger day :  
 Better fifty years of Europe, than a cycle of Cathay !”

*On the Use of Opium in the Treatment of Insanity.* By  
DANIEL NOBLE, M.D.

Of all the available resources of the *Materia Medica*, opium, in its beneficial efficacy, is probably surpassed by none. It calms irritability, it soothes pain, it assuages spasm, and restores sleep. And when, in the course of disease, these indications have to be fulfilled, there is no drug like opium upon which we can place such uniform reliance. It is no wonder, then, that its advantages have been solicited, and realised, in the practice of psychological medicine.

In the premonitory and incipient stages of certain forms of emotional insanity, especially those of the melancholic type, the good effects of the salts of morphia, administered from time to time in small doses as first advised, I believe, by Dr. Seymour, appear to be amply demonstrated; and, occasionally, in some of the more acute varieties—those in which maniacal excitement is conspicuous, beneficial results from employment of the preparations of opium have undoubtedly been obtained. I apprehend that, thus far, I only affirm the familiar conclusions of experience. But, of course, opium in the treatment of insanity, like every other remedy in any of the forms of disease, is liable to abuse; and some of the circumstances of this abuse I propose to illustrate in this paper,—circumstances which have arisen within my own experience, and in the responsibility of which I may in some degree have participated. If I appear to admit errors of practice, I must frankly own that I see no humiliation in doing so, at least if the errors in question have not had origin in culpable ignorance or in wilful inattention. Indeed, I have often thought that if medical men would be as communicative of their errors as of their sound judgments—of their *misses* as of their *hits*, results much more conducive to practical good would in this way ensue, than by publishing unvarying records of real or supposed sagacity.

What are the conditions in mental maladies indicating, and what those contra indicating, the preparations of opium? This question does not altogether admit of a categorical answer. Administered in moderate quantities two or three times a day, in the earlier stages of those cases of emotional insanity which are characterised by restless irri-

tability and an intolerable malaise, opium sometimes relieves, apparently by communicating such a temporary calm to the feelings, as to furnish opportunity for employment of those hygienic and other measures which are fitted to accomplish permanent good. And, again, in some instances of incoherent wandering and maniacal excitement, wherein sleep is rendered impracticable, the somniferous properties of opium would seem to exert a beneficial influence very much after the manner in which the remedy relieves in delirium tremens—procuring for the patient, on awaking from the induced sleep, a decided remission of all the more violent symptoms.

Yet it frequently happens that, at the outset of very decided cases of insanity, the employment of opium seems to produce mischievous effects. Patients become inmates of asylums from time to time who, having been largely treated with this medicine, appear to have become more excited in consequence, more incoherent, less tractable; and who, on ceasing to take narcotic drugs of any kind, progressively improve and in a very short time become tranquil and lucid. Can we by symptomatic phenomena discriminate between the two classes of cases,—those in which opium may be administered with reasonable expectations of benefit, and those in which it may be likely to exercise a prejudicial influence?

I think it will be generally conceded that few points of medical practice involve greater difficulty, and that no very complete elucidation of this inquiry can be given. I apprehend that, for the present at least, we must attempt a solution of the problem rather by citation of additional facts of experience, than by appeals to formal or recognised rules of practice. As a contribution in aid, I will relate the particulars of two cases in which, I fear, the unseasonable employment of the acetate of morphia *hastened*, if it were not the efficient cause of, a fatal termination.

Upwards of three years ago, I was requested to visit an elderly lady dwelling in the country, some miles distant from my own residence. She had for some months been the subject of melancholic depression of spirits, which had gradually ensued almost immediately upon the death of her husband. A few days prior to my seeing her, she had begun to exhibit all the symptoms of acute mania, unaccompanied, however, by any violence of disposition; an unceasing babble—a veritable diarrhæa of words, and an absence for some days of all sleep, constituted the prominent features of

her malady. For some time, she had taken very little food ; and this fact, with loss of rest and a long-continued depression of the *morale*, must have greatly lowered the vital tone—a circumstance not very obvious on the surface of things, owing to the very great excitability which she manifested. I found that the surgeon in attendance was administering the acetate of morphia, with a view to obtain sleep, but in doses which under the circumstances were very inadequate ; I think the quantity was the fourth of a grain, twice a day. In the consultation which succeeded my own examination of the patient's condition, I stated that I considered sleep to be most desirable, and that if this were not procured, the lady must die exhausted ; that larger than ordinary doses, however, were required in these abnormal states of the brain and nervous system ; that, in fact, I would give at least a grain of morphia at once ; and that, if this did not produce the desired result in about two hours, I would increase the dose, and, indeed, go on progressively, just as we sometimes did successfully in delirium tremens. I omitted to place any limit to the dose, in this recommendation ; and my suggestions were acted upon to the letter. It was not intended, on account of the distance, that I should visit the case again ; so I requested the medical attendant to apprise me of the future course of the malady, simply as a matter of scientific interest. In a few days afterwards, he informed me by letter that the patient was dead ; that he had gradually elevated the doses of morphia, until sleep was at length obtained ; that many grains had been taken—how many I do not remember, but the quantity was certainly enormous,—that about fourteen hours had expired before the patient slept, and that the sleep so procured was one from which she never thoroughly awoke. A few hours before the fatal event, it appeared, there had been some partial restoration<sup>s</sup> to consciousness, and, upon this occasion, a little nutrition was administered ; but very soon she dozed off once more, and finally expired, in about forty-eight hours from the period of my visit.

Now, considering that for some months this patient had been under the distressing influence of melancholia, and that the sources of re-invigoration—sleep and food—had for a long time been but little available, there must have obtained a considerable waste of nervous energy ; and it is most probable that, owing to lowered vitality, irrespective of all treatment, fatal exhaustion would sooner or later have terminated the maniacal outbreak. But yet I cannot help

thinking that the sleep-compelling extent to which the morphia was given involved an error in practice, and that the issue was at least accelerated by excessive employment of the narcotic drug.

I may here observe, that notwithstanding that I have for years been most hesitating in the use of opium in psychological practice, I have yet so often seen benefit follow its careful administration, that I cannot bring myself to discontinue it in all cases, either of mania or melancholia; although it is probable that, with all imaginable circumspection, we may occasionally encounter disappointment, and even disaster, in its employment.

I will now record a second case, which teaches the same practical lesson as the foregoing one :

A lady, upwards of forty years of age, apparently approaching the so-called "change of life," became melancholic; and having continued so, more or less, for some months, she at length exhibited herself violently maniacal. She was attended by a surgeon of eminent ability and of high-standing, and it became a question, whether it would not be right to send her to an asylum. Before a decision was taken upon this point, it was agreed that I should be consulted. This was done. The case itself presented no unusual features. The patient had slept badly for months, and scarcely at all for several nights prior to my visit; and, as often happens in such forms of disease, very little food had for some time been taken. In the estimation of the medical attendant, sleep was the prominent requirement; and, in fulfilment of this indication, he was giving very full doses of the acetate of morphia, but without any perceptible effect. I concurred in the view which was taken, very generally; and recommended, moreover, that wine, milk, and other nutrient drinks should be administered, whenever it was practicable to do so. I stated also, that in my opinion, if there was no material abatement of the symptoms after sleep had been experienced, removal to an asylum would become indispensable. I do not remember the precise dose of morphia to which, by gradual elevation, my associate in the case had already attained; but he now proposed that so large a quantity as three grains should be given, to be repeated in three hours if sleep did not ensue, a proposal to which I assented, suggesting at the same time, that before the administration of a second dose he should again see the patient. The medicine, in the quantity agreed upon, was given; and when the surgeon again saw her at the hour



fixed, not the slightest narcotic or even sedative effect was discoverable. Accordingly, he himself administered the second dose, by which, in about half an hour, I believe, she was fairly overpowered. Although, after some hours' heavy sleep, she was capable of being sufficiently roused to take a glass of wine, the sleep itself, barely interrupted for a minute or two, terminated only in that other sleep—the sleep of death!

The foregoing examples of an apparently disastrous issue following the employment of opium in the treatment of insanity, are not taken from amongst numbers; they are quite exceptional in my own experience, and indeed exhaust it; yet still I think them sufficiently striking to suggest the necessity of all possible care in dealing with this medicine under any similar circumstances. The great point of interest in the question is, whether we have any means of determining beforehand the particular cases in which an intolerance of large doses of opium may be reasonably inferred, and of distinguishing them from those wherein we may fearlessly *push* the remedy? Upon this topic I cannot state anything very definite or decisive. I will venture, nevertheless, to offer a few reflections upon this matter, as they have occurred to myself whilst revolving in mind the facts just related.

When Dr. Monro states that insanity is an affection consequent upon decreased vitality, manifesting itself peculiarly and specifically in the cerebral masses, he undoubtedly expresses a very general, if not, as he himself supposes, the universal fact. And from this circumstance, some might be disposed to rush at once to the conclusion, that powerful sedatives must inevitably operate prejudicially upon the functions of structure already exhibiting conditions of depressed vitality. But then much experience would negative so absolute a conclusion. Various forms of morbid action, characterised by depressed vitality, not only tolerate, but are unquestionably benefited by such medicines as opium.

Certain cases of anæmia, of delirium tremens, and of adynamic fever, as well as occasional instances of insanity, certainly shew remarkable tolerance of opium and other such drugs. The quantity, indeed, that is sometimes advantageously taken in delirium tremens, and in cases of exhaustion by loss of blood, is, *a priori*, almost incredible. How shall we reconcile this apparent anomaly?

I will here premise a few general observations; and in the first instance express my conviction, that hereafter a

proceeding which regulates itself rather by the etiology of particular maladies, than by present symptoms in themselves considered, will be regarded as the best practice; a proceeding which determines the indications of treatment by the *genesis* of disease, rather than by the physical changes discoverable in structure. Now let us contrast the ailments which have their starting point, so far as we can judge, in the nervous centres, from causes directly acting upon their functions, with those wherein the primary disturbance is for the most part in the vascular system, in consequence of agencies operating more immediately thereupon. I conceive that, by doing so, we may obtain at least some limited guidance in discrimination of the instances of disease which tolerate sedatives, from those in which their extensive use may be prejudicial, and possibly fatal.

If a parturient woman of strong constitution, and in previously good health, become pulseless and apparently moribund from the sudden occurrence of uterine hæmorrhage, the admirable effects of laudanum in extraordinarily large doses are very demonstrable, and well known to those who are much engaged in obstetric practice. In these cases, the remedy seems to stimulate and uphold the nervous system—thus keeping the patient alive—until the vessels can accommodate themselves to their reduced contents, and until by alcoholic aids and dietetic agencies more permanent results can be accomplished, and compensation be obtained for the loss which the blood-vessels themselves have sustained. In such instances as these, it is assumed that we have an abundant source of nervous energy to draw upon, and that this vital attribute vigorously reacts, when the peculiar influence of opium is exerted upon it. Again, in delirium tremens, a large proportion of cases *originate* in lesion of the blood—the nervous centres becoming affected but secondarily. Undoubtedly, there is an asthenic state of the brain in these instances; but it is one apparently that is attributable to a certain toxic condition of the blood, rather than to primary exhaustion of proper cerebral vitality. Under such circumstances the somniferous effects of opium, whilst invigorating function, appear to antagonise the prejudicial action of the alcoholic poison, and at the same time to facilitate an elimination of the toxic material itself. But, even in delirium tremens, there are numerous examples of opium producing very injurious effects; and I have myself seen one instance in which the sleep provoked went on to death; and I consider that this result may be regarded as not only

possible, but probable, in cases wherein the nervous force is already so *used up* by antecedent circumstances, as to make all re-action impossible, and to be itself destroyed entirely, if once overpowered by narcotic agency. The superinduction by opium of sleep in typhoid fevers of an adynamic type, is suggestive of similar considerations, and in practice would probably demand the same qualifications. When nervous exhaustion is not direct and quasi-independent, but has its phenomena determined rather by perverted blood, the beneficial action of the medicine will most likely follow the rule which obtains in delirium tremens.

Thus, then, it has occurred to myself that, in the employment of opium in the treatment of insanity, regard should be had to the presumable degree of residual nervous tone, whenever there is question of artificially inducing sleep; and that, in forming a judgment upon this point, prominent consideration should be given to the antecedent circumstances originating any particular malady—to its genesis. In the fatal cases recorded in this paper, there had been melancholic depression for some months prior to the maniacal outbreak; and, as is customary in such instances, there had also been a feeble condition of the digestive organs. Deficiency of food and defective sleep had in this manner, in addition to lowness of spirits, been directly and immediately exhausting nervous vigour—nullifying, indeed, its conservative agency. The circulation was feeble, but did not otherwise indicate anything abnormal. And thus we have seen that, when the cerebral and nervous power was fairly *brought under* by the administration of opium, fatal collapse very soon ensued. On reverting in memory to cases in which the results of employing this medicine have been different, I think that in such instances there were grounds for inferring the existence of much residual energy in the brain and nervous system, although temporarily perverted so as to prevent sleep. Of course, it will be remembered from my earlier remarks, that I am not now referring to the mild, soothing influence of small doses of opium, but to the severer, the sleep-*compelling* action of this remedy.

I am somewhat in doubt as to whether, by this reasoning, I shall have made myself quite understood. Anything that so much as resembles speculation, is now so unpopular with medical men, that discussions of this nature are very generally passed over, or if any way attended to, are rapidly dismissed from mind, as misty, obscure, and *unpractical*. But it should be recollected that speculation gives form and con-

sistency to thought, and that thought must always guide practice; and that, in medicine more particularly, the required thought cannot always rest upon phenomena patent to the senses. In this view of things, I should like to see a better philosophy pervade our profession; and I have no hesitation myself, in giving utterance to a certain measure of speculation; for, indeed, does not this mental process stimulate inquiry and guide investigation? And is it not sometimes inevitably applied in the practical exercise of our art? Why, therefore, as a profession, should we affect to disregard or undervalue it?

But, after all, is not this neglect of even rational speculation on the part of so many members of our body, one of the causes why psychological medicine is so unreasonably overlooked? why, in fact, it obtains no sort of recognition, either in medical examinations or in the curricula of medical education? Has not the modern rage for accumulating mere sensible facts, held together by no sort of logical connection, and an almost exclusive attention to the minutest circumstances of physical diagnosis, somewhat prejudiced the professional *mind*, and thus rendered it less competent to grasp many of those larger questions which concern ourselves probably more than any other class of the community? Certain it is that when we would elevate ourselves above and beyond the technicalities of our science and art, and when we are brought for some practical purpose to the enunciation of our philosophical views *coram judice*, the acuteness and comprehensiveness of our mental powers do not usually exhibit to any remarkable advantage. How much of our deficiencies in these respects comes from professional *dislike of speculation*?

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[The following Paper is published unwillingly by us, on account of the reflections it contains upon a gentleman whom we greatly respect. We declined to publish it in the last number; but the author having claimed its publication as a right, and having invited us to append unto it any observations in way of protest or disclaimer which we might think proper, under these circumstances, and looking to the position of Dr. Huxley, and also to the fact that the article is a public document, upon which the Visitors of the Kent Asylum have acted, we have not thought fit to incur the responsi-

bility of refusing its admission into the pages of the Journal of an Association of which its author is a distinguished member. The subject-matter of the paper, however disagreeable, is one of great importance; and although individually we do not concur in Dr. Huxley's views respecting night watching and the prevention of dirty habits, we are glad on all occasions to ventilate the observations and opinions of a practical and experienced mind. It is to the tone of the paper alone, as it affects Mr. Gaskell, that we feel bound to enter an editorial protest. Mr. Gaskell's opinions ought, at least, to receive the high degree of respect due to them, as emanating from one of the most experienced and practically successful of asylum superintendents. This ought never to be forgotten, even when the value of these opinions suffers deterioration by being averaged with that of other Commissioners, who know nothing practically respecting the management of asylums, or the treatment of the insane. Mr. Gaskell at least, is no carpet knight in the ranks of psychology. He has spent a lifetime in earnest, humane, and successful efforts to alleviate the condition of the insane, and any recommendations emanating from him cannot be other than the contrary of cruel or reckless. On these personal grounds, we feel that the remarks which affect Mr. Gaskell in the following paper are not warranted; and we greatly regret that their publication has been imposed upon us.—ED.]

THE KENT ASYLUM, MAY, 1857.

*Report of the Superintendent to the Committee of Visitors,  
on the Plan of getting-out Patients at Night to keep them  
from soiling their Beds.*

At the interview between the Visitors and two of the Commissioners in Lunacy, on the 27th March last, Mr. Gaskell, one of those Commissioners, represented the prevention of dirty habits as an easy thing, and one dependent for success on the possession of what is called a special night attendance.

He detailed a case in point, to the following effect:—Suppose the case of a dirty patient: the night attendant, in course of experience, becomes acquainted with the hour of the night when it is usual for the evacuation to take place—say, for instance, 12 o'clock—then by going just before that hour, and getting the patient out, the attendant saves the soiling of the bed. In so doing he spoke unfairly by the whole question, because this expedient can be but partially applicable, and is even then of uncertain success.

I addressed him privately, in consequence, putting two questions. The first is contained in the following quotation

from my letter: "This case wherein the periodicity of the foul habit comes to be known, and of which, therefore, it is possible to take advantage, is an exceptional one. Individually, it is perfectly true, and is, I suppose, within every one's experience; but as it is exceptional in itself, do you think it was right to use it for an illustration to persons not able to judge of its real value by their own experience? The statement of the existence of so easy a means of counteracting the great evil in asylums of dirty habits, must be perfectly captivating to any one who, not having personal knowledge, may thus be led to conclude, that a very simple thing is all that needs to be done to remove that strong characteristic of perverted instinct, the dirty habits of many of the insane."

The second question is contained in the following extract: "You would not, I think, say that the objectionable habits of epileptics and of paralytics, both of which classes are often unconscious of the passage of the evacuations, are of the sort to be anticipated like your case in point. Epileptics are wet during the fit, and paralytics are frequently evacuating a little at a time, imperfectly and often. Nor would you say, I also think, that those patients who seem to delight in their foulness, first passing their evacuations anywhere, and then smearing their bedding, clothing, persons, and rooms therewith: that such are amenable to the simple preventive you have named? How large a proportion of all the dirty cases in an asylum exists in the three classes I have mentioned, not to speak of the sick and the feeble from age!"

In replying, Mr. Gaskell told me I was under a misconception, and did not answer the questions. I wrote again, repeating them. He replied still without answering, or even referring to them; and they remain unanswered by him. Mr. Gaskell was Superintendent of the Lancaster Asylum. It was in that institution, I believe, that he first devised his turning-out plan. I have obtained a copy of the night attendant's report of that asylum, for the nights of Feb. 3 and 4, 1856. It represents, for the male side only, 45 patients to have been got up in the course of the former night, 4 times each, namely at 8, at 10, at 2, and at 4 o'clock; 45 multiplied by 4 gives 180; 180 times, at (say only) 4 minutes a time, would amount to 12 hours. On the second night, 43, instead of 45, were got up, requiring, at the same rate,  $11\frac{1}{2}$  hours.

Is this possible by one night attendant, except the dirty cases were placed together in the dormitories, *the patients being also able-bodied*, so as to turn out simultaneously when awakened and told to do so? On the 27th of April last, I

selected six cases, with a view to a partial trial of Mr. Gaskell's plan. Instead of 4 visits, I determined on trying only 2, as twice in the night seemed often enough to break the patients' sleep. The hours I selected for the visits of the night attendants were between 11 and 12 p.m., and between 4 and 5 a.m. For a week the 6 patients were got out at these times. Results: *First night*: Found already wet or dirty at first visit, 2; at second visit, 6 (all). *Second night*: Ditto at first, 4; at second, 5. *Third night*: Ditto at first, 6 (all); at second, 6 (all). *Fourth night*: Ditto at first, 6 (all); at second, 6 (all). *Fifth night*: Ditto at first, 6 (all); at second, 6 (all). *Sixth night*: Ditto at first, 6 (all); at second, 6 (all). *Seventh night*: Ditto at first, 4; at second, 5.

The following circumstances came out during the experiment. On the first night, a patient found clean at both visits passed a regular motion when got out at the latter. Nevertheless, he was found dirty in bed an hour or so afterwards, when about to be got up for the day. On the second night, an idiot boy cried very much at being awakened; he beat his head, and made a great noise. The attendant had to awake all the patients out of sound sleep. On the third night, an idiot boy, wet only up to between 4 and 5 a.m., was found dirty at 6, in spite of the getting out. Another idiot, wet only up to 5, was found to have been dirty on the floor at 6 o'clock. On the fifth night, I myself visited the patients at 7 p.m., finding 4 of them already wet in their beds, one being also dirty in his room. On this night we met with the only apparent instance of success, in the case of a man who had passed a motion when got out between 4 and 5 a.m. He was found clean at 6, but the bed was wet. Another observation of the same night shows the uncertainty of the method. A patient got out between 4 and 5 a.m., was placed on the night-stool without effect: the attendant returned to this patient out of curiosity 20 minutes later, and found him dirty in bed. I think it most likely, if this patient had been allowed to sleep on, the bowels would have remained quiet until he was got up. Such being the results of the experiment, I deemed it useless, or worse, and commenced a second trial.

Earlier visiting seemed necessary, in order not to be behind-hand; for of the 42 visits between 11 and 12 p.m., in the 7 nights, the patients were found to be already wet or dirty 34 times, *i.e.* it was too late 4 times out of 5. I recommenced, therefore, on May 4, with the same 6 patients, giving them 2 visits each, one between 7 and 8, the other between 9 and 10 p.m. These are the results of one week's trial. *First night*:

3 found wet or dirty, or both before 8; 4 before 10. *Second night*: 4 before 8; 5 before 10. *Third night*: 1 before 8; 2 before 10. *Fourth night*: 4 before 8 and 10. *Fifth night*: 2 before 8; 5 before 10. *Sixth night*: 3 before 8 and 10. *Seventh night*: 5 before 8 and 10. At the 42 7 to 8 o'clock visits, 22; and at the 42 9 to 10 o'clock visits, 29 were already dirty or wet. Notwithstanding the waking or getting out, every one of the 6 patients was wet or dirty in bed on every one of the 7 mornings. The average proportion found wet or dirty at the visits before 10 p.m., is exactly two-thirds for each of the 7 nights. Hence, on this small scale, the utility of visiting before 10 o'clock should be as 2 to 1 against visiting after that hour. On the sixth night, at 7 o'clock, the attendant, having had a patient out without effect, looked back through the inspection hole as he was closing the door, and saw the patient jump out of bed, and pass a motion on the floor. I have relinquished the second experiment, for, like the first, it failed to prevent *one* dirty bed; and I await the instructions of the Committee as to what plan shall be permanently pursued.

The reasonable objections to Mr. Gaskell's plan seem to be—

1st. The impropriety of breaking the patients' rest so frequently. Who can deem sound sleep, and plenty of it, of so little consequence for insane people as to make frequent disturbance a secondary consideration? I do not think sane persons could bear to be aroused four times a night regularly, night after night, and not lose, first energy and then health. Then the disturbance of the wards by patients who have been woke up, instead of remaining asleep: is this of no importance, when we strive to keep the wards quiet at night, and feel pride and pleasure in success?

2nd. The impracticability of getting any considerable number of patients out several times each, without having a number of persons to do it. I cannot believe the plan is worth the cost of several persons to practice it. On the contrary, I am most clearly of opinion that it would be injurious to the general health of the patients, and in curable cases would diminish the chance of cure. I think the word cruel would not be too strong a term by which to characterize this reckless project, whilst the narrowness of thus pursuing a secondary advantage at all hazard makes the thing unworthy the notice of a physician. All the benefit to be reasonably expected from any such system may, I think, be got out of a modification of Mr. Gaskell's plan—a half-adoption of it, when, if it did not prove largely useful no harm would be done to any one,



and none of those other objects pertaining to the general comfort and well being would be over-looked. Then for carrying such modified plan out, sufficient means exist in the attendants on duty up to 10 at night.

*General observations.* It might not be improper formally to put the following questions to the Commissioners in Lunacy before making a change in our system.

1. Are there any services to be obtained from a special night watch, which cannot equally be obtained from the ordinary attendants taking the night duty in rotation?

2. To what description of dirty cases is Mr. Gaskell's plan of turning out of bed properly applicable; to all?

3. Of what value as a remedial agent, or, as a means of maintaining the best possible state of health when cure is out of the question, is sleep to the patients; and what would be the probable effects of constantly disturbing it?

Unless some special advantages are obtainable by adopting Mr. Gaskell's plan, why should we incur the extra expense of attendants for the night only, thereby excusing from a small part of their duties our attendants, who are as well paid as any in the kingdom? The chief advantage I know of in a special night watch, would be the saving of trouble to the superintendent, who would have to communicate with only one, instead of a number of persons.

A superintendent of standing and experience writes to me, "I have paid a good deal of attention to this point; and, as far as idiots go, I have been able to prevent wet beds almost entirely. But epileptics, paralytics, and demented people, and many of the old and infirm, cannot be prevented from wetting the sheets; and in asylums as large as yours and mine, there will always be a largish heap of foul clothes, not necessarily beds alone, but sheets, shirts, shifts, trowsers, &c., which ought not to go into the general washhouse.\*"

Mr. Tyerman, Medical Superintendent male side of Colney Hatch Asylum, replies to me, "These subjects" (night watching and dirty habits,) "have occupied much of our interest here, and great attention is paid to the patients, with a view to improve their condition. In cases of sickness, and other especial cases, the night watches change the

\* The latter part of the above quotation refers to another subject, viz.: the propriety and necessity for a foul laundry in an asylum, distinct from the common laundry. The writer of this report found it necessary to obtain opinions in support of his own when, on mention being made by the Committee to the Commissioners of a project for building a foul laundry, Mr. Campbell immediately said that such a place ought not to be necessary, as the dirty habits of patients ought to be prevented.

linen or bedding, whenever occasion requires. *But they are allowed on no account to wake up or disturb patients that are tranquil.* The necessary change of linen is made early in the morning, on the patients' awaking from sleep. In our opinion, and in the opinion of the Magistrates, sleep affords to extreme cases the only possible chance of recovery; indeed, it may be truly said, to all cases whatever."

At their last visit of inspection, the Commissioners recommended the making of a walk round the estate, to be used for the purpose of "tiring down" refractory patients, and making them sleep the sounder through the night. Now many of the refractory, for whom this mode of procuring sleep is enjoined, are also the dirty—the worst of the dirty—those whom it would be the most acceptable to deprive of the means of indulging in their filthiness. The conclusion from this, and from the late recommendation is: first, tire down your patients, in order to keep them asleep and quiet during the night; then rouse them up four times in order to keep them clean. There may be wisdom in attempting only one thing at a time! Mr. Gaskell avoids defining the cases for which his plan is proper and applicable; and until he does define, it must be held to be intended for the refractory amongst others, for these are the worst of the dirty—they are the filth-spreaders.

The dormitory plan, so much recommended by the Commissioners, that Mr. Gaskell spoke of single rooms to our surveyor as places for the *creation* of dirty habits:—the dormitory for dirty cases, would seem to be necessary to the practice of the turning-out-of-bed plan. With the dirty associated, the night attendant can go into a room and call up the patients; and thus, six or eight (*if able-bodied,*) turning out simultaneously at the word of command, it might be possible to get through the 180 times, which the Lancaster return gives as the work of a single night. For these 180 times getting out of bed, during which time must be given to prove the readiness or not of the bowels to act, at only four minutes each, if done singly in succession, would occupy 12 hours, without the loss of a moment, or any allowance for distance in going from ward to ward, and from room to room. Therefore, I find the conclusion forced upon me, that the dormitory plan for the dirty is necessary to the other plan.

Can it be for such a consideration as this, that building plans prepared to contain a necessary, but moderate proportion of single bed-rooms, are objected to on this ground;

whilst other plans are recommended with single bed-rooms, to the number of only one-third of the former?

Is every consideration of cure, bodily health and comfort, and decency, forbidding the association of the insane at night too freely, to be sacrificed for the attainment of one object? This may be purchased at too high a price. It has ever been held an important, and always a gratifying thing, to manage to keep the wards quiet at night: one to be served even by requiring the night attendants to go about their duties in slippers, and with a lantern which should not throw light into the bed-rooms. Nor, I believe, has the value of this object been over-rated. Patients are to be got to sleep, and then are not to be disturbed by any cause from without. For a considerable portion of our wet and dirty cases, I think the partial adoption of Mr. Gaskell's plan might do no harm, if the visits were limited to two, both to be paid before 10 p.m., thus leaving the main portion of the period for rest (*viz.*, from 10 p.m. to 6 a.m.) unbroken. The benefits to be gained thereby is quite another thing. Some patients would be kept clean and dry for a part of the night, at least. Heretofore we have, as we believe, promoted the same thing by requiring patients of dirty habits to be placed on the water-closet before bed. I think these two visits, up to 10 p.m., are by far the most valuable of Mr. Gaskell's series; for I find the wet and dirty are mostly so soon after getting into bed. I should expect, indeed, nearly the whole benefit of his plan by practising the two earlier visits only. In other points of view, this is an important estimate, if correct. To practise the plan thus, we possess ample means by distributing the work over the staff of attendants always on duty until 10 p.m., when they go to bed.

These means would be far ampler than we should possess in the person of a special night attendant. The 10 o'clock visit to the dirty cases would be the closing business of the day, and for each attendant would amount to the number of such in the ward or two wards of which he was in charge. It might thus amount to 15 individuals to one attendant (an extreme instance.)

In conclusion, I trust the Visitors will positively forbid (like those of Colney Hatch) any practice which would systematically disturb the rest of any of the patients in what is called the "dead of the night." I trust they will thus evince their belief that there are objects to be sought, and conditions maintained in asylums for the welfare of the patients (who are persons afflicted with disease,) of higher importance, than the effort to keep them clean in their beds

at any sacrifice. The due performance of offices about the sick throughout the night is quite a distinct thing from this project with regard to the dirty. If keeping patients clean at night were the one thing needful, it would be necessary merely to multiply Mr. Gaskell's number of visits to make the system completely successful. With perpetual watching and disturbing, every patient might be kept clean. Only get them out often enough.

My second experiment is of little more value than the first; but it shows the very early period of the night when the dejections chiefly occur; and I think that in addition to our present practice of taking patients of dirty habits to the water-closets before bed, getting them out once or twice, between bedtime and 10 p.m., would be productive of all the advantage derivable, in a manner consistent, with our other duties towards the afflicted persons under our care.

The Commissioners in Lunacy are legally empowered to do no more than enquire as to the management of County Asylums. Practically, however, they do not content themselves with inquiring and submitting their comments. By the way in which they return to their recommendations, it may be supposed they are seeking to take the reins out of the hands of the local governments, to which the law has thought proper to commit them. Their importunity aims at controlling the discretion of those who alone have the right of discretion, and they wish to centralize in themselves the management of asylums, in a way not much in accordance with the spirit of English government. When next we receive a new law for lunacy, we shall probably find that the Commissioners have obtained legal authority for an interference in domestic management, which they have too often been permitted to assume.

When local boards have become accustomed to their dictation in the domestic management, the Commissioners need only get one word changed, in the 110th section of their act, substituting "direct" for "inquire," to enable them to take the whole executive in County Asylums. But it is not through their auspices that the great and happy change in the management of Lunacy in England has been brought to a pitch attained in no other country; and it may be well doubted whether a transfer of the authority from the County Justices to the Commissioners, would be for the real benefit of the lunatic, and for the advancement of medical science in this department.

J. E. HUXLEY.

I am happy to add, that the Committee of Visitors of

this Asylum have recorded their opinion that the systematic disturbance of the patients during the hours of natural rest, is a very undesirable thing. They decline to make a change in the system of night watching, or, nursing; and they refrain from making any order forbidding the disturbance of patients at night, because deeming the question a medical one, they desire to leave the Superintendent free to pursue any practice in this matter, which he may consider to be the most advantageous for the patients.

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*The New Commissioners in Lunacy.*—We would fain have avoided the invidious task of commenting upon these appointments; but the indignant letters we have received from members of the Association inform us, that it is our imperative duty to express our entire disapproval of the principle, or want of principle, upon which the choice of the government has been made. The appointments of Dr. Nairne, Dr. Hatchell, and Dr. Coxe, have been a heavy blow, and a great discouragement to all medical men practising in lunacy, and especially to the class of asylum superintendents—men who upon small stipends devote their lives to onerous and harassing duties, in the hope that some day they may draw one of the legitimate prizes of their professional career. The whole class of asylum superintendents justly feels injured and insulted by being placed under the authority of strange medical men, who have never borne the heat and burthen of the day, who have no claims for such preferment, and who, practically ignorant of the responsibilities entailed in the management of asylums and the treatment of the insane, must come for what instruction may suffice them for an apparently decent discharge of their duties to the very men whose rightful position they have usurped. How can Commissioners who have never resided for twenty-four hours in a lunatic asylum, appreciate the difficulties which occur there? How can they distinguish between unavoidable misfortunes and reprehensible faults? How can men instruct who have never learnt? How can men direct the most difficult of labour who have never submitted to work?

It is fair to say, that in Dr. Nairne's appointment no false pretence was made to knowledge which he did not possess. We are informed that he takes great credit to himself for bringing to the Commission a freedom from prejudice, derived

from his primitive innocence in all that relates to asylums and the insane. As if ignorance were the parent of impartiality.

Dr. Hatchell's appointment, on the other hand, has been defended by the most Irish attempts to make it appear that he does possess experience in the treatment of the insane; attempts which admit the principle that experience is needful in an Inspector or Commissioner, and which by inference condemn the recent appointments. On the 21st of July, Mr. Cairns, the member for Belfast, put a question to Government in the House upon this point.

He asked whether the report that Dr. Hatchell had been appointed Inspector of Lunatic Asylums in Ireland was correct, and if so, whether Dr. Hatchell had had any, and what experience in the management of lunatic asylums, and the treatment of the insane. On behalf of Government, Mr. Herbert replied, that the report was correct, and that Dr. Hatchell had never been connected with any lunatic asylum in any official capacity; but, that as surgeon to the Irish Constabulary, which office he had held for nine years, he had had frequent opportunities of inspecting and treating lunatics. He had also twenty-four years ago, been educated at Stevens' Hospital, which was in connection with Swift's lunatic asylum, where he might have had ample opportunities of observing the treatment of lunatics.

On such grounds every medical man who has been educated at Guy's Hospital, has a claim for an appointment on a Lunacy Board, since there is a lunatic asylum in connection with the hospital, into which, however, we believe, the hospital students rarely or never enter. We are sorry to hear that insanity is so prevalent among the Irish constabulary, but why did Mr. Herbert omit to mention another possible source of experience which Dr. Hatchell has possessed. He has been household physician to the Lord Lieutenant, who has given him this piece of lunacy patronage; and surely his experience in the castle ought not to go for nothing, if his experience in the police station goes for so much.

At the last hour, the force of public opinion has interfered with the Government arrangements for the commission in Scotland, by giving the protégé of the Duke of Argyle, an able coadjutor in Dr. Browne, the experienced superintendent of the Dumfries asylum. This appointment will give universal satisfaction, except to those corrupt dealers in patronage, who will see in it an emphatic condemnation of their own proceedings.

*Memorial of D. L. Dix, praying a Grant of Land for the Relief and Support of the Indigent Curable and Incurable Insane in the United States.*

June 27, 1848, Referred to a Select Committee, and ordered to be printed.

*To the Senate and House of Representatives of the United*

*Note.*—The exertions of Miss Dix in bringing to light the abuses in the treatment of the insane in Scotland, have attached so much interest to this philanthropic lady, that we have been induced to reprint the following rare State document, in which she modestly gives an account of her labours in the cause of the insane, in her own country. The harrowing records which it contains are, so far as we know, without a parallel. [ED. *Journal of Mental Science.*]

it was thought correct to count one insane in every thousand inhabitants throughout the Union. At the present, my own careful investigations are sustained by the judgment and the information of the most intelligent superintendents of hospitals for the insane, in rendering the estimates not less than one insane person in every eight hundred inhabitants at large, throughout the United States.

There are, in proportion to numbers, more insane in cities than in large towns, and more insane in villages than among the same number of inhabitants dwelling in scattered settlements.

Wherever the intellect is more excited, and health lowest, there is an increase of insanity. This malady prevails most widely, and illustrates its presence most commonly in mania, in those countries whose citizens possess the largest civil and religious liberty; where, in effect, every individual, however obscure, is free to enter upon the race for the highest honors and most exalted stations; where the arena of competition is accessible to all who seek the distinctions which acquisitions and possession of wealth assures, and the respect accorded to high literary and scholastic attainments. Statesmen,

politicians, and merchants, are peculiarly liable to insanity. In the United States, therefore, we behold an illustration of my assertions. The kingdoms of Western Europe, excepting Portugal, Spain, and the lesser islands dependent on Great Britain, rank next to this country in the rapid development of insanity. Sir Andrew Halliday, in a letter to Lord Seymour, states that the number of insane in England has become more than tripled in the last twenty years. Russia in Europe, Turkey, and Hungary, together with the most of the Asiatic and African countries, exhibit but little insanity. The same is remarked by travellers, especially by Humboldt, of a large part of South America. Those tracts of North America inhabited by Indians, and the sections chiefly occupied by the negro race, produce comparatively very few examples. The colored population is more liable to attacks of insanity than the negro.

This terrible malady, the source of indescribable miseries, does increase, and must continue fearfully to increase, in this country, whose free, civil, and religious institutions create constantly various and multiplying sources of mental excitement. Comparatively but little care is given in cultivating the moral affections in proportion with the intellectual development of the people. Here, as in other countries, forcible examples may be cited to show the mischiefs which result alike from religious,\* social, civil, and revolutionary

\*I wish to remark carefully the distinction between true religion and extravagant religious excitements. The one is the basis of every virtue, the source of every consolation under the manifold trials and afflictions which beset the path of every one in the course of this mortal pilgrimage; while that morbid state which is created by want of calm, earnest meditation, and self-discipline, by excessive demands upon the physical strength, by protracted attendance upon excited public assemblies, is ever to be deprecated. The following statistics show how large a part of the patients in some of our best hospitals labor under what is commonly termed religious insanity. I offer a pretty full list from the report, for 1843, of the Massachusetts State Hospital, for the sake of comparison: number of years not recorded:

Intemperance	.	.	.	.	.	239
Ill health	.	.	.	.	.	279
Domestic afflictions	.	.	.	.	.	179
Religious	.	.	.	.	.	148
Property	.	.	.	.	.	98
Disappointed affections	.	.	.	.	.	64
Disappointed ambition	.	.	.	.	.	33
Epilepsy	.	.	.	.	.	45
Puerperal	.	.	.	.	.	47
Wounds on the head	.	.	.	.	.	21
Abuse of snuff and tobacco	.	.	.	.	.	8

Many cases not recorded for two years previous to 1844.

Dr. Woodward remarks, that, "the coincidence of this table with the records of other institutions shows, conclusively, that if we have failed in ascertaining causes, we have fallen into a common error."

Seven consecutive and valuable reports by Dr. Kirkbride, exhibit the following results in the Pennsylvania Hospital for the Insane. This is not, like the first referred to, a State institution, but has a class of patients from adjacent States, as well as its own State's insane. It will be kept in mind, also, that more than 350 insane patients are in the Blockley almshouse in the vicinity, of which no note is here made.



excitements. The Millerite delusions prepared large numbers for our hospitals; so also the great conflagrations in New York, the Irish riots and firemen's mobs in Philadelphia; and the last presidential elections throughout the country levied heavily on the mental health of its citizens.

Abroad, discontents in Scotland, civil and religious; agitations in Wales, social and civil; wide-spread disturbances in the manufacturing and agricultural districts of England; tumultuous and riotous gatherings in Ireland—all have left abiding evidence of their mischievous influence upon the records of every hospital for the insane. France, too, unfolds a melancholy page of hospital history. Subsequent to the bloody revolution which marked the close of the eighteenth century, the hospitals for the insane were

In 1841-'42, admission 299; of which 238 were residents of Pennsylvania, viz:

	Men	Women	Total
Ill health of various kinds . . . . .	22	24	46
Intemperance . . . . .	20	0	20
Loss of property . . . . .	17	6	23
Dread of poverty . . . . .	2	0	2
Disappointed affections . . . . .	2	4	6
Intense study . . . . .	5	0	5
Domestic difficulties . . . . .	1	5	6
Fright at fires, &c. . . . .	2	3	5
Grief—loss of friends . . . . .	4	16	20
Intense application to business . . . . .	2	0	2
Religious excitement . . . . .	8	7	15
Want of employment . . . . .	9	0	9
Use of opium . . . . .	0	2	2
Use of tobacco . . . . .	2	0	2
Mental anxiety . . . . .	4	1	5
Unascertained, &c. . . . .	0	0	123

—299

In 1842-'43, of 439 cases, there were from religious excitement 12 men, 9 women—total 21. In 1843-'44, of 592 cases, religious excitement produced of men 17, women 11—total 28. In 1844-'45, in 769 cases, religious excitement in men 19, in women 16—total 35. In 1846, of 936 cases, of men were, through religious excitement, 22; of women, 20—total 42. In 1847, of 1,196 cases recorded, 26 men, 24 women, total 50, through religious excitement.

Dr. Brinham's first annual report upon the New York State Hospital shows, of 276 cases within the first year, there were through religious excitement of men, 29, of women 21—total 50; besides 5 men and 2 women (total 7) insane through "Millerism."

Of 408 patients in 1842, 57 became insane through *ill health*, 32 through *intemperance*, 54 through *religious anxiety*, 50 through trouble and disappointment, and 55 through various minor causes.

Of 179 cases received at Bloomingdale in 1842, 19 were from intemperance, 15 various causes, 15 puerperal, 14 religious excitement, 14 love, 13 trouble.

Of 122 cases received in 1842 at Staunton, Va., 33 were ill health, 20 intemperance, 14 religious anxiety, 12 domestic afflictions, 10 pecuniary troubles.

Of 1,247 patients received at the Hartford Retreat, 103 became insane through intemperance, 178 through ill health, 110 through religious anxiety, 65 through trouble and disappointment, 46 puerperal.

Irreligion, and the abuse of religion, are frequently the cause of insanity and suicide. Pure religion, more than any other power, tends to arrest, and assists to cure insanity. Of this fact there is constant evidence and illustration abroad in society, and within the limits of every well organized asylum.

thronged, showing that where the effect of exalted mental excitement failed to produce insanity in the parents, it was developed in the children, and children's children—a fearful legacy, and sure!

The political disturbances which convulsed Canada, several years since, were followed by like results.

In law, idiots are ranked with the insane. I have remarked, throughout our country, several prevailing causes of organic idiocy; of these the most common, and the most surely traced, is intemperance of parents, and the marriage and intermarriage of near relatives and kindred. Abounding examples exist on every side throughout the land.

In calculating the statistics of mental aberration, from the best authorities, it is found impossible to arrive at exactly correct results; approximation to facts is all that can be attained.

There is less maniacal insanity in the southern than in the northern States, for which disparity various causes may be assigned. Two leading causes, obvious to every mind, is the much larger amount of negro population, and much less influx of foreigners, in the former than in the latter. While the tide of immigration sets towards the north Atlantic States with almost overwhelming force, one cannot witness the fact and not note its sequence.

Our hospitals for the insane are already receiving a vast population of uneducated foreigners; and most of these, who become the subjects of insanity, present the most difficult and hopeless, because the least curable cases. Take for example the following records, which are gathered from the city hospitals for the insane poor, passing by for the present all the State and general hospitals:

In 1846, the Boston City Hospital for the insane poor received 169 patients; 90 of which were foreigners, 35 natives of other States, and 44 alone residents of the city. Of the 90 foreigners, 70 were Irish. The New York City Hospital for the insane poor, on Blackwell's island, which went into operation in 1839, had, in the autumn of 1843, about 300 patients. Of 284 admitted the following year, 176 were foreigners, viz: 112 Irish, 21 English, 27 Germans; and besides these, were 38 natives of New York. On the first of January, 1846, there were in the institution 356 patients, of whom 228 were foreigners. In January, 1847, there were 410 insane patients, 329 of whom were foreigners. The cost to the city of supporting this institution, in 1846, was 24,179 dol. 67 c.

In the Philadelphia poorhouse hospital, at Blockley, there were received in one year 395 insane patients; at the present time there are actually resident there 350 idiots, epileptics, and insane. At the Baltimore city almshouse, there are at the present time more than 85 individuals in various stages of insanity, the whole number of inmates reported being 1,726; of whom 873 are Americans, and 853 Europeans. In the Charity Hospital at New Orleans, in 1845-'46, were above 73 insane; in 1847-'48 there were above 80, chiefly foreigners, and presenting mostly chronic cases. The

whole number of patients received at this institution the past year was 8,044; of these 7,173 were Americans by birth, 6,150 were foreigners, and 121 were not recorded.

The report of the Commercial Hospital at Cincinnati shows, for 1844-'45, that of 1,579 patients, 85 were insane and idiotic. The report of 1846 exhibits the following summary: "Of 2,028 patients, 102 were insane." The last return shows yet an increase of this afflicted class, notwithstanding the enlarged accommodations in the State Hospital at Columbus, and the new buildings for the insane at the excellent asylum for persons in necessitous circumstances in the same city. I might adduce additional records, but believe the above are sufficient to establish the correctness of my position.

Allowing at the present time 22,000,000 inhabitants in the United States, (which is below the estimated number,) and supposing only one in every thousand to be insane or idiotic, we have then 22,000 to take charge of; a majority of whom are in needy or necessitous circumstances. Present Hospital provision relieves (if we do not include those institutions not considered *remedial*), less than 3,700 patients. Where are the remainder, and what is their condition? More than 18,000 are unsuitably placed in private dwellings, in jails, in poorhouses, and other often most wretched habitations.

Dr. Kirkbride, who has carefully reviewed this subject, writes as follows: "In regard to whole numbers, my own enquiries lead me to believe that one in every six or seven hundred inhabitants would be a nearer approximation to correct estimate than one in every thousand, which has heretofore been assumed as the common rule." According to the latest Parliamentary returns taken with the report of the Metropolitan Commissioners in Lunacy, which give the numbers of all classes of insane in the hospitals of England and Wales, it is ascertained that in these two countries "there is one insane *pauper* to every one thousand inhabitants alone."

The liability of communities to insanity should not, I suppose, be estimated by the number of *existing* cases at at any one time; for insanity does not usually hasten the termination of life. Take for example Massachusetts, New York, and Virginia, where are found so large numbers of established, long-existing cases. These are counted again and again, every year, every five, or every ten years. A fairer test of the liability of communities to insanity is to be found in the *occurring* cases in *corresponding given periods*.

There are twenty State hospitals, besides several incorporated hospitals, for the treatment of the insane, in nineteen States of the Union, Virginia alone having two government institutions of State incorporated hospitals. The following is a correct list, omitting several small establishments conducted by private individuals, and several pretty extensive poorhouse and prison departments, which cannot properly be classed with regularly organized hospitals, being usually deficient in remedial appliances.

The first hospital for the insane in the United States was established in Philadelphia, as a department of the Penn Hospital, in the year 1752. This has been transferred to a fine district near the village of Mantua, in the vicinity of Philadelphia, since 1832 : number of patients 188.

The second institution receiving insane patients, and the first exclusively for their use, was at Williamsburg, Virginia, in 1773 : number of patients 164.

The third was the Friends' Hospital, at Frankfort, near Philadelphia, in 1817 : number of patients 95.

The next was the McLean Hospital, at Charlestown, (now Summerville,) in Massachusetts, in 1818. This valuable institution is second to none in America. Number of patients 180.

Bloomington Hospital, near the city of New York, was established in 1821 ; number of patients 145 : South Carolina Hospital, at Columbia, in 1822 ; number of patients 74 : Connecticut Hospital at Hartford : patients 122 : and Kentucky Hospital, at Lexington, patients 247, in 1824.

In 1845-46, the legislature of Kentucky passed a bill to establish a second State institution in the Green River country.

Virginia Western Hospital was opened at Staunton in 1828 ; number of patients 217. Massachusetts State Hospital, at Worcester, was opened in 1833, and enlarged in 1843 ; it has 370 patients. Maryland Hospital, at Baltimore, was founded in 1834 ; it has in the present year 109 patients. Vermont State Hospital, at Brattleborough, was opened for patients in 1837, and enlarged in 1846-47 ; it has at present 320 patients. New York City Hospital for the poor, on Blackwell's island, was occupied in 1838 ; it is now being considerably enlarged ; above 400 patients.

The grand jury this month (June, 1848,) have made the following presentment in relation to the Blackwell's island hospital for the insane poor : " We found no less than 425 afflicted children of humanity suffering under the most terrible of all privations, and, *we observed with regret, less adequately cared for than their situation and the dictates of humanity require.*"

The same document places before the public the concurrent testimony of Drs. Macdonald, Williams, and Ogden, who in a clear and true report show that " the accommodations for the insane poor of New York city are at present inadequate and miserable ; and the imperfect manner of their treatment is such as to be a disgrace to the city, which otherwise is deservedly famed for its liberal benevolent institutions. In *the present state of affairs* it is useless to attempt the recovery of any patients here."

The same remark holds good of the department for the insane connected with the commercial hospital in Cincinnati.

Well organized hospitals are the only fit places of residence for the insane of all classes ; ill-conducted institutions are worse than none at all. The New York City Hospital for the insane, and the State hospi-

tals of Georgia and Tennessee, cannot take at present respectable rank as curative or comfortable hospitals.

Tennessee State Hospital, at Nashville, was opened in 1839. According to an act of the legislature the present year, this hospital is to be replaced by one of capacity to receive 250 patients. In the old hospital are 64 patients. Boston City Hospital for the indigent, which has 150 patients, and Ohio State Hospital at Columbus, were severally opened in 1839. The latter has been considerably enlarged, and has now 329 patients. Maine State Hospital, at Augusta, 1840; patients 130. New Hampshire State Hospital, at Concord, was opened in 1842, and has 100 patients. New York State Hospital, at Utica, was established in 1843, and has since been largely extended, and has 600 patients. Mount Hope Hospital, near Baltimore, 1844-'45; has 72 insane patients. Georgia has an institution for the insane at Milledgeville, and at present 128 patients. Rhode Island State Hospital opened, under the able direction of Dr. Ray, early in 1848. New Jersey State Hospital, at Trenton, 1848. Indiana State Hospital, at Indianapolis, will be opened in 1848. State Hospital of Illinois, at Jacksonville, will be occupied before 1849. The Louisiana State Hospital will be occupied perhaps within a year.

I repeat that these institutions, liberally sustained as are most of them, cannot accommodate the insane population of the United States who require prompt remedial care.

It may be suggested that though hospital treatment is expedient, perhaps it may not be absolutely necessary, especially for vast numbers whose condition may be considered irrecoverable, and in whom the right exercise of the reasoning faculties may be looked upon as past hope. Rather than enter upon a philosophical and abstract argument to prove the contrary to be the fact, I will ask permission to spread before you a *few* statements gathered, without special selection, from a mass of records made from existing cases, sought out and noted during *eight years* of sad, patient, deliberate investigation. To assure accuracy, establish facts beyond controversy, and procure, so far as possible, temporary or permanent relief, more than sixty thousand miles have been traversed, and no time or labor spared which fidelity to this imperative and greivous vocation demanded. The only States as yet unvisited are North Carolina, Florida, and Texas. From each of these, however, I have had communications, which clearly prove that the conditions of the indigent insane differ in no essential degree from those of other States.

I have myself seen *more than nine thousand idiots, epileptics, and insane, in these United States, destitute of appropriate care and protection*; and of this vast and most miserable company, sought out in *jails, in poorhouses, and in private dwellings*, there have been hundreds, nay, rather thousands, bound with galling chains, bowed beneath fetters and heavy iron balls, attached to drag-chains, lacerated with

ropes, scourged with rods, and terrified beneath storms of profane execrations and cruel blows ; now subject to gibes, and scorn, and torturing tricks—now abandoned to the most loathsome necessities, or subject to the vilest and most outrageous violations. These are strong terms, but language fails to convey the astounding truths. I proceed to verify this assertion, commencing with the State of Maine. I will be ready to specify the towns and districts where each example quoted did exist, or exists still.

In B., a furious maniac confined in the jail ; case doubtful from long delay in removing to an hospital ; a heap of filthy straw in one corner served for a bed ; food was introduced through a small aperture, called a slit, in the wall, through which also was the sole source of ventilation and avenue for light.

Near C., a man for several years in a narrow filthy pen, chained ; condition loathsome in the extreme.

In A., insane man in a small damp room in the jail ; greatly excited ; had been confined many years ; during his paroxysms, which were aggravated by every manner of neglect, except want of food, he had *torn out his eyes*, lacerated his face, chest, and arms, seriously injured his limbs, and was in a state most shocking to behold. In P., nine very insane men and women in the poorhouse, all exposed to neglect in every species of injudicious treatment ; several chained, some in pens or stalls in the barn, and treated less kindly than the brute beasts in their vicinity. At C., four furiously crazy ; ill treated, through the ignorance of those who held them in charge. 47 cases in the middle district, either scattered in poorhouses, jails, or in private families, and all inappropriately treated in every respect ; many chained, some bearing the marks of injuries self-inflicted, and many of injuries received from others. In New Hampshire, on the opening of the hospital for the reception of patients, in 1842 ; many were removed from cages, small unventilated cells in poorhouses, private houses, and from the dungeons of county jails. Many of these were bound with cords, or confined with chains ; some bore the marks of severe usage by blows and stripes. They were neglected and filthy ; and some, who yet remain in remote parts of the State, through exposure to cold in inclement seasons, have been badly frozen, so as to be maimed for life. Details in many cases will not bear recital.

In New Hampshire, a committee of the legislature was named in 1832, whose duty it was to collect and report statistics of the insane. Returns were received from only one hundred and forty-one towns : in these were returned the names of *one hundred and eighty-nine* persons bereft of their reason, and incapable of taking care of themselves ; ninety men and ninety-nine women. The number confined was *seventy-six*, *twenty-five* of whom were in private houses, seven in cells and cages, six in chains and irons, and four in the jails. Of the number at liberty, many had at various times been confined. Many of the facts represented by this committee

are too horrible to repeat, and would lead many to the belief that they could not be correct, were they not so undeniably authenticated. The committee remark that from many towns no returns had been made, and conclude their report with the declaration "that they could not doubt that the numbers of the insane greatly exceeded the estimates rendered."

Where were these insane? "Some were in cells or cages; some in outbuildings, garrets, or cellars; some in county jails, shut up with felons and criminals; some in almshouses, in brick cells, never warmed by fire, nor lighted by the rays of the sun." The facts presented to this committee not only exhibit severe unnecessary suffering, but utter neglect, and in many cases actual barbarity.

Most of the cases reported, I could authenticate from direct investigation. One very insane woman was confined all winter in a jail without fire; and from the severity of the cold, and her fixed posture, her feet were so much injured that it was deemed necessary to amputate them at the ankle, which was accordingly done.

"Another female was confined in a garret, where, from the lowness of the roof, and the restrained position, she grew double, and is now obliged to walk with her hands, as well as her feet, upon the floor." I recollect eight cases corresponding with this, produced from similar causes, in other States. A man was confined in a cellar for many years without clothing, and couching in a heap of wet straw, which was from time to time renewed: another in a similar condition is chained in an out-building; another is at this time (1846) chained to the floor in an out-building, glad to pick the bones thrown into his kennel, like a beast: one with sufficient property, and formerly correct in life, active and happy. This case was reported to the committee in 1832, who, summing up their report, state, that "in the extremity of disease, the maniac is withdrawn from observation, and is forgotten. His voice, in his raving, grates not upon the ear of the happy. They who have the custody of the wretched being are too prone to forget their duty, and his claims upon them for kindness and forbearance. Their sympathy is exhausted, and their kindness becomes blunted by familiarity with misery. They give up the feelings of the friend for the apathy of the jailer." They adopt a common error, that the maniac is insensible to suffering; that he is incurable; and therefore there is no use in rendering the cares his situation demands.

A committee reported (in 1836) to the legislature of New Hampshire, that their whole number of returns was 312: the number of towns returned having insane, was 141; the whole number of inhabitants in all the towns returned, was 193,569. The number returned as confined, including all in cages, jails, close rooms, by chains and hand-cuffs, &c., was 81. From these statistics, carefully

collected, it appears that *one in every six hundred and twenty is insane*. The committee of 1836 conclude their report as follows: "Neither the time nor the occasion requires us to allude to instances of the aggravated and almost incredible suffering of the insane poor which have come to our knowledge. We are convinced that the legislature require no high wrought pictures of the various gradations of intense misery to which the pauper lunatic is subjected; extending from his incarceration in the cold, narrow, sunless, and fireless cell of the almshouse, to the scarcely more humane mode of '*selling him at auction,*' as it is called, by which he falls into the hands, and is exposed to the tender mercies, of the most worthless of society, who alone could be excited by cupidity to such a revolting charge. Suffice it on this point, your committee are satisfied that the horrors of the *present* condition of the insane poor of New Hampshire are far from having been exaggerated; and of course they find great unwillingness on the part of those having charge of them to render correct accounts, or to have these repeated to the public."

The report of the nine trustees for the hospital, for 1847, states, that from authentic sources they are informed that "in eight of the twenty-four towns of Merrimack county, having an aggregate population of twelve thousand, there are eighteen insane paupers; part supported upon the town farms, and part *set up and bid off at auction from year to year, to be kept and maintained by the lowest bidder.*" According to the data afforded above, there must be in the State several hundred insane supported on the poor-farms, or put up at auction, annually.

In Vermont, the same neglect, ignorance, and sometimes brutal severity, led to like results. Dr. Rockwell, his assistant physicians, and the whole corps of hospital nurses, bear accordant testimony to the sufferings of patients formerly brought to that institution from all parts of the State, and many even now arrive under circumstances the most revolting and shocking, subject to the roughest treatment or the most inexcusable and extreme neglects.

I have seen many of these afflicted persons, men of hardy frames, and women of great capacity for endurance, bowed and wasted till almost all trace of humanity was lost in grovelling habits, and injuries through severities and privations, which those cannot comprehend who have never witnessed similar cases of misery.

Not many counties, if indeed any towns or parishes, but have their own tales of various woe, illustrated in the miseries of the insane.

In the eighth annual report of the Vermont hospital for 1844 is the following record, which being a repetition in fact, if not almost literal expression of my own notes, I adopt in preference: "One case was brought to the hospital four and a half years ago, of a man who had been insane more than twelve years. During the four years previous to his admission he had not worn any article of



clothing, and had been caged in a cellar, without feeling the influence of a fire. A nest of straw was his only bed and covering. He was so violent that his keeper thought it necessary to cause *an iron ring to be riveted about his neck*, so that they could hold him when they changed his bed of straw. In this miserable condition he was taken from the cellar and conveyed to the hospital. The ring was at once removed from his neck. He has worn clothing, has been furnished with a comfortable bed, and has come to the table, using a knife and fork ever since he was admitted. He is most of the time pleasantly and usefully employed about the institution." "Another man, insane for twenty-four years, for the last six years had worn no clothing, and had been furnished with no bed except loose straw. He had become regardless of everything that was decent. In less than three months after his admission, he so improved that he wore clothing constantly, kept his bed and room neat, and worked on the farm daily."

"Another man, insane more than thirty years, *was sold to the lowest bidder*. For many years he was caged, and had his feet frozen so that he lost his toes, and endured cruel sufferings which no person in a natural state could have supported. He was five months in the hospital, wore his clothing, was furnished with a comfortable bed, and sat at table with other patients. He was a printer by trade, and for a long time employed himself in setting up type for the newspaper printed at this institution."

Another patient, a woman 61 years of age, was taken to the hospital. She had been confined for several years in a half subterranean cage, &c., which was nothing other than a cave excavated in the side of a hill near the house, and straw thrown in for a bed; no warmth was admitted save what the changing seasons supplied. Her condition in all respects was neglected and horrible in the extreme."

Examples here, as in *every State of the Union*, might be multiplied of the insane caged and chained, confined in garrets, cellars, corn-houses, and other out-buildings, until their extremities were seized by the frost, and their sufferings augmented by extreme torturing pain.

*In all the States* where the cold of winter is sufficient to cause freezing of the human frame by exposure, I have found many mutilated insane, deprived either of the hands or the feet, and sometimes of both.

In Massachusetts we trace repetition of like circumstances. In the fifth annual report of the State hospital, it is stated that "many patients have been received into the institution who have been badly frozen; some in such manner as to have lost their limbs—others a part of them." "Within a week from the date of this report, a man was sent who had been confined three years in a cage, where he had been repeatedly badly frozen, and in the late severe weather so much so, that his extremities were actually in a

state of mortification when he arrived. He survived but two days." In 1841 and 1842, I traced personally the condition of more than five hundred insane men and women in Massachusetts wholly destitute of appropriate care. In one county jail alone there were twenty-eight, more than half of whom were furious maniacs. In another jail, in an adjoining county, were twenty-two neglected creatures. It was to this jail—just presented by the grand jury as a nuisance, a place totally unfit for even temporary use, that a female patient was hastily removed from the poorhouse of D——, in order, as was said, that she might be more comfortable—in reality to evade searching investigations entered upon by strong authority.

Said the keeper of one county prison, in which were many insane, committed "not for crime or misdemeanor," but for safe keeping, or because dangerous to be at large, and in default of sufficient hospital provision for the same, "My prison resembles more the infernal regions than any place on the earth!" Almost without interval might be heard furious exclamations, blasphemous language, and the wildest ravings, howls, and shrieks. In three towns of one county alone (Essex) I found sixty neglected cases. The returns of 1842 exhibited an aggregate of one hundred and thirty-five in that county. On the 24th of December, the thermometer below zero, I visited a poorhouse; found one of the insane inmates, a woman, in a small apartment *entirely* unfurnished: no chair, table, nor bed—neither bundle of straw nor a lock of hay. The cold was intense. On the bare floor crouched the wretched occupant of this dreary place, her limbs contracted, the chin resting immovably upon her knees. She shuddered convulsively, and drew, as well as she was able, more closely about her *fragments* of garments which constituted her sole protection against unfit exposure and the biting cold. But the attendant, as I passed out from this den, remarked that they used "to throw some blankets over her at night."

Inquiring my way to another almshouse which I had heard was greatly neglected, I was shown the road, and told that there were "plenty of insane and idiot people there." "Well taken care of?" I asked. "Well enough for such sort of creatures." "Any violently insane?" "Yes; my sister's son is there—a real tiger: I kept him a while, but it was too much trouble; so I carried him there." "Is he comfortably provided for?" "Well enough." "Has he decent clothes?" "Good enough." "And food?" "Good enough—good enough." "One word more: has he the comfort of a fire?" "Fire, indeed, fire! What does a crazy man want of fire? he's hot enough—hot enough without fire!"

At another poorhouse I found three confined in stalls, in an out building. The vicissitudes which had marked the life of one of these desolate beings were singular, and may bring instruction to those whose reason now "is the strength of their life," but who are not exempt from the great calamity.

H — belonged to a respectable family, possessed good abilities, and was well educated. He removed from I —, in Massachusetts, to Albany, N. Y., where for a considerable period he conducted with ability a popular newspaper. In time, he was elected senator in the State legislature, and was a judge in the court of errors. As a public man he was upright and respected. Insanity was developed while he filled public stations: he was conveyed to the hospital at Worcester; his property was consumed; and he was finally discharged as altogether incurable; and being very violent most of the time, he was placed, "for safety," first in the jail at S —, finally removed to that in I —, and thence transferred to the almshouse where I found him. He had even then periods of partial restoration to reason, so as to comprehend where he was, and how cared for: inhabiting an unfurnished, dreary, narrow stall, in a dreary building of an almshouse!

In a prison which I visited often, was an idiot youth. He would follow me from cell to cell with eager curiosity, and for a long time manifested no appearance of thought. Cheerful expressions, a smile, frequent small gifts, and encouragement to acquire some improved personal habits, at length seemed to light up his mind to a limited power of perception. He would claim his share in the distribution of books, though he could not read, examine them with delight, and preserve them with singular care. If I read from the Scriptures, he was reverently attentive: if I conversed, he listened earnestly, with half conscious aspect. One morning I passed more hurriedly than usual, and did not speak to him. "Me book! me book!" he exclaimed, eagerly thrusting his hand through the iron bars of the closed door of his cell. "Take this, and be careful," I said. Suddenly stooping, he seized the bread which had been brought for his breakfast, and pushing it eagerly through the bars, he exclaimed, in more connected speech than was known before, "Here's bread; an't you hungry?" How much might be done to develop even the minds of idiots, if we but knew how to touch the instrument with a skilful hand!

Attempts to cultivate the higher faculties of these creatures, seemingly the merest animals, have been successfully adopted to a moderate extent in France, Germany, and Switzerland, and in the United States the subject has been discussed. Dr. Ray, of the Rhode Island hospital, not long since visited a school for idiots which has been established at the Bicetre, near Paris. He writes, that "as early as the year 1828, Femés\* made the first attempt in France to develop the powers of idiots, which attempt has resulted in the present school of Voisin, and which exhibits to the astonished

\* A small volume entitled "Essays upon Several Projects, by Daniel de Foe," London. 1702, contains this remarkable passage: "*The wisdom of Providence has not left us without examples of some of the most stupid natural idiots in the world who have been restored to their reason, infused after a life of idiotism; perhaps, among other wise ends, to confute that sordid supposition that idiots have no souls.*"

spectator a triumph of perseverance and skill in the cause of humanity, that does infinite credit to the heart and understanding of that gentleman." This testimony is supported by Dr. Conolly, who, visiting the hospitals near Paris, said, "I was conducted to a school exclusively established for the improvement of these cases, and of the epileptic, and nothing more extraordinary can be well imagined." Dr. Hayward, of Boston, who visited last year, the schools for idiots above referred to, expresses the opinion that the great benefits to the unfortunate classes whose good they are designed to promote can hardly be appreciated, and that no pains should be spared to establish similar institutions in the United States.

I visited the poorhouse in W——. In a cage, built under a woodshed, fully exposed to all passers upon the public road, was a miserable insane man, partially enveloped in a torn coverlet. "My husband," remarked the mistress of the house, "clears out the cage and puts in fresh straw, once a week; but sometimes it's hard work to master him. You see him now in his best estate!"

In the adjacent town, at the poorhouse, was a similar case; only, if possible, more revolting, more excited, and more neglected. There were also other persons there in different stages of insanity.

In a county jail not far distant was a man who had been confined in a close apartment for many years; a wreath of rags invested his body and his neck; he was filthy in the extreme; there was neither table, seat, nor bed; and a heap of noxious straw defiled one corner of the room.

One case more must suffice for this section: I would that no others could be adduced even more revolting than are these so briefly referred to. In G——, distant from the poorhouse a few rods, was a small wooden building, constructed of plank, affording a single room; this was unfurnished, save with a bundle of straw. The occupant of this comfortless abode was a young man, declared to be incurably insane. He was chained, and could move but a little space to and fro; the chain was connected to the floor by a heavy staple at one end—the other was attached to an *iron collar which invested his neck*—the device, it seemed, of a former keeper. In summer the door was thrown open, but during winter it was closed, and the room was in darkness. Some months after I saw this poor patient, and after several individuals also had witnessed his sufferings, the authorities who directed the affairs of the poorhouse reluctantly consented that he should be placed under the care of Dr. Bell. The man who was charged to convey the patient the distance of rather more than forty miles, having bound and chained him, (I have the impression that, by the aid of a blacksmith, he was released at this time from the torturing iron ring,) conveyed him as far as East Cambridge, arriving at dusk. Instead of proceeding with the patient at once to the hospital, which was distant less than a mile, in Somerville, he chained him for a night to a post

in the stable. After breakfast he was released and carried to the hospital, in a state of much exhaustion. While the careful attendants and humane physician were busied in removing the strong bands which chafed his limbs, and lacerated the flesh in many places, he continually endeavoured to express his gratitude—embracing them, weeping, and exclaiming, “Good men! kind men! Ah, good, kind men, keep me here.

After some months of careful nursing, he was so much improved that strong hopes were entertained of his complete restoration. These were crushed by an absolute decision of the overseers of the poor, remanding him to his old prison. Remonstrance was ineffectual. The last account stated an entire relapse, not only to the former state, but to still more hopeless condition. He had become totally idiotic.

In November I visited the poorhouse in F—; weather severe for the season; no mode of warming the insane. I was conducted to an out-building, so enclosed as to secure the closest solitude to the patient. He had been returned from the hospital as incurable. He was said to be neither violent nor dangerous, but shut up lest he should run away. The door was opened, disclosing a narrow, squalid, dark, unfurnished cell. In one corner was a heap of straw, in which the insane man was nestled. He raised himself slowly and advanced with unsteady steps. His look was calm and gentle.

“Give me those books! Oh, give me those books!” he exclaimed, eagerly reaching his hands for some books I carried. “Do give them to me, do!” he exclaimed, with kindling earnestness. “You could not use them; it is dark with you here.” “Oh, give them, do give them! and he drew a little nearer, lowering his voice to a whisper: “Give them, and *I’ll pick a hole in the plank, and let in some of God’s light!*” Just then the master arrived; he said that he purposed getting an *iron collar and chain*—then he could fasten him in the air sometimes outside. “I had,” he added, “a cousin up in Vermont, crazy as a tiger cat; I got a collar made for him. After this, I kept the poorhouse at Gronton, and I fastened up a crazy man there: he was fast then. I mean to have one for this fellow. I know how to manage your crazy men.”

In Connecticut, the estimated number of insane, nearly eight years since, was 542; a number even then below the actual amount, and now very much below the true estimate. Of these, not one-sixth were under hospital treatment five months since: in fact, it is believed that not a ninth part will be found receiving suitable care. The sad case of Rubello is too well known to require repetition. The insane patients in M—no longer drag their heavy chains abroad, when at labor laying stone walls, nor are they in other respects as much abused and abased as formerly. But no county is free from the reproach of having within its limits insane patients needing humane and judicious care.

Of the most miserable neglects in the case of large numbers carried for successive years to the Hartford Retreat, Drs. Brigham, Woodward, and Butler can, even now, bear sad testimony; and to the observations of medical men may be added the evidence of that good man and true friend of sufferers, Rev. T. H. Gallaudit.

Rhode Island has nearly or quite four hundred insane, idiots, and epileptics. About 90 recently were receiving the benefit of hospital care, under the enlightened administration of Dr. Ray. In no State, however, have I found more terrible examples of neglect and suffering, from abuse, or ignorance, than existed there in the year 1843, and some cases in 1845-'47. In the jails were many pining in narrow, damp, unventilated dungeons. In the poorhouses were many examples of misery and protracted distress. In private families these conditions were less frequent; but the suffering, through ill-directed aims at securing the patients from escape, was in many instances equally revolting and shocking. Here, as in the five States first referred to, hundreds of special cases might be cited, did time permit. I offer but a single *well-known* example.

In the yard of a poorhouse, in the southern part of the state, I was conducted by the mistress of the establishment to a small building constructed of plank; the entrance into a small cell was through a narrow passage bare and unlighted. The cell was destitute of every description of furniture, unless a block of wood could be called such; and on this was seated a woman—clothed, silent, and sad. A small aperture, opening upon a dreary view, and this but a few inches square, alone admitted light and air. The inmate was quiet, and evidently not dangerous in her propensities. In reply to my remonstrances in her behalf, the mistress said that she was directed to keep her always close; that otherwise she would run away, or pull up the flowers! How is she warmed in winter? I inquired. "Oh, we just heat a stone and give her," was the laconic reply. Your other patient—where is he? "You shall see; but stay outside till I get a lantern." Accustomed to exploring cells and dungeons in the basements and cellars of poorhouses and prisons, I concluded that the insane man spoken of was confined in some such dark, damp retreat. Weary and oppressed, I leaned against an iron door which closed the sole entrance to a singular stone structure, much resembling a tomb, yet its use in the courtyard of the poorhouse was not apparent. Soon, low smothered groans and moans reached me, as if from the buried alive. At this moment the mistress advanced, with keys and a lantern. "He's here," said she, unlocking the strong, solid iron door. A step down and short turn through a narrow passage to the right, brought us, after a few steps, to a second iron door parallel to the first, and equally solid. In like manner, this was unlocked and opened; but so terribly noxious was the poisonous air that immediately pervaded the passage, that a considerable time elapsed before I was able to return and remain long enough to investigate

this horrible den. Language is too weak to convey an idea of the scene presented. The candle was removed from the scene, and the flickering rays partly illuminated a spectacle never to be forgotten. The place when closed had no source of light or of ventilation. It was about seven feet by seven, and six and a half high. All, even the roof, was of stone. An iron frame, interlaced with rope, was the sole furniture. The place was filthy, damp, and noisome; and the inmate, the crazy man, the helpless and dependent creature, cast by the will of Providence on the cares and sympathies of his fellow man—there he stood, near the door, motionless and silent; his tangled hair fell about his shoulders; his bare feet pressed the filthy, wet stone floor; he was emaciated to a shadow, etiolated, and more resembled a disinterred corpse than any living creature. Never have I looked upon an object so pitiable, so woe struck, so imaging despair. I took his hands and endeavored to warm them by gentle friction. I spoke to him of release, of liberty, of care, and kindness. Notwithstanding the assertions of the mistress that he would kill me if I persevered, a tear stole over the hollow cheek, but no words answered to my importunities; no other movement indicated consciousness of perception or of sensibility. In moving a little forward I struck against something which returned a sharp metallic sound: it was a length of ox-chain, connected to an iron ring which encircled a leg of the insane man. At one extremity it was joined to what is termed a solid chain—namely, bars of iron 18 inches or 2 feet long, linked together, and at one end connected by a staple to the rock overhead. “My husband,” said the mistress, “in winter rakes out sometimes, of a morning, half a bushel of frost, and yet *he never freezes* ;” referring to the oppressed and life-stricken maniac before us. “Sometimes he screams dreadfully,” she added, “and that is the reason we had the double wall, and two doors in place of one: his cries disturbed us in the house!” “How long has he been here?” “Oh, above three years; but then he was kept a long while in a cage first: but once he broke his chains and the bars, and escaped; so we had this built, where he can’t get off.” Get off! No, indeed; as well might the buried dead break through the sealed gates of the tomb, or upheave the mass of binding earth from the trodden soil of the deep grave. I forbear comment. Many persons, after my investigations here, visited this monument of the utter insensibility and ignorance of the community at whose expense it was raised. Brutal, wilfully cruel, I will not call them, black, as in the case, and fatal as were the results of *their care!* But God forbid that such another example of suffering should ever exist to be recorded.

New York, according to the census of 1840, had 2,340 idiots and insane. I am convinced that this estimate was below the certain number by many hundreds. In 1841, the Secretary of State reported 803 supported at public charge. In 1842, the trustees of poorhouses estimated the number of insane poor then confined in

the jails and poorhouses at 1,430. In 1843 I traversed every county in the State, visiting every poorhouse and prison, and the insane in many private families. The hospital for the insane at Utica was opened in January, 1843, and during the year received 276 patients, all with the exception of six being residents of the State of New York. On Blackwell's island were above 300; at Bloomingdale more than 100: 26 were at Bellevue. Besides these, I found, chiefly in the poorhouses, more than 1,500 insane and idiots, 500 of whom were west of Cayuga bridge. In the poorhouse at Flatbush were 26 insane not counting idiots; in that at Whiteplains were 30 insane; at Albany between 30 and 40; at Ghent, 18; in Greene county, 46. In Washington county poorhouse, besides "simple, silly, and idiotic," 20 insane. Nearly ever poorhouse in the State had, and still has, its "crazy house," "crazy cells," "crazy dungeons," or "crazy hall;" and in these, with rare exceptions, the inevitable troubles and miseries of the insane are sorely aggravated.

At A——, in the cell first opened, was a madman. The fierce command of his keeper brought him to the door, a hideous object; matted locks, an unshorn beard, a wild, wan countenance, disfigured by vilest uncleanness; in a state of nudity, save the irritating incrustations derived from that dungeon, reeking with loathsome filth. There, *without light*, without pure air, without warmth, without cleansing, absolutely destitute of everything securing comfort or decency, was a human being—*forlorn, abject, and disgusting*, it is true, but not the less a human being—*nay more, an immortal being*, though the mind was fallen in ruins, and the soul was clothed in darkness. And who was he—this neglected brutalized wretch? A burglar, a murderer, a miscreant, who for base foul crimes had been condemned, by the justice of outraged laws and the righteous indignation of his fellow men, to expiate offences by exclusion from his race, by privations and sufferings extreme, yet not exceeding the measure and enormity of his misdeeds? No; this was no doomed criminal, festering in filth, wearing wearily out the warp of life in dreariest solitude and darkness. No, this was no criminal—"only a crazy man." How, in the touching language of Scripture, could he have said: "My brethren are far from me, and mine acquaintance are verily estranged from me: my kinsfolk have failed, and my familiar friends have forgotten me: my bone cleaveth unto my skin and my flesh. Have pity upon me, have pity upon me, for the hand of God hath touched me!"

I turned from this sickening scene only to witness another yet more pitiable. In the far corner of a damp, dark dungeon, on the right was a human creature—"a woman dreadful bad," said the attendant, who summoned her in harsh tones to "come out;" but she only moved feebly amidst the decaying mass of straw, uttering low moans and cries, expressive both of physical pain and mental anguish. There she lay, seemingly powerless to rise. She, too,



was unclothed; and in this dungeon alone, in want, and pain, and misery; no pure air, no pleasant light, no friendly hand to chafe the aching limbs, no kind voice to raise and cheer; she dragged out a troubled existence. I know nothing of her history—whether forsaken by able kindred, or reluctantly given over to *public charity* by indigent parents, or taken in, a wandering demented creature. I only know that I found and left her reduced to a condition upon which not one who reads this page could look but with unmitigated horror. Do you turn with inexpressible disgust from these details? It is worse to witness the reality. Is your refinement shocked by these statements? There is but one remedy; the multiplication of well-organised hospitals; and to this end, creating increased means for their support. In the same poorhouse, in the “crazy cellar,” were men *chained to their beds*, or prostrate on the ground, fettered, and painfully confined in every movement. There were women, too, in wretched, unventilated, crowded rooms, exhibiting every horrible scene their various degrees of insanity could create.

In B——, the cells in the crazy cellar admitted neither light nor pure air.

In T——, the cells for the insane men were in a shocking condition.

In A—— were above twenty insane men and women in the poorhouse, mostly confined *with chains and balls attached to fetters*. “By adopting this plan,” said the master of the poorhouse, “I give them light and air, preventing their escape; otherwise I should have to keep them always in the cells.” A considerable number of women, mostly incurables, were “behind the pickets,” in an out-building. There was a passage sufficiently lighted and warmed, and of width for exercise. There was no classification; the noisy and the quiet mutually vexed each other. One woman was restrained by a barbarous apparatus to prevent rending her clothes. It consisted of *an iron collar investing the throat*, through which, at the point of closing in front, passed a small bolt or bar, from which depended *an iron triangle*, the sides of which might measure sixteen or eighteen inches. To the corners of the horizontal side were attached *iron wristlets*; thus holding the hands confined, and as far apart as the length of the base line of the triangle. When the hands and arms were suddenly elevated, pressure upon the apex of the triangle, near the point of connexion at the throat, produced a sense of suffocation; and why not certain strangulation, it was not easy to show.

Not distant from the poorhouse, I found a woman in a private dwelling, supported by two invalid sisters. She was in the highest state of phrenzy, and nearly exhausted the patience of love in those who toiled laboriously for her and their own scanty maintenance. She had once been transferred to the poorhouse; but patience was never there exercised in behalf of the unruly; and, bearing the marks of harsh blows, she was taken again by her sisters, to

share "the little they could earn so long as they or she should live."

In E——, the insane, as usual, were unfitly disposed of. To adopt the language of a neighbouring farmer, "Those damp, dreary cells were not fit for a dog to house in, much less for crazy folks."

At R——, and M——, and L——, and B——, were repetitions of the like dismal cells, heavy chains and balls, and hopeless sufferings. After my visit to L——, I found one of the former inmates at the hospital in charge of Dr. Brigham. *He bore upon his ankles the deep scars of fetters and chains, and upon his feet evidence of exposure to frost and cold.*

In B——, several idiots occupied together a portion of a most comfortless establishment. *One gibbering, senseless creature, was the mother of an infant child.*

At A——, the most furious were in narrow cells, which were neither cleaned, warmed, nor ventilated. In O—— was an insane man, so shockingly neglected and abused that his limbs were crippled, so that he could neither stand nor walk. He was extended on a miserable dirty pallet, untended and little cared for.

At E——, the insane were confined in cells crammed with coarse, dirty straw, in the basement, dark and damp. "They are," said the keeper, "taken out and *washed* (buckets of water thrown over them,) and *have clean straw, once every week.*"

In H——, were many furiously crazy. Several of the women were said to be the mothers of infants, who were in an adjoining room pining with neglect, and unacknowledged by their frantic mothers.

I pass over hundreds of desperate cases, and quote a few examples from my notes in New Jersey; altogether omitting Canada East and West, as being without the limits of the United States, though corresponding examples with those in New York were found in almost every direction. In 1841, there were found in New Jersey, upon a rather cursory survey, *two hundred and fifty-two insane men, one hundred and sixty-three insane women, and one hundred and ninety-six idiots, of both sexes.* I traversed the State in 1844; the numbers in every county were increased, and their miseries were also increased. Sixty patients had been placed in the hospitals in New York and Pennsylvania, but hundreds still occupied the wretched cells and dungeons of almshouses and of prisons. In the winter of 1845, several froze to death, and several perished through severe exposure and alarm at a fire which consumed a populous poorhouse. At S——, of eight insane patients, several were heavily chained, and two were furiously mad.

In one poorhouse was a man who had been chained by the leg for more than twenty years, and the only warmth introduced into his cell was derived from a small stove-pipe carried through one corner.

On a level with the cellar, in a basement room, tolerably decent, but bare of comforts, lay upon a narrow bed a feeble, aged man, whose few grey locks fell tangled over the pillow. As I entered he addressed one present, saying, "I am all broken up—broken up!" "Do you feel much weaker, *Judge?*" "The mind, the mind is going—almost gone," responded he, in tones of touching sadness. This feeble, depressed old man, in a lone room in the poorhouse—who was he? I answer as I was answered. In his young and vigorous years he filled various offices of honour and trust in his county. His ability as a lawyer raised him from the bar to the bench. As a jurist he was distinguished for uprightness, clearness, and impartiality. He was also judge of the orphans' court, and was for many years a member of the legislature. He was somewhat eccentric, but his habits were always correct. I could learn nothing remembered to his discredit, but much which commends men to honor and respect. He had passed the meridian of a useful and active life. The property, honestly acquired, on which he had relied for comfortable support in his declining years, was lost by some of those fluctuations in monetary affairs which so often procure unanticipated reverses. He became insane: soon, insanity took the form of furious mania: *he was chained*, "for safety;" and finally, for greater security, committed to the county jail—a most wretched place—dreary, damp, and unfurnished. Time passed: a more quiet state supervened. He was placed at board in a private family, till the remnant of his once sufficient property was consumed, and then he was removed to the poorhouse. Without vices and without crimes, he was at once the victim of misfortunes and the prey of disease. A few months subsequent to my visit the almshouse was consumed by fire. The inmates, barely rescued, were hastily removed, and such cares rendered as the emergency demanded. Fires were kindled in the court-house, and a portion of the poor removed thither. Of this number was Judge S. His pallet was laid within the bar, below the bench where he had once presided. The place perhaps revived painful memories: he was conscious of his condition; spoke of his trials; languished a few days; and, in the good providence of God, was then released from the pains and afflictions of this mortal life, and, it is believed, passed to that state of existence where tears are wiped from all eyes, and where troubles are unknown.

In P——, the *cells in the cellar for the insane* were in a most wretched condition. In M——, the insane, and many imbeciles were miserably housed, fed, and clothed. In the vicinity of the main building was one of brick, containing the poor cells, *from eight to nine feet square*. A straw bed and blanket on the floor constituted the furniture, if I except the *ring-bolts and iron chains for securing the patients*. In P——, I found the insane, as usual, ill provided for. One madman was chained, clothed only with a straight jacket, laced so as to impede the motion of the arms and

hands: cold, exposed, and offensive to the last degree, his aspect, wild and furious, was as shocking as his language was coarse and blasphemous. Such care was bestowed as the keepers of the poor-house best could render; but an hospital alone could afford fit treatment for one so dangerous and so unmanageable.

At M—— were five idiots and insane, ill kept, and very turbulent most of the time. Said one poor maniac, whose fetters and manacles I had ordered to be removed, and whose aching, bruised limbs I was bathing, "Ah, now I am a human creature again: God is good—he sends you to free me: I will pray for you for ever, and bright days shall shine for you." One woman, whose limbs bore marks of the cankering iron, worn for many years, said, "I could curse those who chained me, but the *soft voice* says, 'Pray for your enemies;' but, alas! my soul is dark, and the thoughts are black."

In the western part of the State I found a young man chained near his father's house, his bleeding limbs cut by the iron rings which confined the ankles; he moaned, and howled, and cursed, and raved, so that horror filled the neighbourhood.

A middle-aged woman, who was often greatly excited, was for months at a time *confined in a smoke-house*. Her condition was filthy to the last degree; she had neither change of raiment, nor water for bathing, for months. "She'll be found frozen to death some of these nights, I reckon," said the "care-taker." Ten miles distant I found another case similar, but if possible more miserable.

In Pennsylvania, in 1839, careful inquiry, followed by authentic reports, placed the number of insane and idiots at over *twenty-three hundred*: of these it was computed that more than *twelve hundred* were in the county poorhouses and prisons. I visited every county and considerable town in the State in the summer and autumn of 1844, and am satisfied that the number was much above the estimate of 1839.

In L—— I found above fifty insane, not counting idiots. The cells in the poorhouse, forty-four in number, measured *four feet by seven, and twelve feet high*; "*chains and hobbles*" were in constant use.

In Y—— were above thirty insane: those in the basement of the poorhouse occupied cells of sufficient dimensions, being fourteen by ten, and ten feet high; *hobbles and chains* in use. The physician estimated the number of insane in the county at more than one hundred, and added that cases of exceeding neglect and suffering often came to his knowledge. Sufficient provision in hospitals might save thousands of honest citizens from becoming a life-long burden to themselves and others, through permanent insanity. In this county above one hundred insane were found; there probably were other cases. In the poorhouse at G—— the insane were exposed and suffering; the basement cells measured *eight by eight feet, and eight feet high*. *Chains, hobbles, and the miscalled "tranquilizing*

chain," were in use. There were more than forty insane in the county.

In C——, above twenty insane and idiots in the poorhouse; one was chained near the fireplace of a small room; a box filled with straw was near, in which she slept. Above 60 insane and idiots in this county. In B—— I found nearly forty; some chained, others confined in narrow cells. In S——, several insane in the jail; one, *heavily ironed*, had been in close confinement there six years—another for eleven months. In this county the insane and idiots were estimated to be 76 in 1840. I heard of more than 100. One woman has for months wandered in the woods and fields in a state of raving madness.

At G——, several cases in the jail; one chained: above forty in the county.

In N——, in the jail, two madmen in chains; no furniture or decent care. One was rolling in the dust, in the highest excitement: he had been in close confinement for fifteen years. On one occasion he became exasperated at the introduction of a drunken prisoner into his cell, who perhaps provoked him. No one knows; but the keeper, on entering, found the insane man furious, covered with the blood of the other, who was murdered and mutilated in the most shocking manner. Another insane man had been in confinement seven years, and both are to this day in the same prison. In the poorhouse were above twenty insane and idiots; four chained to the floor. In the adjacent county were above fifty insane and epileptics; several cases of misery through brutal usage, by "kicks and beating," in private families.

In W—— were seven very crazy, and above twenty simple, insane, and idiotic. One, who was noisy, was in a small building in a field. The condition of all was degraded and exposed. In P——, the insane in the jail were subject to great miseries: Many in the county were harshly confined; some wandering at liberty, often dangerous to the safety of all they met. The twelve counties next visited afforded corresponding examples. The nine next traversed had fewer insane, and fewer, in proportion to whole numbers, in chains. In H——, one case claimed special sympathy. Adjacent to a farm-house was a small shanty, slightly constructed of thin boards, in which lies an old feeble man, with blanched hair, not clad either for protection or decency; "fed," as said a poor neighbour very truly, "fed like the hogs, and treated worse." He is exposed to the scorching heats of summer, and pinching cold of the inclement winter; no kind voice cheers him, no sympathizing friend seeks to mitigate his sufferings. He is an outcast, a crazy man, almost at the door of his once cheerful comfortable home. I pass by without detail nearly *one hundred* examples of insane men and women *in filthy cells, chained and hobbled*, together with many idiots and epileptics wandering abroad. Some were confined in low, damp, dark cellars; some wasted their wretch-

ed existence in dreary dungeons, deserted and neglected. It would be fruitless to attempt describing the sufferings of these unhappy beings for a day even. What must be the accumulation of the pains and woes of years, consigned to prisons and poorhouses, to cells and dungeons, enduring every variety of privation—helpless, deserted of kindred, tortured by fearful delusions, and suffering indescribable pains and abuses. These are no tales of fiction. I believe that there is no imaginable form of severity, of cruelty, of neglect, of every sort of ill-management for mind and body, to which I have not seen the insane subject in all our country, excepting the three sections already defined. As a general rule, *ignorance* procures the largest measure of these shocking results; but while of late years much is accomplished, and more is proposed, by far the largest part of those who suffer remain unrelieved, and must do so, except the general government unites to assist the several States in this work.

In Maryland, large numbers are at this hour in the lowest state of misery to which the insane can be reduced. At four different periods I have looked into the condition of many cases, counting hundreds there. Chains, and want, and sorrows, abound for the insane poor in both the western and eastern districts, but especially in the western.

In Delaware, the same history is only to be repeated, with this variation: as the numbers are fewer, so is the aggregate of misery less.

In the District of Columbia, the old and new jails, and the almshouses, had, till very recently, their black, horrible histories. I witnessed abuses in some of these in 1838, in 1845, and since, from which every sense recoils. At present, most of these evils are mitigated in this immediate vicinity, but by no means relieved to the extent that justice and humanity demand.

In Virginia, very many cases of extreme suffering now exist. The most observing and humane of the medical profession have repeatedly expressed the desire for additional hospital provision for the insane. Like cases of great distress to those in Maryland and Pennsylvania were found in the years 1844 and '45. In every county through which I passed were the insane to be found—sometimes chained, sometimes wandering free. In the large populous poorhouse near R— were spectacles the most offensively loathsome. Utter neglect and squalid wretchedness surrounded the insane. The estimate of *two thousand* insane idiots and epileptic patients in this State is thought to be below the actual number. The returns in 1840 were manifestly incorrect.

In the report upon the Western State Hospital of Virginia, at Staunton, for the year 1847, Dr. Stribling feelingly remarks upon the very insufficient means at command for the relief of the insane poor throughout the State. "We predicted," he says, "that during the present year, those seeking the benefits of this institution would

far exceed our ability to receive. This anticipation, we regret to say, has been painfully realised, and we are now called upon to report the fact, that within the last nine months, *one hundred and twenty-three* applications have been received, whilst only *thirty-nine* could be admitted. What has become of the remaining eighty-four it is impossible for us to report." I regret to say there is but one conclusion deducible from this statement. The rejected patients are suffering privations and miseries in different degrees, in the narrow rooms or cells of poorhouses, or in the equally wretched sheds, stalls, or pens, attached to private dwellings, while some have been temporarily detained, for security, in the jails. The laws of Virginia forbid a protracted detention of the insane in the county prisons, at this period. Formerly, I have traced the most cruel sufferings in the confined apartments, uncleaned and unventilated, and in the still more neglected dungeons, into which the insane have been cast. The hospital physicians report patients often sent to their care painfully encumbered with cords and chains.

North Carolina has more than twelve hundred insane and idiots. I do not know by personal observation what is their condition; but within a few months, sad details have been communicated from respectable and reliable sources.

South Carolina records the same deplorable abuses and necessities as New York. I have found there the insane in pens, and bound with cords and chains, and suffering no less than the same class in States already referred to at the north, except through exposure to the cold in winter, the climate in the southern States sparing that aggravated misery. One patient was removed to the hospital after being confined in a jail more than twenty years. Another had for years been chained to a log; another had been confined in a hut ten feet square, and was destitute of clothing and of every comfort of life. A young girl was confined in a dismal cabin, filthy, and totally neglected. Her hair was matted into a solid foul mass; her person emaciated and uncleaned; nothing human could be imagined more entirely miserable, and more cruelly abandoned to want.

Georgia has, so far as I have been able to ascertain, fewer insane in proportion to population, than either North or South Carolina; but there is not less injudicious or cruel management of the violent cases throughout the State. Chains and ropes are employed to increase security from escapes, in addition to closed doors, and the bolts and bars which shut the dreary cells and dungeons of jails and other receptacles. I have seen the deep scars of former wounds produced by chains and blows; and those who have received patients transported to the State hospitals, are as much at a loss for any decent language for describing the condition of these unfortunate beings as myself. Their condition is indeed indescribable. Patients have not seldom been transported to the hospital in open carts, chained and bound with heavy cords.

Alabama reveals in her jails, and in many poor dwellings, cor-

responding scenes. In 1846 and 1848, I traced there poor creatures in situations truly revolting and horrible. To record cases is but to repeat sad histories differing only in time and place, not in degrees of misery. So also in Louisiana and Mississippi, in the same years. There are not, at the lowest estimate, less than fourteen hundred in these three last-named States.

In Texas it is said insanity is increasing. I have seen several patients brought hence for hospital treatment, bound with cords and sorely bruised.

In Arkansas, the insane and idiots are scattered in remote districts. I found it often exceedingly difficult to ascertain precisely their circumstances. These were no better—and worse they could not be—than were the indigent, and not seldom the affluent, in other States.

In Tennessee, the insane and idiotic population, as in Kentucky, is numerous and increasing. *The same methods of confinement to cabins, pens, cells, dungeons, and the same abandonment to filth, to cold, and exposure, as in other States.*

In Kentucky, I found one epileptic girl subject to the most brutal treatment, and many insane in perpetual confinement. Of the *idiots* alone, supported by the State at a cost of 17,500 dols. 62 c., in indigent private families, and of which class there were in 1845 *four hundred and fifty*, many were exposed to severest treatment and heavy blows from day to day, and from year to year. In a dreary block-house was confined for many years a man whose insanity took the form of mania. Often the most furious paroxysms prevented rest for several days and nights in succession. No alleviation reached this unhappy being; without clothes, without fire, without care or kindness, his existence was protracted amidst every horror incident to such circumstances. *Chains in common use.*

In Ohio, the insane population, including idiots, has been greatly underrated, as I am fully satisfied by repeated but interrupted inquiries in different sections of the State. The sufferings of a great number here are very distressing, corresponding with those referred to in New York and in Kentucky. *Cells and dungeons, unventilated and uncleansed apartments, severe restraints, and multiplied neglects abound.*

Michigan, it was stated, had sixty-three insane in 1840. I think it a moderate estimate, judging from my investigations, reaching no further north than Jackson and Detroit, that the number in 1847 exceeded two hundred and fifty. I saw some truly afflicted and lamentable cases.

Indiana, traversed through its whole length and breadth in 1846, exhibits the usual forms of misery wherever the insane are found; and of this class there cannot be, including idiots and epileptics, less than nine hundred. *I found one poor woman in a smoke-house, in which she had been confined more than twenty years.* In several poorhouses, the insane, both men and women, were chained to the floors, sometimes all in the same apartment. Several were confined



in mere pens, without clothing or shelter; some furious, others for a time comparatively tranquil. The hospital now about to be opened, when finished, will not receive to its care one patient in ten of existing cases.

Illinois, visited also in its whole extent in 1846, has more than four hundred insane, at the most moderate estimate. Passing into a confined room in the poorhouse at G——, I saw a cage constructed upon one side of the room, measuring six feet by three. "There," exclaimed the keeper, with emotion, "there is the best place I have to keep a madman, a place not fit for a dog, a place where they grow worse and worse, and, in defiance of such care as I can give, become a nuisance to themselves and every one in the neighbourhood. We want hospitals, Miss; we want hospitals; and more means for the crazy everywhere." I found crazy men and women in all sorts of miserable conditions; sometimes, as in Georgia, &c., &c., strapped upon beds with coarse hard strips of leather; sometimes chained to logs, or to the floor of wretched hovels; often exposed to every vicissitude of the climate. But I limit myself to one more example. It was an intensely hot day when I visited F. He was confined in a roofed *pen*, which enclosed an area of about eight feet by eight. The interstices between the unhewn logs admitted the scorching rays of the sun then, as they would open way for the fierce winds, and drenching rains, and frosts of the later seasons. The place was wholly bare of furniture—*no bench, no bed, no clothing*. His food, which was of the coarsest kind, was pushed through spaces between the logs; "fed like the hogs, and no better," said a stander-by. His feet had been frozen by exposure to cold in the winter past. Upon the shapeless stumps, aided by his arms, he could raise himself against the logs of the pens. In warm weather this wretched place was cleansed once a week or fortnight; not so in the colder seasons. "We have men called," said his sister, "and they go in and tie him with ropes, and throw him out on the ground, and throw water over him, and my husband cleans out the place." But the expedient to prevent his freezing in winter was the most strangely horrible. In the centre of the pen was excavated a pit, six feet square and deep: the top was closed over securely; and into this ghastly place, entered through a trap door, was cast the maniac, there to exist till the returning warm weather induced his care-taker to withdraw him: there, without heat, without light, without pure air, was left the pining, miserable maniac, whose piteous groans and frantic cries might move to pity the hardest heart.

In Missouri, visited in 1846 and 1847, multiplied cases were found in pens, in stalls, in cages, in dungeons, and in cells; men and women alike exhibited the most deplorable aspects. Some are now dead, others still live only to experience renewed troubles of mind, and tortures of the flesh.

Let these examples suffice; others daily occur. Humanity requires that every insane person should receive the care appropriate

to his condition, in which the integrity of the judgment is destroyed, and the reasoning faculties confused or prostrated.

Hardly second to this consideration is the civil and social obligation to consult and secure the public welfare; first, in affording protection against the frequently manifested dangerous propensities of the insane; and second, by assuring seasonable and skilful remedial cares, procuring their restoration to usefulness as citizens of the republic, and as members of communities.

Under ordinary circumstances, and where there is no organic lesion of the brain, no disease is more manageable or more easily cured than insanity; but to this end special appliances are necessary, which cannot be had in private families, nor in every town and city; hence the necessity for hospitals, and the multiplication, *not enlargement*, of such institutions. The citizens of many States have readily submitted to increased taxation, and individuals have contributed liberal gifts, in order to meet these imperative wants. Hospitals have been constructed, and well organized. The important charge of these has been in most instances confided to highly responsible and skilful physicians; men whose rank in morals and in intellect, while commanding the public confidence, has wrought immeasurable benefits for hundreds and thousands of those in whom, for a time, the light of reason had been hidden.

But while the annual reports emanating from these beneficent institutions record eminent successes in the cure of *recently* developed cases, the provision for the treatment of this malady in the United States is found wholly insufficient for existing necessities, as has been already demonstrated in preceding pages.

To confide the insane to persons whose education and habits do not qualify them for this charge, is to condemn them to a mental death. The keepers of prisons, the masters of poorhouses, and most persons in private families, are wholly unacquainted with bodily and mental diseases, and are therefore incapable of the judicious application of such remedial measures, moral, mental, and medical, as are requisite for the restoration of physical and mental health. Recovery, even of recent cases, not submitted to hospital charge, is known to be very rare; a fact readily demonstrable by examples, and by figures, if necessary. It may be more satisfactory to show the benefits of hospital treatment, rather than dilate upon the certain evils of prison and almshouse neglects or abuses, and domestic mismanagement.

Under well-directed hospital care, *recovery is the rule—incurable permanent insanity the exception.*

Dr. Luther V. Bell, in one of his reports, shows that "*all cases certainly recent, whose origin does not date back, directly or obscurely, more than one year, recover under a fair trial.*" And, again, in his report of 1843-'44, he remarks, that "*in regard to the curability of insanity, in its different manifestations, there can be no general rule better established than that this is in direct ratio of the duration of the symptoms.*"

Dr. Ray repeats and confirms these opinions.

Dr. Chandler stated, in 1843, that his experience proved that the earlier the patient was placed under hospital treatment, *the more sure and speedy* was the recovery.

Dr. Brigham repeatedly states, in his reports, that more than *eight out of ten recent cases recover*, while not more than one in six of the old cases are cured.

Dr. Rockwell's reports corroborate these views.

Dr. Butler states that *delay* of appropriate treatment rapidly diminishes the chances of recovery.

Dr. Kirkbride declares that the general proposition that "truly recent cases of insanity are speedily curable, and chronic only occasionally, ought to be everywhere understood."

Dr. Awl, writing on this subject, says: "*Public safety, equity, and economy*, alike require that this should be so."

Dr. Earle shows that "*there are few acute diseases from which so large a per centage of the persons attacked are restored.*"

Drs. Woodward, Stribling, Parker, Allen, Buttolph, Stedman, and others, also support, in this country, the same opinions; while the long list of able and well-known distinguished writers on insanity, and the physicians of the hospitals, on the other side of the Atlantic, place the question beyond doubt.

The following tables, prepared from the records of one hospital, afford a single illustration of the views above advanced, and show the duration of insanity before the admission of the 280 patients received in five consecutive years.

*Table showing the duration of insanity before admission to the hospital.*

	Total.	1833.	1834.	1835.	1836.	1837.
Less than one year . . .	280	48	56	49	54	73
From 1 to 5 . . .	181	20	29	37	37	58
5 to 10 . . .	86	27	14	17	13	15
10 to 20 . . .	71	31	8	6	11	15
20 to 30 . . .	23	12	4	1	2	4
30 to 40 . . .	8	3	1	1	2	1
Unknown . . .	36	12	6	7	6	5

*Table showing the comparative curability of a given number of cases healed at different periods of Insanity, as introduced to hospital care.*

	Total cases	Total of each sex	Cured or curable	Not cured or incurable
Less than one year's duration,	232—Men	. 123	110	13
	Women	. 109	100	9
From one to two years' duration,	94—Men	. 49	31	18
	Women	. 45	32	13
From two to five years,	109—Men	. 65	18	47
	Women	. 44	18	26
From five to ten years,	76—Men	. 40	5	35
	Women	. 36	4	32
From ten to fifteen years,	56—Men	. 35	2	33
	Women	. 21	1	20

An author of profound research and high intellectual endowments, in a work which was first published some years since in several foreign languages, and has since been reproduced in this country, states that "*the general certainty of curing insanity in its early stage is a fact which ought to be universally known, and then it would be properly appreciated and acted upon by the public.*"

Dr. Ellis, director of the West Riding Lunatic Hospital, England, stated in 1827, that of 312 patients admitted within three months after their first attack, 216 recovered; while, in contrast with this, he adds that of 318 patients admitted, who had been insane for upwards of one year to thirty, only 26 recovered. In La Salpêtrière, near Paris, the proportion of cures of recent cases was, in 1806-'7, according to Dr. Veitch's official statement, as nearly *two to three* cured, while only five out of 152 old cases recovered. Dr. Burrows stated, in 1820, that of recent cases under his care, 91 in 100 recovered; and in 1828, that the annual reports of other hospitals, added to his own larger experience, confirmed these observations. Dr. Willis made to Parliament corresponding statements. At the Senavra hospital, near Milan, the same results appeared upon the annual records.

But *cure* alone, manifestly, is not the sole object of hospital care: secondary indeed, but of vast importance, is the secure and comfortable provision for that now large class throughout the country, the incurable insane. Their condition, we know, is susceptible of amelioration, and of elevation to a state of comparative comfort and usefulness.

Insanity prevails, in proportion to numbers, most among the educated, and, according to mere conventional distinctions, in the highest classes of society. But those who possess riches and a liberal competency are few, compared with the toiling millions; therefore the insane who are in necessitous circumstances greatly out-number those whose individual wealth protects them usually from the grossest exposures and most cruel sufferings.

I have seen very many patients who had been confined for years in stalls, cages, and pens, and who are reduced to the most abject moral, physical, and mental prostration, removed to the hospitals, divested of chains, fetters, and filthy garments; bathed, clothed, nursed, and nourished with careful kindness; whose improvement was, according to constitution and the nature of the disease, more or less rapid, and who in a few months became the most able laborers, under constant direction, upon the hospital farms, in the gardens, shops, and barns; and while these labors engaged the men, the women were no less busily occupied in the washing and ironing rooms, in the seamstress and dress-making apartments, and about various household daily recurring labors. These might never recover the right exercise of reason—might never be able to bear the excitement of society and the vicissitudes of life abroad; but, subject to judicious direction, be as cheerful and comfortable as the

malady permits; occasional recurrence of paroxysms sometimes disqualifying from the exercise of ordinary employments. A few examples may not be without interest. A young man who for ten years had been confined in an out-building of a poorhouse, in Rhode Island, who was chained and neglected, by the interposition of a visitor was released and removed to the Mc Lean Asylum, in Massachusetts. In a few weeks he recovered the use of his limbs, so as to adopt a little voluntary exercise. Gradually he improved so as to follow the gardener; at first merely as an observer, but after a time as an efficient laborer, always cheerful and ready for employment; but he was never restored to mental health. In the same institution a young lady, insane for several years, and classing with the incurables, supports her own expenses, by the use of her needle, making the most tasteful and beautiful articles which find a ready sale. Many besides are employed variously; several draw very beautifully, observing the proportions and rules of art with great exactness.

In 1836, a raving maniac was conveyed to the State Hospital; he refused to be clothed, committed every sort of extravagance, and months passed before he was sufficiently composed to address himself to any useful employment. Gradually, however, he resorted to the carpenter's shop, amused himself with the tools, but finally applied to useful work, and, with few intervals, has since been able to accomplish a large amount of productive labor.

Another patient, who was confined nearly four years in a county prison, had several violent paroxysms: his mind is never entirely free from delusion; he speaks of his excitements—knows he is insane, and unsafe to be at large: is now ordinarily quiet, pleasant, and good tempered. He is an ingenious mechanic; makes correct observations on common things, but exhibits strange fancies and delusions upon all spiritual concerns. He labors diligently and profitably most of the time.

I do not recollect a more satisfactory illustration of the benefit of hospital care upon large numbers of incurable patients, brought under improving influences at one and the same time, than is afforded in the first opening of the hospital for the insane poor at South Boston. Prior to 1839, the insane poor of Suffolk county were confined in a receptacle in rear of the almshouse; or rather all those of this class who were furiously mad, and considered dangerous to be abroad upon the farm grounds. This receptacle revealed scenes of horror and utter abomination such as language is powerless to represent. These wretched creatures, both men and women, exhibit cases of long standing, regarded past recovery, their malady being confirmed by the grossest mismanagement.

The citizens were at length roused to a sense of the enormity and extent of these abuses, matched only, it is believed, (except in individual cases,) by the vile condition of the English private madhouse, as thrown open to the inspection of Parliamentary com-

missioners, within the last thirty years. The monstrous injustice and cruelty of herding these maniacs in a hall filled with cages, behind the bars of which, all loathsome and offensive, they howled, and gibbered, and shrieked, and moaned, day and night, like infuriated wild beasts, moved the kindling sensibilities of those heretofore ignorant or indifferent. The most sanguine friends of the hospital plan expected no more for these wretched beings than to procure for them greater decency and comfort; recovery of the mental faculties, for such as these, was not anticipated.

The new buildings were completed, opened, and a system of discipline adopted by Dr. Butler, the results of which I witnessed with profound interest and surprise. The insane were removed, disencumbered of their chains, freed from the remnants of foul garments, bathed, clothed, fed decently, and placed by kind nurses in comfortable apartments. Remedial means, medical and moral, were judiciously applied. Behold the result of a few months' care, in their recovered physical health, order, general quiet, and well-directed employments. Now, and since, visit the hospital when you may, at neither set time nor season, you will find this class of *incurable* patients exercising in companies or singly, reading the papers of the day, or books loaned from the library; some busy in the vegetable, some in the flower gardens, while some are found occupied in the washing and ironing rooms, in the kitchen and in the sewing rooms. Less than one-sixth of those who were removed from the almshouse recovered their reason; but, with the exception of three or four individuals, they regained the decent habits of respectable life, and a capacity to be useful, to labor, and to enjoy occupation.

No hospital in the United States but affords abundant evidence of the capacity of the insane to work under direction of suitable attendants, and of recovery from utter helplessness to a considerable degree of activity and capacity for various employments.

I have seen the patient attendants, in many institutions, persevere day by day in endeavors to rouse, and interest, and instruct the demented in healthful occupations; and these efforts after a time have found reward in the gradual improvement of the objects of their care, and their acquisition of power to attend to stated healthful labors.

While the interests of humanity, those first great obligations, are consulted by the establishment of well regulated hospitals for the insane, political economy and the public safety are not less insured. The following table exhibits the advantage of largely extended and seasonable hospital care for the insane. I am indebted chiefly to the reports of Drs. Woodward and Awl for these carefully prepared records.

Table showing the comparative expense of supporting old and recent cases of insanity, from which we learn the economy of placing patients in institutions in the early periods of disease; from the report of the Massachusetts State Hospital, for 1843. By Dr. Woodward.

No. of old cases.	Present Age.	Time insane, in years.	Total expense, at 100 d. a year, before entering the hospital, & 132 d. a year since; last year 120 d.	Number of recent cases discharged.	Present Age.	Time insane, in weeks.	Cost of support, at 2 d. 30 c. per week.
			d.				d. c.
2	69	28	3212	1622	30	7	16 10
7	48	17	2004	1624	34	20	46 00
8	60	21	2504	1625	51	32	73 60
12	47	25	2894	1635	23	28	64 40
18	71	34	3794	1642	42	40	92 00
19	59	18	2204	1643	55	14	32 20
21	39	16	1993	1645	63	36	82 80
27	47	16	1994	1649	22	40	92 00
44	56	26	2982	1650	36	28	64 40
45	60	25	2835	1658	36	14	32 20
102	53	25	2833	1660	21	16	36 80
133	44	13	1431	1661	19	27	62 10
176	55	20	2486	1672	40	11	25 70
209	39	16	1964	1676	23	23	52 90
223	50	20	2364	1688	23	11	25 70
260	47	16	2112	1690	23	27	62 10
278	49	10	1424	1691	37	20	46 00
319	53	10	1247	1699	30	28	64 40
347	58	14	1644	1705	24	17	39 10
367	40	12	1444	1706	55	10	23 00
400	43	14	1644	1709	17	10	23 00
425	48	13	2112	1715	19	40	92 00
431	36	13	1412	1716	35	48	110 40
435	55	15	1712	1728	52	55	126 50
488	37	17	1912	1737	30	33	75 90
		454	54,157			635	1461 30

From Dr. Awl's reports of the Ohio institution, we extract the following tables:

In the report of 1840, the number of years that the twenty-five old cases had been insane was 413; the whole expense of their support during that time, 47,590 d.; the average, 1,903 d. 60 c. The time that the twenty-five recent cases had been confined was 556 weeks; the expense, 1,400 d.; the average, 56 d.

	d.	c.
In 1841, whole cost of twenty-five old cases . . . . .	49,248	00
Average . . . . .	1,969	00
Whole cost of twenty-five recent cases . . . . .	1,330	50
Average . . . . .	52	22
In 1842, whole expense of twenty-five old cases . . . . .	50,611	00
Average . . . . .	2,020	00
Whole expense of twenty-five recent cases . . . . .	1,130	00
Average . . . . .	45	20

In this institution in 1843, twenty old cases had cost . . . . .	44,782 00
Average cost of old cases . . . . .	2,239 10
Whole expense of twenty recent cases till recovered . . . . .	1,308 30
Average cost of recent cases . . . . .	65 41
In the Massachusetts State Lunatic Asylum, in 1843, twenty-five old cases had cost . . . . .	54,157 00
Average expense of old cases . . . . .	2,166 20
Whole expense of twenty-five recent cases till recovered . . . . .	1,461 30
Average expense of recent cases . . . . .	58 45
In the Ohio Lunatic Asylum, in 1844, twenty-five old cases had cost . . . . .	35,464 00
Average expense of old cases . . . . .	1,418 56
Whole expense of twenty-five recent cases . . . . .	1,608 00
Average expense of recent cases . . . . .	64 32
In the Maine Lunatic Hospital, in 1842, twelve old cases had cost . . . . .	25,300 00
Average expense of old cases . . . . .	2,108 33
Whole expense of twelve recent cases . . . . .	426 00
Average expense of recent cases . . . . .	35 50
In the hospital, at Staunton, Va., twenty old cases had cost . . . . .	41,633 00
Average expense of old cases . . . . .	2,081 65
Whole expense of twenty recent cases . . . . .	1,265 00
Average expense of recent cases . . . . .	63 25

It will be said by a few, perhaps, that each State should establish and sustain its own institutions; that it is not obligatory upon the general government to legislate for the maintenance of State charities, by supplying the means of relief to individual sufferers. But may it not be demonstrated as the soundest policy for the federal government to assist in the accomplishment of great moral obligations, by diminishing and arresting wide-spread miseries, which mar the face of society, and weaken the strength of communities?

Should your sense of moral responsibility seek support in precedents for guiding present action, I may be permitted to refer to the fact of liberal grants of common national property made, in the light of a wise discrimination, to various institutions of learning; also to advance in the new States common school education, and to aid two seminaries of instruction for the deaf and dumb, viz., that in Hartford, Connecticut, and the school at Danville, in Kentucky, &c.

But it is not for one section of the United States that I solicit benefits, while all beside are deprived of direct advantages. I entertain no sectional prejudices, advance no local claims, and propose the advancement of no selfish aims, present or remote.

I advocate the cause of the much suffering insane throughout the entire length and breadth of my country. I ask relief for the east and for the west, for the north and the south; and for all I claim equal and proportionate benefits.

I ask of the Senate and House of Representatives of the United States, with respectful but earnest importunity, assistance to the several States of the Union in providing *appropriate care and support for the curable and incurable indigent insane.*

I ask of the representatives of a whole nation, benefits for all



their constituents. Annual taxation for the support of the insane in hospitals is felt to be onerous, both in the populous maritime States, and in the States and Territories west of the Alleghanias. Much has been done, but much more remains to be accomplished, as I have endeavored to demonstrate in the preceding pages, for the relief of the sufferings and oppressions of that large class of the distressed for whom I plead, and upon whose condition I am solicitous to fix your attention.

I ask for the people that which is already the property of the people; but possessions so holden, that it is through your action alone they can be applied as is now urged.

The whole public good must be sought and advanced through those channels which most certainly contribute to the moral elevation and true dignity of a great people.

Americans boast much of superior intelligence and sagacity; of power and influence; of their vast resources possessed and yet undeveloped; of their free institutions and civil liberty; of their liberally endowed schools of learning, and their far-reaching commerce: they call themselves a mighty nation; they name themselves a great and wise people. If these claims to distinction above most nations of the earth are established upon undeniable premises, then will the rulers, the political economists, and the moral philosophers of other and remote countries, look scrutinizingly into our civil and social condition for examples to illustrate the greatness of our name. They will seek not to measure the strength and extent of the fortifications which guard our coast; they will not number our vessels of war, or of commerce; they will not note the strength of our armies; they will not trace the course of the thousands eager for self-aggrandizement, nor of the tens of thousands led on by ambition and vain glory: they will search after illustrations in those God-like attributes which sanctify private life, and in that incorruptible integrity and justice which perpetuates national existence. They will note the moral grandeur and dignity which leads the statesman to lay broad and deep the foundations of national greatness, in working out the greatest good for the whole people; in effect, making paramount the interests of mind to material wealth, or mere physical prosperity. *Primarily*, then, in the highest order of means for confirming the prosperity of a people and the duration of government must be the education of the ignorant, and restoring the health and maintaining the sick mind in its natural integrity.

I will not presume to dictate to those in whose humane dispositions I have faith, and whose wisdom I cannot question.

I have approached you with self-diffidence, but with confidence in your impartial and just consideration of the subject submitted to your discussion and righteous effective decision.

I confide to you the cause and the claims of the destitute and of the desolate, without fear or distrust. I ask, for the thirty States of the Union, 5,000,000 acres of land, of the many hundreds of

millions of public lands, appropriated in such a manner as shall assure the greatest benefits to all who are in circumstances of extreme necessity, and who, through the Providence of God, are wards of the nation, claimants on the sympathy and care of the public, through the miseries and disqualifications brought upon them by the sorest afflictions with which humanity can be visited.

Respectfully submitted.

D. L. DIX.

Washington, June 23, 1848.

*Statement of the number of Insane and Idiots, from the uncorrected Census of 1840.*

States and Territories	White Persons		Colored		Total	Population	Proportion of Insane and Idiots to the whole
	Public charge	Private charge	Private charge	Public charge			
Maine . . . . .	207	330	56	38	631	501793	1 to 795
New Hampshire . . . . .	180	306	8	11	505	284574	1 to 563
Massachusetts . . . . .	471	600	27	173	1271	737699	1 to 580
Rhode Island . . . . .	117	86	8	5	216	108830	1 to 503
Connecticut . . . . .	114	384	20	24	542	309978	1 to 572
Vermont . . . . .	144	254	9	4	411	291948	1 to 710
New York . . . . .	683	1463	133	56	2340	2428921	1 to 1038
New Jersey . . . . .	144	225	46	27	442	373306	1 to 844
Pennsylvania . . . . .	469	1477	132	55	2133	1724033	1 to 808
Delaware . . . . .	22	30	21	7	80	78085	1 to 976
Maryland . . . . .	137	263	108	42	550	470019	1 to 852
Virginia . . . . .	317	735	327	54	1433	1239797	1 to 866
North Carolina . . . . .	152	428	192	29	801	753419	1 to 940
South Carolina . . . . .	91	285	121	16	513	594398	1 to 6158
Georgia . . . . .	51	243	108	26	428	691392	1 to 1615
Alabama . . . . .	39	193	100	25	357	590756	1 to 1655
Mississippi . . . . .	14	102	66	16	198	375651	1 to 1897
Louisiana . . . . .	6	49	38	7	100	352411	1 to 3524
Tennessee . . . . .	103	596	124	28	851	829210	1 to 974
Kentucky . . . . .	305	490	132	48	975	779828	1 to 799
Ohio . . . . .	363	832	103	62	1360	1519467	1 to 1117
Indiana . . . . .	110	377	47	28	562	685866	1 to 1220
Illinois . . . . .	36	177	65	14	292	476183	1 to 1630
Missouri . . . . .	42	160	50	18	270	383702	1 to 1420
Arkansas . . . . .	9	36	13	8	66	97574	1 to 1478
Michigan . . . . .	2	37	21	5	65	212267	1 to 3265
Florida . . . . .	1	9	12	.	22	54477	1 to 2476
Wisconsin . . . . .	1	7	3	.	11	30945	1 to 2813
Iowa . . . . .	2	5	4	.	11	43112	1 to 3919
Dis't Columbia . . . . .	1	13	4	3	21	43712	1 to 2081
Total . . . . .	4333	10192	2103	829	17457	17069453	1 to 977

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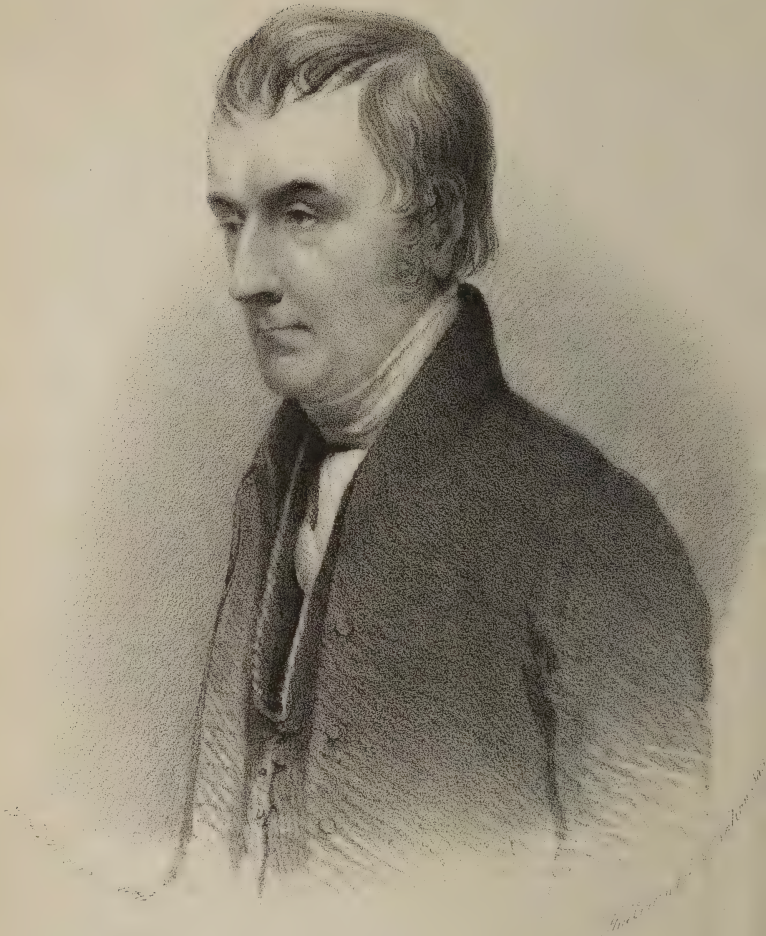
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# THE ASYLUM JOURNAL

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### *Obituary of Samuel Tuke, of York.*

The decease of this eminent promoter of the interests of the insane, an honorary member of our association, is thus commented upon in the pages of a journal in his native city.

“Our obituary of this day will recall a name, fraught with no common interest, to many of our citizens. Recollections worthy of being retraced will be aroused in some minds, a sympathetic feeling in many, a respectful recognition of departed worth, perhaps we may say, in all.

It is one of the most interesting features of the social framework of Britain, that while it recognises the distinctions of feudal rank, and records the exit of each worthy head of a time-honored house, as in some sort the property of the nation, not the less through the various gradations of the scale does it appreciate the successful citizen, the independent yeoman, or even the lowly mechanic, if such an one, filling worthily his station, or rising to a higher sphere, has left to his successors incentives to the like honorable course, “footprints on the sands of time.”

Of the burgher or citizen class, was the immediate family of Samuel Tuke. The name of Tuke, early scattered in the counties of Nottingham and South Yorkshire, appears in the seventeenth century in the city of York, where the ancestor of the subject of this sketch, having embraced the principles of the Quakers, suffered imprisonment in consequence, in “Ouse Bridge Prison,” in the year 1660.

Samuel Tuke was the eldest grandson of William Tuke, who died in 1822, at the patriarchal age of 90, and whose name is so well known as the founder of the Friends’ Retreat, near York, in 1792, and as the originator in this country of those principles in the treatment of insanity, which, in their

progress, have so much contributed to the alleviation of human suffering.

William Tuke's eldest son, Henry Tuke, died at the comparatively early age of 58, not less honored and beloved than his father.

Samuel Tuke, the only son of Henry, who lived to maturity, was born 31st July, 1784. He early co-operated with his grandfather and father in their philanthropic labours. To the subject of insanity especially, as is well known, he devoted a large portion of his time, and in the course of his life was the author of several works which are well known on the Continent and in America, as well as in this country. His "Description of the Retreat" was published in 1813, and led to very remarkable consequences, consequences which the author himself had never ventured to anticipate. Steadily did he pursue his labours in the great work of bettering the condition of the insane, not only by his writings, but by the unremitting attention which he paid to the welfare of the Retreat, of which he was the treasurer for thirty years. Not inaptly has he been called "the Friend of the Insane."

In 1840, he edited the work of a German physician, Dr. Jacobi; in the introduction to which he fully expresses his views in regard to the provision for the insane, and their moral management, with many practical directions regarding the construction of asylums.

But to many of the readers of this memoir (in this city) it is as the public man and the active citizen that Samuel Tuke will be chiefly remembered. To some, as the man of warm, deep, and abiding sympathies, in private life; to not a few by the earnestness, the deeply devotional spirit, the catholicity of feeling, yet lofty standard of Christian obligation, which marked his religious character.

He was never a party man. His mind was simply incapable of being so moulded. Every line of action which he adopted, however much it might provoke hostility in those who honestly took a different view, was simply the result of some great principle, firmly grasped and rigidly carried out. Thus, he early supported the concession of political privileges to the Roman Catholics, when a very different view might have been expected from association and training. Yet his mind was essentially conservative, in the sense of a deep feeling of the *venerable*—intense in proportion to the moral worth associated with it. Equally strong was his love of social order, his idea of government as the embodiment of a governing moral force.



The period of his life comprised events of no ordinary political interest and importance—the contested election for the county of York in 1807 ; the abolition of the Slave Trade, and the struggle for the extinction of the system of Slavery ; the Reform Bill of 1832, and the carrying out of its spirit and principles, may be mentioned as subjects in which, he felt and manifested a warm interest.

There was, we believe, only one occasion on which he appeared before the public in any sense as a political partisan. In the year 1833, on the election of the Hon. Thomas Dundas, to fill a vacancy in the representation of the city of York, having been himself solicited to stand, he gave the full weight of his eloquence in support of that gentleman. This was very much prompted by an ardent wish to carry out those principles to which we have already alluded, and which, in his mind, were inseparably connected with the idea of a true Reform in the representation.

It was, however, in support of the claims of the British and Foreign Bible Society—in Anti-Slavery efforts—the cause of Scriptural Education of the poor—and various movements of a philanthropic or religious character that his influence and his voice were most frequently exerted.

We might, were it needful, enumerate the various charitable institutions of the city, as partakers of his pecuniary or active personal assistance. Judicious Benefit Societies for the Working Classes—Sanatory Reform—his active and unremitting exertions when guardian of the poor—will naturally be suggested to the minds of those who may have watched his public life, or shared his labours. In this last named capacity, his sympathy with suffering and intense aversion to anything bordering upon oppression, were obvious features of his character.

Samuel Tuke's mind was a rare combination, comprising a sound judgment, with no small measure of more shining qualities. To a vigorous and perceptive intellect, he united a vivid imagination, and a strong sense of the beautiful. He was therefore a man of taste—rigidly correct *taste*. His eloquence, though somewhat unequal, was of a striking and often lofty character. There was a masterly comprehension of an idea—forcible, clear, and well-enunciated expression. On certain occasions the clear summing up of conflicting arguments, and the delivery of a lucid judgment with calm precision, yet always with a certain warmth of feeling, elicited a display of mental power not easily forgotten.

The preceding slight outlines will be readily filled up by

those who knew the man,—not less readily when we allude to him as the kind neighbour, the unwearied benefactor to the poor, or the fellow-citizen, sharing in

———“the talk  
Man holds with week-day man in the hourly walk  
Of the mind’s business.”

We must not omit to say that Samuel Tuke was a man of business. He was long the head of a prosperous firm, succeeding to the concern founded by his grandfather, now about a century ago. The unfailing energy and varied talents of a mind at home in far higher pursuits, precluding him from being less than the presiding mind of the whole, these were best understood by persons brought into intimate association with him in this character.

The sanctuary of the domestic hearth with such a mind was indeed a sanctuary; and only the large and happy family who revered him as a parent can fully understand the associations which this allusion may call forth. After eighteen years of married life, he was called upon to endure the severest trial which human affection can undergo. But the man, or rather the Christian, though “cast down was not destroyed;” and soon was he again active in the field of duty, with energies only deepened by the shade of sorrow. His active intellect hardly seemed to admit of repose. It had been well, indeed, if such a mind had had more of the disposition to relax. Playfulness was not an element in his character, which was naturally stern, but not the less was there the flow of natural wit, and at times a chastened humour more delightful still. His religious character may be touched upon—briefly, because of the sacredness of the subject—confidently, because it was the substratum of his moral being—at once the spring and the regulator of his energies. We would fain appeal to those, who, alas! are no more household names in our city—the names, well recognised in their day, of William Gray, John Graham, Anthony Thorpe, Thomas Wemyss—as members of a vanished circle (as we can confidently to not a few still living), who would instantly appreciate the soundness and stability of his Christian character.

As a member of the religious Society of Friends, by conviction as well as by birth, he was, as in everything else, the active exemplar of the principles he adopted. He carried them out for himself, even in their remoter bearings; but surely we need not again say that Samuel Tuke belonged less to a sect, than to the universal Christian church.

As a minister of the gospel in his own society, he will long be remembered. It may be sufficient to say that here there was evidence of the same characteristic power. With a deep and reverent appreciation of the sacred truths he had to deliver, there was a clear and sound expression. In his ministry, as in his life, there was the evidence of talents consecrated to the service of Christ. In the reception of that Saviour as his Redeemer, lay the secret of his spiritual strength. A life of activity and of power, but how far removed from the self-activity of the worldling! Though by nature he was no common man, "by the grace of God he was what he was."

Samuel Tuke retired almost entirely from public life in the winter of 1848, in consequence of a slight paralytic seizure. This was followed by greatly enfeebled health, and subsequently by renewed attacks of paralysis, which, for the last few years of his life, confined him to his bed chamber. A severe attack on the 12th instant, producing a state of entire unconsciousness, was the cause of his decease two days afterwards."

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To the foregoing sketch from the *York Herald*, of October 17, 1857, we add some particulars respecting the life and character of our late Associate, in connexion with the treatment of the insane.

From an early age the subject of this biographical notice took a warm interest in the condition of the insane. It followed naturally, as he has himself stated, from the active part which his progenitors (especially his grandfather, William Tuke) were taking in the foundation and management of the Retreat, when he was young. He soon began to enjoy visiting the house and its inmates: then he was led to make independent observations: and he in this way gradually prepared the materials for a work, on the subject which had thus, so early and so completely, rivetted his attention.

The earliest reference made in his private memoranda, to the subject of insanity, is in the Autumn of 1810, and is as follows:—

"I intend to collect all the knowledge I can on the theory of insanity, the treatment of the insane, and the construction of lunatic asylums. For this purpose, to collect and compare facts, rather than books. Also, to avail myself of any opportunity of ascertaining the state of lunatic paupers in places where I may happen to

travel, and report the accounts, along with those I already possess, to the editor of *The Philanthropist*."

In the following year an article appeared in this periodical "On the state of the Insane Poor." He there states that he was more especially induced to take an interest in the condition of pauper lunatics, "by a conversation in a stage-coach, which led me to visit the workhouse of a city in the South of England." The account which he proceeds to give of this visit is of interest, not only because it powerfully influenced his own mind, but because it exhibits the then miserable condition of the workhouse lunatic "condemned," as the writer observes, "to abodes and to treatment, which must shock the most callous feelings."

"I was introduced," he adds, "by a humane and respectable friend to one of the guardians of the institution (the aforesaid workhouse) who with great civility accompanied us to the house. On enquiry for the nurse of the insane paupers, and stating the object of our visit, we were led into a small yard, at a short distance from the principal building, in which were four cells or rooms arranged on one side, and adjoining to each other. We descended into them by one step, and their size was sufficiently large for the accommodation of one inhabitant. At the further end of the cell was a platform of wood attached to the wall, which was intended for the patient's bed. In two of the cells, all the light and air which could be admitted passed through an iron grating in the door, so that the air could not be excluded without entirely darkening the apartment. In each of these cells a female was confined; but I cannot describe my feelings and astonishment, when I perceived that the poor women were absolutely without any clothes. The weather was intensely cold, and the evening previous to our visit the thermometer had, I believe, been 16 degrees below freezing point. One of these forlorn objects lay buried under a miserable covering of straw, without a blanket or even a horse-cloth to defend her from the cold. The situation of the other was no less deplorable; she was buried in straw in the corner of the cell, on the left hand of the door, probably to be less exposed to intrusive observation. Her aspect bespoke much more bodily than mental disease, and she complained very much of the extreme cold. The grating of the door had been open, by her own desire, the whole of the preceding night; for she said she could not breathe comfortably without the admission of fresh air. She complained bitterly of not being allowed clothes, and appealed to the nurse to say

whether she had shewn any disposition to tear her clothes since she had attended upon her, which was a period of about twelve months. The nurse confessed that she had not shewn any violent propensities since she had known her, but stated that she understood the poor woman had had a violent paroxysm a short time previous to her being employed in that department. She further asserted, that during the whole time, the master or mistress of the house had never visited the cells of these unhappy beings. . . . In another cell, which only differed from those I have described by having a small casement, which admitted light, a man was confined. . . . He had some clothes on, but his bed, like the others, was only straw, and his leg was chained to the wooden erection at the end of the cell."

The writer adds that the master always objected to any alteration, on the ground that they would not wear clothes, and that it would be dangerous to admit them to any greater amount of liberty. Flannel dresses were, however, sent to the workhouse after the visit, "which they wore with great thankfulness, and invoked many blessings on the givers."

In reference to the *Guardians*, he does not hesitate to assert that "it was their bounden duty to visit, to examine; and no human being ought for a moment to doubt whether a fellow-creature, of the more delicate sex too, should be confined in a cold apartment, without fire and without clothes, at a season when all the conveniences of life were barely sufficient to preserve in the human frame a comfortable degree of warmth. We cannot sufficiently regret that apathy or timidity of mind which represses vigorous exertion on such an occasion. Surely, a mind actuated by the virtuous sympathies of our nature, would not have joined with comfort the warm social circle, or reposed his head on a soft pillow, whilst he knew that any one was enduring so many privations, and so much misery, which it was not only in his power, but was his duty to relieve." Truisms, these, *now*, but by no means so in 1811.

About the same time, in reply to inquiries made in America respecting the Retreat, he published some particulars in regard to its management in an American periodical. The "Description of the Retreat," which he began to write at the commencement of the year 1811, and published in 1813, is by no means confined to an historical sketch of its origin and progress, but enters fully into "the modes of treatment" pursued at this Institution, accompanied by "a

statement of cases." A more correct title for the work, and one which afterwards suggested itself to him, would perhaps have been, "An Essay on the Moral Management of the Insane, in which the Practices of the Retreat in this respect are fully stated and illustrated."

The feeling which prompted the preparation and publication of this book will be best evinced by the following memorandum made by the author after entering in his Journal, "Received from the Printer a copy of my 'Description of the Retreat.'"

"This work was commenced under a deep sense of the sufferings of the insane. Their afflictions have often been present with me in my retirement before God, and my prayer has been that, for the poor and needy who have no helper, He would arise. May He prosper this imperfect effort to awaken the public sympathy towards them."

His desire was granted in the effect produced by his work, not only on the York Lunatic Asylum, but on Asylums generally. Writing in 1815, a well known London Physician observes, "Already, the original stimulus of the Retreat, and the Report of a new institution for the cure of the insane, have had a most beneficial effect upon the private establishments near London. They now endeavour to make a boast of their care and attention to the poor lunatics."

From Russia, Germany, Switzerland, &c., and from the United States of America, the author received numerous letters asking for information and assistance in the endeavour to improve existing asylums or erect new ones. In England from this period, he maintained a large correspondence with those interested in the improvement of the condition of the insane, and in the construction of asylums.

It may not be uninteresting to recall the part which he took in the exposure of the abuses existing in the management of the old York Asylum. Shortly after the work had been in the hands of the public, which described the system of treatment pursued at the Retreat, a letter made its appearance in the *York Chronicle* (Sept. 25, 1813) written by the physician and "sole manager" of the Asylum and signed "Evigilator," which commences thus:—

"When a vessel or a fort becomes the subject of attack, it matters not whether hostilities be carried on by storming, boarding, grape or shells, or by sapping, mining, catamaran, or torpedo. The intended effect is the same, and the same necessity exists for active defence. In like manner, when an attempt is made to injure the reputation and interests of any public body, or private individual,

it is of little moment to the assailed party, whether the measure be adopted by open libel or masked insinuation. If no means of defence are employed, the mischief may be equal from either method; and it is therefore equally incumbent on the object of either species of attack, to notice and repel it."

The only other paragraph we need cite for our present purpose, still more pointedly refers to the "Description of the Retreat." In this work, *Evigilator* asserts that "some highly indecorous and injurious insinuations were thrown out against other establishments, for the same purpose, the intended application of which no one could misunderstand; and which were as strikingly illiberal, as they were grossly unfounded."

In the next number of the newspaper appeared the following reply, signed "S. Tuke."

"In your last week's paper, you have inserted a letter under the signature of '*Evigilator*,' in which is the following paragraph. [Here follows the passage already cited.] As the author of the book alluded to in the preceding paragraph, I must beg leave to say a few words in reply.

"Your readers will, doubtless, have observed, that the very serious charges which '*Evigilator*' has exhibited against me are not supported by any quotation, or even a reference to any particular passages in the book in question. I might perhaps, therefore, have been satisfied with calling on your correspondent to support his accusations by evidence, and have reserved the whole of my defence till I should learn the particular instances of my imputed fault. I cannot, however, refrain, in the meantime, from so far endeavouring to unprejudice the public, as to declare that the remarks which are made on the frequent inhuman treatment of the insane were not directed against any particular establishment. It is asserted that this unhappy class of people are too often treated in a most injudicious and barbarous manner; and if '*Evigilator*' wishes for instances, I regret to say it is in my power to produce many. It is also asserted that the general mode of treatment in the Retreat is more mild than that of most other establishments of a similar kind. If '*Evigilator*' deny this, I must request him to point out *many* institutions in which the use of chains is entirely discarded, and in which other modes of coercion are employed in an equally moderate degree, as is the case in the Retreat.

"It is neither affirmed nor insinuated in the work which has given so much offence, that bad practices exist in all establishments, or that there are not any institutions as well managed as the Retreat. Whence, then, has arisen this extreme tenderness in the mind of '*Evigilator*?' What would he think of a man who should feel himself personally insulted by the maxim of the Grecian sage, *the majority are wicked*; and the abuses in the management

of the insane are, I fear, hardly less notorious than the general depravity of mankind. I confess myself at a loss to conceive for what purpose 'Evigilator' has presented so warlike a front. I can assure him that the attitude he has assumed is far from having had any discouraging effect upon me.

"If anything which is said in 'The Description of the Retreat' is calculated to *sap* or *undermine* that detestable system of treatment to which the insane are too frequently exposed, I shall sincerely rejoice; and I assure 'Evigilator' that, so far from being alarmed by the attack he has made upon me, I will at all times be ready to defend, according to the best of my ability, the cause of this unhappy class of my fellow-creatures.

"One compliment I must pay 'Evigilator'; he thinks that 'it would be an act of culpable supineness to do otherwise than he has done.' Supineness is certainly the cause of most of the abuses in public establishments; and I ardently wish that the Governors and officers in establishments for the care of deranged persons, may be as jealous of the *existence* of abuses as your correspondent is of their *imputation*."

A humorous writer in the *Chronicle* of the week after, thus addresses the Editor, in a letter dated from Northalerton:—

"It is customary with travellers to call for the papers, containing intelligence of the important events which now attract the attention of all the world. After supper this evening, I indulged my usual appetite for news; and on two papers being brought to me, from a sort of instinctive partiality for Yorkshire, I seized the *York Chronicle*, in preference to a London paper, which was at the same time laid upon the table. The editor's summary account from the late gazettes pleased me much. I then read: 1st despatch—'Forced St. Cyr from a strongly entrenched camp.' 2nd despatch—'Melancholy fact of Moreau having lost both his legs.' 3rd document—'Important victory over Vandamme,' &c.

'My heart was filled with exultation at these glorious achievements of our Allies. Nothing less than the humiliation of the grand tyrant and the repose of all the world filled my imagination; when casually casting my eyes upon a column of the paper, parallel to that which contained this gratifying intelligence, I found an account of further hostilities having been carried on by 'storming, boarding, grape or shells, or by sapping, mining, catamaran, or torpedo.' Now, thought I, for the fall of Dresden! And who is the gallant general that has employed all these means? On look for the name and date, I discovered with astonishment, that 'York' was the scene of these tremendous military operations. In a fit of terror and surprise, the paper fell from my hand; by an involuntary impulse I rang the bell; and on the waiter entering, anxiously inquired if he had heard that the city of York had been blown into



the skies by some insidious revolutionists. With equal surprise, but to my great joy, he answered, 'No, sir, all was well there to-day when the coach left it.' Recovering a little from my confusion, I took courage to examine this article a little more carefully, and found it was addressed to 'the Editor of the *York Chronicle*,' and was occasioned by an alarm which one 'Evigilator' had taken at a mere report from the most *un-warlike* of all people, the inoffensive Quakers. \* \* \*

"My eyes inform me that the hour of rest has arrived; and not doubting, Mr. Editor, that I shall find, in the due course of my journey, your ancient city, with its Asylum and Retreat, standing just as they were, I subscribe myself, yours, &c., VIATOR."

The Physician of the Asylum appears again upon the field by way of reply to the letter of Mr. Tuke:

"Had any doubts remained on my mind of the accuracy of the allegations brought forward in my first letter, they would have been entirely removed by the replies which have been made to it. The charges I advanced, so far from having been disproved by evidence, or repelled by argument, not only remain entirely uncontroverted, but have gathered fresh strength from the very means employed for their refutation. Mr. Tuke's letter, which is penned, like his book, with considerable subtlety, and is strongly characterised by a spirit of equivocation, is so replete with pretensions to superior philanthropy, unfounded claims to the use of a milder and more humane system of treatment than is employed in other establishments for the insane, and with injurious insinuations against lunatic establishments in general, (not exempting or excepting *any*, though accused particularly of defaming *one*,) that I apprehend I should be furnished with a sufficient justification of the character I have given of his remarks, by referring to this production alone. I shall, however, add one quotation from his work, among the various passages it contains of a similar tendency. 'If it should be thought to afford satisfactory evidence in favour of a more mild system of treatment than has been generally adopted; if it should also prove, which I flatter myself it will, the practicability of introducing such a system into establishments for the insane poor, whose situation has in general been too pitiable for words to describe, I shall esteem myself peculiarly happy in this publication.' (Preface, p. 7.)

"It is here distinctly stated, that the practicability of introducing a system of mild treatment into these asylums still remains to be proved, which is a direct assertion that such a system has not yet been introduced into *any* establishment of the kind—a sufficient proof that it was the author's intention to *include* a neighbouring institution in his sweeping censure, and fully justifying the assertion already made, 'that his remarks were as strikingly illiberal as they were grossly unfounded.' Having exposed his insinuations

as far as was necessary for my purpose, I shall now take my leave of Mr. Tuke.

“As I have not the requisite degree of assurance to make a public proclamation of the superiority of an institution to which I profess myself to belong, and am, I trust, incapable of casting either direct or indirect aspersions on an establishment with which I have no connection; and as I have not yet acquired a sufficient share of *modesty* to intimate to the public that I have monopolised the possession of humanity and active benevolence, we cannot be considered as entering the lists upon equal terms. It is therefore my present intention, without the occurrence of very strong reasons to the contrary, not to enter into any further controversy on the subject.”

The following reply appeared in the next number of the *Chronicle*, (Oct. 14, 1813):

“I perceive by the last *Chronicle*, that ‘Evigilator’ is not satisfied with the vindication of myself from the charges which he has thought proper to produce against me. But as he has expressed an intention to withdraw from the controversy, unless circumstances should urge him to continue it, and as the points in dispute have been clearly identified, I shall not press my opponent much further, but for the present content myself with a few additional observations on the subject.

“I will not follow ‘Evigilator’ in the track of personal abuse. Happily, my cause does not require it; and it would ill become me to forget that truth, of which my inquiries into the experience and practice of the Retreat, have so often reminded me—

————— ‘Soft speech  
Is to distemper’d wrath, medicinal.’

‘Evigilator’ has asserted that, if other proof were wanted, my own vindication would be sufficient to justify his charges against me; but not willing to rest himself on this ground, he has produced a quotation from the preface to ‘The Description of the Retreat,’ which he appears to think is conclusive evidence in support of his assertions. The quotation is from page 7, and is as follows: ‘If it should be thought to afford satisfactory evidence in favour of a more mild system of treatment than has been generally adopted; if it should also prove, which I flatter myself it will, the practicability of introducing such a system into establishments for the insane poor, whose situation has in general been too pitiable for words to describe, I shall esteem myself peculiarly happy in this publication.’

“Here we are particularly at issue; and I readily commit myself to the judgment of the public, whether the manner of my vindication, or the terms in which I have expressed myself in the quotation just mentioned, can justly subject me to the charge of *defaming any particular institution*. I will only say in regard to

myself, that I have no personal interest whatever to induce me to extol the Retreat, nor could I derive the smallest advantage from depreciating 'Evigilator's,' or any other establishment; and not having filled any office in the institution I have described, by which the credit of its management could in any degree be imputed to myself, I had really no opportunity to evince that *modesty* on which 'Evigilator' has so kindly complimented me.

"That my own judgment in favour of the mild methods used at the Retreat may appear to have a warrantable foundation, I shall close this defence with an extract from an account lately published of the lunatic asylum at Edinburgh, which, I am authorised to state, comes from the pen of Dr. Duncan, sen., who visited the Retreat in the year 1812, after having seen most of the institutions of a similar nature in Britain: 'That the government of the insane requires a certain degree of restraint, both for the safety of the individual and of others, no one can doubt; but very different opinions have been entertained with regard to the utmost degree of coercion which is necessary in any case. Now, however, this point may be considered as in some degree settled by experience. The fraternity denominated Quakers have demonstrated, beyond contradiction, the very great advantage resulting from a mode of treatment, in cases of insanity, much more mild than was before introduced into almost any lunatic asylum, either at home or abroad. That fraternity have established in the neighbourhood of the city of York, *The Retreat*, as they term it—a building appropriated to deranged members of their own community. In the management of this institution, they have set an example which claims the imitation, and deserves the thanks of every sect and nation. For, without much hazard of contradiction from those acquainted with the subject, it may be asserted, that the Retreat at York is at this moment the best regulated establishment in Europe, either for the recovery of the insane, or for their comfort where they are in an incurable state.'"

At this juncture a third party wrote to the *York Herald*, a letter, in which he asks the following awkward questions:

"1. Having read the account of the Retreat soon after its publication, and feeling no such impression from it as that made on the mind of 'Evigilator,' I feel curious to know what other passages in the book, besides that already quoted, struck him as bearing upon the asylum in an invidious sense.

"2. After perusing in the same work, the *modes of coercion* employed, the inquiry naturally suggested itself, what are the modes used in the asylum? And, to speak more definitely, are the patients ever confined *with chains*? And if not, how long has this practice been discarded?

"3. The manner of receiving patients on their first admission into the Retreat, is described at page 146, and in other passages.

May I enquire what is the mode of treating a newly arrived patient at the asylum? Whether they are shut up in a room of seclusion, or if any methods are employed on the part of the keeper or others to intimidate the patient?

“4. Are the general principles in regard to the excitement of fear the same as at the Retreat, or of a more violent kind? Has there, in the average of any year, been the same small degree of coercion employed in the asylum, that is stated to be the case in ‘The Description of the Retreat?’”

To these enquiries Evigilator replied, not by affording any information, but by challenging his opponents to make a specific charge; adding that he should “only so far notice their malignant and slanderous insinuations, as to assert that they are *perfectly and utterly false*.”

Two days afterwards, the following appeared in the papers, written by the father of the author of the “Description,”—Henry Tuke.

“It really appears time to bring the long-protracted controversy, unwisely raised by ‘Evigilator,’ to a conclusion, which, as he declines answering the queries proposed by ‘Civis,’ there seems no use in continuing. His evasion of these queries, and the attempt by ‘A Governor of the Asylum’ to convert them into insinuations and charges, may suit his cause better than they will satisfy the public mind. Private maltreatment is not the subject of these queries, and therefore the ‘Governor’s’ challenge is misapplied. It is to the system, which is supposed to be less mild than that which is practised at the Retreat, that the queries of ‘Civis’ relate, and not to any particular case.

“Both the ‘Governor’ and ‘Irrisor’ assume a high tone, which they may consider as the best disguise of a bad cause. Like a modern warrior of *declining fame*, they claim victory where others consider them defeated. Their self-gratulations will add nothing either to their own credit or that of their cause. The asylum has been wrested from its original design; the poor are in a great measure excluded; and the institution, it is understood, is committed to the care of a physician and apothecary, without the interference of any Committee or Visitors, in the internal management. Thus, instead of being a public charity, it has become a source of private emolument, and ‘*hinc illæ lachrymæ*.’ Let the Governors turn their attention to this important subject, and seriously consider whether they are acting the part of good stewards of the trust reposed in them. It is to them only that the public can look for a reformation, and without their interference all altercation is fruitless.”

It now appeared no longer possible to evade the force of these various attacks, with anything like a good grace. Evi-

gilator, therefore, had no other course left than to publish the subjoined notice in the public papers, with his own name attached to it.

“YORK LUNATIC ASYLUM.

“In consequence of the reports which have been circulated, and the accusations which have been made against the York Lunatic Asylum, I think it right to apprise the public, that the next Quarterly Court, or meeting of the Governors, will be held at the Asylum, on Thursday, the second of December, at 12 o'clock; and if any persons whatsoever have anything to allege against the management or treatment of the patients, they are requested to take that opportunity of bringing forward their charges.

“York, Nov. 10, 1813.”

On the appearance of this notice, Mr. Tuke wrote to the *York Chronicle* as follows:

“‘Evigilator’ appears determined not to meet his opponents on their own ground. He at first appealed to the *public* on the subject of the York Asylum, but he now finds it more convenient to retire to his capitol, and magnanimously dares any one to fight him within his own walls. In your last paper, he appears with his own signature, and challenges any one to produce charges of mismanagement or maltreatment of the patients, at the next Quarterly Court, to be held at the Asylum on the 2nd of December. This is certainly a manœuvre worthy of a general so well versed in *military* tactics. He knows very well that the institution has not been publicly and expressly charged with maltreating the patients; and that, even on the supposition of this being the case, it would be almost impossible for any one out of the house to bring home the charge with incontrovertible evidence.

“The real subjects of complaint are, briefly, that the institution has been perverted from its original intention; that the means of preventing, detecting, and correcting abuses, which are provided in most other similar establishments, are not found provided for in the present economy of the York Asylum; and that a greater degree of responsibility is vested in the physician than ought to be reposed in any man, however honourable.

“Let not, therefore, the Governors be misled from the real subject of investigation; but let them revert to the first principles of their institution; let them restore it to its original foundation; let them establish rules and regulations for the prevention of abuses, similar to those which are generally provided in such establishments. Then, and not till then, the suspicions of the public will vanish, and a confidence will be felt, that if any cases of mismanagement or improper treatment should occur, they will be detected, be considered with impartiality, and be decided upon with a due regard to justice, humanity, and the real interests of the institution.”

Most fortunately, at this period of the controversy, when the reformers almost despaired of being able to prove that which they were certain existed—gross neglect and cruelty towards the inmates of the asylum—and when, in consequence of this absence of legal proof, they were obliged, as in the foregoing letter, to take a lower and milder ground for their attacks, a case came to light which, in the minds of all but the prejudiced governors of the asylum, amply justified all the suspicions which had been entertained. For the persevering investigation into the merits of this case, the public ought ever to feel grateful to Godfrey Higgins, Esq., one of the magistrates of the West Riding of York. Into the particulars of this patient's treatment, or of others, it is unnecessary now to enter.

It will readily be supposed, that during this controversy the founder of the Retreat felt warmly interested in the result. He had been the means of establishing a hospital for the insane, in consequence of the unsatisfactory condition of asylums generally, and especially of that at York; and now he witnessed the effects of the recognition by the public of the contrast between the two. Up to this point he had abstained from taking any part in the newspaper contest. Now, however, fearing an adverse decision on the part of a packed Court of Governors, respecting the patient whose treatment had been exposed by Higgins, he wrote as follows to the papers:

“It is confidently hoped that the CASE which has just appeared in the *York Herald*, with the controversy which has recently taken place respecting the asylum, will induce a general attendance of the Governors at the Quarterly Court, to be held on December 2nd. The following judicious regulations\* for the prevention and detection of abuses, in a class of institutions of all others the most exposed to them, are extracted from the rules of several respectable establishments, and are most respectfully submitted to the serious consideration of the Governors of the York Lunatic Asylum, by  
WILLIAM TUKE.”

The Governors met. To the great disappointment of those who were endeavouring to obtain reform, the Court decided that—

“The Governors having taken into their consideration the statement published in the *York* and other newspapers, respecting the treatment of William Vickars, lately a patient in this asylum, and having examined upon oath such wit-

\* These being of temporary interest only, are omitted here.

nesses as were competent to afford information on the same, are unanimously of opinion, that during the time that the said William Vickars remained in the asylum, he was treated with all possible care, attention, and humanity."

In reply to this astounding conclusion, a letter appeared in the *York Courant* of Dec. 6, written by Samuel Tuke, and signed "A Hater of Abuses:"

"I cannot refrain from wishing to call the attention of your readers, for a few moments, to the decision of the Quarterly Court of Governors of the York Lunatic Asylum, published in the last *Herald*, and which will, doubtless, also be found in your pages.

"It is stated in this publication, that such *witnesses* were examined upon oath in regard to the case of W. Vickars as were competent to give information. Will the public believe that these *competent witnesses* were no others than the managers and keepers of the asylum? The persons suspected of neglect, cruelty, and fraud, say, upon their oath, that they are perfectly innocent, and entirely contradict the facts stated by Vickar's wife and her sister; by Leach, Moat, and the two respectable surgeons of the name of Maples. Is it possible that, upon this mere denial of guilt by the parties accused, the Governors have formed their opinion, that 'during the time Wm. Vickars remained in the asylum, he was treated with all possible care, humanity, and attention!'

"Will not the public inquire why the pretended evidence upon which the decision of the court is founded is not published? As the public have heard the charges, justice to the asylum seems to demand that they should also hear the vindication. Englishmen are not accustomed to place implicit faith in declarations unsupported by proof. But will it be believed that in this *proper tribunal*, it was not deemed expedient to take down in writing the declarations which were received as evidence? Of course, any cross-examination must have been very imperfect. Let your readers inquire, which of the Governors whose names appear in the advertisement as having been present when the unanimous declaration was made on the case of Vickars, were actually in the room at the time, or whether several of them had not previously retired in disgust.

"The public must remember that there are four other cases of complaint, yet unnoticed by the Court of Governors. Let them not, therefore, imagine that the whole business is decided. What light these cases may throw even upon that of Vickars is uncertain, though, doubtless, the *competent witnesses* in the asylum will declare upon oath, that they are as innocent in the cases as yet unexamined, as in that of the unfortunate Vickars.

"The respectable magistrate, whose public spirit demands the thanks of his countrymen, can now require no justification for making his appeal to the tribunal of the public. It is to be hoped

that every one will read his excellent address to the Governors, in the last *York Herald*.

It appearing hopeless to obtain a reform of the abuses complained of, so long as the same Governors constituted the Jury, the bold step was resolved upon on the part of the reformers,\* of obtaining justice by qualifying themselves as Governors, at the next meeting of the Court, by the requisite donation of £20. It was at this time that William and Samuel Tuke became Governors.

“It would be difficult to conceive the surprise occasioned by this unexpected incursion,” (says Mr. Gray, the historian of the Asylum) “considerable indignation was naturally felt and expressed; but the impartial and dignified conduct of the chairman (the Archbishop of York) contributed to restrain the meeting within the bounds of decorum . . . . Though the Court, on the 2nd of December, appeared to have decided erroneously on the case of Vickars, the new Governors forebore to propose any revision of that case, or even to allude to it; conceiving that this would be an unnecessary attack upon the measures of those with whom they were now to be associated. They were persuaded that out of Mr. Higgins’s remaining cases, if properly investigated, enough would be proved to evince the necessity of a change of system.”

The new Governors at once requested that a Committee of Investigation should be appointed. This proposal, which was made to the Court by S. W. Nicoll, Esq. who was among the most useful of the little band which was now fighting a hard battle on behalf of the insane, was vigorously opposed; the Archbishop, however, supported the proposal, and it was ultimately carried.

While this Committee was pursuing its investigations, hostilities were not suspended in the *York papers*. Some comparisons having been made by Mr. Higgins, regarding the deaths at the Retreat and the Asylum, unfavourable to the latter, “A Friend to Truth,” endeavoured to show that these calculations were an imposition upon the public.

This called forth the following reply from Mr. Tuke:

“A writer in the last *Courant*, who has most unfortunately assumed the title of ‘A Friend to Truth,’ has given the public the following statements: 1st. ‘That there have died in the York Lunatic

\* We have a letter before us written at this period by Higgins, in which he strongly objects to this plan, on the ground that Evigilator would willingly expend a large sum, in enabling an equal number of Governors to qualify on the opposite side. This fear, however, proved groundless.



Asylum, since its first establishment in 1777, 246 persons.' 2nd. 'That the average number of patients for great part of the time, has been 195.' And 3rd., as an inference from the foregoing, 'that the number of deaths are greater in proportion at the Retreat, than they have been in the Asylum.'

"I beg to inform your readers, that these three statements are absolutely false, as will appear evident from the following annual account of the number of patients in the house in each year, and the number of deaths.

[Here follows a Table, commencing with 1776, and ending with 1813, in which the deaths amount to 322. Up to 1812, they were 310.\*]

"It is evident from the preceding table, that the number of patients, who had died in the Asylum, at the time of the last printed Report, was 322. So much for the *first* statement of the 'Friend to Truth.'"

"In regard to the *second*, it appears, that prior to the year 1800, the number of the patients in the house, at any one time, has never been 100; and that the average number, from the commencement of the Asylum to the present year, has not been 98. The *average* annual number of deaths, will be found to have been as nearly 9 as possible. Let us then examine the *third* statement of the letter writer. The average number of patients in the Retreat, since its establishment, a period of 16 years, has been 46, and in this time the number of deaths has been 26. A very simple arithmetical process will readily show that the proportion of deaths in the Retreat to those of the Asylum, is about as  $1\frac{5}{8}$  to  $4\frac{1}{5}$ ; or, in other words, had only the same mortality prevailed in the Asylum, as has been the case in the Retreat, instead of an average of 9 deaths in one year, there would have been only 7 in two years. I am aware that a variety of circumstances must be considered, before any just inferences can be drawn from these comparative statements, and I should not have made them, had it not been necessary to correct the flagrant inaccuracies of this pretended 'Friend to Truth.'

"There is another part of the letter we are examining, which, though not absolutely false, is calculated to make a very false impression on the reader's mind, and which, therefore, deserves notice.

The writer says, 'he wishes to call to Mr. Higgins's recollection, another small error which he has made in regard to Branson, the Surgeon of Doncaster, having seen the legs of Vickars, the pauper.' Another error, indeed! Did this Friend to Truth know, or did he not know, that Higgins had corrected this error, and given a full explanation of it in his address to the Governors on the explanation of Vickars's case, and that this correction and examination were

\* These numbers are printed, *I presume by mistake*, 210 and 222 in the annual accounts of the Asylum.

printed in the *York Herald*, the only paper in which the erroneous statement appeared, on the 11th of December?

You, will, I think, agree with me in the opinion, that whatever friendship this writer may have for Truth, he has a most unhappy way of showing it. He certainly has not taken much pains to seek her, and I really fear the fact is, that so long a time has elapsed since their last interview, that she has insensibly lost her place in his regards, and they that have been transferred to a creature, whose qualities are the very opposite to those of Truth, but who, for purposes not the most honourable, may sometimes assume her name and garb. If I am mistaken, which I heartily wish I may be, in these reflections, the Friend to Truth will doubtless confess himself a bad seeker, and thank me in your next, for the pains I have taken to bring him to the object of his attachment."

The report of the Committee of Investigation presented to the next meeting of the Governors, stated it as their deliberate conclusion *inter alia*—

"That in the case of Martha Kidd, a gross neglect of cleanliness and of attention to the person is in full proof.

"That in the case of the Rev. Mr. S—— there has been considerable personal neglect; and that both towards himself and Mrs. S—— some of the keepers have conducted themselves in a very reprehensible manner."

This report was adopted by the Court; and a Committee appointed to draw up new rules and regulations.

The new Governors now began to exercise their right of inspecting the actual condition of the asylum. Even they were amazed to find what that condition really was. Mr. Higgins visited the house one morning, and discovered "a number of secret cells, in a state of filth, horrible beyond description. . . . In one of these cells was a chain, with handcuffs affixed, fastened to a *new* board in the floor. The cells had been occupied by women.

Mr. Tuke thus describes the condition of one of the patients, when he visited the asylum about 11 o'clock a.m. He was "a male patient, without any clothes whatever, standing in a wash-house, on a wet stone floor, apparently in the last stage of decay. He was indeed a mere skeleton; his thighs were nearly covered with excrement in a dry state, and those parts which were not so, appeared excoriated, as did also some parts of his waist. An attendant who was called, said that the patient was not accustomed to leave his bed; that he was a perfect child, and could do nothing for himself: *that his attendant was busy killing pigs*, and could not therefore attend to him! The bed which he was said to

have left was in the most filthy state, and corresponded with that of his body. He was spoken of by all as a dying man. When better accommodation, and a flannel jacket, &c. were proposed, the manager replied, this was impossible; that 'no one had power to direct his being provided with anything which he did not possess.' The further history of this poor creature proved the fallacy of appearances. He was removed to another part of the asylum, where he was better attended, and in a few months was so much recovered as to be removed to his parish in an inoffensive, though imbecile, state of mind."

The subsequent history of the reformation of the Asylum is pretty generally known, and need not be enlarged upon here. In rapid succession occurred the fire, which breaking out under most suspicious circumstances, destroyed the worst part of the building, and burnt alive at least, four of the patients; the renewed and successful endeavours thoroughly to cleanse out that Augean stable, as the reformers justly styled it, the dismissal of the officers and servants connected with the Asylum, the entire re-construction of the rules of the establishment, and the appointment of Visitors and of a Committee, who should meet periodically to attend to the affairs of the Institution. Who would have thought a year before, that among the Visitors now appointed, would have appeared the name of the Founder of the Retreat, and on the Committee those of the author of the "Description," and of the obnoxious Nicoll? Yet not only was this the case, but those connected with the management of the Retreat, were requested to aid the newly appointed officers in their duties, and to introduce their own rules into the Asylum!\* A lesson surely full of encouragement for all times, for any one sincerely "A hater of Abuses," who knows that one of his fellow creatures deprived of reason, is neglected or abused.

After this review of a history which, as Dr. Thurnam observes, "is one which should possess extreme interest to all persons connected with the care and management of asylums and hospitals for the insane," we may agree with the editor of "Papers respecting the York Asylum," (S. W. Nicoll, Esq.,) in his summary of the agents which had been at work, that "'The Description of the Retreat' was unquestionably the prime cause, Mr. Higgins an able and efficient medium of the explosion;" and that "it was

\* For some years (prior to the appointment of a chaplain) Mr. Tuke regularly read the Scriptures every Sabbath, to a considerable number of assembled patients.

the *torpedo* of Evigilator himself, that blew up his own asylum." He was "hoist with his own petar."

In concluding this reference to the part which the subject of this sketch took in exposing the abuses of the asylum at York, it may be observed that he was charged at the time by those anxious to maintain abuses, with being actuated by interested motives. His own defence sufficiently rebuts so absurd a charge.

"It would be difficult," he says, "to shew how any unworthy motive could have called me forth on the present occasion. The prosperity or reputation of the Retreat could not possibly promote my private interest. Even from the 'Description of the Retreat,' I never obtained or sought any other advantage than a few copies to distribute among my friends. But allowing, for argument sake, that I feel as warmly interested in the reputation of the Retreat as if it were my own private establishment, what motives should induce me to depreciate the asylum? I can imagine but two, which could possibly operate upon me; either the desire of *profit* or of *fame*.

"*Profit* cannot be the motive, since the Retreat is established for a particular class of persons, who are never likely to be sent to the asylum, whilst they have a *tolerably* well regulated establishment for themselves.

"But the desire of *fame* might perhaps prompt me to depreciate the asylum. I might contemplate it as a rival in the public opinion, and be envious of the share it received of popular favour. Was it possible, let me ask any one who is in the least acquainted with the two institutions, for this feeling of emulation to exist; and did not the general character of the asylum form the best foil which the Retreat could possibly possess? But if their character had approximated so nearly that I could have indulged any envious feelings in regard to the asylum, have I pursued the course which such feelings would naturally have induced? Should I have detailed all the modes and arts by which the share of public favour it had received had been obtained? Was it ever known that an envious beauty told her rival the secret of her charms? Surely, had I been in such a situation that I could have been acted upon by the unworthy motives just described, would not my course have been the very opposite of that which I have pursued? Should I have felt any anxiety for the improvement of my competitor?"

The foregoing very clearly shows what his motives were not. An extract from his Journal, written during the heat of the controversy with the Asylum, will show what his motives were.

“What a blessing it is to possess a sound mind! Lord, make me sufficiently thankful for this, and all other blessings, which Thou hast showered upon me. Let me prove my gratitude by earnest endeavours to alleviate the sufferings of those who labour under the most awful of Thy permitted visitations. Teach Thou my hands to war, and my fingers to fight for these my defenceless and injured fellow-creatures, for Thou alone art the fountain of knowledge, wisdom, and strength.”

We shall not attempt to fill up the interval between the period to which we have chiefly referred, and the closing years of Mr. Tuke's life. His labours were continuous and sustained, not spasmodic, or dependent upon opposition and controversy; but they were not the less useful to the insane generally, or to the Institution with which he was chiefly concerned. To sustain and perfect that which has been established, are tasks which from their difficulty, are too often neglected. To expose the mismanagement of others, is only a very small part of the true Reformer's work and duty. This was ever strongly felt and expressed by Mr. Tuke.

His bearing towards the insane, deserves a passing remark. There was a remarkable union of tenderness and power, which was well calculated to restrain the actions of the excited, as well as to cheer the melancholy. His presence always inspired a certain amount of restraint. The expression of the eye and the tone of the voice, were the outward indications, which most powerfully told the force of mind and warmth of heart which, in no ordinary degree marked his character.

Those who know anything of the management of the insane, well know how instinctively, even those who are labouring under great excitement, recognize and are influenced by mental power. Very generally also do they recognize another's sympathy, although there may be nothing extraordinary in the words of sympathy which are employed. Many who are now restored to mental health, will recall the visits of love and the hope-inspiring words of Samuel Tuke, when they were bowed down by disease.

He shrunk from anything approaching to public notoriety, in connexion with the position he occupied in relation to the humane treatment of the insane. On one occasion the

lady patients of the Hartford Retreat (U.S.) forwarded some of their workmanship to him through their physician, Dr. Butler. The passage in which, with characteristic humility, he speaks of himself in reply, after warmly thanking them for their present, may appropriately close this sketch of his life.

“I fear that my services in the cause of the afflicted in mind are much over-rated, both at home and abroad. I find much more reason to regret my inertness, than to please myself with the thought of what I have done in their cause. It is true I have had, for almost half a century, a great interest in the welfare of the insane. Their miserable condition as a class when I set out in life affected me, and bound me to unite with the few who were then labouring to improve it; and I do rejoice that so much has, through various agencies, and in almost every part of the world, been effected. I see, however, in the change which has taken place, the work of a hand higher than man’s—a providential ordering of means adapted to the end, which no mere human power could have brought together.”

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*On the Construction of Public Lunatic Asylums.* By J. T.

ARLIDGE, M.B., A.B., London, Licentiate of the Royal College of Physicians, formerly Resident Medical Officer of St. Luke’s Hospital.

Among not a few less agreeable influences pervading lunatic asylums, there is one under whose effect every person concerned in the general management of those institutions is sure to come, viz., the architectural. No asylum superintendent is to be found, who has not various plans of renovation and improvement for his own institution, who does not see precisely the constructional arrangements which the insane require, and who has not, very generally, floating before his mental vision, asleep or awake, some grand scheme for a model asylum. Nor is this to be wondered at, when it is considered that the asylum building is the machine through and by which the superintendent is to work out and develop his system of moral management; that, in short, it is an

instrument of cure, of the adequacy, utility, and perfectness of which he must be the best judge.

These reflections suggest another, viz., Why is it that the medical superintendents of public asylums in this country have been so little concerned in their construction? Why have they been so rarely consulted in the matter? In France, Belgium, and Germany, we find it the practice for the great psychological physicians to lay down the plans of the new asylums, which are carried out, under their supervision, by able architects. For instance, M. Parchappe is in France the designer of several recently built asylums, and empowered by the Government, in conjunction with M. Ferrus, with a general control over the building, enlargement, and renovation of all similar institutions in that country. To MM. Girard and Ferrus we are indebted for the very excellent asylum at Auxerre; to M. Evrat, the resident physician, for the new one at Grenoble. Again, M. Guislain is the author of the plan for the new asylum of Ghent; and MM. Damerow, Fleming, and Roller, the designers of the well-constructed institutions they personally superintend. Many similar instances might be adduced, but the above are sufficient to shew how much higher value and importance are assigned to the opinions of medical men, practically acquainted with all the requirements of asylums, on the Continent than in this country.

A reference to the literature of the different countries in question would prove the same fact. For instance, we have able works on the construction of asylums,—in French, by MM. Parchappe, Scipion Pinel, the younger Falret, Girard, and others; in German, by Jacobi, F. Bird, Roller, Damerow, and many more; whilst in this country we can actually quote only Dr. Conolly's small work on this special topic, excepting the excellent introduction of Tuke, to his abridged translation of Jacobi's work, and a few pages in Dr. Brown's (of Dumfries,) book, on "Asylums, as they were, are, and ought to be," published twenty years ago.

To the extent on which medical opinion has been allowed to operate in the countries on the continent, may be attributed the greater originality, and the numerous excellencies exhibited by most of the recently erected asylums. On the contrary, in this kingdom, where the mere technical man,—the architect, who has and can have no true knowledge of the every-day and hourly requirements of the insane,—has been called upon to furnish the plans of our asylums, he has necessarily been compelled to be a mere copyist, receiving his notions of

construction second-hand. To this prevailing system, aggravated oftentimes by unpractical Committees, we are indebted for many architectural vagaries which detract from the utility of our asylums, and have often entailed heavy costs upon the rate-paying public. To the like rejection and neglect of the opinions of those practically conversant with all the necessary arrangements of an asylum, with the conditions advantageous or disadvantageous to the insane, are we indebted for the monstrous, unmanageable, and mischief-working edifices, improperly considered asylums for treatment, of which those of Middlesex hold the proud pre-eminence.

Lastly, to the ruling influences of the professional architect, coupled with the necessity imposed upon him of being a mere copyist, is no doubt attributable, the uniformity presented by English asylums, especially in internal constructional details; a uniformity often, I believe, opposed to their most effective and satisfactory workings.

After several years study of insanity in asylums, both as a student and a medical superintendent, and after numerous visits to English asylums, and the examination of many plans, I came to the persuasion, confirmed by subsequent reflection and the inspection of most of the principal asylums of Europe, that the system of wards, consisting of a corridor, with a row of sleeping-rooms on one or both sides, and of one or two day-rooms, and constituting the day and night abode of its inmates, was an erroneous system, fraught with many inconveniences and disadvantages, as well as unnecessarily costly. The origin of these internal arrangements is pretty clearly traceable to the fact of monasteries having of old been appropriated as asylums; and in these religious establishments the common plan is to have one or more long galleries, or corridors, with the cells of the brethren opening into them, usually only on one side. The appropriation of such buildings to the purposes of an hospital for the insane is still sufficiently common on the continent, and occurred in this country in the case of Bethlem Hospital, the only retreat at one time for poor lunatics.

St. Luke's Hospital was at a comparatively late date (1750), constructed on this system, and became the model of the Nottingham and of some other asylums. From that time, what we may call the 'ward-system,' has been generally adopted in all other public English institutions for the care and treatment of the insane, and although a different arrangement has grown up in many continental asylums, yet the influence of their example appears to have been lost here.



According to the 'ward-system' in vogue, the patients of asylums are placed under circumstances the very reverse of those prevailing among the people at large; the very opposite of those domestic and social conditions which are in use among us as individuals. A long line of rooms suitable for one or several inmates, opens into a wide common gallery or corridor, intended to serve, together with a recess or a room, for the day use of the whole number of occupants, for their exercise, for the opportunities of social intercourse, and of in-door amusements, and especially in the case of the females for their occupation, and lastly, for their medical supervision and moral treatment. Except when called away for exercise out of doors, or for employment elsewhere, there is ever the same long gallery for them to parade in, with the many doors on one side and the row of peculiarly constructed, safe, and it may be guarded windows, on the other; the same space, the same air, and the same objects, by night and by day. Where access to their rooms is permitted by day, the torpid and indolent, the melancholic, the morose and the mischievous will find occasion and inducement to indulge in their several humours; opportunity is afforded them to elude the eye of the attendant, to indulge in reverie, and to cherish their morbid sentiments. When the rules of the institution forbid the use of their sleeping rooms by day, there will often arise in the minds of many an idea of unnecessary hard treatment; for the contiguity of their chambers, and the doors before their eyes, will ever suggest the desire to indulge in the withheld gratification of using them. How many are animated with a desire to lounge, to seclude themselves, and to lie in bed, need not be told to those occupied with the treatment of the insane; and surely, the removal of the temptation would be a boon both to physician and patient. Again, the corridor and its suite of rooms present obstacles both to ventilation and warming; and the former being more frequently, also a passage of communication from one part of the buildings to another, is consequently less fitted for the general purposes of daily life. The very passage to and fro of persons disturbs the patients, and the passer by would mostly prefer for himself another road.

The construction of a corridor, with day-rooms diverging from it, has been long felt an impediment to the effectual superintendence and watching of patients; and to obviate this, many superintendents have preferred to make a simple set-off or recess from the corridor, fully open to view from all sides, serve for a day-room. However, no one would wish

to exchange the advantages in comfort and appearance, of a sitting-room for a recess in a gallery, provided he could otherwise secure a sufficient supervision over both room and corridor. Even when the plan of a corridor, with a recess in lieu of a day-room, is adopted, it is still ineffective for the complete oversight, control, and regulation of the inmates; since it offers too many opportunities in its space and structure for those who will, to mope, and for the disorderly to annoy their neighbours without attracting the attention of the attendants.

Lastly, in such cases of sickness as require the repose of their room and bed, and are, from any cause, not removable to the infirmary, the direct communication of their bed-chamber with the corridor, in constant use by the rest of the patients, is an evil practically of great magnitude, for it exposes the patient to noise, to disturbance, and to the intrusions of others, unless locked in—a proceeding rarely advisable under the circumstances supposed.

It may be added that, as places for in-door exercise, I have little opinion either of the utility or advantage of corridors, even on those comparatively few unfavourable days during no part of which a walk out of doors is practicable. The patients are few who care for perambulating a gallery.

The system of wards, moreover, implies the bringing together of all the requirements of daily life; of all the dispositions, arrangements, fittings and furniture needed by the little community inhabiting each ward; and thereby involves the repetition of many of them in the same institution, and a consequent greater cost of construction. The distribution of patients on all the floors of the building is a part of this same system; and from it, almost entirely, do the objections to a building of more than two stories derive their validity.

From whatever point of view the "ward-system" be regarded, there is in it an evident absence of all those domestic and social conditions and provisions, which give a charm to the homes of the poorest. The peculiar combination of day and night accommodation is without analogy in the plans of any English household; whilst the sitting, working, or reading in a corridor, a place used also for exercise and communication, is a condition of existence equally without parallel among our domestic arrangements.

The constructional disposition I contend for is, the separation as far as possible of the day from the night accommodation. I propose to effect this by rejecting the "ward-system," and by devoting the greater part of the ground-floor of an

asylum to the purpose of day-rooms, and the floor or floors above entirely to sleeping-rooms. The greater part of the ground floor, it has just been said, should be devoted to day occupation; by this remark I wish to convey the fact that I recognise the desirability, if not the necessity of accommodating certain classes of patients on the ground-floor, represented by the aged and infirm, who can with difficulty mount or descend stairs, by the paralytics and those disabled in limb from any cause, by some epileptics, and by the most dirty, refractory and noisy patients. The last named, indeed, are better lodged, in my opinion, in a small detached wing, particularly during their paroxysms of noise and fury, according to the plan seen in several French Asylums: and I may by the way remark, that if such patients were so disposed of in a detached department, one reason for internal corridors, adapted for exercise, would be withdrawn, seeing that these are supposed most useful practically to this class.

Impressed with the correctness of the principle above briefly propounded, I busied myself some four years since in drawing the plan of a public asylum for 220 cases, in accordance with it, and called in the aid, at some cost, of an architectural draughtsman and of a friend, an architect, to suggest and to set forth correctly the technical details of the building. By so doing I was enabled to show both the practicability of a design upon the principle in question, and also the much greater cheapness of its construction over those built on the prevailing model of this country. I do not profess that the particular plan I drew out had any very special merit, except so far as it illustrated the leading principle of construction, I advocate; for subsequent reviews have convinced me of several defects and errors in its constructional details; although likewise, I am proud to add, of not a few good and useful features. However this may be, I may first briefly record the general arrangements adopted, and will then add a summary of the advantages which, in my humble opinion, the plan of construction followed was calculated to ensure.

The asylum was designed as unbroken or continuous, under one roof, and presented a long front with a wing extending backwards from each end, at right angles, and a central block of buildings, for general offices, also extending backward's from the officers' residences, which were placed in the middle of the front line of the building, and divided the whole structure into two sections, representing a male and a female division. The central or officers' houses, and each

wing advanced a small distance forward beyond the general frontage line.

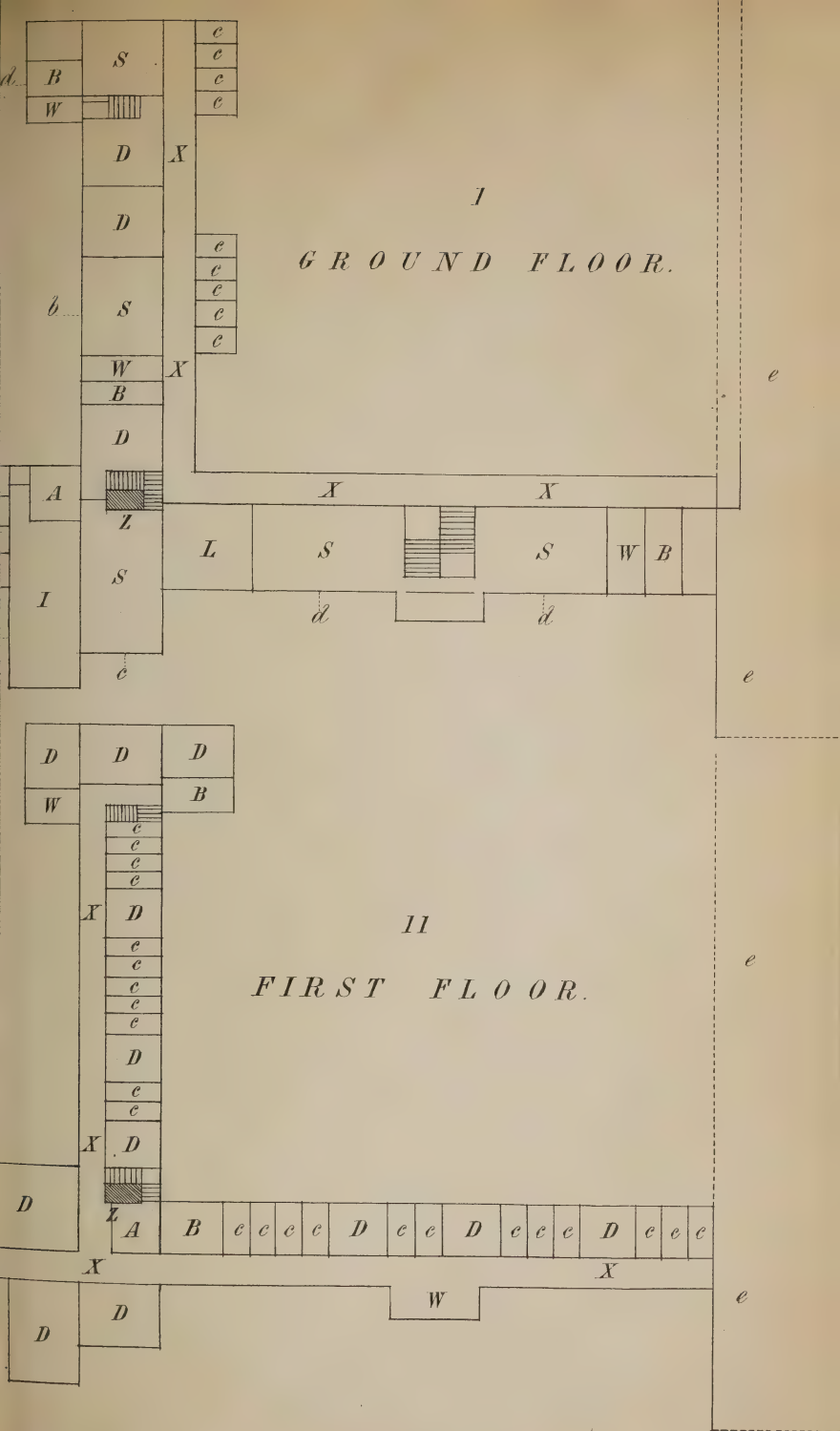
Omitting the scheme for the disposition of the general offices, the chapel, amusement room, kitchen, &c., as not concerned in the principle to be elucidated, I will proceed to say that arrangements were made for the special provision of the following classes, viz: 1, the convalescent, with the quiet, clean and industrious patients; 2, the epileptic; 3, the demented feeble with the paralytic; 4, the sick, in an Infirmary; 5, the refractory.

Along the principal front on the ground-floor, on each side between the wing and the central house, were three large sitting-rooms, consisting of a dining, a day-room, and a reading-room, library or school-room, also applicable as a billiard or reception-room for visitors to patients. The day-room was separated only by wide folding-doors from the library, so that on the occasion of a dance, a lecture, or other entertainment, the two could be thrown into one. The existence of a dining-room distinct from a sitting or day-room, has the advantage of allowing the better behaved and most orderly to sit apart from the rest, and of thus conferring a privilege and reward upon them—an object attained still more perfectly by rendering the day-room the more agreeable, by means of better furniture and ornamental fittings.\*

This whole suite of apartments, with the additional conveniences of bath-room, lavatory, scullery, water-closet, and store-cupboard, supplied every comfort and requisite for the convalescent, and the orderly clean patients, by day.

\* The accompanying lithograph illustrates the arrangements which I have attempted to explain in the text. The references are:

- a.* Refractory division.
- b.* Epileptic.
- c.* Infirm and sick.
- d.* Convalescent and orderly.
- e e.* Central offices and residences.
- A.* Attendant's room.
- B.* Bath-room.
- C.* Cell or single room.
- D.* Dormitory.
- I.* Infirmary.
- L.* Library or School-room, or Billiard-room.
- S.* Sitting-room or Dining-room.
- W.* Laundry.
- X.* Corridor of communication.
- Z.* Chimney and ventilating shaft.



PLAN OF ONE WING OF AN ASYLUM FOR 220 INSANE PATIENTS.

Spreat. Lith. Exeter.



The termination of the frontage, joined by the wing advanced considerably forward, formed the quarter or division for the sick, the feeble demented, and cases of general paralysis. It consisted of a large room as an infirmary for the sick, a dormitory for the feeble demented and paralytics, a large room, both for a sitting and an eating apartment, and a commodious attendants' room, adapted to accommodate two, and furnished with the means for preparing, warming, &c., the special articles of food or medical appliances required by the sick. The sitting-room would be available not only to the particular occupants of this division, but to any other cases requiring, from feebleness or other cause, special watching and tending.

In addition to the accommodation in this section just mentioned, other was provided in the shape of bath-room, lavatory, scullery, water-closet, besides two or three single-rooms, for the separation of particular cases of surgery or of contagious disease. The attendants' room was so placed that it could communicate directly with each of the other apartments of this division. The wing in the rear of the Infirmary was divided about equally into two sections: the one for epileptics and certain chronic and dirty maniacal patients, the other for the refractory; the more distant section being set apart for the latter.

What may be termed the epileptic division, comprised a large sitting or dining-room, two dormitories, one more particularly for epileptic, the other for certain chronic maniacal patients of dirty habits; a bath-room, a lavatory, scullery, and the other complementary accommodation. But besides all these, some six single-rooms for cases not suitable to sleep in dormitories, were placed on the opposite side of the corridor of communication.

The refractory division comprised, a sitting or dining room, bath-room, lavatory, store-closet, and on the opposite side of the corridor, some five or six single-rooms, one or more of which might be padded. The common-room of this division was adapted not only for those refractory and noisy patients sleeping on the ground floor, but also for others who during the night occupied single rooms or dormitories on the floor above. The same statement applies with regard to the sitting-room in the epileptic quarter.

Indeed, in the management of an asylum, constructed after this plan, the object of the superintendent would be to have as few patients as possible sleeping on the ground-floor. It would be his pride to have the cells there unoccupied; to have

reclaimed some from their dirty habits, and to have calmed and controlled the excitement of others, so that they might partake the advantages of sleeping above, away from the noise and restlessness of their less favoured neighbours. In this way the removal up-stairs would be brought to operate as an encouragement and reward, and the contrary movement as a punishment.

Behind the range of apartments both in the front and wing, a covered and enclosed corridor, extended the entire length. Except at the termination of the wing, where it had rooms built over it, it had merely a pent-house roof, reaching only to the elevation of the rooms on the ground floor, and consequently derived light as well from glass fixed in its roof as from the side. It was moreover proposed to be so constructed that its sides should be enclosed by a glazed framework, fitted in between its supporting piers or columns, and removable when the warmth of summer rendered it desirable both for coolness and for ventilation. For it was not, it will be understood, a corridor built in the general structure, but an external appurtenance or appendage, to serve especially for communication, but also available for the purpose of exercise in bad weather. Through it each division could be reached from the central offices without passing into another, and, in an equal degree, the floor above by means of the stairs accessible from it. Of the accommodation on the first floor nothing remains to be specially described; inasmuch as, according to the principle of construction adopted, it was entirely devoted to sleeping apartments, single rooms and dormitories, in numbers proportionate to the opinion entertained of their relative utility, the whole connected together by a corridor of communication. Bath-rooms and lavatories, store and water-closets were placed where required.

*Advantages of the principle of construction advocated.*

1. The assimilation of the condition of the patients to that of their ordinary life, by the separation of the accommodation for sleeping from that required by day, with its ordinary routine of duties, employments, and amusements. The patients are brought together in sitting-rooms, and thereby placed under conditions similar to those they enjoy in their own homes. A like advantage attends the separation of the sleeping-room accommodation. By sitting together in rooms, they are under more complete and easy supervision, and enjoy advantages of association greater than can be secured them when scattered through long corridors, and in recesses or day-rooms. In a suite of day-rooms arranged after the plan pro-



posed, there is, to use a peculiarly English word, a *comfort* perfectly unattainable by the "ward-system," however thoroughly developed.

2. Greater salubrity, and greater facilities for warming and ventilation are secured. It will be universally granted that sleeping-rooms are more healthy when placed above the ground-floor, so as to escape the constant humidity and exhalations arising from the earth at night. This advantage is attained by the plan submitted for the great majority of the population, those only being deprived of it whom, from some imperative reason, it is undesirable to move up and down stairs, or to lodge at night in the immediate vicinity of other patients. A greater degree of salubrity is likewise attained by the separation of the space occupied by night, from that used by day. The "ward-system" renders complete thorough-ventilation difficult, whilst it at the same time involves a greater vitiation of the air, by the occupation, both night and day, of the same space. On the other hand, by the arrangement proposed, the patients are removed from the floor occupied by the sleeping rooms during the entire day, when the doors of all the rooms, together with the windows, can be thrown open, without molestation or injury to the patients, and without any interference with those arrangements demanded to sustain order, cleanliness, and safety, in their apartments. In this manner a free play of fresh air can go on at all parts, whilst ventilation is further facilitated by the inconsiderable width or thickness of the building, a result of the absence of the usual wide corridor. Again, since the patients inhabit ordinary sitting-rooms by day, it is easier to afford them warmth, without recourse to the complicated and most expensive systems of warming seen in many asylums; for the necessary temperature is attainable in such rooms more readily, and much more cheerfully and home-like, by open fires. Moreover, since during the occupation of the ground-floor the upper floors are deserted, and *vice versá*, it would be mere waste to keep the whole building heated. In this one respect there would consequently be an enormous saving in fuel in a large asylum; so likewise, as a result of the same conditions, there would be a great saving in the cost for lighting, as the whole building would not require illuminating together.

3. Easier access to the airing-courts, offices, workshops, &c. According to the established system of construction, the half or more of the patients have to descend for out-door exercise, for employment, &c., and to ascend the stairs of their wards

several times daily, exposed to whatever inconveniences and dangers attend stairs, and in various ways, entailing considerable charge and trouble upon the attendants. The plan advocated obviates, as far as practicable, all these evils. The patients have to go up and down stairs but once a day, and the attendants escape the constantly occurring trouble of helping the feeble, or of inducing the unwilling, to undertake the repeated ascent or descent; an amount of trouble ever likely to be neglected, and therefore prone to stand in the way of the patients enjoying their out-door exercise and amusements.

4. It facilitates supervision. Supervision, both by the medical officers and by the attendants, becomes much more easy and effectual when the patients are collected in rooms, affording them no corners or hiding-places for moping and indulging in their mental vagaries, their selfishness, and moroseness. When the medical officer enters the day-room, all the inmates come at once under his observation, and afford him the best opportunity of noting their cases, and appreciating their condition and progress. By the attendants, similar advantages will be gained; the patients will be more immediately and constantly under their eye, than when distributed in a corridor and connected rooms; their requirements will be sooner perceived, and more readily supplied; their peculiarities better detected and provided against, their insane tendencies more easily controlled and directed, whilst, at the same time, the degree and mode of association will call forth feelings of interest and attachment between the two.

Just as supervision becomes more easy by day, so does watching by night; for almost the whole staff of attendants would sleep on the same floor with the patients, and thereby a more immediate communication between them be established and the salutary check on the conduct from the knowledge of the attendants being close at hand more fully attained. Perhaps this advantage will appear more clear, when it is understood that the sub-division of the bed-room floor into several distinct wards, cut off from each other by doors, stair-landings, &c., would not be at all necessary on the principle of construction recommended. The comparatively few noisy patients in a well-regulated Asylum would occupy the sleeping rooms of the ground-floor wings, and therefore the inhabitants of the floor above being all quiet patients, no partitions need separate their section of the building into distinct portions or wards, and act as impediments to the freedom of communication and ventilation. However it might be considered desirable, as

in the particular plan I have sketched, to place a door between the section of the building in the front line, and that formed by the wings extending backwards from it.

From the different disposition of the sleeping accommodation, another beneficial result would, to a greater or less extent, follow from the breaking up of the present mode of distributing patients in wards, that, viz., of keeping together a certain set, upon some absolute plan of classification, both night and day. "But (says Dr. Sankey,\* very justly) whatever the basis of the classification, it will not hold good throughout the twenty four hours; why, therefore, should it be attempted to make it do so? At night the classification should be based on the requirements of the patient during the night; and during the day, the patient should be placed where he can be best attended during the day."

Further, sitting-rooms and other apartments to meet the exigencies of daily use, being excluded from the sleeping-floors, it becomes easier to place the bed-rooms of the attendants in such positions that the patients may be more thoroughly watched.

In fine, I may state generally, that access to the patients, their quiet and comfort, their watching and tending will be more readily, and also more efficiently secured by the arrangement pointed out, than by the system pursued in this country.

5. Domestic arrangements will be facilitated in various ways. The patients, in the first place, will be less disturbed by the necessary operations of cleaning, which every superintendent knows are apt to be a source of irritation and annoyance, both to patients and attendants. The ground floor may be prepared for the day's use before the patients leave their bed-rooms; and in the same way, the latter may be cleaned during the occupation of the ground-floor. By the present constitution of a ward for use both night and day, considerable inconvenience, and many irregularities in the order of management, are a constant result. The cleaning has to be hurried over, or to be done at awkward hours, to avoid alike, the interruption of patients, or the being interrupted by them; and, at the best, it will from time to time happen that patients are excluded from their day—, or from their bed-rooms, or their corridors, during the operation.

Another advantage will accrue from the system proposed. The amount of cleaning will be much diminished, for the two floors will be used only alternately, and not only the wear and tear of the entire building, but also the exposure

\* *Asylum Journal*, vol. ii, 1856, p. 473.

to dirt will be greatly lessened; above all, the small extent of corridor will make an immense difference to the labour of the attendants in cleaning, compared with that which now falls to their lot.

Again, the drying of floors after washing them is always a difficulty, particularly in winter, and is the more felt in the case of the bed-rooms, which have, when single-bedded or small, little draft of air over their floors, and consequently dry slowly. This difficulty is augmented when, as it often happens, it is necessary for them to be kept locked, to prevent the intrusion of their occupants or of others. The ill-effects of frequently wetted floors in apartments constantly occupied, and therefore dried during occupation, have been fully recognised and admitted by hospital surgeons, and have impressed some so strongly that, to escape them, they have substituted dry rubbing and polished floors to avoid the pail and scrubbing brush. By the arrangements submitted, however, this difficulty in washing the floors is removed, since there is no constant occupancy of the rooms, and therefore ample time for drying permitted.

Further, the distribution of food, of medicine, and of stores, is more easy and rapid; the collection, and the serving of the patients at meals, greatly simplified and expedited. The regularity of management in many minor details will likewise be promoted. As the majority of the patients are quite removed from proximity to their sleeping rooms, the temptation and inducement to indulge in bed by day, or before the appointed hour at night, will be removed, as will also the irregularity frequently seen in wards some time before the hour of bed, of patients prematurely stowed away in their beds, and of others disrobing, whilst the remainder of the population is indulging in its amusements, its gossips, or in the "quiet pipe," before turning in.

Lastly, my own experience convinces me that there is no plan so effectual for keeping otherwise restless and refractory patients in order, as that of bringing them together into a room, under the immediate influence and control of an attendant, who will do his best to divert or employ them. I am, let it be understood, only now speaking of their management when necessarily in-doors; for where there is no impediment to it, there is nothing so salutary to such patients as out-door exercise, amusement, and employment. On the contrary, to turn refractory patients loose into a large corridor, I hold to be generally bad. Its dimensions suggest movement; the patient will walk fast, run, jump, or dance

about, and will, under the spur of his activity, meddle with others, or with furniture, and the like; and if an attendant follow or interfere, irritation will often ensue. But not so in a room with an attendant at hand. Some would say, such a patient is well placed in a corridor, for he there works off his superabundant activity. But this I do not admit; for I believe the undue activity may be first called forth by his being placed in a corridor; and besides, it is rare that a patient, particularly if a recent case, has any strength to waste in such abnormal activity. And lastly, it is better to restrict the exhibition of such perverted movement to the exercising grounds, or better still to divert it to some useful purpose by occupation; for in a ward such exhibitions are contagious.

These remarks bear upon the question of the purpose and utility of corridors as places for exercise, concerning which I have, at a previous part of this paper, expressed myself as having a poor opinion, and in the plan produced, have treated corridors mainly as passages or means of communication.

6. A less staff of attendants required. If the foregoing propositions stating the advantages of the system propounded, be admitted, the corollary that a less staff of attendants will suffice, must likewise be granted, and needs not, *per se*, a separate demonstration.

7. The actual cost of construction of an Asylum on the plan set forth will be greatly diminished. It has just been shown that the proposed plan will insure a more ready and economical management, and if structural details could be here entered upon, in connexion with an estimate of costs for work and materials, it could without difficulty be shown, that the cost of accommodation per head, for the patients, would fall much under that entailed by the plan of building generally followed. The professional architect who assisted me, made a most careful estimate of the cost of carrying out the particular plan I prepared, designed to accommodate 220 patients, and calculated that every expense of construction, including drainage of the site, gas apparatus, &c., would be covered by £19,000, *i.e.* at the rate of less than £90 (£87) per head.

That a considerable saving must attend the system propounded will be evident from the fact that, instead of a corridor, at least 12 feet wide, on the first floor as constructed on the prevailing plan, one of 6 feet, simply as a passage for communication, is all that is required, and thus a saving of about that number of feet in the thickness or depth of the building, in each story above the ground floor, is directly

gained. A similar, though smaller advantage, is likewise obtained on the ground floor, for the corridor there need be nothing more than an external appendage and of little cost to construct.

A further saving would attend the construction of an asylum on the plan set forth, both from the concentration of the several parts for night and day use respectively, and from the rejection of the ward-system. The construction of almost all the sleeping accommodation on one floor would render many provisions for safety and convenience unnecessary,—for instance, in the construction of the windows. So the substitution of what may be termed divisions, or quarters for wards, would do away with the necessity of many arrangements requisite for apartments, when intended for use, both by night and day. As constructed commonly, each ward is a complete residence in itself, replete with every requisite for every day life, except indeed in the culinary department, and the consequence is, there is a great repetition throughout the institution of similar conveniences and appurtenances. Indeed, in the plan I have drawn out, the influence of example or general usage has led me to introduce many repetitions of several accessory rooms which, in fact, I believe to be uncalled for. For instance, I have assigned a bath-room to each division, although I consider that a room, well-placed, to contain several baths, *i.e.* in French phrase, a “*salle des Bains*,” would more conveniently serve the purpose of the whole ground-floor inmates, and be always cheaper. Yet if this notion of a “bath-house” be unacceptable to English Asylum Superintendents, a smaller number of bath-rooms, than represented in my outlines would assuredly suffice. The same may be said of the lavatories, sculleries, and store-rooms.

8. The plan removes most of the objections to the erection of a second-floor or third-story.

These objections generally owe their force to the difficulty of assuring the inmates of a third-story their due amount of attention, and their fair share of out-door exercise, and of much in-door amusement, without entailing such trouble upon all parties concerned that a frequent dereliction or negligence of duty is almost a necessary consequence.

Dr. Bucknill (*Asylum Journal*, vol. iii., 1857, p. 387, et seq.) has well argued against the erection of a third-story, on economical grounds; and remarks that “practically, in asylums built with a multiplicity of stories, the patients who live aloft are, to a considerable extent, removed from the enjoyment of air and exercise, and the care and sympathy of

their fellow-men. They are less visited by the asylum officers, and they less frequently and fully enjoy the blessings of out-door recreation and exercise. Those below will have many a half-hour's run from which they are debarred; the half-hours of sunshine on rainy days, the half-hours following meals, and many of the scraps of time which are idly, but not uselessly spent in breathing the fresh air."

The force of these considerations is certainly sufficient to condemn the appropriation of a third story to the day and night uses of any patients, according to the "ward-system" in operation, but they have no weight when the floor is occupied only for sleeping. I must confess I cannot appreciate the chief objection of Dr. Bucknill (*op. cit.* pp. 388, 389,) to the use of a third floor for sleeping-rooms only; for I do not see the reason why "the use of a whole story for sleeping room renders the single-room arrangement exceedingly inconvenient:" for surely, on the common plan of construction, a row of single rooms might extend the whole length of the floor on one side of a corridor, equally well as on the floors beneath.

Without desiring to enter on the question of the relative merits of single-room and of dormitory accommodation, which it is the special object of the paper quoted to examine, I may remark that the addition of a third story, when the plan I have advocated is carried out, obviates the generally admitted objections to such a proceeding. The same arrangement of apartments may obtain in it as on the bed-room floor below, and the proportion of single rooms to dormitories, viz., one-third of the whole sleeping accommodation to the former, insisted upon by Dr. Bucknill, can be readily supplied. Attention would only be required to allow in the plan sufficient day-room space on the ground-floor, a requirement to be met without difficulty.

The existence of a third-story is no necessary feature in my plan, and I have adverted to it for the sole purpose of showing that the ordinary objections to it are invalid, when the arrangement and purposes of its accommodation are carried out upon the general principle of construction proposed in this paper.

A hint from Dr. Bucknill's excellent remarks on the advantage of being able to utilize spare half-hours must not be lost. Two flights of stairs, he well states, constitute a great obstacle to a frequent and ready access to the open air, and I am sure he would allow even one to be a considerable impediment to it, and consequently, that an asylum

with no stairs interposing between the patients and their pleasure grounds would possess the advantage of facilitating their enjoyment of them.

In conclusion, I must be allowed to observe that, in many particulars, the foregoing principles of construction, have been recognised by several foreign asylum physicians, and, as I was pleased to find, after I had elaborated them in my own mind, and had drawn out the particular design alluded to in previous pages, coincided with those which had the able advocacy of Mr. Samuel Hill, of the North-Riding County Asylum. Although, in some points, my notions of Asylum construction have been anticipated by others, yet they have not hitherto, so far as I know been very prominently put forward nor arrested very general attention: consequently, I shall flatter myself that I am doing some service by this paper, if it only ventilate the subject.

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*On Forced Alimentation.* By DR. HARRINGTON TUKE.

(Continued from page 37.)

In the former part of this essay, I have dwelt at some length on the various causes that may induce a patient suffering under mental derangement to refuse food; and I imagine it is not difficult to gather, from what I have already said as to the treatment of such a case, that my opinion is strongly in favor of "Forced Alimentation." As a general rule I consider that less harm can accrue from even too early mechanical interference, than must happen if the patient be left unaided till the vital powers have become enfeebled, and symptoms of dangerous exhaustion have set in. At the same time, I trust I have made it clear that I look upon the forcible administration of food to be the last resource, and only to be used when all persuasion has failed, and everything that experienced tact can suggest has been tried in vain.

Any expert surgeon can without much difficulty feed a reluctant patient by force. It is the higher office of the practitioner in lunacy to overcome morbid repugnance to food by gentle and patient soothing, and to combat the dangerous and distressing delusions of his patients, if possible, without having recourse to coercive and apparently harsh measures.

It may be thought that I over-estimate the number of cases of insanity in which refusal of food is a prominent symptom;



and that the rarity of its occurrence is the reason why so little stress is laid upon it in our class-books. But I need hardly fear this charge from my present audience. The great attention paid to the treatment of continued morbid abstinence by the French writers on insanity, and its having been made a special subject for comment by some of our most distinguished associates, amongst whom I may mention one of the Commissioners in Lunacy, sufficiently mark its practical importance. The very variety of measures to counteract its danger, which I am about to detail, affords evidence, if evidence were wanting, of the frequency of its occurrence.

Dr. Hood, whose zeal and talent in the practice of psychological medicine, finds a large field in the extensive hospital of Bethlem, which he has so much improved, tells me that he has been obliged to have recourse to the stomach-pump in several hundred cases, on account of obstinate and persistent refusal of food. In no case, he adds, has any accident occurred from its employment. My friend Dr. Campbell, of the Essex Asylum, has at this moment four patients under his care, who are entirely sustained by instrumental feeding. The experience of all of us must lead us to the conclusion, that the symptom is one we may be daily called upon to treat.

It would be as great an error to imagine that the symptom we are now considering is not sometimes of great urgency, as to under-estimate the frequency of its occurrence. The opponents of forced alimentation appear to be convinced that refusal of food, which has gone to the extent of requiring mechanical interference, will almost always end fatally. They assert that life can seldom be more than prolonged by any treatment. They accumulate instances where convulsions, or even sudden death, have followed the passage of the tube down the gullet; of abscesses opening into the mediastinum; of wounds piercing the walls of the œsophagus; of patients sinking exhausted even after successful instrumental feeding. We may, at least, gather from them a clear proof that the symptom is most serious, and one that requires our greatest skill and care.

I may be too sanguine, and have arrived at my conclusions from an insufficient number of cases; but my own opinion is that refusal of food, though an important symptom, seldom indicates danger to life. There are some obvious exceptions to this rule; and where lung-symptoms are present at the same time, unless we can clearly make out that the breathing became affected long after the repugnance to food showed itself, there will generally be too much reason to fear that the

base of the brain is involved in organic disease, and that forced alimentation will be useless. Guislain has recorded that out of thirteen fatal cases, where food had been refused by lunatics, ten died with gangrene of the lungs. I should be unwilling to give a favourable prognosis where there were lung-symptoms, even though I thought forced alimentation should be tried. Often it is entirely inadmissible. Ulcers of the stomach in cases of insanity, and that softening of its coats which Rokitansky describes as co-existent with cerebral ramollissement, seldom give evidence of their existence during life. Patients so afflicted will generally, I fear, be found in the number of those who die under, or rather, in spite of the employment of forced alimentation.

The advocates of the forcible administration of food, have been wrong in not fairly pointing out the cases in which it would be absurd or mischievous, and it is therefore not surprising that indiscriminate recommendation of this practice and the painful effects such practice must have produced, should raise in the minds of some of our wisest and kindest physicians, a disapproval of the system of forced alimentation altogether. In cases where acute inflammatory symptoms, cancer of the throat, or of the pylorus, or mechanical occlusion of the alimentary passages, the injection of food is of course improper: the same rules that guide the general physician in such cases, must direct us also. I have omitted to mention one class of cases where artificial feeding is important. Stress is laid upon these by Mr. Wilkes, in the paper to which I have referred. (*Asylum Journal*, No. 11.) They occur in that "form of cerebral disease in which the muscles employed in deglutition are paralyzed, and no food can be swallowed without imminent risk of suffocation." In a case which occurred in his practice, "a sufficient amount of nutriment could not from this cause be taken, but any quantity could be readily injected by means of a tube, and though used only to prolong a painful state of existence, it is nevertheless our duty to try to effect this by the employment of any means in our reach." This is a practical recommendation of great importance; and in a case of general paralysis under my own observation, its value was forcibly illustrated. The mistaken kindness of friends, and the want of experience of the practitioner in charge of the case, occasioned the patient's want of power to carry his food even to the pharynx, to be mistaken for disinclination or loathing; and death was certainly accelerated by thus induced, yet apparently voluntary abstinence.

I think it must be admitted that I do not overrate the

importance of this subject; and that it is not from my own experience alone, I have come to the conclusion, that refusal of food, while being one of the most common symptoms of mental derangement, is often of fearful augury, and a mistake as to its treatment may either involve the unhappy patient, in a great amount of needless suffering, or leave him to die slowly, yet certainly, before our eyes.

It cannot be doubted that there are many cases, where the timely injection of food into the stomach preserves life, and gives time for the mind to recover its healthy action without giving occasion to much suffering or serious danger. Among the advocates of compulsory alimentation great diversity of opinion has existed as to the best mode to be adopted in the administration of food, and I therefore propose to sketch rapidly the various plans that have been and are in use, before I detail the mode of operating I have found most successful, which seems to be recommended by the highest authority, and which I believe some day will become generally adopted.

The systematic writers on the treatment of insanity, I must do them the justice to admit, seem unanimous as to the propriety of feeding patients against their will, who persist in abstinence from food. Their rule was simple enough; if an insane person refuse to take nourishment, he was to be made to do so; and though they occasionally on this system, must have done much mischief, yet in the principle they were right, though of course altogether wrong in the barbarity with which the plan of feeding was in too many instances carried out. The old directors of asylums appear to have revelled in the invention of gags, bits, screws, and nameless instruments of torture, which are painfully characteristic of the treatment of lunacy in their day. I can well remember the rueful glee with which Dr. Conolly, at his *Cliniques* at Hanwell, used to show us a long banished metal contrivance, formerly in use there, consisting of two plates of iron, which when inserted between the upper and lower teeth, were slowly separated by a screw, exercising an amount of mechanical power, sufficient to open or fracture the jaws of a tetanic tiger. There were other terrific instruments, that answered equally *badly* the same purpose, all of them happily now obsolete and forgotten.

The invention of the "spouting-boat," was imagined to be a great improvement on former plans, and so perhaps it may have been. Its admirers particularly dwelt on the fact that it was made of "soft metal," to obviate the danger of hurting the mouth. Shaped something like a pap-boat, it acted as a wedge, and was driven forcibly between the teeth. Dr. Haslam

in his "Observations on Madness," is particularly and justly severe on this instrument, which he calls a "most destructive and devilish engine," and laments the number of patients he has seen, who had lost all their front teeth under the infliction of its use. I have myself seen this instrument at the present day, in the hands of old attendants. They call it a "forcing" or "medicinal spoon," and in some of the private asylums it may yet hold its ground. Of course it is not now used so recklessly as Dr. Haslam describes, but it is not a weapon to be safely entrusted to servants' hands. Cut lips and broken teeth must sometimes accompany its use, besides which, all pretexts for contests between patients and their servants are dangerous. No force should be employed except in the presence of the medical attendant, or his accredited representative, and without this precaution I should never sanction the administration of any remedy against the will of the patient.

Dr. Haslam's own invention, as figured in his book, was not in my opinion any very great improvement, though it was kindly meant, and in his hands was I dare say, more efficacious, and not nearly so painful as the "spouting boat." Dr. Haslam's plan was to introduce into the mouth, by means of a long handle acting as a lever, an iron bit, with a hole in its centre, through which the fluid was poured in small quantities at a time from a proper vessel. The nostrils being closed, deglutition of course followed. This mode of procedure, or something very like it, has its advocates in the present day, and I therefore dwell on it at length. Feeding through a funnel is still a common practice at some asylums, the mouth being forced open, the nostrils closed and fluid sustenance introduced into the pharynx. The involuntary action of its muscles of course carries it down. This is Dr. Haslam's principle exactly, and I shall quote from him, the details of his practice.

"The manner in which this compulsory operation is performed, consists in placing the head of the patient between the knees of the person who is to use the instrument; a second assistant secures the hands, (if the strait-waistcoat be not employed) and a third keeps down the legs. The nose of the patient is held by the person who uses the instrument." Dr. Haslam continues, "A little address will obviate the determination of the patient to keep his teeth closed: he may be blindfolded at the commencement, which never fails to alarm him; causing him to sneeze by a pinch of snuff, always opens the mouth, or tickling the nose with a feather commonly produces the same effect."

I do not know whether the admirers of the "funnel-system"

will admit this to be a fair description of their treatment; it must, however, bear a close resemblance to it, and the operation even in patient and skilful hands is open to grave objections.

It is not only the violence, that must accompany the administration of food in this manner, that inclines me strongly to deprecate this mode of treatment, but I believe that it must sometimes be an exceedingly painful operation. The sensation of something going the wrong way is familiar to us all, and it appears to me that pouring soup into the pharynx of a screaming and violently resisting patient, is very apt to induce spasm of the glottis, or even cause the passage of some of the fluid into the lungs. I do not think that an exhausted patient could safely be submitted to such treatment. I see no advantage that the plan can have over the stomach-pump, and I should even prefer the operation of the spouting-boat. I would recommend to the followers of this system, an improved and more humane instrument of the latter kind, the invention of Mr. Reeve, which he has described and figured in the sixth volume of the "*Psychological Journal*."

Another method of treating obstinate resistance to food, I should scarcely have thought worthy of serious notice, did it not bear the confirmative of so distinguished a name, as that of M. Brierre de Boismont. Our honorary associate will pardon me if I say, that while I joyfully acknowledge the great value of his contributions to psychological literature, I cannot but object to his advice on this point.

M. de Boismont seems convinced of the necessity for forcibly administering food to some of those patients who have morbid aversion as to nourishment, and the operation he recommends may be made conducive, he thinks, to the mental cure. I have condensed his instructions in my translation, of course without alteration of their purport. He directs that a *camisole de force* should first be put on the patient, who is then submitted to a confinement chair and a catheter is introduced through the nostril, but not lower than the cavity of the pharynx, care being taken not to enter the œsophagus. Soup is then poured in, and the mouth and nostril at once closed by an assistant. In the effort at respiration, deglutition is produced. After a few moments breathing time, another portion of soup is introduced in the same manner.

By this proceeding, M. de Boismont attempts to subdue those "*voluntès de fer*," which seem to "triumph over all the resources of our art," to achieve a victory over this perversion

of the will at its commencement, is what he thinks we should do; and we require, he says, a "vigorous, striking, and energetic measure" of this kind, which shall be equivalent to the obstinacy we have to overcome. "I have not been deterred," he continues, "from this system by any of that 'douceuse' philanthropy which is so often a sentimental deception."

To the propriety of such measures, even through sanctioned by so high an authority, I feel sure that my hearers will demur, on the principle that intimidation is inadmissible in the treatment of mental disorder. The mode of administering food may not, however, appear to many of the gentlemen present so very painful. With the difference of the tube being introduced through the nose, rather than the mouth, it would seem little more distressing than feeding with a funnel, which I have already shewn to be attended with very distressing effects. I however imagine that the symptoms are much the same, and I therefore give the description of them in M. Boismont's own words:

*"Il y a ici une véritable lutte, des symptômes d'asphyxie commençante, un aspect capable d'effrayer; mais il y a aussi presque certitude de succès, car la plupart de ces aliénés cèdent à la première épreuve, et n'affrontent que rarement la seconde."*

I do not, of course, mean to state it as my impression that the excellent medical men who I know constantly use the funnel in feeding the insane, always produce these symptoms. I know the contrary to be the fact; but it is obvious that their example must afford an excuse to others to employ the same means, who may not be so kind, or so skilful, and whose attempts at alimentation may produce just the results described. I entertain a strong opinion, I must admit, that the feeding of the insane should be entrusted solely to the medical attendant, who should use instruments, and not trust to the involuntary action of the muscles of deglutition.

There is another great objection to this mode of feeding; it involves the medical attendant in a sort of personal contest with his patient, which must engender feelings of hostility, most detrimental to the proper exercise of moral influence. The medical attendant living on terms of intimacy with his patients, should never descend to the position of a rough nurse. Feeding with a tube *secundum artem*, is a painless surgical operation, which if rapidly and skilfully done, will not give rise to the same feelings of degradation, and therefore irritation, as I should imagine "funnel" feeding must occasion, even if the infliction of pain be avoided. Attention to trifles of this kind,

is the great distinction between our present practice, and that of even a few years ago.

The plan of feeding patients through a tube passed into the pharynx, or the stomach, appears to have been general on the continent, long before it was adopted in this country. The French writers on the treatment of the insane, frequently mention and recommend the instrument they call the œsophageal sound. This does not appear to have been tried much in England, till the invention of the stomach-pump, drew attention to the ease and celerity with which fluid might be introduced by tubes into the stomach.

It is about forty years since Sir Astley Cooper first brought the stomach-pump before his class at Guy's hospital, and demonstrated its wonderful utility, in cases where poisons had been purposely or accidentally swallowed. I do not know who first applied it to the purpose of feeding the insane, but it is now in very general employment, as a means of overcoming the effect of morbid aversion to food. In my opinion we should have done better in our special department of medicine, if we had adopted the treatment already recommended by the French physicians. It is no doubt perfectly true that the stomach-pump has been used for years without any accident, by no inconsiderable number, and that it overcomes all resistance to nourishment; but it by no means follows that it is therefore the best means of doing so, and I think its obvious defects quite account for its not having become of universal adoption.

There is so much danger attending its use, that the negative testimony of those who have used it for years without mischance, proves their skill and care, but still more their good fortune. I have known one of the most expert surgeons in London, pierce the thoracic-aorta, of course causing immediate death, in consequence of the accidental movement of a patient, while the tube of an ordinary stomach-pump was being passed down the œsophagus. Recently at one of our large hospitals, the trachea was perforated, and the patient's life lost in the same manner; and many cases are on record where the œsophagus was torn, and still more where fluid intended for the stomach has been injected into the lungs with fatal results.

Another great objection to the stomach-pump is the size of its tube. It seems absurd to force down the slender gullet of a poor deranged girl, whom it may be unfortunately necessary to feed by force, a tube, the diameter of which can be more than one-half diminished without interfering with its efficacy. As a means of conveying fluid aliment, all the stomach-pumps

I have seen have been armed with tubes much too large for the purpose. Used for that for which they were intended, the injection and ejection of fluid from and into the stomach with the greatest possible rapidity, in cases of poisoning their size causing more or less pain, was not thought of much importance.

Dr. Watson in an admirably written and interesting letter on the stomach-pump, published in the *Medical Gazette*, inculcates the necessity for caution in its use, and cites several instances of dangerous, and even fatal effects following its introduction into the stomach. He dwells on one case, where the mucous membrane of the viscus was sucked into the holes of the tube, and torn into strips, a contingency not unlikely if the mouth of the tube happens to be in contact with it.

This last danger, which depends upon the reflex suction-action of the stomach-pump, is simply gratuitous in the case of an insane patient, where only injection of food is required. In experienced hands I know the danger is slight, but still this accident has happened to most skilful surgeons, not operating on insane patients; with the latter, of course, there is greater liability to sudden movements, and therefore greater danger of such an occurrence.

I pass over a long catalogue of minor evils, resulting in a great measure from the size of the tubes employed, such as inflammation of the throat and of the tonsils, leading even to the formation of abscesses in the cellular tissue around the œsophagus. Enough has been said to prove that the stomach-pump should not be entrusted to unskilled hands, and that we should do well to invoke, if we can, the aid of a less dangerous instrument.

I have not yet noticed the first, the greatest difficulty, in the introduction of the stomach pump, or indeed any other tube into the mouth. How are the firmly closed jaws of the patient to be separated widely enough to admit such a mouthpiece as the stomach pump requires for its passage? The means suggested for this purpose are some of them exceedingly ridiculous, others extremely cruel. In the first of these divisions I must place Dr. Haslam's plans already mentioned, of blind-folding a patient, or exciting sneezing to make him open his mouth. Some of the other devices are so utterly opposed to our present views as to the proper treatment of the insane, that it would seem almost incredible they could ever be gravely contemplated. The prolonged application of the cold douche, is extolled by one writer, as most efficacious in inducing the patient to "relax" his lower jaw. Inserting the handle of a



spoon and then turning it, will give you an opportunity of inserting a gag or plug and thus easily to pass the tube,—this is the most humane of the recommendations I have found recorded.

M. Belhomme, who has invented an ingenious little instrument which acts in the same way, but is perhaps better than the mouth-piece of the stomach pump, after describing the action of his "*baillon biberon*," when in the mouth, adds, "it is difficult certainly to get it there, but when once effected the rest is easy enough." In this opinion I quite concur.

A French writer recommends the employment of the *baignoire fermée* so common in their asylums, as admirable means of preventing all movement, when you wish to introduce the tube between the teeth. In this contrivance a patient lies at full length in a bath, with a metal cover, which embraces his neck, and allows only his head to be seen. I should have fancied from what I saw of them abroad, that a strangulation or dislocation of the neck, would certainly ensue, even without the assistance of a forcing tube, should the patient struggle or in any way resist the natural action of this water-guillotine.

Another gentleman advises that we should extract, or if that be not possible, *break* a tooth, to allow the passage of the tube ! But the climax of absurdity is certainly reached by an Italian physician, who suggests, and has actually practised the expedient of introducing needles into the digestive muscles, and connecting these with a voltaic battery. The mouth was opened widely by this means, and Dr. Philipi dilates on the astonishment of his patient who ceased to contend with a power that he came to consider quite supernatural ! This might excite a smile, did we not remember that the victim of such treatment, was suffering and insane.

Esquirol, to whom psychological medicine is almost as much indebted as to his great master, Pinel, seems to have been the first to suggest the introduction of food into the stomach by means of a tube passed through the nostril. The tube thus used was the ordinary "*æsoophageal tube*," to which I have already alluded. This, though considerably smaller than any stomach-pump tube now made, was larger than we should think of employing for such a purpose.

Dr. Burrows, in his *Commentaries on Insanity*, recognising the difficulty of introducing the tube of the stomach-pump into the mouth, says : "To pass its hollow elastic tube through a nostril is a more ready method than forcibly separating the jaws." Dr. Burrows here, perhaps, follows Esquirol, without any practical experience of the plan. If not, the stomach-

pumps he used, or saw used, were armed with tubes of a different calibre to those of the present day, not one of which, I believe, could possibly be employed in such a manner. However this may be, Dr. Burrows's remarks on "resistance to food" are most valuable, as far as they go; but he has evidently found the first step in forced alimentation, getting an instrument between the teeth, to be the great difficulty, and seems to have given it up in despair, when he speaks of "practice giving some attendants a wonderful dexterity in getting down food," and recommends, "they should, if possible, be resorted to for this purpose." This is not the doctrine of the present day.

Following the lead set them by Esquirol, who altogether evaded the difficulties of forcing open the jaws of his patients, the French practitioners in lunacy set themselves to improve upon the instruments for the passage of food by the nostril; and Dr. Ferrus and Dr. Metivié made the first, and, in my opinion, the only necessary change, in substituting an ordinary elastic gum catheter for the stiff tube recommended by their great predecessor. Refining on this, M. Baillarger provided the catheter with two stilets, one of whalebone, the other of iron. This last, bent to a proper angle, was thought to assist the passage through the nostril, and then being withdrawn, the elasticity of the other stilet was intended to carry the catheter against the posterior wall of the pharynx, and thus escape the danger of entering the *rima glottidis*, or the mouth.

M. Emile Blanche to whose treatise on œsophageal catheterism, I am indebted for this history of the progress of Esquirol's plan, brought forward an ingenious instrument, by which he hoped to avoid the production of the pain, that followed the withdrawal of the iron stilet employed in M. Baillarger's plan of operating, and at the same time to obviate the difficulties that were presented by the liability of the catheter to remain fixed against the posterior wall of the pharynx for want of a proper bend towards the œsophagus, and by its tendency, which the whalebone stilet of M. Baillarger's so well overcame, of curving too much forward, after it had passed this point. I copy the following description of this instrument from the "selections" from foreign literature in the second volume of the *Psychological Journal*:

"It consists of an articulated stilet, the rings being thirty-one in number, and so arranged as to play freely when flexed, but when extended, which is effected by a watch-spring working inside the rings, and soldered to a stiff and moveable stem,

it assumes all the rigidity of a non-articulated stylet. This instrument, then, after it has been passed in the curved state, through the nostrils into the pharynx, can be straightened, and passed on so as to avoid the larynx. All that is requisite is to pull upon the watch-spring, which becomes straight, drawing with it the rings of the metallic chain, and thus applying the catheter against the posterior pharyngeal parietes. When it has reached the œsophagus, the stem connected with the watch-spring is let go, the articulated part resumes its flexibility, and the stylet can thus readily be withdrawn."

I should hardly be inclined to question the correctness of the opinion of so high an authority as the Editor of the *Psychological Journal*, who "declares the instrument to be a valuable modification and improvement on those previously in use;" and I should be still more unwilling to cavil at any terms of praise addressed to M. Emille Blanche, for whom I have a high esteem; but I believe, practically, that this instrument, though ingenious, is unnecessary, and liable to get out of order at most inconvenient times—the common fate of all complex contrivances. I have good reason to know, that the inventor himself never uses it; and English surgeons, who have spoken of the admirable dexterity and tact with which M. Blanche performs the operation of feeding, have assured me that the instrument he uses is always the ordinary small œsophageal tube; and I am, therefore, not surprised to find him telling us, that "with the ordinary elastic gum catheter," he has "always easily performed the operation of feeding," and, with proper care, considers it certain to be successful.

I believe, however, that the "articulated catheter" of M. Blanche may be convenient for an operator who is not certain of his skill, or who resorts for the first time to the forcible administration of food. With this instrument an unskilful operator is less liable to do mischief than with the simple elastic tube.

I have seen, at one of our County Asylums, an ingenious instrument for the purpose of forced alimentation, which I was assured is most successful in its operation. It is, I think, the subject of a French patent, and is called the "*irrigateur d'equisier*," or "*des guilliers*." I am not quite certain of the name of its inventor. This instrument is liable to the same objection as the last: it appears liable to get out of order when most wanted, and is complex and costly; still it has a great advantage in the smallness of its tube, which is less than any of those I have seen

attached to the stomach-pump. The principle of its action is much the same as that of the *cafetières*, in which the hot water is poured into the vessel, and then forced, by atmospheric pressure, through the ground coffee berry. I did not see this pump in use on a patient, but I tried its action, and was quite satisfied that it would eject fluid with considerable force. I do not, I confess, much admire this clock-work plan of squirting sustenance into the stomach, nor did I like the appearance of the instrument,—but it is, at all events, ingenious, and may be useful where assistants are not easily to be obtained. The surgeon, having screwed up the *irrigateur*, has nothing to do but affix it to the tube, and turn the injecting tap; still it altogether reminded me very much of the machine devised at Laputa, which was intended to supersede the ordinary plan of cutting cabbages with a knife.

Far superior, in my opinion, to any former instrument, for feeding by force, either of French or English invention, was the syringe introduced into use at the Glasgow Asylum, by the late Dr. Balmanno, which still continues to be employed there, and indeed in nearly all the Scotch asylums. Dr. Balmanno seems to have seen how much too large many of the stomach-pump tubes were, for the purpose of being passed down the throat, and the necessity for sometimes passing the canula through the nostril,—he therefore recommended a smaller tube, calculated, he thought, to be used without pain, either as an œsophageal or a nostril tube; and a syringe of a plain and simple construction, which did not possess the dangerous reflex action of the stomach-pump.

This would appear to answer admirably, but still there are objections to it: in the first place, it is cumbersome and costly; and secondly, although its tube is smaller than those formerly in use, it is, I think, still too large, and in many cases its passage must occasion pain. In the eleventh number of the *Asylum Journal*, there is a clear account of this instrument, and a high opinion expressed as to its efficacy, in a valuable and practical paper, by Mr. Wilkes, which I have already referred to. He states that it often produces irritation when passed through the nose. Now this I do not think would occur if a smaller tube were used; at all events, I have never in my own practice found such a result to follow the passage of the *graduated* tube I generally employ. Mr. Wilkes suggests, that the piston of

the syringe should be metallic,—the one usually employed being liable to get clogged and out of order.

With so great a variety for our choice, it becomes a matter of importance to decide which mode of administering food should have our suffrages. I hope to be able to show that the simple plan, originally suggested by Esquirol, and modified by M. Ferns, is the least liable to objection, and effects its purpose with the least suffering or danger to the patient.

In my own practice, having reluctantly arrived at the conclusion that the patient must be sustained by artificial feeding, the instruments I use for injecting food into the stomach are œsophageal tubes, about seventeen inches in length, made of elastic gum, like an ordinary catheter, and of various diameters, from the size of a number three to a number six urethral catheter. One of these, if the patient will open his mouth, I pass down into the pharynx. If there is resistance, and the mouth is obstinately closed, I send the tube best adapted to the size of the nostril, without any stilet, but well oiled, along the floor of the nasal passage, and so into the cavity of the stomach. The sensation is certainly disagreeable, but not painful, and I have never heard a patient complain of any ulterior ill-effects. This plan is entirely free from the danger of breaking the teeth, or lacerating the lips or tongue, so frequently the effect of other modes of feeding, a tube can be introduced through the nostril with greater ease, and less pain, than a gag can be forced into the mouth, and the risk moreover of exhausting the strength of the already half-fainting patient is considerably lessened. It must be remembered also, that when the gag is introduced, the first step only is gained, as then the tube must be passed through its perforation: an operation not easy where the patient offers obstinate resistance, as the tongue can still be opposed to the passage of the catheter; and, as the invention of M. Belhomme to keep it down—the “*baillon-biberon*” of the French surgeons—sufficiently proves, such opposition is often most embarrassing. Another great advantage from the use of the small tube is that it leaves the breathing of the patient free, and this is sometimes painfully affected in using the stomach-pump and other instruments.

The first objection made to the use of the nostril tube is, that it will not always pass easily through the nasal passage. I have never found the least difficulty, taking care of course to use a catheter proportioned to the size of

the nostril, and taking advantage also of the frequent difference that exists in the relative calibre of the right and left passage, even in the best-proportioned face. The right nostril is generally the larger: this is Cruvelhier's opinion. It is well, therefore, if no difference is externally visible, to try that side first, and then the other; if both fail, the catheter is too large, and a smaller one must be used.

The next difficulty, the one that M. Baillarger's instrument was intended to surmount, is that the tube strikes against the cervical vertebræ, and there remains fixed. I have seen this happen also in the case of the stomach-pump; the reason is, that the pharynx is at right angles, with the mouth and nasal passage, and the tube will not easily curve down it. The remedy is simple: let the instrument be previously bent, so as to give it a tendency to turn downwards; and, at the moment it approaches the posterior nares, let the head of the patient be thrown back, so as to diminish the sharpness of the angle it must describe. A well-oiled catheter passes in this way with the greatest ease. It is obvious, from what I have said, that the operation should not be performed when the patient is in the supine position.

The next problem, that of avoiding the entrance of the larynx, or the opening of the fauces, is solved by bringing the patient's head forwards and downwards, which will send the point of the tube against the posterior wall of the pharynx, but to a practised manipulator this will not be necessary; and this part of the operation will be as easily performed as the *tour de main*, with which a good surgeon sends the sound below the arch of the pubes into the bladder. The tube, having thus far proceeded, comes within the grasp of the constrictor muscles, and now glides down the œsophagus almost without aid from the operator.

The next objection is the likelihood of the catheter entering the larynx, and the danger of the lungs thus receiving the fluid intended for the stomach.

The numerous cases on record, in which this accident has happened, and the testimony of such observers as Sir Charles Bell and Dr. Watson, sufficiently demonstrate the fact, that it is quite possible to pass a tube unintentionally into the larynx, and even to inject the lungs, without any symptom warning you, at the moment of your mistake. This danger is common to tubes introduced either through the mouth or the nostril, perhaps in the latter case, the smallness of the tube may render the accident more probable. A simple rule, will prevent this mischance, producing any serious result.

The operator must never attach his injecting apparatus to the catheter, before at least fourteen inches of the tube has been passed. If no violence has been used, this will sufficiently indicate that its point has entered the cavity of the stomach. Only a very practised operator should risk injection of fluid, with a shorter length of catheter; although, of course, it may have been done for years without any fatal result. It is, I believe, never unattended with danger of some fluid entering the lungs or regurgitation taking place, and all the painful effects of funnel feeding.

It may be well to mention a precaution often neglected in withdrawing the tube, whether passed through the nostril or the mouth; its orifice should be closed by the finger, else at the moment of the tube passing the opening of the glottis, a small quantity of fluid is almost certain to be drawn into the larynx, a violent fit of coughing frequently follows the operation when this simple precaution has not been taken. It is important also to see that the inferior orifice of the catheter is at the bottom and not at the side, because in the latter case, the tube is likely to become blocked up by the accumulation of particles at its end.

The tube being introduced, the question how the fluid is to be passed through it, is not altogether unimportant. It may be injected with a syringe as in Dr. Balmanno's apparatus, or by means of an india-rubber bag, or even an ordinary bladder; but some amount of impulsive force is necessary. I, myself, always use the little instrument now on the table. It is perfectly simple in its construction; it is economical, and does not occasion the same repugnance that instruments of metal usually do. It consists of a ball of gutta percha, easily grasped by the hand, with two tubes of the same material issuing from it. One of these is immersed in the fluid, to be injected; the other fits tightly, by its own elasticity, over the mouth of the catheter. By a simple arrangement of pea-valves, which only allows of a forward passage, the fluid, on squeezing the central ball, is propelled directly through the tube. It is almost impossible this should get out of order; if it should do so, a dozen might be purchased for the cost of one stomach-pump or syringe; and a second may be kept always in readiness, should it get out of order. I have used the same for the last three years. We owe its introduction to the ingenuity of Mr. Higginson, of Liverpool, who is the original patentee. It was not intended for feeding, but simply meant as an

enema apparatus. It is now commonly seen in the shops of dealers in articles of gutta percha. I think it must eventually supersede all other means of injecting fluid in medical or surgical practice.

The administration of food having been once effected by this means, and the patient having seen the contents of a bason of soup vanish, as if by magic, into his stomach, it will seldom be necessary to repeat the process. I have found it of great importance, especially in hysterical cases, to treat the operation as one of no consequence, and as not entailing any great trouble on myself. I think it very advisable in many cases to add, in the presence of the patient, some remedial agents, such as wine, or quinine, or even purgatives, to the soup or other fluid I am about to inject, so as to mark the distinction between food forcibly injected, and food taken voluntarily. Patients should not be encouraged to like artificial alimentation, as in some cases they certainly do; and I so far agree with M. Bri re de Boismont in the opinion, that feeding our patients should not be our only object, but that we should also attempt to overcome the force of the delusion which prompts the refusal of food; to treat, in fact, the cause and not the symptom. These remarks are intended to apply to recent cases, and to specific delusions more particularly.

The question, as to the quantity of food to be injected at a time, must be decided by our knowledge of the individual case, and the rules as to diet which guide the physician. As a general rule, small quantities are best. Dr. Seymour says, a few ounces only at a time; but where there is violent resistance, it is better to give as large a quantity as the stomach will bear, in order to obviate the necessity of feeding soon again, with recurrent struggles and consequent exhaustion. In ordinary cases, however, the resistance is not prolonged beyond the second or third time, if the operation has been done with activity and apparent ease. I must not omit to mention one important hint, in cases of prostration with excitement,—such as is seen in phthisical mania,—food or medicine may be given at once, by pouring it from a spoon down the nostril. Such a case was recently so treated by my friend, Dr. Sibson, with great benefit to the patient.

It has been suggested, in cases where forced alimentation is necessary, that chloroform should be given as a means of diminishing resistance. I have not myself had any experience of this plan. In a case, where there was great terror



at the idea of instrumental feeding, conjoined with refusal of food, the inhalation of the vapour to a point short of insensibility would be very advisable, but then it must be with the patient's own consent. I should think it quite unjustifiable to resort to chloroform to overcome a difficulty that can be surmounted in any other way. There are many cases where chloroform would be highly dangerous. I should only venture to give it against the will of the patient in cases where life was in peril; or where, after mature deliberation, it was thought likely to have a permanent good effect on the mental symptoms. It is obvious, that if force must be used, it would be as easy, and far less dangerous, to pass the tube down the nostril, as to compel the inhalation of the vapour of chloroform.

The employment of nutrient enemata, by which life can certainly for some time be prolonged, is not often necessary in the treatment of the insane. As in the administration of chloroform, force must be used, and the injection of food into the stomach may as well be at once effected. There are many patients who would rather submit to the stomach-pump than the enema apparatus.

I have used injections of beef-tea, with good effect, in cases where there was great exhaustion, before resorting to the stomach-pump. By this means the patient has gained strength enough to make the struggle attendant on forced feeding, less dangerous. Injections of this kind would also be indispensable where there was disease of the alimentary canal, preventing the passage of the catheter; and in such a case as that mentioned by Dr. Winslow, where there was stricture of the pylorus, life may be preserved for some weeks under their use; but the question of their employment is rather in the province of the general physician, and does not come altogether within the scope of my present subject.

I have to return my thanks to the President and to the Members of the Association, for the kindness and attention with which they have listened to my remarks. I feel that much which I have said, must be very trite and familiar to many now present; but they have remembered, that I undertook to answer those who are opposed to the forcible administration of food, and that one of their strongest arguments is, that compulsory feeding is generally painful and often dangerous. I hope that I have shown that it need not be so, though I have been forced to admit, that this mode of feeding is not altogether free from objection.

I need not make any further apology for the length at which I have treated this apparently trivial subject. I know that by my present audience, no point of treatment conducive to the advantage of those entrusted to their charge is considered unimportant, and that they will freely pardon my dwelling with detail on this frequent symptom. I trust they will believe that my object has been not so much to describe my own practice as to elicit their views, and place on record their opinions.

*An account of a visit to the Asylum for the Insane, on the Isola di S. Servolo, Venice : by C. LOCKHART ROBERTSON, F.R.C.P., Edin. ; M.B., Cantab., &c., &c., &c.*

Before proceeding to give a slight description of a most interesting visit which I paid last September to the Asylum for the Insane, on the Isola di S. Servolo, Venice, conducted by the *Padri Ospitalieri di san Giovanni di Dio*, I am tempted to extract, from Dickens' *Pictures from Italy*, an account of his arrival by night at Venice, as it so prettily tells the story of my first impressions there, as leaving the railway station I embarked on board one of the black gondolas,\* just as the bright harvest moon rose in all its glory on the broad waters of the Grand Canal.

"Before, (says Mr. Dickens) I knew by what or how, I found that we were gliding up a street—a phantom street; the houses rising on both sides from the water, and the black boat gliding on beneath their windows. Lights were shining from some of these casements, plumbing the depth of the black stream with their reflected rays: but all was profoundly silent. So we advanced into this ghostly city, continuing to hold our course thro' narrow streets and lanes all filled and flowing with water. Some of the curves, where our way branched off, were so acute and narrow that it seemed impossible for the long slender boat to turn them;

\* "From that funereal bark  
I leaned, and saw the city, and could mark  
How, from their many isles, in evening's gleam,  
Its temples and its palaces did seem  
Like fabrics of enchantment piled to heaven!"

SHELLEY

but the rowers, with a low melodious cry of warning, sent it skimming on without a pause. Sometimes the rowers of another black boat like our own echoed the cry; and, slackening their speed (as I thought we did ours), would come flitting past us like a dark shadow. Other boats, of the same sombre hue, were lying moored I thought to painted pillars, near to dark mysterious doors, that opened straight upon the water. Some of these were empty; in some the rowers lay asleep; towards one I saw some figures coming down a gloomy archway, from the interior of a palace, gaily dressed, and attended by torch-bearers. It was but a glimpse I had of them; for a bridge so low and close upon the boat that it seemed ready to fall down and crush us: one of the many bridges that perplexed the dream: blotted them out instantly. On we went, floating towards the heart of this strange place, with water all about us, where never water was elsewhere; clusters of houses, churches, heaps of stately buildings, growing out of it; and everywhere the same extraordinary silence. Presently we shot across a broad and open stream; and passing, as I thought, before a spacious paved quay, where the bright lamps with which it was illuminated, showed long rows of arches and pillars of ponderous construction and great strength, but as light to the eye as garlands of hoar frost or gossamer,—and where, for the first time, I saw people walking,—arrived at a flight of steps leading from the water to a large mansion, where, having passed through corridors and galleries innumerable, I lay down to rest; listening to the black boats stealing up and down below the window on the rippling water, 'till I fell asleep." And thus, as Goëthe wrote seventy years ago, could I also say—"So ist denn auch, Gott sei Dank, Venedig mir kein blosses Wort mehr, kein hohler Name."\*

As a rider to the novelist's picture, which no one who has seen Venice will not admit the perfect truthfulness of, I would just add, before passing on to the subject of this paper, the following poetic page, from the "*Stones of Venice*"—a glorious book, worthy of the Queen of the Adriatic whose story it tells:—

"When (says Mr. Ruskin) its walls were reached, and the outmost of its untrodden streets was entered, not through towered gate or guarded rampart, but as a deep inlet between two rocks of coral in the Indian sea; when first upon the traveller's sight opened the long ranges of columned palaces, each with its black boat moored at the portal; each with its

\* *Italiänische Reise. Venedig den 28 September, 1786.*

image cast down beneath its feet, upon that green pavement which every breeze broke into new fantasies of rich tessellation; when first, at the extremity of the bright vista, the shadowy Rialto threw its colossal curve slowly forth from behind the palace of the Camerlinghi; that strange curve, so delicate, so adamant, strong as a mountain cavern, graceful as a bow just bent; when first, before its moonlike circumference was all risen, the gondolier's cry, "Ah! Stali," struck sharp upon the ear, and the prow turned aside under the mighty cornices that half met over the narrow canal, where the plash of the water followed close and loud, ringing along the marble by the boat's side; and when at last that boat darted forth upon the breadth of silver sea, across which the front of the Ducal palace, flushed with its sanguine veins, looks to the snowy dome of Our Lady of Salvation, it was no marvel that the mind should be so deeply entranced by the visionary charm of a scene so beautiful, so strange, as to forget the darker truths of its history and its being. Well might it seem that such a city had owed her existence rather to the rod of the enchanter than the fear of the fugitive, that the waters which had encircled her had been chosen for the mirror of her state, rather than the shelter of her nakedness, and that all which in nature was wild or merciless—time and decay, as well as the waves and tempests—had been won to adorn her instead of to destroy, and might still spare, for ages to come, that beauty which seemed to have fixed for its throne the sands of the hour-glass as well as of the sea."

But I must pass on from the glories of the Queen of the Adriatic, which are far above my powers to write of, to my humbler purpose—an account of my visit to the Venetian Asylum for the Insane. I learnt of its existence from my obliging Host of the Hotel Victoria. So one sunny September morning I rowed in my gondola to the Austrian Police\* office to obtain an order of admission, and was most courteously informed that my profession would, on landing at the island, entitle me to every attention. Accordingly, I crossed under the bridge of sighs, passed the front of the

\* I would here bear testimony to the admirable manner in which throughout the Lombardo-Venetian kingdom the Police department is conducted. No towns in any part of Germany have an appearance of more quiet, orderly government than Milan or Venice, under the Austrian rule; none in which the masses of the people appear more happy and contented. I passed through many of the back streets and alleys of Venice late at night—was by moonlight on the canals till midnight—and I never even saw the slightest scene of disorder or riot, and this amid the most debased people in Europe.

ducal palace right across the lagoon to a distant cluster of islands, near the banks of the Lido, which forms the stripe of sand on which Byron used to take his horse exercise, (I never saw a horse in Venice) and one of which the Isola di S. Servolo, is occupied by the asylum. The gondolier pulled up at the landing marked in the annexed ground plan (1,) and the porter issuing from his lodge (2,) took up my passport to the authorities, and I was shortly passed into the consulting room (3,) where one of the brethren, in an ecclesiastical dress, as like as possible that worn by the pew-openers at S. Barnabas, Pimlico, politely offered to conduct me over the establishment. Unfortunately, the physician had just left the asylum, and so many of my professional inquiries could not fully be answered. I may here state that the Isola di S. Servolo was applied in 1725, by the Republic, for the purposes of a military hospital, and so used until 1797, when the Committee of Public Health resolved to convert it into a State asylum, and to remove here the insane poor of the Republic, who had hitherto been kept confined in flat-bottomed boats, without masts, called *Fusti*, anchored in the lagoon. In 1835, it was deemed expedient, for want of space, to separate the male and female patients. The females were removed to the Civil Hospital, close to the Sedola di S. Rocco, and the male patients remaining on the island were placed under the care of the *Padri Ospitalieri di San Giovanni*.

It was, therefore, only the male patients of the Venetian Asylum for the Insane, whom I saw on the Isola di S. Servolo. After learning these facts from the brother who was to be my guide, we set out on our visit and proceeded through the garden court (10) into the surgery and laboratory. These were fitted with a style and abundance which I have never seen equalled in any of our English asylums, the case-books, and registers all beautifully kept, and everything in the highest order. We then passed down the corridors (12) to the church (20)—a large handsome building, with a tower, forming one of the features of the building, as seen from the lagoon. The dim light burnt as ever before the altar. The church, like all Roman churches was open, and one or two of the convalescent patients were there in quiet thought and meditation. We next visited the several workshops (24,) in which a number of the patients were in the most orderly manner engaged in tailoring, shoemaking, blacksmith's, and carpenter's work, under the care of a very respectable-looking set of attendants. We then went into the day rooms (28, &c.,)

and saw a number of the patients sitting, reading, or lounging, just much as one finds them at home. There was a quiet and order about the establishment, and a confidence in the manner of the patients which I have not generally found in foreign asylums (it was singularly wanting in the one at Siegburg), and which, to the experienced eye, at once tells of diligent superintendence and kind and wise treatment. The signs of restraint were slight. I think three or four men with wrist-belts, and two or three in seclusion, were all I saw. Of course I should have wished to have found none under mechanical restraint, and it is only as compared with other foreign asylums that I use this term slight, in reference to any form of mechanical restraint.

We then visited the spacious kitchen and I tasted the dinners, which appeared to be excellent.

The infirmary (*e*) is a spacious airy room, with a large crucifix hung at one side, very quiet, and the sick seemed most diligently cared for.

Baths (*h*) hot and cold were provided, and also a fine open swimming bath (*i*) (a thing I never saw in an English asylum) in direct communication with the sea.

There are several airing grounds of most ample dimensions. Figure (34) is a large garden, figure (9) a walled-in airing ground for the most excited patients, while beyond the building and occupying all the rest of the island is a large extent of garden, and a couple of fields, under spade cultivation, as will be seen indicated on the ground plan.

In the middle of this garden is a raised terrace, commanding a wide prospect on every side; and passing fair, indeed, is the view which one here obtains. On the southern side, across the sand-bank (the Lido) forming the lagoon, lay the Adriatic, the surf and sand-bank mingling with the sky the sun tinting its distant waves in colours of purple, blue, and green-light, such as our dull northern sea rarely or never shews. Far away to the north of the horizon rose in clear distinct outline the purple shapes of the Alps of Bassano, and the blue sweep of of the Lombardic plain—

“The hoar

And airy Alps, towards the north, appeared,  
Thro’ mist, a heaven-sustaining bulwark, reared  
Between the east and west.”

Between these bounds, and lying as it were at the feet of the beholder, sprung out of the vast waters of the lagoon, which stretched in leagues of rippling lustre to the north-east and west, the wondrous city of Venice, rising out of the

bosom of the pale green sea, which filled so far as the eye could penetrate its untrodden streets. Straight in front rose on one side of the grand canal the snowy dome of Our Lady of Salvation (*S. Maria della Salute*) and facing it on the other, the sea-front of the ducal palace, with the large centre window and balcony of the famed council chamber. The dome of S. Mark was just seen beyond it, while towering high above all the endless domes and towers of the city, the far-famed bell tower (Campanile)—the prominent feature of Venice, view it whence one will—again met the eye.

The only account I ever met with of a visit to this asylum, is in Shelley's *Julian and Maddelo*. The asylum must have been strangely different from what I found it, when he speaks of "climbing the crazy stairs into an old court-yard;" or again, when he says:

"I looked, and saw between us and the sun  
 A building on an island, such a one  
 As age to age might add, for uses vile—  
 A windowless, deformed and dreary pile;  
 And on the top an open tower, where hung  
 A bell, which in the radiance swayed and swung,  
 Ye could just hear its hoarse and iron tongue:  
 The broad sun sank behind it, and it tolled—  
 In strong and black relief—'what we behold—  
 Shall be the mad-house and its belfry tower,'  
 Said Maddelo; 'and even at this hour,  
 Those who may cross the water hear that bell,  
 Which calls the maniacs, each one from his cell,  
 To vespers.'"\*

On looking at Shelley's letters, it appears that it was in 1818, that he visited Venice. I can only congratulate the authorities on the change that has come o'er the spirit of the scene, between Shelley's visit and mine.

Rather than dwell further on my own necessarily hurried

\* I would just add the mournful moral, which Shelley's morbid mind draws from this dismal picture:—

"And such," he cried, "is our mortality;  
 And this must be the emblem and the sign  
 Of what should be eternal and divine;  
 And like that black and dreary bell the soul,  
 Hung in a heaven-illumined tower, must toll  
 Our thoughts and our desires to meet below  
 Round the rent heart, and pray as madmen do;  
 For what? they know not till the night of death,  
 As sunset that strange vision, severeth  
 Our memory from itself, and us from all  
 We sought, and yet were baffled."

and imperfect observations, I think I shall better convey an idea of this admirably conducted asylum, by now giving a short summary of a pamphlet, containing an account of its history and management, which was, together with the ground plan, which I have here had engraved, given me by the brother on leaving. My own observation confirms the truth of the facts there asserted in every particular, and I cannot speak too warmly of the favorable impression I formed of the general management of the asylum.

The various alterations and improvements spoken of in this Report are not unimportant, as giving evidence of a spirit of progress, which one in vain looks for elsewhere, amid the mournful decay which reigns throughout every other place and building in Venice.

#### *Description of the Building.*

The asylum is a quadrangular building of one uniform elevation, although the central part has only one, while the wings have two stories above the ground-floor. On the first floor are the reception-rooms, consulting-room, visitors' parlour, twelve of the wards, a dormitory, with twenty-six beds for infirm old men, infirmary, six rooms reserved for violent patients, another dormitory, refectory, five bath-rooms, five rooms for those suffering from contagious diseases, and lastly, a large natural reservoir, filled by the water of the lagoon, which rises and falls with the ebb and flow of the tide, and thus serves both as a swimming and ordinary bath.

On the second floor of one of the wings is the part allotted to the boarders, which consists of several rooms, with one, two, or three beds, a small dormitory, refectory, and day-room. Above these are twelve rooms and a dormitory for the violent (but not dangerous,) patients. We then come to the central part of the building, with its large dormitories, refectory, and day-rooms. The second and third floors of the other wing (above the bath-rooms,) are reserved for dangerous and refractory patients; this division is about to be enlarged and partly rebuilt. Detached from the building are the cow-houses, dairy, laundry, and drying ground; on the north side is the large room for the sick poor of the city, not insane, the cloisters, with three court-yards, and a small garden. Below the cloisters is the church, a large and handsome building, a surgery and laboratory, the kitchen, with the various offices attached to it, store-rooms, bakehouse, work-rooms for carpenters, stonemasons, blacksmiths, &c.,



and lastly, the dead-house and dissecting-room. Above the cloisters, besides the cells of the monks, are other work-rooms for tailors, shoemakers, &c., a library, offices of the establishment, and a drawing-room, where the convalescent and quiet patients meet for conversation and music. The kitchen garden and extensive pleasure grounds, with their shrubberies and belvedere, lie on the South side of the building. Although there are at present upwards of 350 patients in the asylum, the building can only properly accommodate 300, the additional number necessitating the sacrifice of some of the day-rooms, which are used as dormitories. When, however, the proposed alterations and enlargements which are in progress have been effected, the asylum will be capable of receiving 400 patients, the general arrangements and divisions of the building being at the same time more complete.

The management of the establishment is under the *Padri Ospitalieri di San Giovanni di Dio*, now twelve in number, who, under the direction of the Prior, attend both to the economic and sanitary regulations of the asylum, as treasurer, superintendent of the hospital, overseer of the work-rooms, wardrobe-keeper, &c.; two of the monks act as spiritual directors, three as medical attendants, in addition to whom there are also a physician and a surgeon attached to the hospital.

The establishment is under the immediate supervision of that department of the executive which undertakes the surveillance of public institutions, and which can at any time authorize an enquiry and thorough inspection to be made, both into its sanitary condition and general management.

The asylum receives all patients from the Venetian provinces and from Dalmatia, but families desiring it, are allowed to undertake the management of their insane members, either in private asylums or at their own homes. Where their circumstances allow it, the expense of the maintenance, &c., of the patient, is defrayed by his family; in other cases, the funds are supplied from those of the institution itself, or by the public treasury; it being a rule, that in all cases of dangerous lunatics, such as would imperil the public safety, the necessary funds be supplied by the latter.

When any person is reported to be insane, it is the province of the civil tribunal to examine into the proofs of the lunacy, and after receiving satisfactory evidence of the same, from the friends and attendants of the individual, supported by the

opinion of two competent physicians (having no connexion with the asylum,) to take measures for his admission into the hospital. A paper is sent with each patient, stating his name, age, parentage, trade or profession, &c., together with the cause, symptoms, and period of the first appearance of the malady;—these documents are extremely useful, as a source from whence to draw statistical results.

Generally speaking, patients are received into this asylum, (*morocomio centrale*) after having been for a time under treatment either at the provincial hospital, (*spedale provinciale*) or in some private establishment, because, as the demand for admissions is always greater than can be granted, it is necessary to avoid receiving any but undoubted cases of confirmed mental disease.

On his arrival, a patient immediately assumes the dress of the asylum, (unless he enter as a pensioner or boarder—these wear no uniform) his own clothes being registered and given into the care of the wardrobe-keeper; he is then placed for some days in one of the examination rooms, (*camere di asservazione*) in order that some insight may be gained into his temper and disposition, the kind of insanity under which he labours, his tendencies, &c.; he is then placed in that division of the establishment most suitable to his case. If a patient is found to be suffering from any contagious disease, he is directly transferred to the infirmary, for which purpose a room in the building is set apart, while another part is reserved for the reception of the violent and dangerous lunatics.

All the arrangements of the establishment are conducted with the most perfect order and regularity, and constant occupation is provided for the inmates. The necessity of adapting themselves to an orderly life, and conforming to the daily routine laid down, is at first found irksome by many of the patients, (especially the lower and uneducated portion,) but in a short time, the good effects of the system is shown in their improved mental condition, while their bodily health is benefitted by activity, labour, regular living, and daily exercise.

The hour of rising in the morning, varies according to the season, in winter it is half-past six, but during the greater part of the year five o'clock. The patients wash and dress under superintendence, after which some of them assist in cleaning and re-arranging the dormitories, making their beds, &c., breakfast is then served out, after which, weather permitting, they walk, or take some kind of exercise in the open

air, till eight o'clock, when such as are able to employ themselves repair to the various work-rooms, the others assemble in the galleries. At eight o'clock also, the patients are inspected by the head physician, and his prescriptions and directions immediately attended to. At eleven they all assemble in the refectory for dinner, which is superintended by the monks, this is followed by some hours of relaxation, (conversation, games, &c.) after which they return to the workshops and galleries; supper is served two hours before sunset (in winter an hour later), they walk again till sunset, when they return, and after a short prayer retire for the night.

The ordinary diet consists, in the morning, of four ounces of wheaten bread, with broth, but the sick and aged are supplied with more nourishing food, soup, coffee, eggs, &c. For dinner, meat-broth, with four ounces of rice and vegetables, three ounces of solid meat, four ounces of bread, and four ounces of wine, which latter in the majority of cases is mixed with water, forming an agreeable but unexciting beverage. Supper consists of four ounces of bread with salad or vegetables, eggs, and cheese, fish or fowl, varied on different days, and according to the season.

On festivals, such of the patients as are considered sufficiently recovered, and who can do it without injury to their health are permitted to take part in the services of the church, which though short, are performed with all due devotion and solemnity, sermons being delivered on certain days and the holy communion administered to any of the convalescents desirous of receiving it.

Constant occupation and labour being found of great assistance in improving and strengthening their mental faculties, work-rooms have been constructed, where the patients follow almost every kind of trade that can be carried on with safety in an establishment of this kind, shoemaking, spinning, tailoring, bookbinding, carpenters' and masons' work, mat and basket making, &c.; others are employed in the laundry and gardens, and various domestic occupations, such as carrying water, cleaning rooms, &c. It is at the same time to be observed that any approach to compulsory labour is directly opposed to the system of this asylum. The patients themselves generally request employment, and a good day's work is rewarded by an increase in the daily portion of bread, cheese, wine, &c., as, however, the supply of food is ample, they generally prefer receiving an equivalent in money, which they voluntarily place in the hands of

one of the brethren, till such time as they leave the hospital, or have any use for it. A request is often made that it may be sent to their homes, as an assistance to their families.

Since the formation of the large dormitories, all the patients sleep there, except those who are refractory, noisy, or dangerous, and some few boarders, who are allowed separate apartments. The mere transfer from these separate apartments to the large dormitories, generally produces an improved mental condition; for not only do the patients consider it a reward for their good conduct, but they are also influenced by the example of the quiet and orderly behaviour of those with whom they are there associated.

One of the most important points is general and personal cleanliness, and the greatest care is taken in this respect by the brethren, who see that everything conducive to it is carried out, both in the infirmary and throughout the whole asylum.

Each patient has a good and comfortable bed; the bedstead being of iron, with a straw palliasse, woollen mattress, pillows, sheets, as many blankets as necessary, and a counterpane.

Meals are taken in the refectory by all the patients, with the exception of the refractory, who, as they might create noise and disturbance, take their meals in private, being allowed to go into the refectory as a reward for good and orderly conduct. The present imperfect system of heating the rooms by means of stoves, will be remedied by the improved plan about to be carried out as regards ventilation. The situation of the island leaves nothing to be desired on that point; the trifling inconvenience of an occasional slight exhalation from the sea, arising only during the long continuance of a south-east wind, being obviated by the spacious and airy nature of the building itself.

The uniform dress of the asylum consists, in summer, of a linen shirt, coloured linen waistcoats and trousers, stockings, and shoes; in winter, cloth waistcoats, trousers, cap, and cloak. The corridors, dormitories, &c., are all lighted with oil-lamps, placed high up on the wall, and protected by glass and iron network.

The *Infermieri* (or overseers of the infirmary,) take the immediate charge of the patients, two sleeping in each dormitory, and each one has a certain number committed entirely to his care, while four of them in turns take the duty of night-watch. One of the monks (medical) visits each patient before rising, in the morning and again at night after they are in bed. As it is of the greatest consequence

that the servants of the establishment should be active, intelligent, trustworthy, and of good moral character, the brethren are particularly careful in that respect, and cause weekly instruction to be given them as to the importance and responsibility of their duties, and the influence they possess over those entrusted to their care. Misconduct or insolence to any of the patients is punished with instant dismissal.

Restraint is banished, as far as possible, from the establishment, and only had recourse to in paroxysms of madness, where a tendency to homicide or suicide is shewn, when it becomes necessary for the general safety. The only means of restraint employed are the strait-waistcoat and waist-belt, the dark room being seldom used, and the douche bath only in very rare cases. The mildest form of restraint, however, is never allowed to be applied without an order from the physician. Refractory conduct on the part of a patient is punished by separating him from the society of the others, and obliging him to take his meals alone.

The dismissal of a patient must be authorised by a Government Inspector, who visits the establishment monthly, and examines any patient reported cured by the physician. If the proofs of the recovery are satisfactory, his family are apprised of the fact, and measures are taken for his removal from the asylum; but if any doubt remains on the subject, he is placed under observation for a time, and then re-examined.

The patients are allowed to receive visits from their friends when they can do so with prudence and without injury to their health. The visits of strangers also are permitted, but with certain restrictions; medical men and others, visiting it as an object of study or science, are allowed to go over the asylum, and any suggestions they may make as to the treatment of the patients, or management of the institution generally, are gratefully received; but it has been found absolutely necessary to refuse admission to those who would visit it only as an object of curiosity and place of amusement, indiscriminate admission having been found productive of bad effect to the inmates, who complained that the generality of people visited them only to amuse themselves with their misfortunes, and to insult them by impertinent questioning.

In conclusion, we would remark, not that this asylum is in a state of perfect organization, far from it, but that it is a good and well-managed institution. Much has already

been done, especially in the years 1844 to 1847, when extensive alterations were made; but there still remain many defects to rectify, and many improvements and reformatations to be effected. The building itself requires to be considerably enlarged, so as to accommodate a greater number of patients, and to admit of their better division and classification. Each department of the establishment should have a separate entrance and refectory; it is desirable, also, that a detached building should be erected for the reception of patients suffering from contagious diseases; that a part should be allotted for the separate use of the convalescent; and another for criminal and dangerous lunatics.

There are excellent grounds for walking and other exercises; but a part of them should be enclosed and protected both from the rain and sun; there is a good supply of water, but it requires laying on to the various parts of the building—at present the labour of carrying it is considerable; much, however, has already been done, and it is hoped that the remaining inconveniences will shortly be remedied. The Eccelsa Superiorita has contributed a handsome sum towards the proposed improvements and enlargements.

Appended to this Report, of which I have now given a summary, are a large series of tables, drawn up on a very different system from that followed in the English asylums. I have compiled from this mass the following tables, illustrating the experience of the Venice asylum, during the nine years 1847-55, inclusive as regards

- I. The influence of age on the admissions.
- II. The domestic condition of the patients.
- III. The social condition of the patients.
- IV. The causes of the mental disease.
- V. The time of attack.
- VI. The cause of death.

I have added to each table, one or two observations bearing on the general statistical results observed in each instance, and have drawn for this purpose on Dr. Thurnam's standard work on the statistics of insanity, and also extracted several similar tables from Dr. Hood's interesting decennial report of Bethlehem Hospital, the more so as that report includes nine of the very years during which the experience of the Venice asylum is here recorded.

Unfortunately no data are given from which to draw any correct inferences, as to the results of treatment. There are no means furnished of ascertaining the mean population, hence the annual mortality cannot be definitely tested, while

the absence of any information as to the condition in which the patients were discharged, whether cured, improved or simply sent to the care of their friends, precludes any comparison of the proportion the cures bear to the admissions.\*

I may observe that the ecclesiastic who gave me this pamphlet informed me that it was only the *first part* of the proposed report, and that the *second part* would include a comparison of the statistical results obtained, and also further details of the professional treatment of the patients, pathological investigations, &c., &c.

I must, in the mean time, however, just observe how unaccountable the mortality appears, even with all possible allowances for variations in the mean population. In nine years we have a mortality of 718, giving an average of nearly eighty deaths a-year. Now if we take the mean population at 350, which is allowing a population of fifty more than at all appears on the face of this report, as likely to have been in the establishment, the mean annual mortality runs at nearly twenty-three per cent. If, as I believe, 300 is nearer the mean population, the mortality cannot be put at less than 26 per cent.† At Bethlehem Hospital, for the same period, the mean annual mortality was only 6.3 per cent. Whence this difference?

It is true that in 1849 the establishment appears to have been visited by cholera, of which 84 patients are reported to have died. But even deducting these 84 deaths from the mortality of that year, there still remain 634 deaths in nine

\* Since writing the above, I have found a sheet of tables at the end of the pamphlet, containing sundry odd scraps of information, and *inter alia* the fact, that the number of patients discharged, improved or harmless, or transferred to other asylums during the 9 years 1847-55, is 667. If we deduct this number from the total discharges, 1068, there are left as cured 737. This on the total of admissions for the period, viz., 1760, yields a per centage of 41.3. Dr. Hood's per centage in his decennial report is 54.1. The average recoveries of the Yarmouth Military Asylum, 1819-48, was 53 per cent. on the admissions; Dr. Thurnam places the average of nine English county asylums, at 36.9 per cent. so that the Venetian asylum, as regards its proportion of recoveries may fairly challenge comparison with the best conducted asylums in the world. But what still puzzles me sadly is the terrible annual mortality.

$$\dagger 350 \times 9 : 718 :: 100 : 22.7.$$

$$300 \times 9 : 718 :: 100 : 26.5.$$

$$350 \times 9 : 634 :: 100 : 20.1.$$

Dr. Thurnam in speaking of the annual mortality in asylums, observes that "extended inquiry and consideration appear to justify our concluding, that taking considerable periods of time, during which there have been no extraordinary disturbances in operation in a mixed asylum (which the Venice asylum is) a mortality which exceeds 9 or 10 per cent., is usually to be considered as decidedly unfavourable, and one which is less than 7 per cent. as highly favourable."

years, which, on the liberal allowance of 350 for the mean population, still yields an annual mortality of 20.1 per cent.

TABLE I.—AGES OF PATIENTS.  
Venice Asylum, 1847 to 1855 inclusive.

Ages	Admitted	Discharged	Died	Remain
Under 20	124	86	34	24
From 20 to 30	387	264	157	76
"    30 to 40	470	297	187	101
"    40 to 50	393	226	166	77
"    50 to 60	263	138	114	38
"    60 to 70	93	45	40	11
"    70 to 80	30	12	20	2
	1760	1068	718	329

In Dr. Thurnam's work on the *Statistics of Insanity*, p. 160, there is a long table shewing the proportions admitted of different ages in twenty asylums. The average of thirteen British asylums there given, stands in the following relation with the figures of the above table :

TABLE SHEWING OF EVERY 100 CASES THE PROPORTION  
ADMITTED AT DIFFERENT AGES.

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80
Average of 13 British Asylums	6.1	23.9	25.7	23.6	13.3	6.2	1.7
The Venice Asylum	7.0	16.3	26.1	22.3	14.9	5.3	1.7

Although any such statistical comparison, to be perfectly accurate, should be based on returns of the age *at the origin of the disease*, rather than on admission to the asylum, still these Venice proportions may fairly be used to support Dr. Thurnam's general conclusion, (as opposed to Esquirol, Prichard, and Copland,) that from 30 to 40 years the liability to insanity is the greatest, *and that it decreases with each succeeding decennial period*. To those who have attained to mature age, as Dr. Thurnam observes, and who are actively engaged in the duties of social and civil life, it would have been a painful reflection, were it true that the longer men live the more obnoxious are they becoming to the greatest of all personal calamities, and the more liable are their families and dependents, by such means, to be deprived of their care and protection. The reverse, however, proves to be the fact; and we must admit that the conclusion is one which is more consistent with right views as to the beneficent character of the Divine government, even as regards the laws which regulate such aberrations.



TABLE II.—DOMESTIC CONDITION OF PATIENTS.  
Venice Asylum, 1847 to 1855 inclusive.

	Admitted	Discharged	Died	Remain
Widowed	96	60	31	11
Married	678	399	262	94
Single	986	609	425	224
	1760	1068	718	329

The proportion of cases of insanity here among the single, as compared with the married, stands in the relation of 986 to 678 or nearly three to two. In Dr. Hood's recent essay on the statistics of insanity, the following table and interesting observations on this question of whether the married or single state be the most liable to mental disease occur:—

DOMESTIC CONDITION OF PATIENTS ADMITTED AS CURABLE  
AT BETHLEM HOSPITAL. 1846 to 1855 inclusive.

	Admitted.			Discharged.								
				Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Married	545	819	1364	302	448	750	123	236	359	53	59	112
Single	475	719	1194	244	399	643	169	265	434	21	30	51
Widowed	46	125	171	28	58	86	5	41	46	2	9	11
	1066	1663	2729	574	905	1479	297	542	839	76	98	174

“Dr. Prichard has collected certain data, from which it appears probable, that the condition of married life is *cæteris paribus*, much less liable to the excitement of madness than that of celibacy. The proportion of married and unmarried persons in the Salpêtrière and Bicêtre, during the 20 years ending 1822, according to a report by M. Desportes, was as follows:—(Prichard, p. 185.)

Unmarried	.	.	Females	980	Males	492
Married	.	.	”	397	”	201
Widowers and Widows	.	.	”	291	”	59
Divorced	.	.	”	5	”	3
Not noted	.	.	”	53	”	9
				1726		764

“Dr. Prichard also refers to Dr. Jacobi's *statistics* to show that the case is the same in Germany, thus:—

Unmarried	.	.	Females	599	Males	974
Married	.	.	”	156	”	176
Widowed	.	.	”	80	”	30
				835		1180

“How are these numbers to be accounted for? ‘Is it,’ Dr. Prichard asks, ‘through the restraints which the condition of celibacy imposes, or through the vices to which unmarried persons are more frequently abandoned? M. Esquirol is of opinion that where one case of insanity arises from the former cause, a hundred result from the latter.’ Again: ‘we must take into our calculation, that married persons lead, in general, more regular lives in all respects than the unmarried; that they are for the most part, more fixed in their pursuits and in their condition as to maintenance and employment; and that they are in a less degree subjected to causes which agitate the mind and excite strong emotions. These remarks, however, apply principally to men, and the difference observed in respect to numbers is almost equally great among females.’

“Let the explanation be what it may, the conclusion must certainly be, that marriage does not ‘predispose to insanity;’ that marriage, in short, is a natural condition. At the same time, it must be remembered, that ‘many of the cases of insanity among unmarried persons occur in a class, who, as regards bodily and mental vigour, are less likely to be married than the average of the community at large; so that in such cases the celibacy must be regarded as an *effect*, rather than as a cause of the condition predisposing to insanity.’ (Thurnam *Op. cit.*, p. 72a.)

“It is more than probable, however, that more extended enquiries may alter materially the aspect of the case as it now stands. Thus the experience of Bethlem Hospital, during the last ten years, does not support the idea that unmarried persons are more likely to become insane than the married; on the contrary, the married patients were more numerous than the unmarried, in the proportion of 1364 to 1194. The question must therefore remain in abeyance for the present; and in the meantime we may notice the manner in which the chances of recovery or death are affected, or appear to be affected, by the domestic condition of the patient. We may not attach much importance perhaps to any such deduction, but it is curious to know that these chances are not the same in the married, unmarried, and widowed state; thus among the recoveries, we find 55.7 per cent. of the married, 53.8 per cent. of the unmarried, and 50 per cent. of the widowed; and among the deaths, we find 8.2 per cent. of the married, 4.2 per cent. of the unmarried, and 6.4 per cent. of the widowed.”

TABLE III.—SOCIAL CONDITION OF THE PATIENTS.

Venice Asylum, 1847 to 1855 inclusive.

	Admitted	Discharged	Died	Remain
Persons of independent property . . . . .	55	28	31	19
Members of the learned professions . . . . .	103	69	50	25
Persons engaged in commerce . . . . .	26	14	13	12
Agriculturists . . . . .	725	419	304	115
Day labourers and servants . . . . .	142	99	42	17
Artizans and tradesmen . . . . .	537	334	209	101
Officers and soldiers . . . . .	70	51	19	9
Without occupation or trade . . . . .	102	54	50	31
Total . . . . .	1760	1068	718	329

This table does not appear to me to call for any special observation.

TABLE IV.—CAUSES.

Venice Asylum, 1847 to 1855 inclusive.

	Admitted	Discharged	Died	Remain
Hereditary . . . . .	132	88	53	23
Not ascertained . . . . .	217	112	115	55
Physical.—Sensual excesses . . . . .	74	41	28	15
Intemperance . . . . .	132	96	46	15
Onanism . . . . .	40	27	22	5
Injury to the head . . . . .	14	5	6	5
Cerebro-spinal disease . . . . .	71	37	32	12
Intermittent fever . . . . .	6	3	2	1
Epilepsy . . . . .	77	28	54	15
Syphilis . . . . .	9	5	4	3
Pellagra . . . . .	615	355	228	84
Migliare . . . . .	5	0	2	3
Congenital disease (idiocy) . . . . .	52	33	34	15
Moral.—Domestic affliction . . . . .	144	87	56	17
Destitution . . . . .	29	20	9	6
Offended self esteem . . . . .	39	29	11	20
Disappointed love . . . . .	33	27	12	11
Fear . . . . .	27	19	10	10
Excessive mental application . . . . .	7	4	10	2
Jealousy . . . . .	22	17	8	7
Religious doubts . . . . .	15	15	3	5
Total . . . . .	1760	1068	718	329

The following table, which I copy from Dr. Hood's essay, gives a similar account of the assigned causes of the male patients\* admitted into Bethlem hospital for very nearly the same series of years :—

\* Dr. Hood gives a separate table for the female patients, which I omit, there being only, as I have observed, male patients in the Venice asylum ; while the assigned cases of mental disease vary so materially in the sexes, that no comparison could otherwise fairly be made.

ASSIGNED CAUSES AT BETHLEHEM HOSPITAL.  
1846 to 1855 inclusive.

	Admitted	Cured	Uncured	Died
HEREDITARY, without any other apparent				
cause . . . . .	89	64	22	3
Not ascertained . . . . .	350			
MORAL.				
Anxiety . . . . .	130	84	31	15
Disappointment . . . . .	26	19	7	
Reduced circumstances . . . . .	68	36	23	9
Excessive study, or over-work . . . . .	75	49	12	14
Religious excitement . . . . .	37	25	12	
Mental . . . . .	26	18	2	6
„ distress . . . . .	20	14	4	2
Fright . . . . .	4	3	1	
Jealousy . . . . .	5	2	3	
Sudden prosperity . . . . .	6	1	3	2
Death of relations . . . . .	18	14	2	2
PHYSICAL.				
Bodily illness . . . . .	33	24	5	4
Fever . . . . .	15	8	7	
Intemperance . . . . .	90	68	16	6
Coup de Soleil . . . . .	11	7	3	1
Rheumatism . . . . .	8	5	3	
Cholera . . . . .	1	1		
Sensual excess . . . . .	11	10	1	
Onanism . . . . .	12	8	4	
Dyspepsia . . . . .	14	11	2	1
Concussion . . . . .	17	8	7	2
	1066	479	170	67

TABLE V.—TIME OF ATTACK.

Venice Asylum, 1847 to 1855 inclusive.

	Admitted	Discharged	Died
January . . . . .	107	76	49
February . . . . .	162	65	41
March . . . . .	135	74	53
April . . . . .	208	102	43
May . . . . .	187	102	54
June . . . . .	167	78	53
July . . . . .	180	114	54
August . . . . .	185	95	136
September . . . . .	125	74	60
October . . . . .	127	125	53
November . . . . .	69	74	57
December . . . . .	108	89	65
Total . . . . .	1760	1068	718

Dr. Hood again furnishes me with a similar table, and extending over nearly the same period, which I therefore take leave, also, to reprint from his interesting essay.

TIME OF ATTACK, AT BETHLEM HOSPITAL.  
1846 to 1855 inclusive.

	Admitted.			Discharged.*								
	M.	F.	T.	Cured.			Uncured.			Died.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
January	78	123	201	26	40	66				9	12	21
February	81	120	201	40	62	102				5	7	12
March	103	139	242	52	73	125				7	6	13
April	90	136	226	37	62	99				5	10	15
May	99	164	263	38	78	116				9	5	14
June	112	161	273	51	84	135				7	5	12
July	103	148	251	35	67	102				9	12	21
August	90	133	223	43	80	123				4	9	13
September	87	137	224	58	93	151				5	5	10
October	86	144	230	65	68	133				4	6	10
November	68	140	208	75	98	173				6	9	15
December	69	118	187	54	100	154				6	12	18
	1066	1663	2729	574	905	1479			1076	76	98	174

On this table Dr. Hood has the following remarks :—

“The experience of Bethlem hospital during the last ten years, is in harmony with that of the Salpêtrière, as reported by Esquirol, in the matter of admissions ; but it differs in some degree in the matter of recoveries and deaths. The admissions were more numerous in the six summer than in the six winter months, especially in the months of May, June, and July. The recoveries are almost equal in the six winter and the six summer months, the highest numbers being in October, November, and December. The deaths, also, are almost equal in the six winter and six summer months, (89 and 85,) the slight preponderance being in the winter months. The highest numbers are in January and July ; the lowest in September and October ; but the differences are not such as to lead us to conclude that season has so marked an influence upon the deaths as upon the admissions and recoveries.”

From the Venice tables it also appears that the admissions were more numerous in the summer than in the winter months, in the ratio of 1052 to 708 ; but the mortality was greatest in the summer months, viz., 400 to 318.

Here, the fact I have stated above must be taken into account that in *August*, 1849, eighty-four deaths from cholera appear to have occurred. If this number be deducted, as it fairly may, from the total of the six summer months mor-

\* The tables hitherto in use afford no means of obtaining information on this subject, respecting “Patients discharged uncured.”

tality for the nine years, the experience of Bethlem hospital is here also confirmed, the mortality in the six winter and six summer months being then nearly the same. The enormous mortality, therefore, which I have already had to notice, would thus appear to prevail equally throughout the year, and not to be accounted for by any special influence of the sultry Venice summer and its burning eastern sun, on the sluggish waters of the Lagoon and its canals, as might at first sight have been supposed.

TABLE VI.—CAUSES OF DEATH.

Venice Asylum, 1847 to 1855 inclusive.

Anasarco per affezioni cardiaco vascolari	.	.	11
Ascite per affezioni abdominali	.	.	15
Apoplessia	.	.	16
Cardio-arteriti	.	.	58
Cholera	.	.	84
Emormesi cerebrale	.	.	7
Epatite	.	.	10
Epilessia	.	.	19
Gastro-meningite	.	.	31
" enterite acuta	.	.	51
"       "    lenta.	.	.	106
Idrotorace	.	.	10
Paralisi	.	.	28
Pleuro-pneumoniti	.	.	9
Tisi-pulmonare	.	.	48
Tabes-scrofulosa	.	.	22
" dorsale.	.	.	4
" mesenterica	.	.	32
Sciro al piloro	.	.	2
Scorbuto	.	.	12
Vajuolo (small-pox)	.	.	4
Cachessia pellagrosa e marasmo	.	.	118
Malattie esterne o chirurgiche	.	.	21

The Italian nomenclature being rather odd, as for example, fifty-eight deaths from *Cardio-arteriti* I have here retained it.

Even a cursory reference to this table shews how large is the proportion of deaths from mal-nutrition in its several forms. Fifty-eight deaths are recorded from the three forms of tabes enumerated; twelve from scurvy; one hundred and eighteen from cachexia pellagrosa; forty-eight from phthisis; in all, two hundred and twenty-eight deaths, or a mean annual mortality of some way about 7 per cent. from the several forms of scrofula alone!

By way of final comparison between the Venice and our English asylums, I subjoin Dr. Hood's table of the causes of death, from his decennial report, which I have so often had occasion to quote. The differences in the causes of death

are so striking, that it is only necessary for me to supply the means of comparing them by these two tables, without occupying further space in dwelling on them.

CAUSES OF DEATH AT BETHLEM HOSPITAL.  
1846 to 1855 inclusive

Acute mania . . . . .	8
Exhaustion . . . . .	44
Fever . . . . .	1
Asthma . . . . .	1
Epilepsy . . . . .	3
Disease of the heart . . . . .	3
Phthisis . . . . .	25
Apoplexy . . . . .	13
General paralysis . . . . .	20
Pleurisy . . . . .	5
Dysentery . . . . .	3
Erysipelas . . . . .	6
Dropsy . . . . .	1
Diarrhoea . . . . .	6
Bronchitis . . . . .	2
Pneumonia and disease of the lungs . . . . .	14
Inflammation of the brain and membranes . . . . .	15
Strangulation or Suicide . . . . .	4
	<hr/>
	174

I may just add the following table, given by Dr. Thurnam, of the relative causes of death at the Retreat, York, and in England and Wales :

TABLE shewing out of 100 deaths, the number from each of twelve classes, and eight distinct forms of disease, in England and Wales, and at the Retreat.

Causes of Death.	In England and Wales, 1838.	In the Retreat, 1796-1840.
1. Epidemic, endemic, and contagious diseases . . . . .	20.538	8.633
2. Diseases of the nervous system . . . . .	15.016	19.424
Including convulsions (almost entirely of		
infants . . . . .	7.879	..
" apoplexy . . . . .	1.703	11.510
" paralysis . . . . .	1.505	1.438
" epilepsy . . . . .	.330	4.316
" diseases of the brain . . . . .	.425	2.158
3. Diseases of the respiratory organs . . . . .	27.484	24.460
Including inflammation of the lungs . . . . .	5.445	4.346
" consumption . . . . .	17.613	14.388
4. Diseases of the heart, etc. . . . .	1.075	6.402
5. " digestive organs . . . . .	5.387	14.388
6. " kidneys, etc. . . . .	.493	.719
7. " uterus, etc. . . . .	1.007	.719
8. " bones, etc. . . . .	.635	..
9. " skin, etc. . . . .	.126	..
10. Diseases of uncertain or variable seat . . . . .	13.389	13.669
11. Old age . . . . .	10.781	7.913
12. Deaths by violence . . . . .	3.617	3.597
Including suicide . . . . .	.320	3.597

In conclusion, if any member of the Association visit Venice next year, (which I can hardly myself hope to do,) besides advising a visit to this island-asylum, I venture to add the request that he would procure for me a copy of the second part of the official report on the asylum, should it then be published.

*Index to the Ground Plan of the Venice Asylum.*

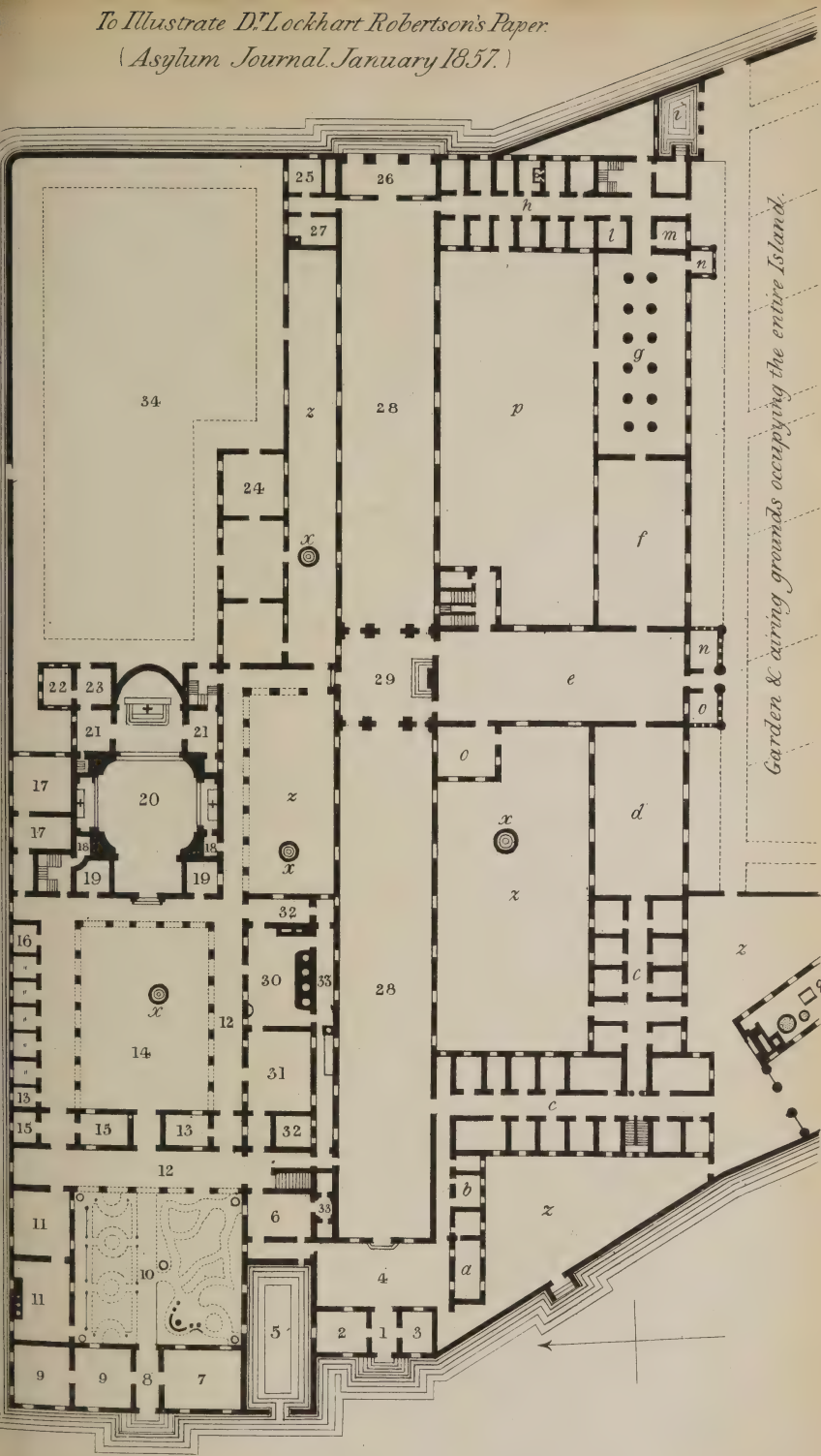
- |                                 |   |
|---------------------------------|---|
| 1. Principal Entrance.          | 19,19. Stores.  |
| 2. Porter's Lodge.              | 20. Church.   |
| 3. Consulting Room.             | 21,21. Sacristy.  |
| 4. Entrance Court.              | 22. Dissecting House.   |
| 5. Reservoir.                   | 23. Dead House.   |
| 6. Water Passage to Storehouse. | 24. Workshops: blacksmith, carpenter, stonemason; and in the upper story, tailors and shoemakers' shop. |
| 7. Cellar.                      | 25. W. C.   |
| 8. Entrance.                    | 26. Porch opening on the Shore.   |
| 9,9. Wood (fire) Storehouse.    | 27. Passage.  |
| 10. Garden Court.               | 28. Day Rooms.  |
| 11,11 Surgery and Laboratory.   | 29. Barber's Room.  |
| 12,12. Corridors.               | 30. Large Kitchen.  |
| 13,13. Visitors' Room.          | 31. Refectory.  |
| 14. Large Court Yard.           | 32. Pantry.   |
| 15,15. Medicine Stores.         | 33. Scullery.   |
| 16. Servants' Rooms.            | 34. Garden.   |
| 17. Bakehouse and Ovens.        |   |
| 18,18. Bell Towers.             |   |

*Note*, The lodging of the Brethren—of the Officers—the Library—the Natural History and Anatomical Museum, are over the arcades, round the court yards 10 and 14.

- |  |  |
|--|--|
| a. Physician's Office,   | } On the second story are a set of rooms, and on the third a dormitory and day room. |
| b. Visitors' Parlour.  |  |
| c. Admission Wards.  |  |
| d. Day room for quiet patients.  | } Above these are dormitories for the quiet patients.                                |
| e. Infirmary.  |  |
| f. Day room for imbecile patients.   |  |
| g. Refectory.—Another above on the second floor,   |  |
| h. Bath Rooms.—Above are a set of refractory rooms, and on the third floor dormitories and a day room. |  |
| i. Salt Bath(open to the sea).   |  |
| l. Seclusion Room.   |  |
| m. Hot Air Room.   |  |
| n. W. C.   |  |
| o. Store Rooms.  |  |
| p. Airing Grounds for the violent patients.  |  |
| q. Laundry with Steam Apparatus.   |  |
| x,x. Spring Water Wells.   |  |
| z,z,z. Court Yards.  |  |

1, Charles Street, Berkeley Square,  
December, 1857.





GROUND PLAN OF THE ASYLUM ON THE ISOLA DI S. SERVOLO, VENICE.

W. Sproat Lith. Exeter.



*On Epilepsy.* By JOHN MANLEY, M.D., Medical Superintendent of the Hants County Asylum.

The object of the present paper is to illustrate some of the forms of Epilepsy met with in Asylums, and to point out their characteristics.

The most common form is that in which the attack commenced in childhood, and the history of such a case is soon told. Either the mind has never been developed and we have the idiot whose course is generally cut short in early life, or we have a milder form of disease where some considerable amount of intelligence has been developed, but is afterwards destroyed by successive convulsive attacks. Such patients usually give indication of the approach of a paroxysm by a warning more or less marked, and are thus preserved from much serious personal injury. In these, the attacks are not often protracted, and in the intervals of freedom from epilepsy, they continue as if nothing unusual was the matter with them. After a longer or shorter period they die, and *post-mortem* examination reveals little more than might be detected during life, namely, an unsymmetrical form of cranial and cerebral development, with a highly congested state of the brain and its membranes. This class of patients is very liable to pulmonary consumption and mesenteric disease, and death often occurs from intestinal lesion caused by the extraordinary substances which have been devoured. Several such cases have come under my observation. In one which recently died with all the symptoms of inflammation of the bowels, the intestines were found to contain a band of straw several feet in length, besides some thick canvas half a yard long and four inches wide. Perforation of the colon had taken place. There is also a mode of death peculiar to epileptics and more especially of this class, I allude to suffocation. The tendency of most epileptics to cover themselves over in their bed clothes is well known, and no patients in an asylum are more prone to wear their neck-ties closely drawn and tightly knotted up, when they have the opportunity, than epileptics. One such patient who usually had fits every night, was so in the habit of rolling herself up in her bed-clothes, that it was always a matter of uncertainty to point out the position of her head and feet.

Occasionally, however, epilepsy appears to be concomitant with hysteria, and probably dependent on it. In such in-

stances the fits sometimes partake of the hysterical, sometimes of the epileptic character, and sometimes they are intermediate, possessing at the same time some peculiarities of each. An example of this form of epilepsy is now in this asylum. She is an imbecile girl of lymphatic temperament, who was reported to have suffered from convulsions during infancy, but to have been free from fits for many years. As far as could be ascertained there was no hereditary predisposition. She had been, a short time before admission, confined of an illegitimate child, which survived its birth only a few hours. The day succeeding her removal to the asylum she vomited some blood from her stomach, and shortly afterwards was attacked with an epileptiform fit. Since then her attacks have been carefully watched, and they usually present this character: At first she seems to have the globus hystericus, then coughs as if there were a tickling sensation about her throat, next there is a slight retching, probably a little blood is thrown up, and then she falls suddenly forwards, loses consciousness more or less completely, and struggles, but does not foam at the mouth. Her countenance is but little distorted, and there is but very slight injection of the conjunctiva; her fits last but a minute or two, and she recovers suddenly without any lassitude, and can resume her occupation immediately. Still there can be no doubt that her fits are at times truly epileptic, as the night nurse has heard her fall out of bed, and has immediately afterwards found her insensible, and in a true epileptic paroxysm.

Another instance will probably characterise this form of disease more completely. A female patient, aged 30 years, was admitted in August of last year from an hospital. She was dropsical, imbecile in her manner, and reported to have lately had fits. The catamenia had not appeared since the birth of her youngest child, eleven years previously. During the time her case was being recorded, before she was sent to her ward, she fell off her chair whilst talking to me. She was very nervous, her full eyes rolled about, her face flushed, her breast heaved, and she sighed frequently; there was no frothy mucus about her mouth, no struggle, and she was readily roused when a small quantity of water was poured over her face. She soon recovered, and was removed to her ward. No alteration occurred in the character of her fits, which were of rather unfrequent occurrence, until the commencement of December following. On the night of the fifth of that month, she was visited as usual by the nurse at a quarter to three o'clock, when she was quite rational.

At the next visit at half-past four the nurse found her turned on her face and quite dead, with every appearance of having died from epilepsy. I might cite more instances of this form of disease, but those I have selected appear to me sufficient to indicate clearly the existence of a distinct form of epilepsy, such as I have described.

The next form of epilepsy I have to notice, is that in which apoplexy is the primary symptom. This rarely occurs in persons under 40 years of age, and is generally fatal. The patient is usually found in bed in a comatose condition, and has lost the use of one or more limbs. The muscles of the face are in a state of unsymmetrical contraction. The pupils are usually unequal and sluggish, and sometimes there are convulsive muscular twitchings, but most frequently there is no sign of an epileptic paroxysm, there is no frothy saliva about the patient's mouth or about the pillow, and the patient has never been regarded as an epileptic. Gradually after the abstraction of a small quantity of blood from the head, cataplasms to the legs and feet, and a thorough purgation, consciousness returns, and the patient seems to be in a fair way towards recovery; but sooner or later, at no very distant period, he is attacked with epileptic convulsions, which in a few days terminate fatally.

The following instances are illustrative of this form of disease:—

A female, aged 54, was admitted in August, 1856, in feeble health, and in a demented condition. Her husband stated that she had never had a fit; she gradually improved in bodily and mental vigor. On February 4th, 1857, she was discovered in the morning to be comatose, and her features were drawn towards the right side. Her face was much flushed, her pupils unequal, and her right side was paralysed. Two days subsequently, having partially recovered consciousness, she was attacked with epileptic convulsions, which continued almost without interruption until her death, which took place on the 12th.

Another female, aged 64, also demented, was admitted September 24, 1856—she had never suffered from epilepsy. During the whole period of her residence in the asylum, she was in feeble health. On the morning of March 20th, 1857, she was found in a comatose condition, and entirely paralysed. She had improved slightly by the morning of the 23rd, but in the afternoon of that day was attacked with epileptic convulsions, and on the 25th died.

A male patient, aged 55, admitted October 20th, 1855,

continued in good health and capable of active employment until March 27th, 1856. At 6 o'clock that morning I was called to see him, and found him comatose, speechless, and paralysed. His face was much flushed, his conjunctiva injected, and his pulse full and frequent. A few hours afterwards he was attacked with general epileptic convulsions, and died in twelve hours.

In none of these instances was a clot discovered after death, but the brains and meningeal membranes of all the patients were found to be highly congested, and the ventricles distended with fluid.

Epilepsy occurs again in the advanced stage of general paralysis, and indeed in patients suffering from this terrible disease, is not unfrequently the immediate cause of death. Sometimes the paroxysm is severe and general, but more frequently there are convulsive twitchings of one or more sets of muscles, accompanied by grating of the teeth, foaming at the mouth, and total loss of consciousness. Often this state continues for days together. The patient is debarred from taking any food, and the little remaining strength gradually declines under the destructive influence of the epileptic convulsions.

Lastly, I have to notice one more form of epilepsy. It is that which is sometimes seen during the period of salivation. Nothing unusual is remarkable about the patient, until he falls suddenly, becomes convulsed, loses consciousness, foams at the mouth, and presents all the evidences of an ordinary epileptic attack. The fit is usually somewhat protracted, and on recovery the feeling of lassitude is unusually severe. These paroxysms are rarely repeated, and as the other effects of the mercury pass off, the patient regains his usual health, with his mental faculties unaffected. This result of mercurialism is, I suspect, rare among sane persons, and in the instances in which I have observed it the patients were all insane, and there may have been an hereditary epileptic taint, though it could not at the time be ascertained. This kind of epilepsy must not be confounded with those epileptic convulsions that are supposed to be the result of gastric or intestinal irritation. The latter frequently recurring, though often without any cause observable during life, eventually produce such an obtuseness of the intellectual powers, that they end in leaving the sufferers, though older in years, still as debased in intellect as the kind of patients I first noticed, and with whom they ought therefore more properly to be classed.

*The Metaphysicians ; being a Memoir of Franz Carvel, Brush-maker, written by Himself ; and of Harold Fremdling, Esquire, written and now re-published by Francis Drake, Esq. With Discussions and Revelations relating to Speculative Philosophy, Morals, and Social Progress.* London : Longman, Brown, Green, Longmans, & Roberts, 1857.

Metaphysical biography and ostensible autobiography is a sign of the times, and of that self-analysing temper which the influence of German modes of thought have increased, and are increasing among us. The "Hyperion" of Longfellow, the "Maud" of Tennyson, and above all, that wonderful compound of inspiration and buffoonery, the "Sartor Resartus," afford obvious instances. In theology, we have the "Phases of Faith," the "Eclipse of Faith," and others, all written with self-analysing boldness, which would have shaken the nerves of old Mason, with all his "self-knowledge." In the work before us, we have a brace of metaphysical biographies, affording an example of the same temper, and a warning voice of its evil tendencies. The first of these memoirs, that of Franz Carvel, is written with a light and cheerfully satiric pen; and the moral it teaches is no weightier than this, that metaphysical studies disqualify men from practical business, and especially from brush-making; brushes made of bristles not being efficient in brooming away the cobwebs of the brain. Franz Carvel, the brushmaker, wastes his time in spinning metaphysics, against which his brother-in-law, Jack Smith, expostulates in vain, though it appears that Jack also is a metaphysician of the Locke school, to which he doubtless received a bias from his calling, being an ironmonger. It appears, however, that Locke's "sensationalism" does not unfit Jack for the practical duties of life, as Kant's "Idealism" unfits his brother Franz; "For Jack, although he has a business of his own to manage, finds time to manage my business also." Somebody, he says, "must manage it for me, for my wits are always wool-gathering," which, he adds, would "be no mischief if the wool could be made into mops, but being gathered it is worth nothing." Franz and Jack have long discussions upon the relative systems of Locke and Kant, *apropos* of the developing faculties of an infant who is born

to the wife of the former, and who forms as interesting a pivot of conversation as poor Tristram did to the paternal Shandy and Dr. Slop. The following is thoroughly Shandean:

“As I knew my brother-in-law to be a religious man, I said to him with as much solemnity as I could assume,

“Then I suppose we are to give up the terms *eternal*, *absolute*, and their equivalents, which we are in the habit of applying to the Deity as terms without meaning.”

From this clencher he escaped thus:—

“I did not say Franz, that they are without meaning: I said, or at least I implied, that they meant something which we—I mean we plain English, not you Germanized English—make no pretence to know. We use the terms to assist our belief, but belief is not science.”

I asked him how it was possible to invent terms when the mind has reached nothing for them to stand for. To which he replied—

“The mind does reach something before it invents them, namely the limits of its knowledge. It then hangs a curtain against the impenetrable wall, and on it inscribes words for things which it knows not and cannot know; words which your mode of philosophy, takes to be the ground of higher science than experience generates, but mine of a bar to further science, except such as may help us to deal practically with the mysteries it includes.”

I then ran to my library for the other volume of Morell's History, and, coming back with it, I opened at the page which gives an outline of the whole system or scheme of Schelling's philosophy. “There,” said I, putting it before his eyes, “there's for you! where among your hearing, seeing, touching, tasting, and smelling philosophers, will you find a scheme of science such as this?”

(Here follows Schelling's elaborate scheme too learned and long for our pages.)

The final result of the whole system, is

*The Absolute in its developed state, being the identity of Nature and Spirit, of the Real and Ideal.*

While Jack, looking at this table up and down and from side to side, was in that state of amaze in which I expected him to be, I again exclaimed,

“There's for you my boy! There you find the Universe exhausted, its two ends being brought together, and the circle so formed including all that exists or can exist. Have you met, or can you meet with anything like it elsewhere?”

On which, lying down the book, he said with provoking tranquillity,

“Yes, Franz, I remember something just like it in our schoolboy days. Walking over the park with you and another companion, some fifteen or sixteen years ago, and winking at our companion, I put a problem to you which most schoolboys had heard, but you



had not. I asked if you could tell ‘*What distance it was from the first of May to the foot of London Bridge.*’ You puzzled tremendously Franz, and then said you thought it required the differential calculus, and you were only in logarithms.

After the discussion, Franz is supposed to fall into a state of mind which makes him cognizant of the past and the future, so as practically to illustrate the motto of the memoir,

“Nothing there is to come, and nothing past,

But an eternal Now doth ever last.”

A Kantean dogma which the imperturbable Jack reduces to the sylogistic form as follows: “Time is present, past, and future: but what we call Now is time. Ergo, what we call Now is present, past, and future.”

We shall not follow Mr. Carvel further, having more serious business in hand than his attempts to reconcile the *phenomena* of this world—those mere creations of time and space—with the absolute unconditional *noumena* of his own personality. The intended moral of the memoir seems to be, that mystical metaphysics may shelve the activities of a good man, and render him useless in life, illustrating that form of metaphysics which has been so well expressed by old Goethe.

“Ich sag es dir; ein Kerl der speculirt,  
Ist wie ein Thier, auf dürrer Heide  
Von einem bösen Geist im Kreis herum geführt  
Und rings umher liegt schöne grüne Weide.”

Speaking from the mouth of Mr. Carvel, the author of the work says:

“With regard to the other memoir, which he now republishes, he declares that he stands unwillingly before the public to acquit his conscience of an obligation. That it unfolds a tragedy with a revolting catastrophe he cannot help, and he is glad to have my memoir as a companion of more lively character. My brother says that my morals are practically right, but my speculative notions wrong; while, with regard to the subject of the other memoir, the speculative notions are right, while the morals issue practically in a miserable failure. The story which Mr. Drake puts forth exemplifies (so Mr. Drake bids me say) the important truth that man does not stand upon this earth an immortal being because endued with reason, if by this gift of reason he seek no other good than that which fits him for a denizen of earth; for then he does but use his reason—his means of immortality—as brutes use their infallible instinct.”

And now to the other memoir, a life-history of a very different complexion, the tragedy which in this work follows the farce. It is a tale of simple construction, containing, however,

a history of events very much out of the line of the professional novel maker—a tale so repulsive that no one would be justified in inventing it. Notwithstanding the strange dress in which it comes before the public—notwithstanding the apparent improbability of some of its features—we feel convinced that this strange tale is no fiction, but that the author speaks truly, when he declares that he publishes it with unwillingness, but in obedience to an obligation of conscience by which he feels himself bound, an obligation which we understand to have been partly imposed upon him by the dying wish of the friend whose memoir he writes, partly by the conviction that the wretched fate of his friend, may be an instructive warning to the educators and instructors of youth.

The framework of the story is as follows: A young child of foreign, but unknown parentage, to whom the supposed writer gives the pseudonyme of Harold Fremdling, is entirely thrown upon the care and protection of the writer's father, a prosperous schoolmaster. The child evinces remarkable ability and powers of abstraction, and the classical tutor, a Scotch metaphysician, makes a patient and laborious experiment, by developing his precocious intellect through the medium of metaphysical studies. From an early age the boy exhibits strong tendencies to merely sensual enjoyment and to abstract reasoning. Notwithstanding some native generosity of character, the moral faculties are suffered to lie dormant. The schoolmaster has an only daughter, and as Fremdling is wealthy, it becomes the constant endeavour of the schoolmaster's wife to promote a marriage between the two. For this purpose he is kept from college, and from mixing with the world. He becomes enamoured with poor Sophia, and displays a dangerous warmth of passion, which the scheming mother, Mrs. Drake, did not calculate upon. His ardour being placed under needful restraint, he falls into ill-health, and, on medical advice, is at last sent to London to have the run of the town. There he cools his honourable passion in dissolute indulgence. He travels, and in Italy falls under the influence of a beautiful and wicked woman, a Messalina, who dries up the sap of his youth, and casts him off at the end of a year, like a garment grown out of fashion. He returns to London in a psychological state, which the author considers a peculiar and interesting variety of insanity. His intellect is vigorous and clear, but as to his affections, and what the writer calls his soul, he is thoroughly "used up," (*epuisé.*) He is so thorough a sensualist that his

animal instincts are beyond his control. When he takes food he eats to such repletion that his servants have to remove the viands; and he is described to suffer from satyriasis. Upon this last feature the crisis of the story turns. An interview is brought about with his *affiancé*, upon whom he commits an indecent assault. Poor Sophie dies delirious from the shame and grief, and her death produces in Fremdling repentance or cure, and he takes his exit in the odour of right feeling and good deeds. This "deus ex machinâ" termination throws discredit upon the authenticity of the story. But who is the man who dare exhibit such repulsive mysteries to public view, unless in the spirit of good faith and substantial veracity? We will not believe that the man who could pen the high and just sentiments that pervade "The Metaphysicians," could invent such a story as that which serves as the vehicle of his opinions, much less that he could assert it to be a true story, with which conscience and a sacred duty compelled him to warn and instruct his fellow men. Fremdling also, he says, looked to him for the publication of his *case*. When dying, he says, "To the psychological enquirer I sit in view, with the elements of his study distinctly exhibited, like one of those preparations which are employed to assist the physiological student. I exhibit prominently only one, or at most two, of the three aspects of our conscious being at a time, the others, or the other, being meanwhile in abeyance."

Whether real or imaginary, Harold Fremdling presents a fine delineation of an intellectual sensualist, in whom the moral sentiments are so far weakened as to form a variety of mental alienation.

Independent of the "case," the memoir is replete with interest to the psychological reader, from the opinions and discussions upon mental philosophy which it contains. We shall extract some examples. The following is an objection to the claims of phrenology to be considered a science, which we have ourselves pointed out:

"How is it possible, even supposing the facts which are to establish the existence of all the organs that Dr. Spurzheim has mapped out upon the human skull—even, I say supposing the facts to be easily collectable, how is it possible that in so short a time as he has been at work they could have been collected? It is evident that he has mapped out the organs first, taking some that had been made tolerably probable by his more patient coadjutor Gall, and has left the proof of these organs to come with time. Now suppose that in twenty years from the present moment, there should be little or no change in this map-work of the skull, will

not such permanence be a proof that the doctrine admits not of being established in its details by an indication of facts but rests only on strong probability or likelihood? And for my own part, I am quite ready to listen to the doctrine if no stronger ground is claimed for it; I believe and have long believed that if we *could* come at the differences of brain and nerve, and other parts of the animal organization among men, we should always find these differences to be in exact correspondence with the differences of what we call *mind* among them."

The following, on the theory of a spiritual mind as a base for the belief in immortality, occurs in a discussion on Scotch and German metaphysics:

"I affirm," said Mr. Gordon, "that in denying the reality of *mind*, you take away from the human race the ground of our existence after death."

"To that remark," replied my father, "I have first to say, that I do not deny the reality of mind: what I say, is, that no such thing as mind offers itself to my present powers of observation; but I neither affirm nor deny that such a thing exists."

"What!" cried the Scotchman with warmth, "have you no present experience of mind, when you reflect, and reason, and conclude? How can the body do all this?"

"Pardon me, Mr. Gordon: you are begging the whole question," said my father. "What I affirm is this—that MAN is created with powers of reflection, reasoning, and so forth; and what I deny is, that either the body as you define it or the mind as you define it, is the man."

"But the body is, at least, a reality," said Mr. Gordon, "and death clearly teaches us that the powers of thought and reasoning belong not to it. The body cannot do without the mind."

"And how do you know that the mind can do without the body? Let us, Mr. Gordon, except for mere ordinary conversational purposes, let us dispense with both words, and speak of our subject under the one name MAN. Now, why do I take away the ground of our existence after death, by refusing to admit, as a scientific truth, your division of man into two substances?"

"Because, if the carcase which he leaves behind is not immortal—(and who will say that it is?—) there is nothing immortal if there exists not another substance distinct from the carcase, and now separated from it."

"Well; *that* I am aware is the common way of speaking on the subject; and as a mode of understanding what indeed lies beyond our human knowledge, I do not object to it. I object to it only when it pretends to bring the fact of man's immortality within the compass not of our belief, but of our comprehension and knowledge. And affirming it to be a matter of belief only, I feel myself at liberty to apprehend the credible fact in the way that satisfies me best. Some may apprehend it best when explained in Plato's

manner, but, for my part, I prefer that of Paul, as coming nearer to the analogies of all created things that I am acquainted with; I believe that, in dying, man is sown like seed in order to rise again, if fit to rise; and that he will rise, not a mind without a body, or a body without a mind, but a new and glorified creature altogether. Permit me to say further, that if metaphysicians must reduce man to an abstraction, and use the word implying that abstraction as a name for the concrete, it would, I think, be far preferable to select the term *Will* for the purpose, and not the term *Mind*; for then we should understand why man, and man alone among the animals is immortal. If *mind* is the ground of immortality, why should not brutes be immortal? Who has found out the line which separates the lowest grade of human, from the highest of brute mind! No wonder that Thomas Brown, perhaps the clearest headed of your Scottish metaphysicians, should have confessed to his familiar friends that he believed the mind in either case to be immortal. But if the subjugation of the *Will* to a higher principal than animal instinct—if the subjugation of the *animal* will, to the instructed *human* will,—if this be asserted as the ground of man's immortality, we can understand why the existence of brutes should terminate with this life, but that man, if duly prepared, should die now, only to rise, the same being glorified, in another sphere of action."

When Harold has been used up in the wicked service of Messalina, he writes to his friend and biographer, "All hope is gone. I have neither hope nor fear, love nor hate. I have only intellect and appetites. I know the good and evil of life; but I know, at the same time, that the good is beyond my reach, and I wallow in evil as my only good. My change of person is correspondent: what was said of the French philosopher is literally true of me:

"I am so wicked, profligate, and thin,  
I look like Milton's Devil, Death, and Sin."

On this the writer makes an interesting psychological comment:

"The immediate impression which this letter made on me will doubtless be the reader's:—Harold was insane. The case did not seem without a parallel. In the eighty-eighth number of "THE ADVENTURER," Hawkesworth records the authenticated monomania of one Simon Brown, "a dissenting minister of eminent intellectual abilities, who, refusing to join any longer the duties of his function, assigned with great reluctance to those who asked the reason, the following cause—That he had fallen under the sensible displeasure of God, who had caused his rational soul to perish, and had left him only an animal life, in common with brutes." This man, Hawkesworth goes on to record, during the period of his

insanity, wrote *A Defence of the Religion of Nature, and the Christian Revelation*, in answer to Tindal's *Christianity as old as the Creation*; a work allowed at that time to be the best which the controversy had produced; while a dedication to Queen Caroline, the consort of George II., which the friends of the monomaniac suppressed, though they preserved the copy as Hawkesworth gives it, places the character of his calamity beyond doubt or question."

This interpretation of his condition, however, was refuted by Fremdling himself:

"In reply, then, to my suggestion that his disease was a species of insanity which good advice might cure, I understood him to say that from ordinary insanity he was perfectly free. He denied that his case resembled that of Simon Brown, whose monomania arose out of the usual cause, an overwrought imagination on one particular exciting subject. His own defect, he averred, was an *extinct*, an *exhausted* imagination.

He declared that there was nothing left in him of the active principle, whatever it be, that keeps in motion the higher elements of our human nature—that gives a colouring to this scene of things, and raises joy, and grief, and hope, and fear:—he had spent it all; he had allowed the current to flow with an impetuosity unexampled in men of ordinary constitution, had allowed it to be mingled with, and be absorbed, and corrupted by, the current of the appetites, till at length the source of the former current became dry, and nothing remained to him but the intellect and the appetites.

We require imagination; for, without it, the passions which urge us to action would never be moved, or would, as in him, become stagnant; and we are made liable to passions, because by improving and directing them, we adapt our nature to a higher state of being."

We trust we have quoted enough to send our readers to the memoir itself. It is written with considerable artistic power, and if the tale be true, with good taste and earnest feeling. The leading idea of the biography is decidedly original. Such an instance of mental perversion has never before been depicted. Moreover, there is this novelty, that it traces with pity and gentleness, but without reserve, the decadence of a mind which, under more favourable circumstances, might have risen as high as its actual fall was low. The evident feeling of the writer is, that it was the premature stimulus of metaphysical science, and not the hot blood of the south, which wrecked the probity and worth of his gifted companion. He seems to repeat throughout—

"Ah! what a noble mind was then undone,

When science self-destroyed her favorite son."

To the reader uninfluenced by the endearing associations

which biased the judgment of the author of the memoir, the unvarnished account of Fremdling's career would appear wonderfully like that of a sensual, unprincipled scoundrel, who did not choose to place any check upon the indulgence of his passions. The critical history of his education compels a more lenient judgment, and substitutes pity for indignation. Alas! how often would this be the case with those whom we punish as obnoxious to the laws of God and man, if man could, with perfect and comprehensive survey, take in the view of all the influences which lead to crime. The Great Judge can and will do so, and the fullness of his knowledge will be the base of his mercy.

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*The Eighth Report of the Inspectors of Lunatic Asylums in Ireland to the Lord Lieutenant. Presented to both Houses of Parliament by Command of Her Majesty, 1857.*

Owing to a railway accident, which for the last eighteen months has deprived the government of the experienced and valuable services of Dr. White, and which has subsequently led to his retirement, the eighth report on the Irish Asylums has emanated from Dr. Nugent alone, who for that lengthened period, appears to have discharged all the duties of the Asylum's Office. The report is signed by Dr. Nugent for himself and colleague, at a date shortly before Dr. White's retirement, and the signature is followed by this note.

"It is with feelings of sincere regret I have here to state, that during the last six months, included in the period of this report, the Lunatic Asylum's Office was deprived of the experience and assiduous attention of my respected colleague, in consequence of a severe accident which occurred to him when on a tour of inspection. The professional character of Dr. White is duly appreciated by the public; for me, a friend who valued his private worth, it only remains to add, that the uniform kindness of his manner simply indicated the benevolence of his disposition.  
—J. N."

Dr. Nugent refers in commencing, to the Commission which is now "examining the whole subject of lunacy in Ireland," and states that "we entertain some hesitation as to whether it might not be more advisable, to leave the function of reporting

upon the state of lunatic asylums in Ireland, on the present occasion, in such able and efficient hands, restricting ourselves to the duties of inspection, &c." The government, however, thought otherwise, and hence the present report, of which the completeness of information and the judicious expression of opinion, is such as to render it not unlikely to take a little of the wind out of the sails of the Royal Commission. What this Commission, issued more than a year since is doing, is matter of the purest speculation. Two of the English Commissioners, Mr. Wilkes and Mr. Lutwidge, are upon it, an arrangement which was probably intended to apply a foreign stimulus to the Hibernian authorities, since it looks very much like placing their work under the inspection and judgment of their English confreres; as the state of learning in schools and universities is sometimes tested by examiners from rival institutions, and farmer's clubs mutually borrow and lend the judges of agricultural excellence. In the spirit of fair play the compliment ought to be returned, and we may hope to see a Royal Commission on the state of lunacy in England conducted by the Irish and Scotch Commissioners, when the onerous duties of their own offices permit them to devote the needful time to such a work. Such mutual interchange of action might possibly lead to the establishment of some consistency of opinion between the various government authorities, on the subject of lunacy. At present there appears to be the widest difference on most important matters; for instance Dr. Nugent refers to the commission of enquiry into the Irish asylums consisting of Messrs. Donaldson and Wilkes, which was issued in 1855, and "hopes that the recommendations contained in their report, more particularly in regard to ventilation, heating, &c., may be speedily carried into effect." Now if the inspectors were to visit England upon a commission of enquiry, they would find that the opinions of Messrs. Wilkes and Donaldson, upon the heating and ventilation of asylums, were far from having the concurrence of the English Commissioners. The leading members of this body indeed, never lose an opportunity to express their decided objection to all artificial modes of heating and ventilation.

Messrs. Wilkes and Donaldson, in their report, affirm (page 8,) that, "with regard to heating, fire-places are not sufficient for insane patients, many of whom have a very torpid circulation;" and (page 15,) "We are of opinion that in asylums built upon the plan lately adopted in Ireland, with extensive corridors, containing numerous windows, it is impossible to obtain an equal temperature by means of open fires; and that it would have been desirable, in the original con-



struction of the buildings, to have provided flues for the introduction of tempered air, by means of some of the systems adopted in the larger institutions in England."

In their last year's report (page 28,) the English Commissioners state that they have made certain recommendations to the architects of asylums, among which is the following :

"The introduction of open fires, or open fire-stoves, (or a combination of these with hot-water pipes,) in substitution for the artificial, complicated, and expensive system of warming and ventilation now in use, which entail much annual expense, besides the large original outlay, without any corresponding benefit."

Again, no subject at the present time more occupies the attention of the English Commissioners, than the necessity of providing severe muscular exercise to work off the superfluous energy of insane patients. Messrs. Wilkes and Donaldson, on the other hand, state, with reference to the employment of the insane to raise water by lift-pumps with crank wheels, that "The employment of insane patients at laborious work of this description, was universally denounced by the officers of the asylums which we visited, both on medical and other grounds, and in some instances obvious ill-consequences were stated to have arisen from it. In this opinion we entirely concur, and consider both the description and amount of labour thus imposed upon the patients to be highly objectionable, and not calculated to improve either their mental or physical condition."

To the ninth page the report is occupied with an account of the expenditure which has been incurred in the erection of the Irish county asylums, and the means by which it has been met. It appears that, in round numbers, the sum expended by Government in the establishment of district asylums amounts to £660,000, and that the debt remaining due to the Treasury amounts to £340,000. The Inspectors calculate that, with the interest on advances, the remissions on the debt, and the gift of the Richmond Asylum, "the country appears on the whole to have received a clear benefit of £350,000, in its transactions with the Treasury on account of lunatic asylums."

The number of lunatics, idiots, and epileptics, in Ireland, amounted in March, 1855, to 13,493, of whom 6,263 were under official supervision in asylums, gaols, and poor-houses; the remainder were supported by friends, or were wandering at large. "Of the epileptic classes, there are 2,171 in whose regard as a body we do not mean to say that supervision is generally required; for, save during the tem-

porary attacks of a paroxysm, they are for the most part competent to take care of themselves."

No doubt there are some epileptics in whom the mental affection manifests itself solely in loss of mental power, and there are epileptic idiots who are not liable to excitement, and who, however dangerous to themselves, are not so to others. But, as a rule, the combination of epilepsy with insanity is attended at uncertain intervals with accessions of the most dangerous form of mania. Of course, no one would think of secluding in asylums any epileptics whose mental functions were not affected, any more than they would think of secluding patients with chorea, hysteria, or any other purely nervous disease. It does not however appear how many of the 2,000 epileptics are afflicted with the complication of insanity.

The location of the insane in Ireland is as follows: public asylums, 3,856; central asylum, 126; Hardwick, Cells, and Lifford asylum, 108; private asylums, 462; gaols, 175; poor-houses, 1,799; at large, 4,841; exclusive of 2,171 epileptics, and about 600 lunatics and idiots, not paupers, and therefore not admissible into district establishments for the insane. On these data, the Inspectors justly call the present provision for the insane, "mixed, unsatisfactory, and inadequate," and they call upon the executive to entertain the question whether it shall be continued or "a more advanced and liberal system adopted." The system they recommend is the one we have quoted in our review of their seventh report, see *Asylum Journal*, vol. 2, page 131. It is briefly this, that buildings auxiliary to the existing public asylums should be erected on inexpensive plans, for the accommodation of the chronic and tranquil insane, by which means accommodation would be afforded the insane inmates of workhouses and gaols, and the district asylums would be disembarrassed "from all but inmates suffering from recent and acute affections, or those whose malady afforded reasonable hopes of ultimate recovery. Thus leaving them free to exercise their proper and legitimate functions of hospitals for the cure of insanity, instead of being mere receptacles for the safe keeping and maintenance of chronic cases."

The wise and enlightened views of the Inspectors on this subject merit the best attention of the government, since there can be no doubt that the auxiliary asylum buildings which they recommend, the advantages of which we were the first to indicate, and have been foremost to carry out, afford the solution of the difficult question here mooted. The visitors of the Devon County Asylum have during the past year built an

auxiliary building for the care of the insane, at an expense of less than £40 per head for each patient accommodated; the cost of the building alone, for 100 patients, being £3,350. While we heartily concur with the Inspectors in their general views on this subject, we must express a doubt whether it will be advisable to give great prominence to the idea of separating the curable and the incurable classes in distinct buildings, and more especially if these buildings do not form part of one institution. An asylum for incurables, distinct and at a distance from the asylum for treatment, would be apt to become a very sombre and sorrowful affair, would be constantly exposed to the pressure of economists at any price, who would see in the hopelessness of the malady, an excuse for inflicting pauper diet and pauper accommodation, upon the wretched inmates. Now it must never be forgotten, that an insane pauper, however hopeless his malady may be, stands on a very different footing to an ordinary sane inmate of a workhouse. The destitution test of low diet and comfortless lodging is inapplicable to him, inasmuch as he is not a voluntary recipient of relief. He is deprived of his liberty as much for the sake of public decency and security as for his own welfare; and his claims for all available comfort, and all possible indulgence, are not diminished by the fact, that the form of mental disease under which he suffers, is not susceptible of cure. Moreover it should be remembered, that however advisable it may be to disembarrass "the parent houses from all but inmates suffering from recent and acute affections," &c., practically this cannot be done, because the number of violent and acute instances of insanity, which exist in any population, at any one time, form but a very small portion of the total number of the insane.

The average duration of treatment of curable cases certainly does not exceed six months; and if the existing accommodation of the district asylums of Ireland were to be devoted to curable cases alone, the change of their population twice in a year, by admission and discharge, would need an annual supply of 8,000 recent cases of insanity, which is certainly more than the whole United Kingdom could supply. On this ground, therefore, we think, that too much stress should not be laid upon this point of curability. Moreover, it would be found inexpedient, on other accounts, to attempt a rigid separation of the insane into the two classes of curable and incurable, and it would demand from those who attempted to make it, an amount of diagnostic power which the most experienced and able psychologists do not possess. There are many cases of curable insanity in which the manifestations of the disease are not acute

or violent, whose cure might be as successfully promoted in a well regulated auxiliary building as in the parent hospital. The auxiliary building should therefore be cheaply constructed, but its inmates ought not to be provided with comfortless accommodation or stinted diet. It should be appropriated to the use of tranquil and easily manageable cases, which will include many curable cases, as the parent hospital should be to all cases which require the constant supervision of the medical staff, either on account of the acute nature of their symptoms, or on account of their dangerous propensities, or their physical infirmities, without sole reference to their probability of cure. The Inspectors, in their *resumé* of this matter (page 26,) say, "It might be matter for consideration, whether it would be more judicious and beneficial to the counties to have the buildings in question at a distance from or adjoining the parent establishment." We have no hesitation in expressing our earnest conviction that it would be most desirable to have them as a part of the parent establishment, not contiguous to it perhaps, but in its near proximity, so that they may be not only under the authority of the same board of governors, but also under that of the same staff of superior officers, and so that the transference of patients from one to the other may be facile and prompt. Uniformity of government and economy of management would thus be provided; and, inasmuch as all insane patients are more or less liable to periods of bodily illness and mental excitement, the advantages of hospital treatment would be available for all the inmates of the auxiliary houses, and the advantages of change of residence, and of comparative quiet and liberty, would be available for curable cases, when approaching convalescence indicated the probability of benefit from the change.

We doubt whether it would be wise even to make any distinction in the maintenance rate of patients residing in the hospital and those residing in the auxiliary house. Granting that the needs of hospital treatment rendered the former more expensive, and the smaller staff required for the latter rendered them much less expensive, it would, in the long run, be perfectly just to all parties to equalise the rate between the two, since a parish which at one time had the majority of its patients in the auxiliary house, would at another time have them in the hospital, and *vice versá*. Long averages and the course of time are, in such matters, very impartial administrators of financial equity.

We wish to limit the application of the above considerations to the insane properly so-called, and to except from them the

class of idiots. Whether distinct asylums should not be provided for these poor creatures whose characteristics and requirements are so distinct either from those of the curable or incurable insane, is a question upon which we reserve our opinion.

Not only is the management of the county asylums in Ireland under the direction of the central government, but all their financial arrangement for the maintenance of the patients and the payment of the officers is under central controul.

“Pecuniary advances are made by the Treasury on quarterly estimates, from the respective Boards of Governors: these estimates, based on contracts, are duly examined at our office, and if accurate under their various headings, are submitted to the Privy Council for sanction, but, if incorrect, they are returned by us to the Local Boards for amendment. The necessary moneys are subsequently issued on an order from the Lord Lieutenant in Council, through the Paymaster of Civil Services; and the expenditure finally, and it must be added, from the minuteness of the queries, when any charge, be it ever so insignificant, is not in accordance with rule, most minutely investigated at the Audit Office, in London, to which accounts are transmitted monthly, with vouchers for each item signed by the Chairmen of the Board of Governors.”

The cost of maintenance varies as much in the Irish asylums where the expenditure of every penny is “most minutely investigated in the audit office in London,” as it does in the English county asylums, whose expenditure is solely regulated by the will of the local boards and subject to no audit.

The average cost of each patient per annum, in the Irish district asylums, was £20 10s. 5d., or 7s. 10 $\frac{3}{4}$ d. per week. The highest rate existing at Mullingar, £24 4s. 1d $\frac{1}{2}$ ., or 9s. 9 $\frac{3}{4}$ d. per week. The next at Sligo, £23 14s. 4 $\frac{1}{2}$ d. per annum. The next at Clonmell, £23 15s. 7 $\frac{1}{4}$ d. The lowest rate existed at Cork, being £16 4s. 6d $\frac{3}{4}$ . The next lowest at Londonderry being £18 13s. 3 $\frac{3}{4}$ d.,. These figures are respectable, but not extravagant. Considering the relative needs of the poor, the rate of wages, and the cost of the necessaries of life in Ireland, as compared with this country, they indicate a management by no means illiberal or parsimonious. Some knowledge of these matters in this country, has long ago convinced us that the boast of a very low rate of maintenance is often the worst compliment, which can be paid by a Board of Governors to the institution over which they preside. Where it does not indicate some shuffle in the accounts, for instance, the wholesale transferment of asylum charges to the county rate, or the success of an agricultural speculation, it is a pretty sure sign that the patients

are stinted in food, clothing, and attendance. A few years since the maintenance rate at the Norfolk asylum was the lowest in England. A change in the management took place, restraints were abolished, attendance and dietary improved, and the rate in one year rose to be among the highest. In the Irish asylums the average yearly expence per head is 14s. 7d. higher than it was in 1855, "a difference considering the advance in every article of consumption by no means remarkable."

Dr. Nugent admits that it would be advisable to have a greater uniformity in the rate of charge, but points to a difficulty which would be encountered in any attempt to obtain it, namely the higher dietary required by the insane poor of large cities, compared with that of purely agricultural localities.

The number under treatment, the discharges, and deaths are expressed in the following paragraph :

"The total number in district asylums under treatment during the two past years, amounted to 6,081, there being in them on 31st March, 1855, 3,299; since admitted, 2,782, namely, ordinary cases, 1,857; lunatics from gaols by warrant of the Lord-Lieutenant, 925. On the aggregate the absolute recoveries were 17 per cent., or  $37\frac{1}{2}$  on the admissions, the relieved being  $11\frac{1}{2}$ , a result coinciding nearly with that of the two previous years, but more satisfactory. The mortality, 9 per cent., is just one below that of the preceding biennial period; and when the proportion of unpromising cases brought from prisons is taken into account, these facts speak most favourably of the successful issue of Irish asylums. No epidemic of any kind has visited them since June, 1853, when we had occasion to refer to an increased number of deaths at Belfast and elsewhere from cholera. The mortality is now for the most part, referable to affections of the brain and nervous system, or to diseases associated with organic debility, but particularly of the lungs, and ending in consumption."

On the subject of the non-restraint system the Inspectors express themselves as follows :

"With reference to physical coercion, or mechanical restraint, in the majority of asylums it is employed in a mitigated form, in the others it is seldom or ever had recourse to. On this mooted subject we do not interfere, unless, as has occasionally happened on inspection, we considered that the appliances might be partially if not altogether discontinued. The question is one more properly for the judgment of the local medical superintendents, and as we believe they are alike influenced by the most humane motives and a desire to do what is best for the safety of their patients, we would deem it unadvisable on our part to lay down any fixed rule on a system which is at issue between enlightened practitioners, and

which, further, there is no authority to enforce. In our opinion however, one most urgent and almost insurmountable objection exists to mechanical restraint, and which arises from the contingency of its being surreptitiously employed by attendants, to avoid trouble, unless due precautions are taken by the resident physician or manager."

At a subsequent page they say :

"We cannot but think that, at least, the discussion of the question, and the support given to the non-restraint system, have been of incalculable advantage, inasmuch as it is now acknowledged, that on most occasions where recourse would heretofore have been had to mechanical appliances,—perhaps, in a severe form,—they can now, with safety, be entirely dispensed with ; and that only in extreme cases, where the physician must be left to the free exercise of his own discretion, should restraint of any kind be resorted to."

It is evident from these passages that the Inspectors fully appreciate the merits of the non-restraint system, although they wisely abstain from attempting to coerce opinion upon the subject. Even if they had the power, which they have not, to compel the adoption of this system in the asylums under their supervision, the mere abolition of mechanical restraints, would not be attended with the unqualified good, which those who see the embodiment of science and benevolence in this movement, would lead us to expect. Sound opinion in this as in all important subjects is the growth of time. If prematurely forced, the abolition of restraints, might not in effect be the establishment of the non-restraint system, but the establishment perhaps of other coercive methods not less objectionable than those which they replaced.

The non-restraint system has certainly taken firm root, in the Irish asylums and we may confidently anticipate that it will year by year gain new supporters, and exhibit its excellencies in new fields. To doubt its final triumph in all asylums, where the best treatment of the patients is the primary object, is to doubt its essential truthfulness, which experience and conviction alike forbid. The non-restraint system may perhaps never prevail universally, in this or any other country, since asylums may always exist, in which the best treatment of the patients will not be the primary object, or of which the officers may not have had the opportunity of convincing themselves of its sufficiency and excellence. The Inspectors have addressed to the resident physicians of the district asylums, a circular of queries on the subject of mechanical restraint, from the answers to which, given in an appendix

to this report, we learn that out of the sixteen district asylums, the absolute disuse of mechanical restraint is only reported in four (namely) in Kilkenny, Killarney, Maryborough, and Sligo. In Clonmell it is used in one case only. In most of the other asylums it is mentioned as being in use on rare occasions. In the Criminal asylum at Dundrum, mechanical restraint was not had recourse to until within the last two years. Since when one patient an epileptic, of powerful frame, has had his arms partially restrained when he has been excited.

The following on the education of the insane is highly interesting in relation to the etiology of mental disease. The opinion has recently been widely mooted, and among others by an elegant writer in the *Quarterly Review* (see article "on Lunatic Asylums," in the April No. last year,) "that mental ruin springs rather from mental torpidity than from mental stimulation." That "the Hodges of England, who know nothing of the march of intellect, who are entirely guiltless of speculations of any kind, contribute far more inmates to the public lunatic asylums, than the toil-worn artizans of Manchester or Liverpool." That "it is not the intellect of the country which breeds insanity but its ignorance." The following statistical fact, elicited by the Irish Inspectors of asylums appears fatal to the theory :

"We have made an analysis of the state of education of the insane in poorhouses and asylums. In the former, it appears there are 323 more or less educated, and 1,476 illiterate; in the latter, the numbers are 2,353 with some degree of education, against 1,505 totally ignorant. The proportion of literate to illiterate in the general population of this country is fifty-three per cent. If we restrict the comparison to those in asylums, omitting the inmates in poorhouses, of whom a large majority are idiots, it would appear that education is in a much higher ratio among lunatics than in the community at large—a circumstance indicative of the fact that insanity, even among the humbler classes, is connected with intellectual development."

On the prevailing causes and increase of insanity, the Inspectors have some judicious observations. They lay great but just stress upon the influence of hereditary predisposition, and the propagation of those inherent peculiarities of mental constitution which account for so large a proportion of mental disease. Doubtless, this influence tells in numerous cases which are attributed to exciting causes of a moral and physical nature. Drunkenness, which appears to cause insanity, is often but the first symptoms of insanity derived from hereditary taint. Occasions of grief and chagrin, which are fol-



lowed by explosions of mental disease in the predisposed, are borne with impunity by men who have inherited a nervous system of tougher fabric. Dr. Nugent mentions an instance which had come under his observation in "a northern asylum, where four relatives, very closely connected, were located together;" and he was informed, that to these four "no less than eight others, related in the degree of cousins, were epileptic or idiotic." To obviate this propagation of mental disease, the Inspectors point to the only means in the power of the State, namely, "to afford ample accommodation, through statutory enactments, to lunatics in every phase of the malady, but especially in early stages, when it is essentially curable." The only real check would be to prevent the increase of the population by the intercourse of persons who have been affected with decided insanity. This might be done in a model republic or a model despotism—in Utopia or Japan—but in our world there is a great gulph fixed between that which would be best to do and that which can be done. In the meanwhile, insanity is freely propagated, like any other of the "inherent and hereditary peculiarities which distinguish nations and races," "first finding their way into the smaller circles of which these nations are composed.

"Qui multa modis primordia multis  
Mista sua celant in corpore sæpe parentes  
Quæ patribus patres tradunt a stirpe profecta."

Is it not even within the limits of possibility, that in a nation favourably circumstanced for this propagation of mental disease, and for the development of new cases, the mental health of the community may at length become generally impaired, and the national peculiarity become that of madness? We have met with American statistics which seem to point to such a *denouement*; but happily the doctrine of salutary crises is more true in its application to morbid states of communities, than to the constitutions of individuals.

The Inspectors thus epitomise the operation of the two great agents in the causation of insanity, as they have been made known to them numerically:

"Hereditary predisposition and intemperance would seem to be the two great feeders, if the term may be used, to lunatic asylums. In an aggregate of 3,856 individuals on the 31st of March, we find of the 2,146 where causes are assigned, no less than 997 under these denominations, 506 of the former, 491 of the latter, or forty-six per cent. As regards the cases where we had no definite information—and these are constituted, for the most part, of transferences

from gaols—it is legitimate to conclude that the same proportion as in the assignable exists. Hence of the whole population in asylums, 1,790 come within the two categories. This fact alone, pregnant of serious considerations, speaks for itself, and needs no comment on our part.”

It appears that Sir R. Fergusson's act for the extension of the Civil Pensions Act to the officers of lunatic asylums, has not been barren of results; and that, notwithstanding the dissatisfaction it occasioned, some *liberal pensions* have been granted under its powers. We trust, however, that should the labours of the Royal Commission result in any legislative enactment, Sir R. Fergusson's act, which was professedly a *time bill* to remedy a pressing defect in the law, will be replaced by a more just and satisfactory provision. The great point is to obtain the certainty of a pension from length of service, a principle which we are happy to see adopted by the Inspectors. Uncertain pensions are certain to be granted on principles of expediency, rather than on those of justice. An officer who, as a *bon vivant* or worse, has spent every farthing of his income, has broken down his health, and become a burthen upon an asylum staff, will be pensioned off to place him on the shelf; whilst a man who, after the same length of service, has saved a small competency, and preserved his health and efficiency, will have little chance of a pension. His employers will either withhold the pension to retain his valuable services; or if he firmly resolves to spend a few years of his life in an atmosphere of sanity, and not sink into the grave saying, “A mad world, my masters!” the pension-granting authorities will tell him that he has wherewithal to make his declining years comfortable, and will reserve their funds for those whom improvidence hath rendered needy. The Inspectors state the grounds for a “*certainty of retiring allowance*” in terms which must be felt to be gratifying and complimentary to the officers for whom they plead.

“That provision should be made for the officers of District Asylums, as elsewhere, when worn out by age and length of service, is but just and reasonable, and on principle has been ever advocated by us. We know no duties so onerous and so unceasing as those connected with the management of the insane, entailing at all hours the same anxious responsibility. As the labourer is worthy of his hire, a liberal recompense when engaged on service, and the *certainty of a commensurate allowance on retirement*, is but a reasonable expectation; and we cannot but think that the staff of lunatic asylums in this country, as a body, are not only underpaid when on duty, but that an exceptional rule should be made in favour of de-

servicing officers who, growing old in them, are rendered unfit for after employment by previous habits, professional or other. Take, for example, the Medical Superintendents, restricted to a sort of cloister life within the precincts of an asylum, men of education, enlightened views, and varied acquirements, their hours devoted to the good of the helpless and afflicted, and compare their salaries with those paid to the members of other professions, who are certainly not superior in knowledge, and whose sphere of action, though useful and necessary for the well-being of society, is not directed to the attainment of a higher or more important object than that of the individual who labours to ameliorate the condition of his fellow-creatures, under the heaviest and most dreaded visitation to which mankind is liable."

The Inspectors again refer in terms of the strongest disapprobation to the system which prevails in Ireland, of committing any lunatic said to be dangerous to the common gaol. The relatives of the patients save themselves expense and responsibility by procuring these committals. "The number of insane persons confined in gaols under this head within the last two years, amounted to no less than 1,296." The Inspectors indeed admit some excuses for this abominable practice when asylum accommodation is not to be had. They say that "the deprivation of personal liberty during the protracted sojourn of a fellow-creature must, in the estimation of a humane mind, be compensated for by the knowledge that a certain attention is had to his personal wants, in regard to warmth, food, and raiment; and that, if debarred from wandering at will, he is at least protected from the annoyance of thoughtless strangers, and the neglect, perhaps, of unkind relatives." Doubtless, there is nothing bad which might not be worse; but a system which sends "demented, tranquil, and harmless patients" to be confined for several years in a common gaol for no offence against the law, but simply because it suits the convenience of the relatives and the authorities to consider them dangerous, is in the highest degree oppressive and wrong. It degrades the insane by confusing crime with insanity; and what must the discipline of the Irish prisons be, if they can in two years receive thirteen hundred insane patients, many of whom they detain for several years, without inflicting upon them great and cruel hardships? Either it must be exceedingly lax for their legitimate occupants, or it must be harsh and painful to the so-called dangerous lunatics, who, when transferred to asylums, "evinced as little propensity to violence as ordinary lunatics."

The criminal asylum at Dundrum is an institution possessing

great interest. Our admiration, not less than that of the Inspectors, is excited by Dr. Corbett's extraordinary success in managing 126 patients, many of whom "may be faithfully described as having set discipline at defiance," as "indifferent alike to remonstrance and punishment, influenced as it were by a determination not to yield till their object was attained, intractable in prison, their conduct uncertain and unaccountable." Patients whose characteristics in prison are thus sketched, appear to change their nature when they arrive at the Dundrum asylum.

"The domestic arrangements, under the judicious and truly benevolent management of Dr. Corbett, the Resident Physician, are highly satisfactory, as may be best inferred from the fact, that though the asylum has now been in operation over six years, he has never found it necessary to recommend the dismissal or even the suspension of an attendant; whilst the patients, who are treated with every consideration, feel that, on the one hand, as no unkindness towards them would be tolerated, so on the other, no impropriety of conduct on their part would be passed unnoticed. Taking into consideration the materials to be acted upon, and the little hold that moral principles have had on many of the individuals in their previous career, it often excites our surprise how few transgressions are committed by the inmates of the Dundrum Asylum, in fact, the wilful breaking now and then of a pane of glass, up to the present at least, may be regarded as constituting the sole offence.

"The example, too, given to irregularly disposed parties, by the general observance of religion, we believe has materially tended to awaken in them the better sentiments of human nature; and we feel bound to bear our continued testimony to the comfort which they derive from attending at divine worship, as frequently expressed to us by many of the patients themselves. With regard to mechanical coercion, nothing of the kind was had recourse to within the last two years, a fact which shows that restraint would not be employed except under very urgent circumstances.

As to punishment, it is scarcely recognised, unless the denial of some slight indulgence, or the deprivation of a meat dinner, be considered such. The only one, in the opinion of the insane themselves, is a cold bath, and which has been resorted to on five occasions—four times with men, each in the presence of the Resident Physician, and once in the case of a female, the matron being in attendance to observe the result."

Is not this wonderful change an argument which tells with irresistible force against the detention of the insane in prisons? A criminal lunatic, a murderer perhaps, who has become insane after conviction, if he is really violent and intractable, is sent to Dundrum, and under the judicious and benevolent

management of Dr. Corbett, becomes an orderly member of a most orderly community; while hundreds of harmless lunatics, who have committed no crime, are detained in the gaols, under the management of which this man had been made ferocious.

In their concluding remarks, the Inspectors express their cordial approval that the present system of the management of asylums through Governors "believing that gentlemen of education, rank and position, afford the best guarantee," &c., for the efficiency of that management. But they recommend that the most responsible part of government, namely, the appointment of officers, should be denied to them and vested in the central authority.

"We are further of opinion, that the appointment of the principal officers, and the fixing of their salaries, should rest with the Executive, as having a larger sphere from which to select efficient persons, and of suitable qualifications; for without a competent staff to carry them out, laws or rules, however excellent in themselves, soon practically deteriorate."

From this opinion we are compelled to dissent. The appointment and control of officers is one of the chief functions of a governing body, without which it would be, to a great extent, devoid of power and of utility. The appointments to offices connected with lunacy which have recently been made by Government, do not encourage the expectation that its primary consideration would be to select "efficient persons, and of suitable qualifications."

We are informed that at the recent election for the Superintendent of the Richmond asylum, the power which the executive already possesses in Ireland, was voluntarily foregone, the Governors of the asylum being requested to nominate, and the person so nominated being appointed. The mode of proceeding may perhaps be for the future adopted as the rule. It would strengthen the hands of the local authorities, while it would render appointments upon other grounds than those of merit more difficult both to the local authorities and to the executive.

On the question of providing religious ministrations for lunatic asylums the Inspectors express the following opinion:

"With reference to religious ministrations—a subject which, unfortunately, has given rise within the last three or four years, to a marked difference of opinion between the Executive and the Governors of a northern asylum, the majority of whom, actuated, no doubt, by the sincerest motives, successfully opposed the admission of officially appointed chaplains—our sentiments, far from undergoing any change, have been strengthened by daily experience.

“We have specially directed ourselves to the points at issue, personally attending in asylums, at the respective hours of public worship, questioning patients themselves, inquiring both of officers and attendants, and noting the results at the moment; and we cannot arrive at any other conclusion, than that the regular visitations of chaplains, and the due performance of divine worship, should not be denied to the inmates of public institutions for the insane; for, apart from other and higher considerations, the soothing influence of religion, as tending to the establishment of a self-control, however temporary in its nature, cannot but be valuable in a curative point of view; and it should not be forgotten that, though in one individual the reasoning powers are normally affected, the sentiments may remain unchanged, whilst in another the moral feelings may be deranged, at the same time that the intellectual faculties are comparatively unimpaired—both cases being alike susceptible of the benefits of religion.

In these moderate and temperately expressed views we entirely concur, and we sincerely trust the differences of opinion on this subject, which have existed between the Inspectors and the governors of the Belfast asylum, will ere long meet with an amicable adjustment. This is the more desirable because all the Irish asylums contain a large proportion of Roman Catholic inmates, and to deny a Roman Catholic free access to his priest, is to deny him the free exercise of his religion. In this *cult* the aid and intervention of the priest is essential to the fulfilment of those religious offices which are considered most binding upon the conscience. The question whether this or any other form of worship is right or wrong cannot be entertained in its application to the insane. Persons in so helpless a condition as the insane ought to be considered far removed from any possibility of change in their creed, and defended by public opinion even from the semblance of any attempts at proselytism. While, however, we admit fully the general principle, that all the insane and more especially the Catholic insane, ought not to be denied opportunities for the due performance of divine worship, which opportunities in the case of the Catholic insane include personal communication with the priest, we must express our conviction that these opportunities ought to be regulated so as to be in accordance with the system of medical treatment of insanity, of which one of the most imperative necessities is that of mental tranquility.

The Inspectors admit this principle when they say that religious administrations “cannot but be valuable in a curable point of view.” They ought at least to be so conducted as to offer no impediment to curative treatment, and this safe course

can only be taken by the chaplains of asylums, to whatever creed they may belong, submitting to receive suggestions and instructions from the medical officers, who are responsible for the treatment. An experienced asylum chaplain, acting in full accord with the physician, may need no direction of this kind, but chaplains new to the very peculiar duties which they meet with in asylums, and to the discharge of which they bring minds trained in theological, but very ignorant of physiological study, will need much direction to prevent their doing mischief if they are disposed to be zealous in private ministration. In the due performance of public worship, there is far less risk of interference with medical treatment, and a far greater amount of benefit to be derived by the population at large of asylums. Even the most excitable and refractory patients may derive moral and spiritual benefit from this source; there is no knowing where the good seed may fall, and in the institution from whence we write, a special service has been given to patients of this class, in order that the devotions of the more tranquil might not be disturbed by their presence. We observed in Messrs. Wilkes and Donaldson's report, that in the Irish asylums "sufficient chapel accommodation is generally provided for both Protestants and Roman Catholics. In most instances the two communions have worked harmoniously together, but at Belfast and at Richmond inconvenience is stated to have been experienced by the use of one place of worship for various classes of worshippers." In the Richmond asylum the Protestant and Catholic services were carried on in the same chapel, in "separately apportioned parts, being divided only by a screen." In other asylums the whole of the chapel is occupied by the two cults alternately. It is well worth consideration whether distinct chapels ought not to be provided, at all events in asylums of considerable size and which contain large numbers of both creeds; such an arrangement would obviate many chances of collision, and would well repay the moderate expense it would entail, by the more orderly and efficient means of celebrating divine worship, which it would provide, and in removing from observation any obtrusive symbols of the rival faiths. A confessional erected in a chapel used for protestant worship, does not look well, even in a lunatic asylum.

The appendix of the Inspectors report contains a mass of statistical information on the subject of insanity, the collection of which must have entailed a great amount of labour. Indeed, the appointments of the Lunatic Asylums Office in

Dublin appear to be no sinecures. The business, as we are informed by Dr. Nugent, involves a correspondence of more than 7,000 registered letters in the course of the year. We trust we may, without offence, express a hope that the responsible and laborious duties of the Irish Inspectors may receive, under any future enactments, a more just remuneration than that now appointed them. They at present receive only £900 a year, a sum by no means adequate to their position and the work they have to do, and invidiously small as compared with the salaries of Commissioners in other parts of the kingdom.

Scotland, with a population of 2,800,000, has two Commissioners in Lunacy, with salaries which the Secretary of State can raise from £1,000 to £1,200 a year, and two Assistant Inspectors, with salaries of £500 each. England, with a population of 18,000,000, has six Commissioners in Lunacy, with salaries of £1,500 a year, and travelling expenses calculated on a very liberal scale. Ireland, with a population of 8,000,000, has two Inspectors of Asylums, whose powers are greater and responsibilities heavier, than those of the English Commissioners, inasmuch as they take an active part in the management of public asylums, and of the insane generally, throughout the kingdom. They have a seat at the boards of all the public asylums; they advise the Government respecting the appointment of asylum officers, and in the administration of justice in doubtful cases of criminal lunacy; and they entirely manage the central lunatic asylum. The English Commissioners exercise actual authority only in the metropolitan district, and have the mere right of inspection in public asylums. Yet the two Irish Inspectors only receive £900 a year each, and their travelling expenses are calculated upon a scale which cannot leave the slightest margin, even if it is adequate to the actual outlay.

In conclusion, we have to thank Dr. Nugent for a full, and most valuable report, replete with useful and exact information, and with scientific interest. His claim for the meed of practical efficiency for the Irish asylums is well put, and from personal observation we know it to be a just representation.

“The pages of a Parliamentary Report are, perhaps, not altogether suited to digression from fiscal and statistical details, still we may venture to remind your Excellency of the depressed state of Ireland for a period of nearly five years, with landed property in many places almost confiscated to poor rates, during which time



the district asylums of this country were entailing additional expense on the community at large. The cost of erection of these various institutions has been already given in detail, and we would now only observe that the Governors of them, apprehending the assessment which for a certain time must be levied to meet Treasury repayments, consider it a duty to restrict in every possible way all expenses save those absolutely requisite, and not to replace fixtures or furniture, even though objectionable in their eyes, till completely worn out. We think, however, that economy may be occasionally carried out to an unprofitable extent, and that stopping short, and not efficiently following up a regular system of management, would be almost as bad as not to have undertaken it at all.

“Generally speaking, a deficiency of furniture, and with it a certain air of discomfort is noticeable in Irish institutions for the insane, a want which we trust, with the advancing prosperity of the country, will be gradually obviated; yet, when your Excellency, so long and thoroughly cognizant of the social condition of the population, recalls to mind what on your frequent visits to District Asylums you could not fail to remark, and reflects that a large proportion of their inmates, whilst possessed of reason, had been strangers to the personal comforts of life, and, we regret to add, in many instances, from their abject state of destitution, to the decencies of civilization, but still protected by an innate sense of virtue and decorum, huddled together in those miserable abodes which present themselves, in quick succession along our public thoroughfares, on the edge of bogs and sides of mountains, without adequate food or raiment, whole families frequently occupants of a single apartment, perhaps of a common bed—that the same individuals placed in asylums, labouring under madness in all its varied forms, are educated for the first time to habits of order and cleanliness, have servants at all hours to minister to their personal wants—their dress and bedding duly attended to, meals served regularly, with a liberal allowance of animal food, a luxury before almost untasted by them—we may, as tending to social advancement, no less than for curative objects, so far regard our public establishments for the insane with unmixed satisfaction.”

We regret that our limits do not permit us, at this time, to present to our readers the sound and well-reasoned views of the Inspectors on the subject of criminal lunacy, or the valuable tables on the statistics of insanity. We hope to be able to do so in a future number; but we cannot allow the present occasion to pass without a word of cordial farewell to Dr. White. Dr. White was for many years the medical officer of the Richmond Asylum, and he brought from thence to the service of the Government, a large experience on all matters connected with the duties of his office. These duties he has discharged in so amiable and gentlemanly a manner,

and in so temperate and just a spirit, that his retirement is felt by all connected with lunacy affairs in Ireland, to be a great and almost a personal loss. In his late colleague, indeed, the present report proves that he leaves behind him a most able and experienced administrator, who will permit his loss to be felt as little as possible. In expressing the earnest hope that Dr. White may recover from the effects of his accident, and enjoy, in good health, many years of the repose from toil and anxiety he has so well earned, we feel that we have the heartiest concurrence of all our associates.

J. C. B.

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*Prostitution, considered in its Moral, Social, and Sanitary Aspects, in London and other large Cities, with Proposals for the Mitigation and Prevention of its Attendant Evils.*

By WILLIAM ACTON, M.R.C.S. (pp. 189.) Churchill, 1857.

Esquirol states, and his opinion has been often quoted, that one twentieth of the female lunatics in the Salpêtrière had been prostitutes; and, although it may be difficult to verify exactly the per-centage of cases of mental disease caused by prostitution and its results of sorrow, want, and care, yet all conversant with the character of the female population of our county asylums, must be aware that a large proportion of them have been persons of loose life, and that hence any inquiry into the varied aspects of prostitution, such as is undertaken in Mr. Acton's work, is a question adapted to the pages of this journal, as one having a more or less direct bearing on the objects of the Association.

Moreover, it is one which, in its wide-spread influences, is day by day attracting more and more of public attention, and on which our opinion as professional men is frequently in society asked for. We thus feel it to be a subject within our vocation, and therefore gladly avail ourselves of Mr. Acton's careful and well-considered work, to lay before our readers a general statement of the present aspects of prostitution, particularly in London, which, indeed, for some years past, has been an object of investigation with us.

The numerical extent of prostitution would surprise those

who have not made any definite examination of the question. "The dimensions of prostitution (says a recent writer in the *Lancet*, 7th Nov., 1857,) have been very accurately measured. We know, on the best authority, (Mr. Talbot and other careful observers calculate the number of brothels in London at 5,000, and the number of prostitutes at 80,000,) that *one house in sixty in London is a brothel, and one in every sixteen females (of all ages,) is de facto a prostitute.*

"In England and Wales (he continues,) nearly 50,000 illegitimate children are born, whose mothers have all taken the first step in prostitution. And this number, it is supposed, scarcely amounts to one-third of the actual cases where wrong is done, yet no evidence of shame transpires."

On the other side of the question, as relates to the male population, any one at all acquainted with the life and habits of young unmarried men of the present day, be it the gallant defenders of old England, by land or water, be it the younger members of the learned professions, or those engaged in mercantile pursuits, the brave young heroes from behind our counters, or single young men otherwise engaged in domestic service, of all the same sad fact must be admitted, that reckless promiscuous intercourse with loose women is the rule, continence the exception of their lives, that never was the power of

"The social sin that wars against the strength of youth,"

stronger or more wide-spread than to-day. The warning of the Jewish Seer,\* "*the spirit of whoredom is in the midst of them, and they have not known the Lord,*" mournfully applies to London in our generation. And yet of all sins opposed to the law of nature, promiscuous intercourse with the paid harlot, whoremongering as opposed to concubinage (the latter as being a sin or act according to nature, the former contrary to it,) is the most blighting in its effects on the moral as well as physical life. Truly is it,

"The sin of all most sure to blight,  
The sin of all that the soul's light,  
Is soonest lost, extinguished in."

The lines of our great countryman, Burns, may well be here re-called :

"The sacred lowe o' weel-plac'd love,  
Luxuriantly indulge it ;  
But, never tempt the illicit rove.  
Tho' naething should divulge it :

\* Hosea, v., 4

I waive the quantum o' the sin,  
 The hazard of concealing;  
*But och! it hardens a' within,  
 And petrifies the feeling."*

And so too, "Milton, like a seraph strong," thus grandly sings :

"So dear to heav'n is saintly chastity,  
 That when a soul is found sincerely so,  
 A thousand liveried angels lacky her,  
 Driving far off each thing of sin and guilt,  
 And in clear dream, and solemn vision,  
 Tell her of things that no gross ear can hear,  
 Till oft converse with heav'nly habitants  
 Begin to cast a beam on th' outward shape,  
 The unpolluted temple of the mind,  
 And turns it by degrees to the soul's essence,  
 Till all be made immortal: *but when lust,  
 By unchaste looks, loose jestures, and foul talk,  
 But most by lewd and lavish act of sin,  
 Lets in defilement to the inward parts,  
 The soul grows clotted by contagion,  
 Imbodies and inbrutes, till she quite lose  
 The divine property of her first being."*

Well then has the wise man said, "Let not thine heart decline to her ways, go not astray in her paths. For she hath cast down many wounded, yea, many strong men have been slain by her. The mouth of strange women is a deep pit; he that is abhorred of the Lord shall fall therein."

Dean Trench in his chapter *on the Morality of Words*, has some remarks bearing on this view of prostitution. "Coarse, he says, as according to our present usages of language, may be esteemed the word by which our plain-speaking Anglo-Saxon fathers were wont to designate the unhappy women who make a trade of selling their bodies to the lusts of men, yet is there a profound moral sense in that word, bringing prominently out as it does, the true vileness of their occupation, who, for *hire* are content to profane and lay waste the deepest sanctities of their life. Consider the truth which is witnessed for here, as compared with the falsehood of many other titles by which they have been known—names which may themselves be called 'whited sepulchres,' so fair are they without, yet hiding so much foul within; as, for instance, that in the French language, which ascribes *joy* to a life, which more surely than any other dries up all the sources of gladness in the heart, brings anguish, astonishment, blackest melancholy on all who have addicted themselves to it." A writer in the *Westminster Review*, hereon aptly observes: "Sexual indulgence, however guilty in its circumstance, however tragic in its results, is, when accompanied by love, a sin according

to nature ; fornication is a sin *against nature* ; its peculiarity and heinousness consist in its divorcing from all feeling of love, that which is meant by nature as the last and intensest expression of passionate love ; in its putting asunder that which God joined ; in its reducing the deepest gratification of unreserved affection to a mere momentary and brutal indulgence ; in its making that only one of our appetites, which is redeemed from mere *animality* by the hallowing influence of the better and tenderer feelings with which nature has connected it, *as animal as all the rest*. It is a voluntary exchange of the passionate love of a spiritual and intellectual being, for the mere hunger and thirst of the beast. It is a profanation of that which the higher organization of man enables him to elevate and refine. It is the introduction of filth into the pure sanctuary of the affections. We have said that fornication reduces the most fervent expression of deep and devoted human love to a mere animal gratification. But it does more than this ; it not only brings man down to a level with the brutes, but it has one feature which places him far below them. Sexual connection with them is the simple indulgence of a natural desire *mutually felt* ; in the case of human prostitution, it is in many, probably in most instances, a brutal desire on the one side only, and a reluctant and loathing submission purchased by money on the other. Among cattle the sexes meet by common instinct and a common wish ; it is reserved for the human animal to treat the female as a mere victim for his lust. The peculiar guilt of prostitution then consists, in our view of the matter, in its being *unnatural* ; a violation of our truer instincts, not a mere frailty in yielding to them." ("The Great Sin of Great Cities," *Westminster Review*, July, 1850.)

An evil thus wide-spread, one in every sixteen females of our London population being a prostitute ; thus debasing in its results, injuring the health, mental alike and physical, of those who yield to its temptations, is one well worthy of our most careful review ; and we are glad to have so competent a guide as Mr. Acton proves himself for the undertaking.

After devoting a chapter to the definition of the word prostitution—a chapter which our old Saxon word would, by proclaiming its own definition, have spared him—Mr. Acton proceeds in chapter iii. to discuss *the religious objections to the recognition of prostitution*, arriving at the conclusion, "that strong arguments for regulating and ameliorating the

*physical condition of prostitutes are to be deduced from consideration, not of their temporal and bodily comfort, but of their future amendment and spiritual welfare, as well as of the interests of their frequenters and of posterity."*

We entirely demur alike from Mr. Acton's considerations, and from the deductions which he draws. In the progress of the human race to civilization, the people of England at least have advanced beyond the paternal leading strings. We neither require the protection of the State to guard us against unsound commercial speculations, nor the aid of the metropolitan police to further the "future amendment and spiritual welfare" of any portion of the community.

But even were it thrice proved that we did in both instances require such aid we deny the capability of any Government to protect the community from the results of ignorance and fraud, still more that of the police to further the amendment and spiritual welfare of any body of young women. The laws of trade and of ethics are alike immutable—alike able, if only not rashly tampered with or arrested, to further their own ends, viz., honest trading and honest living; while the efforts of meddling State craft at protective bank laws, or legal furtherance of morality, belong, we hold, to the exploded failures of our well-meaning forefathers. Did the legal endeavour to check banking frauds by applying to joint-stock banks, trade restrictions, and liabilities which do not bear on other mercantile pursuits, prevent the frauds of the Royal British Bank? Or rather, would not these frauds have probably not succeeded had all spurious protection been withheld from bank customers, and they left to carry on their transactions on what terms they pleased, and with the personal responsibility of themselves investigating the security? And, if our knowledge of Paris be not entirely a dream of youth, the French laws as to the regulation of prostitution, so far from advancing "the amendment and spiritual welfare" of the prostitute, have, on the contrary, so debased the whole moral standard of that city, that the honest woman, not the prostitute, has there to be sought for.

We have sufficient faith in the power of the immutable moral laws by which the Creator governs the moral relations of his creatures, to believe these laws to be the fittest instruments to cope with the results of sin.

One of two things must be sought for by the advocates of police restrictions and interference with public prostitution. Either the wild scheme on which the parish authorities of

St. James' Westminster, are now embarked, of closing by legal force the houses of ill fame, and so lessening the evils of prostitution must be the object, or else that very opposite one of our French neighbours, of so regulating and improving these houses, as to make them safe and almost pleasant places of resort, free from all dread of personal violence, or of the communication of infectious disease.

The good intentions of the first class of persons now engaged in this active legal crusade against prostitution, we need hardly say we warmly applaud. But should they succeed in breaking up the centres of west-end vice, are they really so simple as to believe that they will thus reduce the numbers of those who frequent such houses, or lessen by one case the muster roll of the victims of lust? We should be glad of a small share of that child-like faith, which believes that sin and moral evil can thus by physical force be suppressed. It was the creed of the earliest days of mankind, the creed that led Rome to her cruel and losing strife against heresy, by aid of the civil power, and that similarly failed in the purer hands of the kirk of Scotland, and of the nonconformists of the Commonwealth, when applied to the "extirpation of popery and prelacy." It is an old story and an old failure. We can only now wonder why men read history and refuse to learn the simplest lessons which it teaches, of the laws regulating our relations to our fellow men. At least we thought this one simple law stood out broadly from all the tangled lessons of the past, that the civil power and physical force were utterly powerless in the strife against mind and moral influences; that neither armies nor famine, nor tyranny, however strong, could subjugate a free people to the most victorious conqueror; that neither the stake, the dungeon, nor the rack, could alter or diminish from free thought and the mind's direct allegiance to the small still voice within; that state efforts to make a people rich or virtuous, or wise, by bank laws or police restrictions or education bills were alike failures. May-be the parochial wise-men of St. James' may teach us otherwise to read these lessons of history. But awaiting this teaching we venture to raise a painful doubt of the beneficial results of their success even should they attain it.

In so doing we shall shelter ourselves (fearing the storm) behind the caustic wit of Mandeville, and by an extract from his *Fable of the Bees*, ask whether worse evils, than even houses of ill-fame, might not result to society from their for-

cible suppression, and the consequent crude interference with the law of demand and supply.

“I am far from encouraging vice, (says Mandeville,)\* and think it would be an unspeakable felicity to a state if the sin of uncleanness could be utterly banished from it ; but I am afraid it is impossible. The passions of some people are too violent to be curbed by any law or precept ; and it is wisdom in all governments to bear with lesser inconveniences to prevent greater. If courtizans and strumpets were to be prosecuted with as much rigour as some silly people would have it, what locks or bars would be sufficient to preserve the honour of our wives and daughters ? For 'tis not only that the women in general would meet with far greater temptations and the attempts to ensnare the innocence of virgins would seem more excusable even to the sober part of mankind than they do now ; but some men would grow outrageous, and ravishing would become a common crime. . . . 'Tis well known that the reason why so many good politicians tolerate lewd houses is not their irreligion, but to prevent a worse evil, an impurity of a more execrable kind, and to provide for the safety of women of honour. About two hundred and fifty years ago, says Monsieur de St. Didier, Venice being in want of courtezans, the Republic was obliged to procure a great number from foreign parts. Doglioni, who has written the memorable affairs of Venice, highly extols the wisdom of the people in this point, which secured the chastity of women of honour, daily exposed to public violences, the Churches and consecrated places not being a sufficient asylum for their chastity. . . . .  
. . . From what has been said, it is manifest that there is a necessity of sacrificing one part of woman kind to preserve the other and prevent a filthiness of a more heinous nature. From whence, I think, I may justly conclude (what was the seeming paradox I went about to prove) that chastity may be supported, by incontinence ; the best of virtues want the assistance of the worst of vices.”

The other class, with which Mr. Acton and the writer of the well-known review in the *Westminster* join, includes those whose desire it is by police regulations to improve the manners and habits of these girls, and also to check the spread of venereal disease by preventive measures. Their great remedies are—

\* *The Fable of the Bees or Private Vices and Public Benefits.* (5th Edition. London, Printed for J. Tonson, at Shakspeare's Head, over against Katherin Street, in the Strand, MDCCXXVIII.



1. Registration of houses of ill-fame.

2. Registration and periodical medical inspection of prostitutes.

1. *Registration of houses of ill-fame.*—Mr. Acton, in his 7th chapter, gives in full the rules and regulations in force on the Continent, in Paris, Brussels, Hamburg, and Vienna. We have not much faith, as we have already stated, in either physical or red-tape rules against moral evils, and doubt much the efficiency of their application in these cities. We are glad here to have the support of the *Westminster Review*, otherwise favourably disposed to this foreign system:—“For some centuries back the evils which prostitution inflicted on public decency, public morals, and public health, have attracted the anxious attention of the French administration; and various schemes of repression and regulation have been tried in turns by the able men who have succeeded one another at the head of the police department. Some of these have been in a great measure successful; some have altogether failed, and have been from time to time abandoned. *At present few or no regulations are embodied in the code; but the matter is left pretty much to the discretion of the chiefs of the Bureau des Mœurs and the general police. These authorities act as they deem best, taking care not to go further in any direction than public sympathy will go with them, but complaining bitterly of the insufficiency and indefiniteness of their powers.*

Mr. Acton states the following to be the regulations adopted in Paris:—

“The Parisian *maisons de tolérance*, formerly called *bordels*, (hence the English word brothel,) in which prostitutes are lodged gregariously, are, generally speaking, under the most complete supervision of the police. Numerous formalities must be gone through before a licence is granted by the *Bureau des Mœurs*, and stringent regulations must be complied with under inexorable penalties. The houses must be confined to the one purpose, excepting in the *Banlieu*, where, from the impossibility of exercising perfect control, and other considerations, a dispensation is granted to deal, during pleasure, in liquor and tobacco. They may not exist near places of worship, public buildings, schools, furnished hotels, or important factories. They may not be on a common staircase. They are not allowed to be near one another within the walls, but in the *banlieu* their concentration is imposed. They must be distinguished from other houses by the size of the figures of their number, which must be two feet in length. Their total number in January, 1854, was 144 within, and 68 without the town, against corresponding numbers of 193 and 36 in 1842. The number of women registered to these houses in 1854, were 1009 and 493 respectively.

Among the regulations applicable to the *maitresses*, or *dames de maison*, are the following:

They must lodge no more inmates than they have distinct rooms.

They may keep no child above four years old upon the premises.

They must report, within twenty-four hours, every application made to them for lodgings, and every change of lodgers, as well as keep accurate registers

for the inspection of the police. Their windows must be kept constantly closed, and be either of ground glass or provided with blinds and curtains.

They may place no sign at their door as a sign of their business, before seven or after eleven P.M.

They must enforce upon the women under their authority the observance of the provisions of the *carte*.

They may not receive minors, or students in uniform; and

They must report immediately all cases of disease, and generally keep record of all that passes in their houses, or transpires with regard to their inmates.

Those of the Banlieu must conduct their lodgers once in every week to the central sanitary office for examination; must demand the permits of the military at night, and make returns of all cases of excessive expenditure on their premises, or residence of strangers for more than twenty-four hours.

They may not send abroad more than one woman each at one time, the effect of which is, that there being (for the sake of example,) 204 houses, and 1504 *femmes numérotées*, on the register, the streets may be said to be permanently secured against the presence of 1298 individuals of the class.

The *dames de maison* are of course a vicious, and, as a general rule, ferocious mercenary band, tyrannising over the unfortunate helots who form their stock-in-trade, and abjectly crouching before the inspector, the surgeon, and the mouchard. The possession of a house of this kind is, as marriage is in England, the highest aspiration of the prostitute. One of these sometimes succeeds in attaining to this pernicious eminence, but it is more frequently in the hands of families in whom houses and goodwill descend as heritable property. The recent editors of Parent's work instance that as much as 2400*l.* has been given for such an establishment, and 8*l.* has been offered as a fine to avoid suspension for three days of one of the lowest. Large as these sums may seem, especially when reduced into francs, they will by no means surprise persons cognizant of the property amassed by those who minister, for ready money only, to the lower gratifications of even our more thrifty countrymen.

The houses appropriated in Paris to the temporary accommodation of prostitutes and their frequenters, termed *maisons de passe* have been always considered, and it would seem justly, more dangerous to public morality than the mere lodging-houses. They have been consequently the objects of much anxious vigilance by the authorities, who, nevertheless, proceeding on the principle that anything is preferable to uncontrolled clandestine prostitution, have taken them under their supervision as far as possible. Their numbers, are, however, unknown. The only record given by Parent, and we may therefore safely assume the only one to be got, is, that in 1825 there were 150 of them recognised. To facilitate the operation of the police, each such establishment is compelled to bear on its books two registered women, and is therefore to all intents and purposes subject to the general dispositions with regard to the *maisons publique*. The proprietors are subject to heavy penalties for receiving, *en passe*, girls under fifteen years of age, public women not known to them, or verified as such by production of the *carte*, or students of the public schools.

We have in England the means of readily judging how far even strong despotic regulations can lessen the evils of prostitution. In the University of Cambridge, the Vice-Chancellor and Proctors have the most summary jurisdiction over the undergraduates and the prostitutes of the town. None are allowed to reside or ply their vocation within two miles of St. Mary's Church. An undergraduate convicted of talking to any loose woman in the streets would, in all probability, be rusticated for the term; the woman herself would get a week of bread and water at the spinning-house.

The proctors have the power of searching any suspected house, and frequently do so. Night after night, in their academic dress, attended by their *bull-dogs*, they patrol the streets of the town, and use every effort to check the evil; and yet any member of the University must bear me out in the statement, that he could hardly pass down King's Parade at night without solicitation, and that on the summer Sunday evenings the wranglers' walk on the Trumpington Road swarmed with loose women of every kind and degree. The houses of ill-fame, banished from Cambridge, abound in one of the suburbs (Barnwell,) and have as ready a trade as any houses of the sort in London. The law of demand and supply cannot thus summarily be checked.

Mr. Acton inclines to the opinion, that the registration of houses of ill-fame would be a desirable police measure. He states:—

“We may by no means deprive the female of the right to abandon herself privately for love, lust, or lucre, the last of which is clearly prostitution. Her right to see and be seen in the streets she enjoys in common with all well-conducted Christian women. No necessity can be shewn for restricting her incomings and outgoings. The correction of her public excesses against order and sobriety is already provided for. But the “organization of prostitution,” the binding into stubborn bundles the detached arrows of immorality, offers, I think, fair pretence for public interference in self-defence. It might be insisted on, and without detriment, I repeat, to morality, because, as I have said, to deal with any crime, any vice, implies not sanction, but recognition, that all houses and persons notoriously harbouring prostitutes, if not already under the operation of Licensed Victuallers' or Common Lodging-house Acts, should be compelled or compellable to become so. No serious opposition would arise, because the gains of the trade are too large, and the consciences of its followers too elastic, to allow of their either resigning or denying their business through disgust at licensing or registration; their avocations are necessarily too public to admit of quibbling of any kind. Thus we should bring all casinos, pleasure-gardens, brothels, and accommodation-houses not already under supervision as licensed public-houses, under the action of a special branch of the police, who should have powers of domiciliary visitation, and be charged by all means with the extermination of absolute *dealing* in prostitutes, which should be distinctly recognised as a pursuit largely followed, and be made henceforth as penal as is the trade in virginity under the Bishop of Oxford's Act. Thus also the oppression of women by lodging-house keepers, the robbery of the latter by the former, and the demeanour of both towards their male customers would be more under check than at present.

It is fair to say that more than one of the most eminent lawyers who have illuminated the seat of justice in this country, have expressed themselves against domiciliary visitation as ‘contrary to the spirit of the English law.’

This registration once admitted necessary, legalized, and conceded to the authorities, we should secure returns from time to time of the number of inmates, which should be limited according to the accommodation of the place. The improper character of any unregistered house should be established by its presentment to the police department by parochial authorities, who in turn must be moved by rated inhabitants of good character and standing.

The sifting of evidence necessary to the accomplishment of these steps, would, I imagine, be held ample to justify the police in exercising their right of inviting the registration of disorderly premises, and subsequently that of visi-

tation. No great anxiety should be displayed to bring persons or houses within the operation of either one or other; but so little synonymous are recognition and patronage of vice, that great benefit would accrue from the mere desire of all parties concerned to keep without them. The first and second offences against order by registered brothel-keepers should be visited by fine, and the third by withdrawal of the licence, not from the person only, but from the house, in addition to other punishments now provided.

This would have the effect of rendering brothel-keepers such precarious tenants, that they would find constant difficulty in securing houses. The business would then be confined (as is to some extent the case now,) to freeholders, whose property—as a third offence would entail ruin or a change of pursuits—would be security to society, if not for morality, at least for good order. The opening of unlicensed haunts of any kind should be severely punished, and a penalty imposed upon entertainment of young persons. It is needless to add that as women would for the most part have to be dealt with, the service of inspection should be entrusted to none but persons of high character, untouched by fanaticism, and gifted with more than an average temper and discretion.”

We confess we cannot see any advantage likely to result from such a registration, and even were the measure harmless in itself, we should on the ground of its utter inutility object to its introduction. Surely the police are competent to deal with disorderly houses, without further powers? When under such a scheme certain houses are proposed to be registered, others not, where draw the line? If registration is to confer an advantage on the house, give a legal character of respectability to it, of course all houses would apply for registration. But surely this cannot be the object in view. Or, if registration is to injure the house, and declare it to be one of inferior stamp, by what possible right or justice can we propose to register the poorer house, and leave the rich man's resort unnoticed? Mr. Acton promises that this measure would “*place more under check than at present the oppression of women by lodging-house keepers, the robbery of the latter by the former, and the demeanour of both towards their male customers.*” Thus would he make these houses safer and more attractive places of resort, than they at present are believed to be.

In the name of the barest elements of morality, we protest against such arguments. If such lodging-house keepers are robbed by their worthless lodgers, they have the police courts to go to; if loose women are oppressed by their keepers, this is a free land, they can leave the lodging, and apply either to the union-house, or to the many houses of refuge which christian love and charity have opened for their reception, and if their customers suffer from their insolent or violent demeanour, why *it serves them right*. There is no teaching of wisdom like a little personal suffering. It is very superior to the police leading strings. Nay, these very evils, the

oppression, the mutual robberies, the insults of these houses are the working out of the great law, which has immutably doomed all sin to bring with it its own punishment; and weak and futile must the effort be, to oppose legislative restrictions between sin and its ordained fruits.

Protection to life and property the law equally affords to all men; but to make the traders in sin, just, and courteous, and considerate to their victims, or these again grateful to their keepers, or loving to those who, without that purifying flame, but devoured by lust alone, seek their persons, no law can encompass, no christian law-giver dare attempt. Moreover the weak must be remembered in this argument. The legal registration of houses of ill-fame, would give them a character and security, which now they want, and would encourage those, whom fear of disease and insult now hold back, from entering on such a course. The motive indeed is weak and small, but so are its objects. Shopmen who seek womens' work, while their Queen wants soldiers to fight her battles, and the pitiful paltry lot of clerks, and other such small frequenters of Regent-street, and of all the wicked night resorts of London, must be allowed the aid, such as it is which fear and dread of disease and exposure may afford to their weak virtue.

2. *Registration and periodical inspection of prostitutes.*—Mr. Acton gives the following account of the regulations in Paris affecting the registration and inspection of the *filles soumises* :—

“To recapitulate, then; the public women called *filles soumises, inscrites, or enregistrees*, over which the *Bureau des Mœurs*, of the prefecture of police has cast its net, are divided into two categories:

1. Domiciled in, and registered to certain licensed houses, for whom the keepers of those houses are responsible.

2. Free prostitutes, who are responsible to the authorities direct.

The first, or *filles des maisons*, are known at the Bureaux by their number, and that of the house to which they are *inscrites*, and are termed by themselves *filles à numero*. Their health is inspected by the official medical staff, at the house of their inscription, once in every week. The second form two subclasses; viz., women who have their own apartment and furniture, and others who, by special permit, live in furnished lodgings, &c. To all of these, who are termed *filles à carte*, or by the police *isolées, a carte*, or bill of health, from time to time is supplied, to which the *visa* of the medical officer of the *Bureau Sanitaire* is affixed at the health inspections for which they present themselves once every fifteen days, in compliance with obligation 1.

This sanitary department was placed upon its present footing in 1828. The medical staff consists of ten superior and ten assistant surgeons, and the number of inspections in 1854 was:

At the dispensary	.	.	.	.	97,626
At the registered houses	.	.	.	.	53,404
At the depôt of the prefecture (which answers to a first-class police station here)	.	.	.	.	4,777—155807

The inspection, for which the speculum is very frequently used, is performed with all the delicacy consistent with accuracy, and great despatch; the average time occupied being three minutes, which includes filling up the papers. The total number inscribed upon the register of the *Administration des Mœurs* at the close of the year 1854, was 4260, showing an increase of 515 only over 3745, the number registered in December, 1833. Of these 1502 were *numérotées*, or attached to the houses, and the other 2758 were free, or *isolées*.

The same policy which considers the registration of the prostitute indispensable to public order, dictates the exercise of considerable caution in liberating her from supervision. The formalities which attend what is termed the authorized "radiation" are numerous and strict. The petition must invariably be in writing, and supported by evidence of an intention really and truly to abandon the mode of life. The corroborative demand of an intending husband; of parents or relatives who will be responsible for future conduct; in certain well-authenticated cases, that of one who will secure her as a mistress against future want; or a medical certificate of inability to continue prostitution, all command respect and action, more or less immediate. But the mere profession of changed sentiments is treated with suspicion, and a probation of two or three months under private surveillance is insisted upon. The prayer is granted only on its being made clear that it results from something more than an *intention passagère*, or disgust at the inspection—that means of honest support are more than probably forthcoming, and that public order and salubrity will not be jeopardised by the re-appearance of the petitioner as an *insoumise* upon the public streets.

The authorized annual radiation during the ten years ending 1854, averaged 258, of whom 24 per annum became wives. The unauthorized averaged 725, and the recaptures 450 per annum, respectively."

This shameless numbering of the daughters of sin and this binding through official trammels in that state, all who have been partakers of it, is so utterly repugnant to our feelings as a Christian people, seems so hopelessly to class as an outcast multitude, those thus enrolled, that we cannot wonder that the people of England, one and all, shrink from contact with the scheme, and we need not waste further space in objecting to its introduction among us.

On a totally different footing stands the question of the *Prevention of Syphilis*, and we can hardly see how any difference of opinion can exist as to the propriety and expediency of efforts to stay the infection of a disease so baneful in its results on the public health. The prostitute stricken with syphilis, becomes a centre of contagion, whose ill effects may pass on through several generations. To take the lowest material view of the argument, the loss of labour which the maladies she bears with her inflicts on the community, would more than meet the necessary expense of her cure. In London she has now little left but the *out-patient* practice of our dispensaries, *i. e.*, she gets some drugs several times a week, but continues for the sake of her daily bread to follow her vocation spreading disease, and retarding her own cure.

The accommodation which the metropolitan Hospitals

afford for cases of venereal disease is a mere trifle towards the demand.

Mr. Acton says—

“ It appears that London, with her population of two millions and a half, and her 350,000 unmarried women above fifteen years of age, has hospital accommodation for 184 venereal females. By applying the rule of simple proportion to the population and venereal totals of some other places, I arrive at the following tabular view of our own shortcomings :

CITIES.	Population.	Number of Beds for Females.	Population of London.	Proportional number of beds there should be in London.
Berlin	400,000	120	2,500,000	$\left\{ \begin{array}{l} 750 \\ 441 \\ 1500 \\ 783 \\ 892 \end{array} \right.$
Brussels (exclusive of suburbs)	170,000	30		
Hamburg	200,000	120		
Paris	1,500,000	470		
Vienna	420,000	150		

Supposing, therefore, (to allow for short returns,) that 200 beds are constantly appropriated to *female* venereal patients in London, our short-coming, as compared with

Berlin, is	750 — 200 = 550
Brussels .	441 — 200 = 241
Hamburg	1500 — 200 = 1300
Paris .	783 — 200 = 583
Vienna .	892 — 200 = 692

The self-evident remedy INCREASED HOSPITAL ACCOMMODATION AT THE PUBLIC COST FOR VENEREAL DISEASE, is thus ably argued by our author :—

“ Although successive Governments have deliberated, through fear of going too far—and perhaps, after all, wisely—before subjecting prostitution to public police interference, or even sanitary regulation, they have somewhat furtively procured an annual recognition of the public duty to lessen its evils, by bringing forward the Dublin Lock Hospital grant of £2813, until the Scotch purists and the Lambeth economists were strong enough, first to reduce it in 1838 to £1750, and then in 1854 to overthrow it altogether. But a Committee of the House of Commons in 1857 succeeded, in spite of even ministerial opposition, in restoring the vote to its place on the list. This was no packed tribunal, as may be imagined from its being opposed to the opinions of Mr. Wilson, and from its approval of an annual grant for Irish benefit, although composed of eleven English and only five Irish members. But the evidence brought before it showed so clearly that the time of soldiers, which had been purchased by the public, was wasted by syphilis, that the Dublin garrison, like all others, was a scourge not merely to prostitutes, but to married women, and that only £1 had been voluntarily subscribed there for the purpose during thirty-four years, that the Committee had no alternative, as Christians and good men, but to report as follows:

‘ That the importance of such an institution (a Lock Hospital,) in a town like Dublin, can hardly be over-rated. It appears that in large garrison towns the establishment of a lock hospital for females is the best mode of preventing venereal disease among the soldiery.

On the mere grounds of economy, its support by Parliament can be justified, as venereal disease constantly incapacitates and even causes the discharge of the soldier at the very age that is most serviceable to the country.’

A considerable show of opposition was made to the vote proposed for the

institution in pursuance of the above report, on the evening of the 13th July, 1857; but I am happy to say this was ultimately withdrawn, and the unfortunate syphilitic cases of Dublin are again recognized by the State. How much good the authorities of the Westmoreland Lock Hospital can effect with a small sum of money is shown by the fact that the average cost to the charity of each female patient is £3, and the number admitted in 1853 was 575; in 1856, 418.

Now, seeing that a Committee of the House of Commons have reported as above, and their report has been endorsed and legislated on by Parliament, and seeing again that venereal branches have been appended by the Government authorities to their hospitals at Portsmouth,\* with the view of repairing as much as possible the damage resulting to the public health from the presence of large bodies of soldiers and sailors, it is clear that the very indispensable necessary, "a precedent," is not wanting for Government action. I therefore ask that our own city, London, should be put upon the footing of the more favoured city of Dublin, and the still more favoured capitals of foreign countries.

It is vain to say that she is rich enough to help herself, for though her inhabitants might at the bidding of enterprise build another Crystal Palace, or construct a second Great Western Railway, the same fear of assisting the vicious while doing public good, the old convenient excuse, that what is every one's business is no one's business, will be ever found in London, as in Dublin, to hinder the establishment of public venereal hospitals by private subscriptions; and the best reason of all against their foundation by private generosity is, in my opinion, the fact that this foundation is the affair of the public. To the public purse alone do I look for it.

Supposing that for a time—neglecting gonorrhœa and secondary symptoms—the operations of the national hospitals were to be confined to primary syphilis, in the suppression of which, as I have said elsewhere, the race of the people has the greater interest; I believe the least extent of accommodation we ought to provide should be 300 beds for females, and 200 for males, which would place it in the power of all existing institutions either to maintain their present venereal wards for the purposes of their respective medical schools, or conscientiously to abandon the reception of such cases, and appropriate the valuable space to other complaints. These establishments would in any case be invaluable as district dispensaries for out-patient treatment, under a system I am about to hint at, could this be made compatible with their present dignity and position, and that of their several staffs; and they would, in the event of their retaining their in-patient wards, no doubt retain their pre-eminence as places for the study of peculiar forms of disease.

I believe that a female venereal hospital for 300 beds for primary cases in this metropolis would, were proper machinery set to work for the reception of

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\* Sir John Liddell has kindly furnished me with the following particulars relative to the Government grant alluded to in the Committee of the House of Commons on the Dublin Hospitals:—

*Admiralty, 17th August, 1857.*

'Dear Sir,—In reply to your note of yesterday, I have to inform you that Lock wards for twenty beds have been founded and maintained by the Navy, in connexion with the Portsmouth, Portsea, and Gosport Hospital, which are always kept full, and are acting most beneficially. A sum of £1800 was voted by Parliament for the erection of these wards, and £500 is granted yearly in the Navy Estimates for their support.

An attempt has been made to establish a similar institution at Plymouth and Devonport, where there is no sanitary provision whatever for the prevention or early arrest of the disease amongst the unfortunate women; but the authorities of these towns will not sanction any provision being made for the admission into their hospitals, workhouses, or dispensaries, of diseases that are contracted by immorality, and the thing is therefore for the present in abeyance. Yours' truly,

'W. Acton, Esq.'

'J. LIDDELL.'



patients in the early stages of the disease, turn out 3000 cases annually (and that the discoverers of these 3000 cases would find another thousand who would be treated at home), and that the sum of £9000 per annum would be required for its maintenance. I am not in a position to furnish a closer estimate, either for building or annual expenses, but I apprehend that the figure I have named may be rather excessive than otherwise. If such is the case, it is clear that out of a parliamentary vote of £30,000 per annum, the metropolis might maintain the 1000 beds for syphilitics which would nearly put her in the same position with regard to the disorder as some foreign cities. Another £10,000 well spent in out-patient treatment of secondary symptoms and gonorrhœa by the hospital staff and numerous local dispensaries would complete the work."

Before concluding this notice of a most interesting and well-timed work, we would desire to add one or two extracts on what we may term the natural history of prostitution.

*The three classes of prostitutes:—*

"The order may be divided into three classes—the 'kept woman' (a repulsive term, for which I have in vain sought an English substitute,) who has in truth, or pretends to have, but one paramour, with whom she in some cases resides; the common prostitute, who is at the service, with slight reservation, of the first comer, and attempts no other means of life; and the woman whose prostitution is a subsidiary calling.

The presence of the individual in either of these categories may of course depend upon a thousand accidents; but once in either rank, as a general rule, her footing is permanent while her prostitution in any sense of the word continues. There is, although the moralists insist otherwise, little promotion, and less degradation. The case of the latter are quite exceptional; those of the former less rare, but still not frequent. The seduction and primary desertion of each woman who afterwards becomes a prostitute is an affair apart; and the *liaison* of a woman with her seducer is generally of the shortest. This over, her remaining in the ranks of honest society, or her adoption of prostitution, becomes her question. Some few voluntarily take the latter alternative. Domestic servants, and girls of decent family, are generally driven headlong to the streets for support of themselves and their babies; needlewomen of some classes by the incompatibility of infant nursing with the discipline of the workshop. Those who take work at home are fortunate enough, and generally too happy, to reconcile continuance of their labours with a mother's nursing duties; and by management retain a permanent connexion with the army of labour, adopting prostitution only when their slender wages are insufficient for their legitimate wants."

*The gentle girl a prostitute.*—Mr. Acton has done well to bring out in prominent relief the fact that the popular idea of the brazen harlot is only one side of the picture. We can, from personal knowledge, endorse the truth of the following sketch:—

"On the other hand, the sad career of prostitution of the softer-minded woman, in whatever rank she may be, will be marked and affected by that quality. Whatever befall her in this vale of tears, the gentle-minded woman will be gentle still; and with this native hue will be tinged all her dealings with the sisterhood; and with the rough rude males whom ever and anon it is her fate to meet. If fortunate enough to have the acquaintance of some quiet men of means, she will not be puffed up with vain gloriousness, but seeking comfort in obscurity, and clinging fast to what respect she may gain of others, will profess—what I

dare say she really often feels—disgust at brazen impudence, and all the pomps and vanities. Whether this eschewal be from real delicacy, or considerations of economy, or because any sort of notoriety, instead of cementing, as in the case of others mentioned, would be fatal to their particular *liaison*, it is hard to say; but, however that may be, it is no less true that hundreds of females so constituted are at this moment living within a few miles of Charing Cross, in easy, if not elegant circumstances, with every regard to outward decorum and good taste, and shocking none of the public who will not attempt unnecessarily close investigation, but for all that ‘in a state of prostitution.’ The ease and comparative prosperity that inflates the lighter woman into a public nuisance have no such effect upon such a one as I have spoken of last. They but cause her to prize each day more highly peace and quietness—more sadly to regret the irrevocable past—more profoundly to yearn after some way out of the wilderness.

Among the promiscuous prostitutes of the milder order will be found a numerous band, who, unlike the magnificent virago of the supper-shops, rarely see the evening lamps. Sober, genteely-dressed, well-ordered, often elegant in person—such girls have the taste and the power to select their acquaintances from among the most truly eligible men whom the present false state of society debars from marriage. Their attractions, indeed, are of the subdued order that neither the hot blood of the novice nor the prurient fancy of the used-up rake could appreciate. Of course, they take the chances of their calling. They know that a short acquaintance often turns their sorrow into joy, and opens out a better, happier future. They know, too, that one unlucky hour may make them scatterers of pestilence. What wonder, then, that woman’s tact, sharpened by uses of adversity, should induce them to prefer the respect and counsel of well-bred men of settled character, to the evanescent passion of mere youths. From the former they get lessons, rarely thrown away, on the value of repose and thrift; from the latter, only new proofs of folly and fickleness. With the one they may for a time forget their occupation; with the other, only sharpen memory. They exhibit at times the greatest respect for themselves, and for the opinions, scruples, and weaknesses of those with whom they are connected, and whom they love to call their ‘friends;’ and, above all, they are notable for the intensity of love with which they will cling to the sister, the mother, the brother—in fact, to any one ‘from home’ who, knowing of their fall, will not abjure them, or, ignorant of their present calling, still cherishes some respect and regard for them. The sick man is safe in their hands, and the fool’s money also. There is many a tale well-known of their nursing and watching, and more than will do so could tell of the harlot’s guardianship in his hour of drunkenness. I have seen the fondest of daughters and mothers among them. I fancy that where they have that regard for men which they are too pleased to return for mere politeness, they are well-meaning, and not always foolish friends—no abettors of extravagance, and as far as absolute honesty is concerned, implicitly to be relied on. They are more the dupes than impostors—more sinned against than sinning—till the play is played out, the pilgrimage accomplished, and they who have long strained their eyes for a resting-place quit the painful road—as I say they mostly do—for a better life on earth; or leaving hope behind on their discharge from the hospitals, issue to an obscurity more melancholy and degraded than ever.

*Homes and haunts of prostitutes in London.*—We have taken some pains personally to verify the facts which Mr. Acton here adduces. Our limits will only allow us to notice his description of one or two of the London prostitution haunts.

#### *Introducing Houses.*

“The establishments of certain procuresses (Latin, *proxenetæ*; French, *proxénète*: brokers, go-betweens, match-makers,) vulgarly called ‘introducing

houses,' which resemble, to some extent, the *maisons à parties* kept for a similar purpose by somewhat used-up *lorettes* of the first water in Paris, are worth notice as the leading centres of prostitution here. Unobtrusive, and dependent upon great exterior decency for a good connexion, they concern us little from a sanitary as from a police point of view, but are not without an influence upon the morals of the highest society. Their existence depends on the co-operation and discretion of various subordinate accomplices, and on the patronage of some of the many wealthy, indolent, sensual men of London, who will pay any premium for assurance against social discredit and sanitary damage. He usually obtains for his money security, comfort, and a superior class of prostitute, who is, according to his knowledge of the world, or desires, presented to him as a maid, wife, or widow—British, or imported direct from foreign parts. The female obtains fairly liberal terms, either directly from the paramour, or from the *entrepreneuse*, (who, of course, takes good care of herself;) the company of gentlemen, and when this is an object with her, unquestionable privacy. A number of the first-class prostitutes have relations with these houses, and are sent for as occasion and demand may arise. I have heard of one establishment at which no female is welcome who has not some particular accomplishment, as music, singing, dancing, or languages, to a more than common extent."

### *Accommodation Houses.*

"Accommodation houses for casual use only, the *maison de passe* of London, wherein permanent lodgers are not received, are diffused throughout the capital; neither its wealth nor poverty exempting a district from their presence. I have not, and I believe that no other person has, any guide to their numbers or classification. I have seen various numerical estimates of these and other houses in print, some of them professing to be from public sources; but I attach in this respect little value to even those I have obtained from the police, as their framers seem neither to have settled for themselves or for the public the precise meanings of the terms they employ. In the restricted sense in which I have employed the words 'accommodation house,' I fancy their number is limited. Few persons I have spoken to are aware of more than fifteen or twenty within two or three large parishes, and as they almost invariably name the same, I am strengthened in my opinion that these lupanaria are few. It were more desirable, indeed, that they should multiply, than either class of the brothel proper above described; or that clandestine prostitution should be largely carried on in houses devoted to legitimate trades, and inhabited presumedly by modest females. The thorough elasticity of prostitution is shown in this as well as other ways; that there being a demand for more numerous and dispersed places of transient accommodation than at present exists, within the last few years numerous coffee-houses and legitimate taverns, at which in former days no casual lodgers would have been admitted, without scrutiny, now, I understand, give accommodation of the kind, for the part openly, or when not exactly so, on exhibition of a slight apology for travelling baggage.

The few accommodation houses of London are generally thronged with custom, and their proprietors are of the same order, and perhaps make even more money, than those of the lodging-houses. Their tariffs and accommodation range between luxury and the squalor of those ambiguous dens, half brothel and half lodging-house, whose inhabitants pay their twopences nightly. I believe that disorder is rarely encountered or courted by any casual frequenters of such places, and that in all of them but the vilest of the vile, the proprietors would be, for their own sakes, the last to countenance it, and the first to call in the aid of the law."

*Dancing Rooms, &c.*—We must conclude our extracts with Mr. Acton's description of Laurent's casino:—

"In the course of some researches after concentrated prostitution, I was induced obviously enough to pay a visit to M. Laurent's pretended 'dancing

academy,' whereat to dance is rather *mauvais genre*, eschewed alike by the real gibus and toothpick school, who wander there to kill the dreary time between claret and lansquenet; their feeble imitators of the middle-classes, and the well-gloved Circes to whom perfect absence from the Argyll would be more tolerable than not to rattle up in hired brougham or well-appointed cab. The most striking thing to me about the place was an upper gallery, fringed with this sort of company. A sprinkling of each class seemed to be there by assignation, and with no idea of seeking acquaintances. A number of both sexes, again, were evidently visitors for distraction's sake alone; the rest were, to all intents and purposes, in quest of intrigues.

The utter indifference of the stylish loungers in these shambles contrasted painfully with the anxious countenances of the many unnoticed women, whom the improved manners of the time by no means permit to make advances. I noticed some very sad eyes, that gave the lie to laughing lips, as they wandered round in search of some familiar face, in hope of friendly greeting. There was the sly triumph of here and there a vixenish hoyden, with her leash of patrons about her, and the same envy, hatred, and malice of the neglected 'has been,' that some have thought they saw in every day society. The glory of the ascendant harlot was no plainer than the discomfiture of her sister out of luck, whom want of elbow-room and excitement threw back upon her vacant self. The affectation of reserve and gentility that pervaded the pens of that upper region, seemed to me but to lay more bare the skeleton; and I thought, as I circulated among the promiscuous herd of groundlings, that the sixpenny balcony would better serve to point a moral, than the somewhat more natural, and at all events far more hilarious, throng about me. As far as regarded public order, it seemed an admirable arrangement—to the proprietor of the rooms, profitable—of most of its cribbed and cabined occupants a voluntary martyrdom—in all of them, as making more plain their folly and misfortunes, a mistake.

The great mass of the general company were on that occasion males—young, middle-aged, and old, married and single, of every shade of rank and respectability—and of these again, the majority seemed to have no other aim than to kill an hour or two in philosophizing, staring at one another and the women about them, and listening to good music, without a thought of dancing, or intention of ultimate dissipation. When I consider the floating population, to whom it were absurd to preach intellectual pastime whose alternatives after their day's pursuits are the inelegant dinner-reeking coffee-rooms of London inns, where unwholesome brandy and water is the inevitable penalty upon peace and quietness, a visit to some place of amusement, or positive street-walking, I cannot wonder at the flocks of passenger birds who resort to the overcrowded music-rooms at Evans' (where also grog prevails), and thence, I think, overflow into the casinos. Add to these the men in chambers, sick when night comes of their dull apologies for home; then the unnumbered waifs and strays of every mercantile and professional calling, with minds left fallow by indifferent education; then those of genuinely dissipated inclinations, and you will come, I think, at last to wonder as I do, that no more than two or three of these well-ventilated lounges are open and well filled. Among them, or I should say, among us, was of course an abundance of prostitutes of every degree, short of the balcony aristocracy,—flaring and retiring, handsome and repulsive, well-dressed and tawdry. A few had come with companions of our sex to dance, and many had paid their shillings on speculation only. Some pretty grisettes had been brought by their lovers to be seen and to see, and once or twice I thought I saw a 'sunbeam that had lost its way,' where a modest young girl was being paraded by a foolish swain, or indoctrinated into the charms of town by a designing scamp. There were plenty of dancers, and the casual polka was often enough, by mutual consent, the beginning and end of the acquaintance. There was little appearance of refreshment or solicitation, and none whatever of ill-behaviour or drunkenness. It was clear that two rills of population had met in Windmill-street: one, idle or vicious by profession or inclination; the other, idle for a few hours on compulsion. Between them there was little amalgamation. A few dozen couples of the former, had there been

no casino, would have concocted their amours in the thoroughfares; the crowd who formed the other seemed to seek the place with no definite views beyond light, music, and shelter. Many whose thorough British gravity was proof against more than all the meretriciousness of the assembly would, I fancy, have been there had it been confined to males only. I am convinced they were open neither to flirtation nor temptation, and I know enough of my countrymen's general taste to affirm that they run little hazard of the latter."

We cannot conclude this article without a brief notice of the efforts of the Church Penitentiary Association to offer the means of reformation to the penitent. The following circular was issued by the Association in January, 1857.

*Church Penitentiary Association. Statement, Jan. 1857.*

The Church Penitentiary Association was formed in the year 1851. Its object was to "promote the establishment, and to assist in the maintenance, of Houses of Refuge and Penitentiaries, for the reception and reformation of fallen women, penitents." It was felt by those who were mainly instrumental in founding the Association, that, however valuable were the exertions that had hitherto been made with a view to reclaim sinners of this class, it was absolutely necessary to do much more in order to grapple at all effectually with a daily increasing evil. They knew that applicants for admission at existing Penitentiaries were not unfrequently rejected for want of room, and they were earnestly desirous to remedy this state of things. Further, they were strongly impressed with the belief that if they could persuade Christian ladies to superintend Penitentiaries from the love of Christ, "without money and without price," the work of reformation would be carried on more thoroughly than it could ordinarily be done under the direction of paid matrons; and also, that it was exceedingly important, that in every Penitentiary, the services of a Chaplain should be secured, who may study the individual character of the penitents, and to suit his ministrations to their individual need. They, therefore, required that "the discipline and internal management of each Penitentiary in connection with the Association," should "be carried on through the agency of self-devoted women, under the guidance, as to spiritual matters, of a Clergyman of the Church of England."

In addition to this, they felt that the work in which they were engaged would not be effectually carried out *only by the formation of additional Penitentiaries*: but that it was important that there should be established also Asylums of another description, such as had not before been provided, namely, *Houses of Refuge*; into which fallen women might be received at any time on their own application, in which they might undergo a short probation, and from which such of them as should give evidence of genuine repentance might be sent for more lengthened training to a Penitentiary. It seems evident that very great benefit may be expected to result from the multiplication of these Houses of Refuge in our cities and towns. They offer a ready refuge to any poor conscience-stricken sinner, who impressed, suddenly it may be, with the sense of her exceeding sin, desires to flee from temptation; and who, it is much to be feared, will not long desire to do so, unless the refuge which she needs is to be attained at once. It is essential that more Penitentiaries and Houses of Refuge shall be founded without delay, if the great work of reclaiming fallen women is to be adequately carried out.

Since the Church Penitentiary Association was founded, the following Penitentiaries and Houses of Refuge have been received into connection with it; and an account of the work which has hitherto been done in each is added. The great object is to show how many of the inmates are known to have returned to their friends, or to have gone to service; and how many are known to have gone back to evil courses.

	Total number relieved.	Sent to a Peniten- tiary.	Returned to friends.	Gone to Service.	Gone back to Evil Courses.	Died.
<b>PENITENTIARIES.</b>						
Clewer . . .	145	..	43	18	39*	6
Wantage . . .	83	..	21	22	17	2
Bussage . . .	92	..	36	12	30	..
Shipmeadow . . .	36	..	6	13	5	8
Salisbury . . .	186	..	28	66	52†	..
Highgate . . .	49	..	7	6	6‡	..
<b>HOUSES OF REFUGE.</b>						
2, Camden Street, Camden Town . . .	145	56	24	14	37	3
13. Commercial Rd., Pimlico . . .	90	37	16	9	15	2
44. Vincent Square, Westminster . . .	38§	7	1	4	4	..
13. Stepney Cause- way . . .	18	4	5	2	4	..
Oxford . . .	215	63	36	9	26	2

\* 23 known to have been admitted to other Penitentiaries.

† Many of these doubtful. ‡ Three doubtful. || Some doubtful.

§ Sent to hospitals, 4; sent away, 5; insane, 1.

### *The New Lunatic Hospital at Nottingham. Laying the Foundation Stone.*

At noon on Friday last, his Grace the Duke of Newcastle laid the foundation stone of the new lunatic hospital, on Coppice Hill, under circumstances of the most interesting character; thereby dedicating the finest site around Nottingham to a building for the noblest of its charities.

The stone contained a glass cylinder, surmounted by a ducal coronet, gilt, and embossed with crimson velvet, underneath which ran the Duke of Newcastle's motto, "Loyauté n'a Honte." Visible inside the glass was a lithograph, giving a view of the intended building; and also arranged, so as to be seen outside, were all the silver and copper coins of the present reign, from a farthing to a crown-piece. At the bottom of the lithograph was the inscription, "Positus, Oct. 30, 1857," signed with the autograph of the Duke. Enclosed within the bottle was a parchment scroll, recording the following particulars:

"The foundation stone of this building, the lunatic hospital for the county and town of Nottingham, was laid by his Grace the Duke of Newcastle, on the 30th of Oct., 1857."

The proceedings were commenced by the blue coat children and

blind pupils of the Midland Institution singing a psalm; after which the Rev. J. W. Brooks, vicar of St. Mary's, read two collects and the Lord's Prayer. Mr. Hine, the architect, then presented the trowel to the Duke of Newcastle, and in doing so, said: I have the honour, on behalf of the committee and subscribers, to present your Grace with this trowel. As the architect and chief workman of this building, I have great pleasure in handing it to you, feeling confident that your Grace will acquit yourself in the task you are about to perform as a true and faithful mason.

Mr. HINE then read a copy of the parchment record within the glass jar, and having placed the bottle in the cavity underneath the stone, his Grace proceeded to spread the mortar, after which the stone was lowered into its resting-place. The noble mason tested it with the level, and finally adjusted it by a few taps of the mallet.

His GRACE then said, I now declare this stone, the first stone of the lunatic asylum for the town and county of Nottingham, to be laid; and may God Almighty prosper the undertaking. After a short pause, the noble Duke proceeded as follows: Ladies and gentlemen, the commencement has now been made of a work which is to add another to the charitable institutions of the town and county of Nottingham; and I have just officiated in this ceremony as your representative, and at the request and on behalf of those by whose zeal and industry this work has been commenced, and by whose continued energy and goodwill and exertions I hope the undertaking will be brought to a successful completion and, the future prosperity of the institution now commenced be insured. I rejoice to see so large an assemblage, both from the county and from the town, as have assembled upon this occasion; I confess larger than I anticipated under the circumstances, because I cannot forget that at this moment, throughout the length and breadth of this land, there is but one engrossing topic which seems to divert men's minds from every other subject, and that not without reason and justice; and I cannot, at the same time, forget that there are other circumstances unfortunately at this instant connected with this immediate locality, which might throw a damp upon some of our exertions—circumstances connected with the commercial failures in another country, and which are beginning to affect the prosperity of this locality, in which we are all so much concerned. These causes might doubtless have well prevented so large an assemblage as is now collected; but I rejoice to think and to observe, that even when our thoughts are most occupied with war, with civil strife, and with ensanguined fields of the most horrible description, we can yet find time for such works as this—for a work of peace, of humanity, and of charity. But, ladies and gentlemen, I hope you will forgive me if, while expressing my gratification at seeing so many present, I regret for an instant the absence of two to whom this institution, when carried on in the

old building, and this erection, have been most deeply indebted. I allude first to my friend Mr. Marriott, to whom we are greatly indebted, but who, unfortunately, from illness, is prevented from being present on an occasion so deeply interesting to him. The other individual is one well-known for many years in this county, and to whom this institution has been deeply indebted for time and exertions of every description, and whom I only lately succeeded in the capacity of chairman of the committee; I mean Earl Manvers. Now, ladies and gentlemen, you may perhaps expect to hear from me the circumstances which have led to the erection of this building. There are few here present who do not know the great building which exists in Nottingham for the reception of lunatics; there are few who do not know its value; but I believe many are ignorant that for fifty years it has been conducted on what I may call the double principle, that is to say, it has existed as a pauper lunatic asylum for the reception of the pauper lunatics of this town and county, and concurrently with that a similar institution has been carried on within the walls, by the same establishment, upon voluntary principles, for private lunatics, but whose means did not allow them to pay the expensive charges of a private asylum, and whose friends, with true English feeling, were not willing to see their unfortunate relatives pauperised, but, not being able fully to aid them, have been glad to receive the assistance of the private charity of the voluntary subscribers, and to place them in this institution. This has been carried on since 1812, but circumstances have occurred which made it necessary for the governors of the institution to take some steps for its enlargement. Ladies and gentlemen, it is a melancholy fact, that lunacy has of late years greatly increased, not merely in this county, but throughout the country. Whether this increase has arisen simply from the increase of madness, or whether it has been caused by the improved management of lunatics, thereby increasing their longevity; or whether more patients are now brought to these asylums than formerly; or whether, as is most probable, it is owing to a combination of all these causes; the fact is nevertheless certain, that whereas a very few years ago the proportion of lunatics and idiots was as 1 to 850 of the general population, it has increased at the present moment to the very formidable proportion of 1 to 700. Now, while this is the fact as regards the country at large, this county has been no exception; for last year the lunatic asylum was obliged to refuse admission to eleven patients. Perhaps you will say, "That was a small proportion, and might easily be met by an increase of the existing building." But I regret to add that concurrently with the fact I have just mentioned, there are at this moment in the county of Nottingham a very large number of lunatics confined in the workhouses. This practice has greatly increased recently, and the cases which are now in the workhouses are not, as formerly, those who are probably much better in those buildings



than in a lunatic asylum, on account of the mild treatment of the cases and their association with the other inmates of those institutions, and their opportunities of occupation and habits of self-restraint, with the other advantages which compensate for the one disadvantage of their being in workhouses; but so far from that being the fact, cases of a dangerous and otherwise improper description, are kept within workhouses, and the result is the workhouses have become, as regards those wards, lunatic asylums in all respects but this, that they are deficient in those proper attendants and the different appliances which can only exist in lunatic asylums. The consequence is that many cases curable in their nature become chronic, and thereby increase the number of patients. Now let me point out one fact: I know one cause which has tended to this increase of lunatics in the workhouses; it is a sense of economy, a desire to spare the pockets of the rate-payers; but I think it is a false economy, and I can prove it by this simple fact, that if a number of those cases, naturally curable, become chronic, the number of permanent cases, and the amount of standing expenditure is increased; and the limited saving by attention and care of lunatics in workhouses compared with their cost in asylums, is much more than compensated by the increased numbers which are permanently maintained within the two institutions. At this moment there are in the different workhouses in the county of Nottingham 205 lunatics, I think eighty-five in the town of Nottingham alone, besides all those maintained in the lunatic asylum. Now, I was speaking of the increase of lunacy, and I have told you how many were rejected last year from this asylum, and pointed out how many are maintained in the workhouses of this county. There are other institutions no doubt, that could be pointed to to relieve us from the difficulty. There are licensed houses for lunatics in this country. But as far as regards pauper lunatics, and those for whom this building is more especially intended, there is this essential defect in those licensed houses, that being at a distance frequently of 100 miles from the residence of the lunatics, their friends can never see them, or see them only very rarely, which is a disadvantage both to the relatives and the patients; and with regard to the pauper lunatics, the parish officials find it impossible to watch them properly, and thus the patients practically lose all that superintendence and humanity which their cases so much demand. As regards those houses for single patients, why it is notorious that the law is frequently evaded, as we might expect, looking to what human nature, under the influence of self-interest will frequently lead to; and I believe the richest in the land, if unfortunately he should be afflicted by the Almighty with the greatest of all calamities, the loss of reason, would be far better placed in such an asylum as the one we are now commencing than in any of the private establishments throughout the land. Under these circumstances, it became the duty of the governors to

consider if they should enlarge the old building, or propose the separation of the two establishments, and build a new asylum. The governors were influenced by various considerations, and amongst others by the objection felt by those best acquainted with the subject, against increasing the size of lunatic asylums. They felt that the increase of these establishments beyond a manageable point would greatly diminish that sense of responsibility above all things so requisite, and that the habit of individual attention and superintendence so essentially necessary for the recovery of lunatics, would undoubtedly be prevented. I wish to speak with great respect of such establishments as Colney Hatch and Hanwell, but it is notorious that they, from their overgrown size, have become no longer curative asylums, but places of permanent refuge for lunatics. No doubt admirable for those purposes, but still less available for that great object which we ought ever to seek, namely, the relief and cure of the unfortunate inmates. For these reasons it was decided that a separation should take place, and whilst the old building in Nnottingham should devolve upon the county and the town for the reception of pauper lunatics alone, that we, the voluntary subscribers to the institution, should separate from them, and build a new asylum for the reception of those who have hitherto been received on behalf of the subscribers to the voluntary establishment; and you are assembled here to-day for the purpose of commencing that building. The union between these institutions was dissolved two years ago, and after considerable difficulty and examination of different sites, studying economy as far as was possible, consistently with the choice of a good location and healthy site, the present position was fixed upon. As regards the latter, I believe it is of great importance to all public institutions, but to none more so than to the one we are now building. I will appeal now to the inhabitants of the town and county, and to the strangers whom I know to be present, whether, even upon a day of considerable mist, there could be a more magnificent site found than the one upon which we are now standing. I believe it is unrivalled in England. And if the minds of these unfortunate people are to be influenced by the cheerfulness of situation, by a commanding elevation, and a healthy air, all this I believe will be gained from the position we have chosen. Now, I may be asked by those who know the intended size of this institution, and after what I said about the institutions of the county, why we propose now to erect a building capable of containing only sixty inmates? My answer is; first we were acting on behalf of the voluntary subscribers of this county, and were bound not to exceed the funds at our disposal. Secondly, we have endeavoured to obviate that objection by the arrangements which have been made; and contemplating, as we do, that this institution, will receive the support of those who know its value, we shall be enabled eventually to increase its capacity, arrangements having been made by which, by the mere addition

of dormitories and a few other conveniences, we can increase the accommodation, at comparatively slight expense, for 200 patients. I mean that the offices, kitchens, and such like arrangements are made for the larger number, while, for the sake of keeping within our means, we shall be confined in the first instance to arrange only to receive sixty patients. Again I say, more especial provision will be made for that class of patients, of whom I have already spoken, whose friends cannot afford to pay for their entire maintenance, without the assistance of the voluntary subscribers; and the architect, under directions from us, has made such arrangements as that those unfortunately afflicted in this way, and whose relations take the view I have explained to you, may be provided for by extending the arrangements of the building at a comparatively small additional expense. Gentlemen, I have alluded to the means at our disposal. I am sorry to say that, after the erection of this building, the balance remaining for its endowment and maintenance will be smaller than we could have wished; but we look forward to the interest which I am certain will be created in the county and the town in those who witness its advantages, and anticipate that those means will be much increased before very long. I trust those here to-day will not leave this spot satisfied with their attendance here this morning, but that they will circulate among their friends the impressions they may have received as to the merits of this institution, and that before long the endowment fund will be considerably increased. But, above all, let me impress upon you the paramount importance of annual subscriptions. I trust you will be enabled to arouse an interest among those who have been prevented by circumstances from attending here to-day. I am afraid I have trespassed upon your time longer than I ought, I have at least spoken nearly as long as my voice, with this wind, will enable me to do. But let me, before I conclude, again urge you to befriend this valuable institution, not merely to-day and to-morrow, but as long as you find it properly conducted, as I have no doubt it will be; and I hope you will impress upon your friends that this is certainly one of the most interesting and valuable charities to be found in the land. This ceremony was begun by the singing of a hymn by a class of persons deeply afflicted by the Almighty—the pupils of the Blind Asylum. I have before now had to plead their cause, and I have stated how earnestly they deserve every assistance and every kindness from those who have the privilege to enjoy the blessing of sight. But this class of persons, deeply as they are afflicted, have nevertheless great compensations; frequently other faculties and senses in them are greatly sharpened, in proportion as the faculty of sight is lost. But how different are the circumstances of those who are to be the inmates of this asylum, how small in this world, at any rate, are their compensations. I cannot compare deeply as I sympathise with the blind, deeply as I feel for the deaf

and the dumb, I cannot compare their lot with that of those who are deprived by the Almighty of the blessing of reason, who, though possessing immortal souls, are nevertheless in this world reduced to the level of the beasts, deprived of that divine essence which distinguishes man from the other animals of the creation. Ladies and gentlemen, I think that a class like this does deserve our earnest sympathy and our warmest support, in every way that we can afford such to them. And I feel satisfied you will, on leaving the ground to-day, determine that this institution shall be supported in future by the town and county of Nottingham, in such a way as shall conduce to the satisfaction of your own approving consciences, to the honour and credit of this great county, and to the relief of the unhappy inmates of this institution, as well as to the comfort and consolation of the relatives and friends of those unfortunate people, who are hardly less to be commiserated than the afflicted patients themselves. I will conclude with the simple words I uttered before, in declaring this stone to be laid: again I say, "May God Almighty bless the undertaking this day commenced."

The MAYOR then stepped forward, and said: I believe it will gratify the great concourse assembled to witness the commencement of this valuable institution, to give a good English response to the kindness with which the Duke of Newcastle has taken the prominent part which he has taken to-day. I am quite sure no one could have shewn more sympathy, or a more hearty interest in the institutions of our town and in the welfare of the district, than has his Grace. I am quite sure, with respect to this particular occasion, that we all rejoice at the advancement of this institution, and that his Grace, as the chairman of the committee, is amongst those who clearly recognise the vast improvements which have been introduced into the treatment of the insane. In the whole field of philanthropic labour, no department has been so greatly improved as that relating to the treatment of our suffering fellow-creatures in whom reason has been dethroned. Those who are acquainted with the history of lunatic asylums in past times know that, although the treatment of our criminals was barbarous, the treatment of our lunatics was itself insane; and it is the pride and the glory of the present day to know that criminals and insane persons are now treated in a rational manner, and with kind and charitable forbearance. His Grace has well illustrated the subject in his admirable address, and has done our town honour by his appearance here to-day. I am quite sure we shall all gladly respond in the old English manner to his kindness, by giving three hearty cheers. Three cheers for his Grace the Duke of Newcastle, and long may he live to confer those blessings upon this town and neighbourhood, with which his acts and name have been associated ever since we have known him.

The Rev. J. W. BROOKS then read a prayer singularly appro-

priate to the occasion, after which the children sang the National Anthem, assisted by the whole of the assemblage.

*The Luncheon.*—At two o'clock a *dejeuner*, in celebration of the event, took place at the Exchange Rooms, at which, in the absence of the Mayor, his Grace the Duke of Newcastle presided. The company consisted of the *élite* of the town and county.

The DUKE, in responding to the toast of his health, administered the following rebuke to the gentleman who proposed it; thus vindicating his reputation as a man and a nobleman, said: Ladies and gentlemen, I feel it is invidious to raise any objection to anything which falls from any-one so kind as Mr. Norton, and who makes a speech so eulogistic; but if he will forgive me, I really would wish to remonstrate with him as to some of the phrases which I am sure were so kindly meant. I can assure him they were wholly out of place, and always unpleasant to me. Why did he speak of affability, and of my patronage of this institution? I can assure him I don't understand affability; and as for patronage of this institution, I consider myself as one among a great many of its supporters, but I do not consider myself as a patron of this institution. I would suggest, if he will forgive me, that if he is kind enough to propose my health on any future occasion, it would give me pleasure if he would refrain from using such words as affability and condescension, which are very distasteful to me, simply because I do not understand them. I feel the sincerest respect for all persons about me, and think that if there is one privilege of high rank which makes it valuable, it is that of being able, frequently beyond the merits of the individual, beyond his worldly wealth, and beyond any circumstances of that kind, to render such assistance to his friends and neighbours, as I have had it in my power to-day to render. I can assure you that it is one of the chief gratifications of my life to do so; and I only value the accidental circumstances of birth and position, inasmuch as I am able to render them useful in fulfilling the duties of life. Forgive me that these few words have been elicited by the kindly meant remarks of Mr. Norton, and accept my warmest thanks for the honour you have done me.

*The Site and Plan for the New Building.*

The site selected is about seventeen acres from the Coppice Farm, a mile to the north-east of Nottingham, on a lofty elevation which was purchased on favourable terms from the Corporation. Mr. Hine, the architect, visited several lunatic hospitals, and, by a minute inspection of their arrangements, gathered a vast amount of information, of which he availed himself in preparing the plans of the present building. The south or main front is about 270 feet in length, and will possess a façade of considerable length. The centre part of the building will be used as a residence for the medical superintendent and matron of the establishment, one of the upper stories being set apart for the infirmary. Immediately

behind are the extensive kitchens, which will be fitted up with every convenience for cooking. Over the kitchen is a large and lofty room, with an open timbered roof, which will be used for purposes of recreation, and likewise as a chapel, until the funds of the institution admit of a more suitable building being erected. The patients' apartments on either side of the centre building, occupy a couple of stories, and each wing will consist of two large day-rooms, two associated sleeping apartments, and the same number of galleries. In addition to these are private sitting and bed-rooms, closets, and every requisite which can tend to promote the health and comfort of the inmates. Provision is made for extending the accommodation, not only by several rooms in the roof of the wings, which will be left for the present in an unfinished state, but by lengthening the galleries and increasing the number of private rooms. The arrangements in the latter are so contrived that the present galleries will suffer no diminution in the amount of light, prospect, or ventilation. Accommodation will be provided for thirty male and the like number of female patients. The basement story, the north side of which contains the inferior offices, will present to the south an open ambulatory, communicating with the airing-grounds by arches. The approach from the galleries in the day-room stories to these grounds, will be by gently inclined planes. The two airing-grounds are separated from one another by the superintendents' garden, which will be formed on the original level of the hill summit, and some seven feet above that of the patients' gardens. In addition to the above-named are two detached buildings for brewing, washing, and laundry purposes. The contract for the building was undertaken by Messrs. Garland and Holland, Nottingham, but since the commencement it has been transferred to Mr. Wm. Holland.

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*Admission of Reporters to the Board Meetings of Asylums.*

A subject has been brought under our notice of much importance to the efficient management of Irish asylums, namely the example which has been set in the Cork and Mullingar Asylums of admitting the reporters of the public press to the ordinary meetings of the governors.

No one can have a more profound esteem for the fourth estate than ourselves, but there are times and places when its representatives are out of place; they are out of place as we think on all occasions of a domestic nature, and the newspaper reports which sometimes appear of marriage speeches and festivities, seem to us almost as repulsive to good

taste, and as adverse to any good moral influence, as would be the published account of domestic lamentations when the home is shadowed by the dark wing of death. Now a lunatic asylum is a large home, public indeed to a certain extent, managed by officers and a board responsible to public opinion, but the details of its domestic management are subjects as unfit for registration in the columns of the county papers, as any other private and domestic affairs. The general principles of management indeed and their effects, the financial disbursements, and any matter having a public interest, are proper subjects for a newspaper report; and if in Ireland they do not come before the notice of the public, and thus become the subject of newspaper report in the periodical account which the Governors have to give in Quarter Session of the charge committed to them, we think it would be well that meetings at certain intervals should be held to which the public and the press may be admitted, and at which all matters of a public nature may be discussed. But to admit the reporters of the local press to the ordinary private meetings of the board, at which all the little domesticities of the asylum home are liable to come under notice, where small misunderstandings are set right, and petty matters of conduct and management are arranged, is a glaring abuse of the office of the press. We have before us the *Cork Constitution* in the columns of which the proceedings of the monthly meeting of the Board of Governors of the Cork lunatic asylum for Tuesday, Nov. 3rd, are fully reported. First comes a discussion on the name of the asylum, which it appears was named the Eglinton asylum, in compliment to the late estimable Lord Lieutenant. One Governor, Mr. Dunscombe, thought that the worst compliment you could pay a Lord Lieutenant, was to name a *mad-house* after him; but one Mr. Dowden, another Governor, was exceedingly fond of jokes, and he had compassed the joke of naming this asylum after Lord Eglinton. Surely if it was a bad compliment to do so, this manner of explaining it is a far worse. The original naming was no doubt a bit of toadyism to the man then in power, but to revoke the name and explain it as a joke is simply an insult. A joke to be a joke must have a point, and the only possible point of naming a mad-house, with the purpose of a jest, after a Lord Lieutenant is sufficiently obvious and gross. Lord Eglinton's active and benevolent interest in the welfare of the insane poor in Ireland merited a better return. In Scotland it is not thought a joke, or as Sir Thomas Tobins, the Cork chairman said, "a very dubious compliment," to call the no-

blest lunatic asylum in the country by the name of the Crichton Institution.

The jocose Mr. Dowden, next proceeded to an act of interference with the medical management of the patients. He thought there were not enough of them taking open air exercise at the time of his visit, and although Dr. Power explained that at the time there were 243 patients employed in various occupations, Mr. Dowden moved a resolution that the Dr. should give his patients more exercise. Possibly this also was a joke, a very sorry one. Then came a discussion respecting a misunderstanding between the store-keeper and the coal-contractor, in which there were "conflicting statements;" then several complaints of insubordination on the part of the nurses were laid before the board and considered.

Mrs. Larkin, who had been in the establishment for the last ten years, was reported for refusing to obey an order given to her by the matron. It was resolved that she should be dismissed. Julia Barrett, for impertinence to Mr. Rennick, house-steward, was fined 3s. 6d. Others for minor offences received reprimands.

The Chairman observed, that the servants were very ill-conducted, and agreed very badly amongst themselves. A great portion of the time of the Board was occupied every day investigating complaints.

Mr. Dunscombe: "There is a great deal of time lost with them, indeed."

Mr. F. Beamish: "There is something bad pervading the establishment."

Mr. Dunscombe: "Yes, there seems to be a general insubordination."

Certainly there is something bad pervading the establishment, namely, the influence of vain, egotistical men as Governors, whose proceedings appear but too well adapted to promote a general insubordination. By transforming their board into a petty police court, they will doubtless succeed in driving from the asylum all good servants. By denying to their Superintendent all proper authority over such servants as he can procure, they will get plenty of complaints to investigate; and by publishing such investigations in the newspapers they will find themselves at length served by such persons only, as are indifferent to the public exposure of any venial lapse of temper or conduct. Was it not enough to dismiss the insubordinate Mrs. Larkin for her act of disobedience? Was it not enough to fine and reprimand the impertinent Julia? but they must also be gibbeted to the whole country



side, as examples of board-room justice. The officers and attendants at the Cork asylum must be very thick skinned. We trust that the patients possess the like quality for the natural course of events will cause them to need it.

After these complaints were disposed of, the jocose Mr. Dowden became quite eloquent on "a complaint he had to make, they had no schoolmaster there," &c., "they could get one for twenty pounds a-year," "there is no doubt we pay a wretched price for mind." Alas, yes! One of the prices we pay is to have places of business converted into oratorical platforms, and our time wasted in listening to *bunkum* speeches. Bunkum, is the American term for those speeches in Congress, which are solely intended for the local newspapers, and the gratification of the friends and constituents of the orator. Bunkum occupies a vast space of time at St. Stephens, to the great hinderance of business; but if it invades successfully the board-rooms of asylums, gaols, unions, and other places, which ought to be centres of action alone, it will exalt throughout the country, the unpractical wind-bag man, above the man of affairs, and prove about the worst thing that ever came from the west.

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### *The New State Asylum.*

A site for the new State Asylum has been fixed on near the spot where the counties of Surrey, Berks, and Hants meet. It is about thirty miles from London, and is most accessible by the Branch of the South Eastern Railway, which connects Reading on the Great Western with Farnborough, on the South Western Railway. The State Insanery will be the subject of much attention; it may be a step in advance, or it may prove to be an expectation unfulfilled.

All counties are *equally* obliged to provide an asylum for their poor. These asylums are under the government of the Magistracy, and are liable to be made Police Asylums when the Secretary of State orders the removal of an insane patient from prison; or when the Magistrates need their care for wandering lunatics; for lunatics who are not under proper care and control, or are cruelly treated or neglected. These County Asylums are also termed Pauper Asylums. What will their relation be to the State Asylum? Equal accessibility will be impossible. Will any advantage be conceded to the adjacent or metropolitan counties? or

will the principle of management be the equalization of the expenses of removal, &c., and requiring of each county that it shall take charge of the lunatics, who fall into the custody of its police? In most counties the State Asylum will be inappropriate, and inconvenient for their ordinary needs in lunacy. The lunatic, who awaits his trial, or has recently manifested insanity, needs to be in an asylum or hospital, easily accessible to the County Magistracy and Constabulary. The patient, who has been treated in the County Asylum, and has passed the most dangerous crisis of his lunacy in its charge, will not *ordinarily* need that great expense shall be incurred for his subsequent removal to the State Asylum. If a criminal manifests insanity subsequently to his conviction, he, being insane, needs the care of the most easily accessible hospital for the insane. The punishment awarded to the criminal is inapplicable to the man of unsound mind. He should, on recovery, be transferred to the State Asylum, before punishment can be resumed towards him. It will often happen that dangerous lunatics will be found in asylums or licensed houses, who have, by the care of their friends, never been allowed to bring themselves to the cognizance of the police. Will all these insane persons be admissible to the State Asylum because the commission of a criminal act cannot be imputed to them? The term and treatment "Criminal" should be inapplicable to the insane; and the official Visitors of any asylum should be allowed to recommend the removal of a lunatic to the State Asylum, whenever it appears to them that the asylum, in which he is placed, is inadequate to his proper charge. The County Asylum refuses to be classed as a place of safe custody. It no longer receives inmates for detention; the order for the admission of a patient now requires his reception for care and treatment; neither does it allow to its inmates two classes of care and treatment; the "Lunatic, not being a pauper, shall have the same accommodation in all respects as the pauper lunatic." The state lunatic may be of high rank, and dangerous; or he may be a vagrant, accustomed to a life of vice and demoralised. Will the insane gentleman be allowed to provide, at his own cost, accommodation and observances suitable to his education, or will the plea of insanity debase him and elevate his uneducated fellow misfortunate to the same level?

WILLIAM LEY.

*To the Editor of the Asylum Journal.*

Sir,—It is impossible to read Dr. Huxley's Report upon the introduction of "special night watching," without feeling that he has scarcely given the system a fair trial; and I cannot help thinking that he has been somewhat hasty in characterizing as reckless, cruel, and harsh a system which has been found of signal service in many large county Asylums.

It is some four years since I had my attention directed to the advantages of special night watching, by the same Commissioner in Lunacy, Mr. Gaskell, whose recommendations at the Kent Asylum have been received with so much disfavour by Dr. Huxley. Before that period, the night watching in the Leicester County Asylum was performed by the attendants in rotation; and, subsequent to Mr. Gaskell's recommendations, some experiments of similar character to those made by Dr. Huxley, were instituted by me, to test their value, the results of which were not unlike those which he has so particularly detailed.

The novelty of the plan, and the difficulty of obtaining suitable persons for the duties of continuous night watching, made me view with apprehension so great a change in our internal arrangements; but some experience of the inefficiency of the old plan of night watching, which I derived in the latter part of 1853, clearly shewed the necessity of greater attention being paid at night to the wants of those afflicted with paralysis; so that I came to the conclusion that it would be better to give to one person the charge by night of those incapable persons designated in Asylum nomenclature "wet and dirty" cases, rather than let that important duty be divided amongst 12 or 14 persons, who, by the long interruption of their night duties, could only have very imperfect acquaintance with these afflicted cases.

We have now at the Leicester County Asylum, a special night attendant, who enters upon his duty at ten o'clock at night, and gives up his charge at six o'clock in the morning. This attendant has special charge over the wet and dirty cases, and while he expects to receive these patients in a cleanly state on his entrance upon his duties, it is expected of him that he shall deliver them up to the day attendants in similar condition; and that condition is regularly recorded in the ward Reports.

This system of night attendance has been in operation with us nearly three years, and I have found it a valuable means, not only of enforcing cleanliness and order, where previously only dirt and neglect had prevailed, but also of great moral effect in the governance of the Asylum. I confess I was somewhat startled at hearing this system of special night watching, characterised as a reckless project by a gentleman of Dr. Huxley's experience. In order to ascertain the difficulties which beset the system, especially as regards the time occupied in attending to the wants of the wet

and dirty cases, and also as regards the disturbing effects on other patients, I accompanied the night attendant last night on his first round (which I did without giving him previous notice), and found that he had twenty-five patients of the class who were the objects of his peculiar attention. In two cases the sheets were found wet, by soakage of urine, and they were, of course, replaced by clean ones, in fifteen cases the patients got up and performed the act of micturition; six of them owing to the great amount of paralysis, with which they were afflicted, were assisted in and out of bed, by the attendant; twenty-three of the patients so visited, were in single rooms, two only were placed in associated bed-rooms. The whole period of getting out these twenty-five patients, and performing those acts necessary to leave them in a state of comfort and cleanliness *occupied forty-six minutes*, and by the simple contrivance of list-slippers, and a little India rubber round the frames of the passage-doors, these visits were so noiselessly made, that not half-a-dozen patients, besides those specially visited, were at all disturbed.

Upon re-visiting those patients who had been subjected to what Dr. Huxley terms the "turning-out system," I was gratified to find that the "disturbing influences," to which they had recently been subjected, were at all events of a very fleeting character, and I am clearly of opinion, that all these and similar cases, are better off with their rest so disturbed four times every night, *with cleanliness*, than if they had been permitted to have "sound sleep and plenty of it," with *wet and dirty sheets next their skins*.

Moreover it will be found that enforced cleanliness by night, leads to habits of cleanliness by day, for the ordinary day attendants knowing that they must give up their patients at night in a cleanly state, do not find it any particular advantage to hurry their patients off to bed at improperly early hours. In the patients themselves, that irritability which long neglect of personal cleanliness engenders diminishes, and with it diminishes the necessity for those early hours of retiring to rest, which seem habitual to Dr. Huxley's patients; at all events to those six who were the subjects of his personal investigation, four of whom were found wet or dirty, so early as seven p.m.

"In conclusion, while I agree with you, that the subject of special night-watching is too important not to invite free discussion, I may remark that any observation respecting the internal economy, and management of Asylums, should be received with great respect, when falling from so experienced and successful a cultivator of the science of mental medicine, as Mr. Gaskell, whose accession to the Commission of Lunacy, ought to be a source of gratification to all professional men.

JOHN BUCK.

*Case : Extensive Disorganization of the Brain, with Paralysis, Epilepsy, Gout, and Albuminaria ; Recovery from Mental Alienation and Paralysis ; Eventual Death from Congestion of the Lungs, Hypertrophy of the Heart, Paralysis of the Pneumogastric Nerves, and Albuminuria ; Autopsy.*  
By D. F. TYERMAN, M.R.C.S., &c.

J—P—, æt. 42, marble-mason, a married man, was admitted on the 26th January, 1855, supposed to have been insane for fifteen weeks, the cause not accurately stated, and described as having manifested great defect of memory, incoherency, restlessness, and a tendency to wander, "recollecting neither persons or places," and "muttering to himself." Upon his admission he was pallid and debilitated, generally incoherent in conversation, but capable of giving a few rational replies. He said, "They gave me cross breath; I never smelt them in my life before;" but stated that he suffered a fit three months previously. The articulation was confused, a fact of which he was himself conscious, and to which he alluded. The right pupil was more dilated than the left.

My diagnosis was "brain disease, in association with convulsions, and consequent general paralysis."

A fortnight after his admission, he suffered an acute attack of gout, affecting various parts of the body, especially the hands, in the joints of which concretions had long formed, and the urine was highly charged with albumen. Alkaline medicines, with colchicum, afforded relief; and on the subsidence of the attack, he remained in a debilitated, infirm condition, and was associated with the paralytics, his deficiency of intelligence being apparently persistent and confirmed.

In the course of a few months, however—namely, by November of the same year—great general and mental improvement was manifest; he had not recently suffered from gout—to which, by-the-bye, he stated his father had been subject; the symptoms of paralysis were far less evident, and he was usefully employed in assisting the attendants in their ward duties.

In December this improvement continued; his time was fully and willingly occupied, chiefly in scullery work; and his conversation was rational, and disposition amiable. He had, however, suffered one epileptic fit, which was not succeeded by maniacal excitement, or more than very temporary mental disturbance.

1856, February. In the second week of the following February, he was again severely attacked with gout, and soon afterwards suffered two violent epileptic fits during the night, one arm being much bruised in his violent movements. Torpor, somewhat hurried respiration, and indisposition to converse, succeeded these occurrences.

On February 23rd, it was manifest that the lungs were fatally congested, and that the heart and kidneys participated in disease. The left side of the chest was almost motionless from paralysis of the respiratory nerves. Nevertheless, the patient was rational, the aspect of his countenance was intelligent, and he was perfectly conscious of his critical position, as proved by his observations to that effect. Wine and ammonia were administered. The respiration became more and more accelerated—very little air entering the gorged and paralysed lungs; and death resulted on the 25th, no impairment of the intelligence, beyond the ordinary comatose state just before dissolution, having been manifest.

Autopsy, on the following morning. Calvarium and bones of the head, pale and anæmic; the arachnoid membrane, translucent, entirely free from opacity; the subarachnoid cellular tissue (pia mater) infiltrated with a considerable amount of clear fluid raising up the arachnoid, in places, from the brain surface. The brain substance generally very pale and anæmic, very minute quantities of light-coloured serous blood flowed from the vessels on section, and the tissue was firm and somewhat tough. Near the outer surface of the middle lobe of

the right hemisphere, there was much old rusty degeneration, evidently the effect of a coagululum. There was much more extensive degeneration of the substance of the left lobe, the entire corpus striatum and thalamus of that side, with much of the surrounding tissue being destroyed; an extensive dark brown, rusty and irregular cicatrix, shewing the magnitude of the coagululum, which had been thrown out. The lateral ventricles were enlarged and contained about two ounces of clear fluid, and stretched across the left, was a tough band the residue of some powerful inflammatory action. There was a considerable amount of fluid at the basis cranii. The arteries of the brain were extensively degenerated by atheromatous deposit. Weight of the brain without the effused fluid, 45 oz. Both lungs and the bronchi intensely congested and gorged, blood and frothy mucus flowing freely on section. Heart greatly hypertrophied, weighing with the roots of the large vessels, 22 oz.; the left ventricle being  $1\frac{1}{2}$  inch in thickness. There was no valvular disease. Both kidneys granular and atrophied, the parenchyma having almost disappeared, the right weighing 2 oz. 3 dr., the left 2 oz. 4 dr. There was much congestion of the stomach. The bladder was full, but not distended, and the urine was loaded with albumen and gave an acid reaction.

*Observations.*—Subsequent to the decease of the patient, the friends have stated that, eighteen months before admission he suffered apoplexy, with convulsions, which stated antecedents fully receive their corroboration by the *post mortem* appearances.

In No. 13 of the *Asylum Journal*, page 201, I gave a short history of a case in which marked symptoms of general paralysis subsided on localization of physical disease in the lungs. In this case, however, not only paralysis (with the exception, I should say, of a right dilated pupil), but the mental alienation were recovered from, notwithstanding extensive structural brain changes. The absence of opacity of the membranes and comparative freedom of the cortex from disease, may be significant facts. This so-called insanity was evidently traceable to apoplexy, from degeneration of brain vessels, &c.; causes which probably produce a very different type of physical symptoms from such as result from the hereditary transmission of psychopathies, and other causes, which have been much longer and more gradual in their operations. The restoration of the locomotive, and other muscular powers, after the destruction of the left central ganglia is an additional fact to many already known and recorded, and which tend to throw doubt upon the received physiology of the brain, or, possibly, to prove that one portion of the organ may be complementary of another, whose functions are in abeyance from the encroachments of disease.

D. F. TYERMAN.

Colney Hatch, March 6th, 1856.

### *The Medical Certificates of Admission Papers.*

Many of our readers are aware that the Commissioners in Lunacy assume the right to determine whether the documents, upon which patients are admitted into Asylums, are formal and correct, or otherwise; and that of late they have required many medical certificates to be amended in consequence of the facts upon which the opinion of Insanity was founded, having appeared to them vague and insufficient. This authority appears to be exercised in default of any sanction given by Act of Parliament, even in cases where the informality of the papers is obvious and unquestionable.

A Commissioner can render an amended paper valid by giving it his approval, but the Lunacy Acts contain no clause, giving to any persons the power to insist upon the amendment of informal admission papers, either for the inmates of public or private asylums. The only real remedy for such informality at present, appears to be in the Court of Queen's Bench. Doubtless, the Lunacy Law is defective in this respect, since in so important a matter the Commissioners in Lunacy would not, without need, have assumed an authority for what they have no legal sanction. In any future amendment of the Lunacy Statutes, this defect may perhaps be amended; but in the meanwhile it is most desirable that the requisitions of the Commissioners should be strictly limited to an obedience to the forms of the Statute. In many instances of objections they have made to the sufficiency of the facts, observed by the certifying medical man, this limit does not appear to have been preserved. The statutes require [sec. 75 Asylums Act, sec. 10 Amended Private Asylums Act] that the certifying medical man shall specify in his certificate "the facts upon which he has formed his opinion," "distinguishing facts observed by himself from facts communicated to him by others, and no person shall be received into any asylum, under any certificate, which purports to be founded only upon facts communicated by others." The intention of this provision appears to us plain, namely: that the medical man shall certify, in the capacity of a witness, and not as one estimating the evidence of others. The law, however, wisely leaves to the medical man the widest latitude as to the observed facts upon which he may form his opinion, and allows them to be corroborated by the testimony of others; and it would be difficult, in a court of law, to impugn on this ground, the validity of an admission paper, in which the medical man had stated *any two facts* observed by himself, as circumstances which had tended to produce in his mind the opinion that the patient was insane. The statute requires the certifying medical man to have certain professional qualifications, as a guarantee that his opinion is not an ignorant one; moreover, the common law makes him responsible for his acts, by rendering him liable to action if he certifies ignorantly or erroneously. It is certain that the Commissioners in Lunacy are in no way responsible for his opinion, or its expression. It is to be borne in mind, that with pauper patients the opinion of the certifying medical man is only made operative by the agreement therein of a Justice of

the Peace, arrived at by personal inspection ; and that in the case of all patients, it has to be verified within seven days after admission, by the report of the Medical Officer of the Asylum to the Commissioners in Lunacy. Thus, if the certifying medical man has formed a wrong opinion upon facts badly observed, ready means are provided to avert or cure the consequences of his error.

The Commissioners are of opinion that the statute admits a different interpretation to the one above given, and that the facts stated to have been observed by the certifying medical man, ought to be such as not only to enable him to form an opinion thereon of the patient's insanity, but such also as to suffice to other persons as proofs of insanity. We cannot read the Act of Parliament to mean this; but if such be its meaning, it will be an extremely difficult one to satisfy. The record of a few isolated facts cannot possibly establish the proof of insanity to any person disposed to question their validity. Nothing less than a full and detailed report of the patient's mental and physical condition would suffice for this purpose, and even this would often be inadequate. If the signs of insanity were so well recognized, that to prove the existence of a few facts was equivalent to the proof of insanity, lunacy trials would assume a different aspect to that which they possess. Medical men, moreover, are not less at variance than lawyers on this question, and, although they are generally competent to recognise the existence of the disease, very few are equal to the task of demonstrating the fact to other minds.

If the Commissioners continue to insist upon medical certificates being so drawn as to convey to them a sufficient proof of insanity, it will be essentially requisite that they should determine and make known the nosological symptoms and definitions, upon which medical men will be safe to act. Such an authorised nosology of insanity, would direct medical men drawing certificates, and guide the officers of asylums, in the admission of patients. The latter object especially is of importance to the members of our Association, for the latitude which it has become the custom to take, in the amendment of admission papers (under sec 87, of the Asylums Act, and sec 11 of the Private Asylums Act) is by no means justified by the letter of the statute. It has become the custom to admit patients, on papers known at the time of admission to be informal, on the understanding that the papers would be amended; a custom which has received no discouragement from the Commissioners. Now the



clause which authorises the amendment of papers applies only to such incorrect or defective orders, or certificates, as shall appear to be such, "after the reception of any lunatic into any asylum," and would not save any medical officer from the responsibilities and penalties of knowingly admitting any patient upon defective papers. It is of the utmost importance therefore, that medical officers should know beforehand, all the points in which admission papers are capable of being incorrect or defective.

The views above expressed respecting the validity of medical certificates, we have at length supported by declining to take any steps to procure the amendment of certificates which we felt convinced were without legal defect. The question has been brought to issue under the following circumstances. M—— A—— and C—— L——, two female patients, suffering from mania, were admitted into the Devon County Asylum, on the 3rd of September, 1857, upon the following medical certificates:—

COPY.] Sched. (F.) No. 3.

I, the undersigned, James Malachi Madden, being a Member of the Royal College of Surgeons, London, and being in actual practice as a Surgeon, hereby certify, that I, on the thirty-first day of August, at her lodgings, Ballast Quay, in the parish of St. Leonard, in the County of Devon, personally examined M—— A——, of Broadclist, a domestic servant, and that the said M—— A—— is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:

1. Facts indicating insanity observed by myself; Irritation of the brain, with severe pain in the upper part of the head.

2. Other facts (if any,) indicating insanity communicated to me by others; Incoherency of talking, using horrible expressions, wandering about night and day, abusing every person (informed by the nurse in attendance.)

(Signed,) (Name,) JAS. M. MADDEN,  
(Place of abode,) *Heavitree, Exeter.*

Dated this third day of September, one thousand eight hundred and fifty-seven.

COPY.] Sched. (F.) No. 3.

I, the undersigned, James M. Madden, being a Member of the Royal College of Surgeons, London, and being in actual practice as a Surgeon, hereby certify, that I, on the second day of September instant, at her mother's house, in Heavitree, in the county of Devon, personally examined C—— L——, milliner, and that the said C—— L—— is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:

1. Facts indicating insanity observed by myself; Improper and foul expressions, such as "bloody hell" and "cut throats," epilepsy 9 years ago.

2. Other facts (if any,) indicating insanity communicated by others; False impressions, and occasionally violent, and roaming about (informed by the mother.)

(Signed,) (Name,) JAS. M. MADDEN,  
(Place of abode,) *Heavitree, Devon.*

Dated this third day of December, one thousand eight hundred and fifty-seven.

On the copies of these admission papers being sent to the Office of the Commissioners in Lunacy, they were returned to the Clerk of the Asylum, with the facts observed by the medical man, underlined with red ink, and marked "too vague," "improper expressions no proof of insanity." On this we directed the Clerk to return them to the Commissioners with the following letter :—

COPY.]

Devon County Lunatic Asylum,  
(A) Exminster, 22nd Sept., 1857.

M— A— C— L—

Sir,—I am desired by Dr. Bucknill to return you the enclosed admission papers, and to communicate to you his opinion that he was justified in admitting the patients upon them, since the facts stated, as observed by the Certifying Medical Practitioner, appear to him fully to satisfy the requirements of the act.

I am, Sir, your obedient Servant,

(Signed,) WILLM. MORGAN, Jun., Clerk.

To John Foster, Esq., Secretary Commissioners in Lunacy.

To this the following reply was returned from the Commissioners' Office :—

COPY.]

Office of Commissioners in Lunacy,  
10, Whitehall Place, (S.W.,)  
(B) 23rd Sept., 1857.

M— A— C— L—

Sir,—I am directed by the Board, in reply to your letter of the 22nd inst., to state that they retain their opinion, that the certificates relating to these patients are not such as legally justify their detention in the Devon Asylum; and they request that this opinion may be kept in view, in case any proceedings should be taken hereafter in reference to the subject.

I am, Sir, your obedient Servant,

(Signed,) T. BARLOW.

Mr. Wm. Morgan, County Lunatic Asylum, Exminster, near Exeter.

The circumstances and correspondence having been brought before the Board of Visitors at their next meeting, the following resolution was passed, and there the matter at present rests.

"A correspondence having been laid before the Committee, between the Commissioners in Lunacy and the Clerk, relating to the certificates in the cases of M— A—, and C— L—,

"Resolved : that in the opinion of the Visitors, the certificates appear to be correct ; and the patients being of unsound mind, the Visitors do not consider it their duty to discharge them."

J. C. B.

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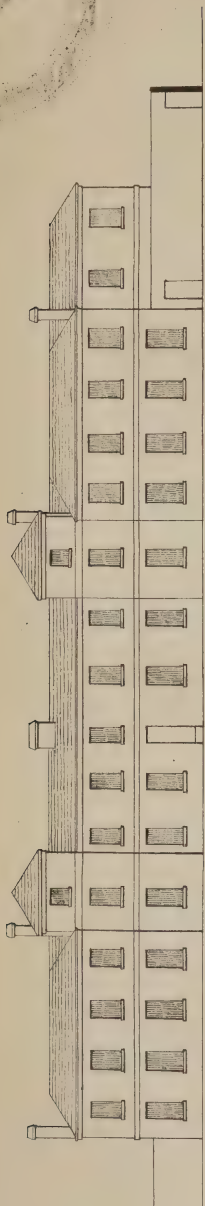
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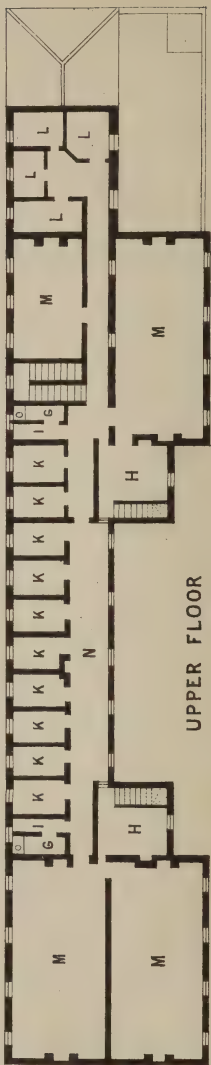
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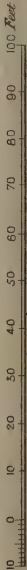
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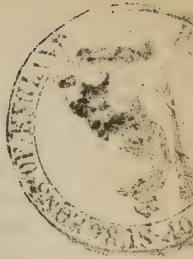


UPPER FLOOR



GROUND FLOOR





# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

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APRIL, 1858.

No. 25.

*Description of the New House at the Devon County Lunatic Asylum, with Remarks upon the Sea Side Residence for the Insane, which was for a time established at Exmouth.*

REFERENCES TO THE LITHOGRAPH OPPOSITE, WHICH ILLUSTRATES  
THE NEW HOUSE.

- |                         |                |                           |
|-------------------------|----------------|---------------------------|
| A. Day Room.            | aa. Ante-room. | H. Attendants Rooms.      |
| B. Eating Room.         |                | I. Lavatories.            |
| C. Bath Room.           |                | K. Single Sleeping Rooms. |
| D. Kitchen.             |                | L. Double Sleeping Rooms. |
| E. Larder and Scullery. |                | M. Dormitories.           |
| F. Offices.             |                | N. Corridors.             |
| G. Water Closets.       |                | O. Court.                 |

In the thirteenth number of this Journal, May, 1855, we published an article on the accumulation of chronic lunatics in asylums, in which we recommended that further accommodation should be provided when needful, not by enlarging the existing buildings, but by the erection of distinct houses built on a simple plan, retaining as much as possible the ordinary arrangements of English homes. We recommended this arrangement on the experience derived from the occupation by patients of two small houses originally built for offices; these small houses or cottages, as they are called, are cheerful and homelike, and patients much prefer residing in them to the wards; their efficiency for the accommodation of tranquil patients and the simplicity of their construction, led us to advise on the score of economy, that further accommodation for chronic patients should be provided by establishing lunatic colonies, the cost of which we calculated "at the rate of £48

for each patient, or from one-fourth to one-seventh part of the relative cost per head, at which county asylums have been erected."\*

This opinion has been subsequently adopted both by the English Commissioners in Lunacy, and by the Irish Inspectors of Asylums, both of which influential bodies have, in several of their recent reports, strenuously recommended the increase of asylum accommodation, by the erection of detached houses of an inexpensive and simple construction.

In the early part of the year 1856, the unsatisfactory condition of the pauper lunatics belonging to the borough of Plymouth, decided the Commissioners in Lunacy to urge their admission under contract into the Devon asylum; the wards of this asylum, were, however, at the time, already overcrowded, and additional accommodation was contemplated. To meet the appeal for the immediate admission of the Plymouth patients, a large house on the sea coast was taken, to which quiet and convalescing patients were transferred during the erection of the new buildings. Of this branch asylum at the sea-side we shall have more to say presently, it is mentioned here only to shew in what manner the redundant population of the asylum was temporarily disposed of.

Mr. Hayward, the experienced and accomplished architect for the county of Devon, in preparing his plans for the new building, adopted our opinions in rejecting the stereotyped forms of existing asylums, which, originally resulting from the conversion of monasteries with their cells and cloisters, have to the present time been copied with servile imitation. Although the numbers for whom it was desirable to build, rendered it impossible to use the home-like dimensions of the cottage wards which we had found so agreeable to the patients, the preference of rooms to long galleries was maintained; and, so far as we are able to judge, with the best results, both in regard to economy of construction and efficiency of arrangement.

\* The cost, per patient, which had been incurred in the erection of county asylums, was stated in the Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor (published 1844) to be as follows:—Bedford County Asylum, £114 per patient; Chester, £184; Cornwall, £109; Dorset, £130; Gloucester, £162; Kent, £213; Lancaster, £170; Leicester, £180; Hanwell, £160; Norfolk, £127; Nottingham, £240; Suffolk, £177; Surrey, £237; Yorkshire (W.R.), £111. The average of the whole gives the sum of £172 17s. per patient. Many asylums have been erected since the publication of this report, at an average expense, probably above, rather than below, the average of the preceding. If some asylums, as those for Bucks and Hants, have been economically constructed, in others (for instance in the Derby and Colney Hatch Asylums), the costly magnificence of architectural arrangements have greatly exceeded that of any of the older structures.



The building is of brick, without relief or ornament of stone, except free stone window sills. It is externally as plain as possible, but the line is so broken by the projecting towers, which contain six useful rooms, that the appearance of the whole is decidedly agreeable and in good taste. The original plan contemplated the union of the two towers by means of a veranda, with glass roof and moveable glazed front; an appendage to the building which would have been highly ornamental, and which would have provided the patients with a pleasant covered promenade. When the plans were submitted to the Secretary of State for his approval, this veranda was unfortunately objected to by the Commissioners in Lunacy, who, not aware that it was proposed to construct it of glass, thought that it would darken the lower story of the building, and add needlessly to the cost. We are able to state, however, that when the Visiting Commissioners saw the building, they regretted that this objection had been made. Its absence certainly detracts from the light and graceful effect which the exterior of the building would have had if the original plan had been completed; and in our opinion, the utility of an atrium, even if it is only a good sized porch, is beyond doubt. It promotes the equability of temperature, and the cleanliness of the house.

The site of the new building is at the back and at one side of the asylum, from which it is separated by the pleasure grounds. Its aspect is east by south, and it commands one of the most noble views in the county.

The internal arrangements are as follow: all the living rooms are on the ground floor. With the exception of ten sleeping rooms and one small dormitory on the ground floor, and the two four-bedded dormitories on the third floor of the towers, all the sleeping accommodation is on the second floor. The area needed for sleeping accommodation being greater than that required for day accommodation, made it requisite to apportion part of the ground floor to sleeping rooms; and this arrangement is found convenient, since it allows the use of sleeping rooms in close proximity to the day rooms to some infirm persons who do not lie in bed all day, but to whom the easy access to bed rooms and the avoidance of stairs is desirable. It also enables the attendants, while engaged in their day duties, to give the requisite attention to certain patients occupying their bed rooms partially or wholly during the day.

The sleeping accommodation for patients consists of twenty single rooms, four two-bedded rooms, three four bedded rooms, three rooms with seventeen beds, and one with nine beds, total

one hundred. Three good rooms are left in the towers for attendants, capable of accommodating two each. These are arranged with an entrance from the passage and another from the larger dormitories. From the latter they are separated by a door with panels, which instead of being boarded or glazed, are occupied by sheets of perforated zinc. Through this the attendant can not only see, but hear what is going on in the dormitory. A glazed door interrupts sound even more than a wooden one; but perforated zinc permits the slightest sound to be heard through it. As far as the guardianship of the patients is concerned, this arrangement is equivalent to the attendants sleeping in the dormitories. Formerly we endeavoured to induce the attendants to sleep in the patients' dormitories, as they do in Scotland, and in some private asylums receiving pauper patients. The plan, however, did not answer, and was given up. The attendants whom the physician of an English county asylum endeavours to secure and retain, are above the social position of the great majority of the patients, and without being fastidious in their habits, are not likely to submit to sleep in the large dormitories of the insane poor. An attendant, who could feel no repugnance at thus sacrificing all privacy at night, would not probably be worth much in the moral management of the patients during the day time. The arrangements we have in the New House for the sleeping accommodation of the attendants meets this difficulty in a satisfactory manner, and avoids the necessity of a special night watch.

The day accommodation comprises: 1st, A noble room, 40 feet square, with an ante-room, 13 ft. 7 in. square. This is the general living room, in which the patients pursue their occupations and amusements; it is the substitute for the long corridors so general in asylums. 2nd, A smaller room for meals, 40 feet by 19 feet. This, although at present used as a day-room, will be arranged and used entirely as an eating room, with three longitudinal rows of tables, and a carving table in the centre. It is close to the kitchen and the offices, and its use as an eating room alone, will keep the living rooms free from the smell of the cooking and cooked food, boiling cabbages, &c. As the boarded floor of an eating room is apt to be soiled with grease and other matters, and as it is desirable to avoid the necessity of scrubbing it once, or oftener, every day, the floor of this room has been laid down with *kamptulicon*, painted like a floor cloth, with a cheerful pattern. It is said, that unlike floor cloth, which tends to the production of dry rot, this material is no way injurious to the

timber of the floors; its cost, 4s 6d a yard square, is more than that of floor cloth, but it is said to wear much longer; it is particularly agreeable in use, being elastic and silent to the tread, and the shuffling noise produced by many feet is quite lost upon it; it is a patented composition of caoutchouc and cork shavings.

In addition to the day room and the dining room, the day accommodation of the patients is increased by the passages between the towers being widened into corridors, 53 ft. 8 in. by 8 ft. 6 in. These, warmed like the day and dining rooms, with stove fire-places, and provided with suitable furniture, offer an extension of foot-space, and prevent the monotony of constant residence in one room, and the possibility of crowding. The lower corridor is, in this respect, a valuable adjunct to the large day room. The upper corridor is a most useful outlet to the dormitories, and will be furnished with washing stands, cupboards for clothing, settees, &c.

The walls of the large day room are panelled to a height of 4 feet 6 inches, those of the dining room to a height of 3 feet 6 inches; the latter is rather too low.

The day room is heated by four fire-places, and the dining room and corridors by four others of a peculiar construction, the idea of which was taken from the stove fire-places, common in railway stations. Instead of being built into the wall, these fire-places project 9 inches. External to the fire-place is a cast-iron casing, with gratings above and below, and an interval between it and the immediate casing of the fire-place. Cold air enters at the lower grating, and coming in contact with the heated internal casing, becomes rarified and light, and enters the room from the higher grating, having to some extent, the effect of a stove upon the air of the room. But, inasmuch as the flue is the full size of the open fire-place flues, the want of ventilation felt in rooms heated by stoves is not experienced. The fire-place, moreover, being perfectly open and unprotected, except by a light nursery fender, gives that cheerful friendly aspect of an English fireside, of which stove-heated and steam-heated rooms are so greatly deficient. We feel justified in strongly recommending these stove fire-places for use in asylums. With the fender, they cost £6 10s. each.

The bath room is at the back of the kitchen, and a boiler is so connected with the kitchen range, that hot water for a single bath is always ready. To provide a supply of hot water when numerous baths are wanted in succession when the patients take their weekly ablution, a distinct furnace with a

saddle shaped boiler and an iron reservoir containing several hogsheads of hot water is provided.

The bath room contains a shower bath, the door of which is panelled with thick plate glass, to provide for the observation of the patient during the bath. The sides of the bath are open to admit air freely, and arranged so that the patient may administer the bath to herself, if disposed to do so.

One double and three single water-closets are provided, together with an outside privy. The closets act upon the pressure of a button, the self acting apparatus connected with doors and seats being thought superfluous when the accommodation of this kind is sufficient. We do not think that it is for the moral advantage of patients that their ordinary duties of decency should be provided for by mechanical contrivances; and when the closets are sufficiently numerous and well ventilated, an occasional act of forgetfulness is of trivial importance.

The windows are on the sash construction. The size of the panes 1ft. 9½in. by 1ft. 7½in. It would perhaps have been better to have had them one inch narrower. The sashes are capable of being thrown fully open, there being no stops to prevent their action; an useful arrangement, however, prevents their being opened or closed at the caprice of the patients. It is obvious that windows, unprotected by wire guards or bars, ought not to admit of being opened for the purposes of escape, or at night in mere caprice, endangering the health of the patients by exposure. To prevent this, a small mortice lock is fixed in the style of the sash; opposite to this slot holes are cut into the style of the sash frame at certain distances, indicated by an external mark; when the sash is raised so that the lock corresponds with one of these slot holes, the bolt of the lock being thrown out by the key, fixes the sash in the desired position; thus the sash can be locked fully down or fully up, or four inches open, enough to give ventilation without permitting a patient to pass through, or one half open.

The kitchen and its offices require no remark, except that they are conveniently situated in proximity to the dining room, and are shut off at one end of the building, so as to prevent the diffusion of cooking smells through the house. The large room marked as Offices was provided, with the idea that some portion of the washing might be done in it, as it was the intention to make the new building as independent as possible of the old asylum. The character of the patients, however, whom we have thought right to select for the occupation of the new house, renders it im-

probable that this part of the intention will be carried into effect; the patients in an asylum who usually stand at the wash-tub and at the ironing table, are those who have the greatest amount of physical health and vigour, the laborious nature of the employment rendering it needful that it should be so; these strong and robust patients are more or less noisy and turbulent, and it is not with such that we have thought it right to occupy the new house.

It remains to state that the building has been well and substantially constructed, under a contract for the sum of £3,349; £150 has been spent in building extras, in leveling, and in the rent of road for the carriage of materials; stoves, gas, and other fittings, have cost £351; making a total of £3,850, or £38 10s. per patient.

It is to be remarked that this sum does not include the cost of land. We have estimated the proportion which the cost of land bears to county asylums, and, excluding those novel instances where a large farm is attached to an asylum of medium size, as in the North Riding and in Hampshire, we find the cost of land to bear the proportion of about one-twelfth part.

The New House, moreover, is devoted exclusively to patients with their more immediate attendants, and is dependent upon the old asylum for the residences of officers, for chapel, dispensary, store-rooms, &c. It is difficult to estimate the proportion which these needful adjuncts to the wards of a complete asylum bear to the expense of the whole building; they can scarcely, however, be estimated at so high a figure as one-eighth of the whole; this, added to the estimated cost of land, would give about one-fifth of the cost of county asylums, which does not find its representation in the building above described. One-fifth added to its cost would make the total £4,620, or £46 4s. per patient; a sum so immensely below the cost of accommodation provided for the poor insane in the most economically constructed county asylums, as to allow a wide margin for any objections which may be urged respecting the insufficiency of our estimates for land and offices, and still to leave the fact incontrovertible, that the principle of construction adopted in this new building has the important recommendation of great economy.

The new house is, as yet, but partly occupied. The walls are bare, the painting unfinished, and the general arrangements incomplete. It is, however, in a condition to convince us that it is a cheerful and efficient asylum building. It has been built upon the plans and under the superintendence of Mr. Hayward, of Exeter, the county architect.

*The Branch Asylum at Exmouth.*—We have alluded above (p. 318) to the establishment of an asylum on the sea coast, in order that the Plymouth patients might be admitted without delay during the erection of the new building. The Court of Quarter Sessions having sanctioned the proposal that a large house should be rented for this purpose, we selected the mansion of the late Sir Henry Brown, situated about a third of a mile from the town of Exmouth, and overlooking the glorious scenery of the South Devon coast. The house was separated from the adjoining one by a carriage drive, and was provided with walled gardens in front and behind. The two houses to the further side were unoccupied, and had been so for two years. The transference of the patients was effected on the 3rd of August, 1856. On the completion of one-half of the new building, they were removed back to the Asylum on the 4th of November, 1857. The largest number of patients accommodated at one time in this branch asylum was forty-two. It was conducted under our superintendence, by Mr. J. P. Symes, as resident medical officer, and to the care and discretion of his management its entire success is greatly due.

The experience derived in the establishment of this branch asylum afforded us instruction upon, first, the ignorance and the prejudices which still exist in the public mind with regard to the insane, and the readiness with which they yield to a better knowledge of the phenomena of a condition to which all men are liable, and with which all men ought to sympathize and pity; and secondly, the important hygienic and moral influence of sea-side air upon the debilitated energies of the insane.

When the house in Trefusis Terrace was first occupied as a pauper asylum, the inhabitants of Exmouth were greatly alarmed. Meetings were held; petitions, couched in strong language, were forwarded to the Secretary of State, and a deputation waited upon the Visiting Justices, to expostulate with them upon the injury they were permitting to be inflicted upon the town. The objections stated simply, were these: That the existence of a *pauper* lunatic asylum at Exmouth would prevent invalids and tourists visiting the town as a marine watering place; that the hotels and houses let as lodgings would be unoccupied; that the value of house property would be greatly deteriorated; that the residents would be distressed and terrified by painful scenes, and that in taking their usual walks upon the beach and the sands, they would be in danger from the violence of the patients whom they would meet.

The Secretary of State, wisely advised by the Commissioners in Lunacy, replied to the petitioners, that their prayer was unreasonable. The Visiting Justices assured the deputation that their fears were unfounded, and that, moreover, the branch asylum was only a temporary expedient, which would be discontinued as soon as the new buildings in connection with the county asylum were completed.

The manner in which the apprehensions of the townspeople were allayed, and their prejudices disabused by a short observation of insane life, was most creditable to their judgment and humanity, and gives us great pleasure to record. It was found that tourists ignored the existence of the small asylum; and that the seasons of 1856 and 1857 were, as it happened, unusually prosperous to those who kept hotel and lodging houses; that the expenditure of the asylum in fact, brought a great deal more money into the town than it kept out of it. It was found that the asylum was a quiet and well conducted household. The next neighbour, a kind hearted gentleman, who had declared from the first, that he entertained no fears or dislikes, assured his friends that from the absence of any annoyance which he experienced, he should not have known that his new neighbours were not a quiet private family. So far from deteriorating the house property, the two adjoining houses on the further side of the asylum which were close to it, which to some extent overlooked it, and were overlooked by it, after having been vacant two years, were taken and occupied soon after the establishment of the asylum by two clergymen, old residents of the town. The nearest house indeed was actually taken by the rector of the parish, who had presided at the meetings held to oppose the establishment of the asylum; so entirely did the real quietude of insane life change the opinions of those in whom the vague apprehension of an unknown evil had been most lively.

After the first nine days wonder, during which the patients were stared at and followed by little children, and avoided by greater ones, they became free of the shore without exciting comment or attracting much notice. They took their daily walks along the sands, picking up shells and weed left by the retiring tide, or they explored the rock pools for anemones, side by side with other idle folk. Some people took interest in them and talked to them kindly, and some accomplished and travelled ladies, who spent the winter of '56 at Exmouth, and who often conversed with the patients, assured us that the liberty and enjoyment of these poor people, was the most pleasant thing they had seen in the place. A clergyman, the head

of a well-known school situated within 50 yards of the asylum, in which the younger scions of the best families in the county are educated, who had entertained great fears lest the patients should be obnoxious to his pupils, took occasion to express to the medical officer, the entire misapprehension he had laboured under, and the fact that the sight of the patients in the enjoyment of so much liberty and happiness was truly agreeable to him, as, indeed, it must have been to all kind and generous hearts. This gentleman has recently assured us in the most frank manner, that although no one was more alarmed than himself at the establishment of the Branch Asylum, from the recollection of painful scenes he had witnessed in an asylum which he had visited many years ago, yet he never experienced the slightest annoyance from the proximity of our patients; and that "if ever again it was proposed to send them or others, he, at least, should make no objection, but that he should be glad to think that those who deserve our pity so very truly, have an opportunity of gaining health of body and mind from this excellent air and cheerful sunny place." From the many tradesmen and persons of lower rank, with whom we conversed on the subject, we heard but one opinion, namely, that the opposition to the asylum was a mistake, and that they should feel regret when the time came for its removal.

The following is the report made in the Visitor's Book, by the Commissioners in Lunacy, in September last.

Exmouth, 17th September, 1857.

"We have officially visited this establishment, which at present contains 41 female patients. They all appear to be in good bodily health, and they present a most comfortable and satisfactory appearance. We learn with pleasure that during their residence here, the general conduct of the patients has been most orderly, and the experiment of removing them from the County Asylum, and placing them in an ordinary dwelling house has been entirely successful. Although the staff of attendants has been very small, consisting only of two nurses, a housemaid and a cook, no disturbances or difficulties have occurred, nor has any part of the house been injured in the smallest degree. The establishment is superintended by Mr. Symes, and its condition is creditable to his skill and judgment. The patients have various means of occupation within doors, and all those who are able are taken out for walks on the sands. We are glad to learn that the prejudice, which at first existed against the residence of the patients in this house, has entirely disappeared, and that they



are not molested in any way, nor have any further complaints been made by the inhabitants.

Very little sickness has prevailed, and no death has occurred. Altogether we have been much gratified by our visit. We are of opinion, that the step taken by the Visitors in removing their patients, has been one quite in the right direction, and we doubt not the successful result will go far to remove the prejudices, which are but too prevalent in reference to the insane.

W. G. CAMPBELL, } Commissioners  
S. GASKELL, } in Lunacy."

*The hygienic and moral influence of the sea-side upon the patients was most salutary.* The Commissioners in Lunacy have long recognised the beneficial influence, which sea air has upon the physical health and mental condition of the insane, and under their advice, private patients whose friends can afford the expense, are frequently sent to reside at the coast, and the proprietors of the best private houses, take houses at retired watering places, to which they transmit relays of patients for the benefit of sea air and change of scene. The experience derived in the Exmouth asylum, fully confirmed this favourable opinion of the influence of the sea side upon the condition of the insane. It was a matter of constant observation that the appetite improved, the patient acquired flesh and strength, the sleep became sound, and the irritability of temper and disposition was greatly ameliorated. This occurred in chronic patients, in whom cure was not to be hoped for. In more recent cases the improvement which took place in the physical health, under the tonic influence of the sea air, progressed rapidly in many instances to complete and satisfactory cure.

It is not easy to say how much of this benefit was due to moral, and how much to physical causes. To most persons the sea-side is full of interest. The varied aspect of the waters in bright and dark weather, in storm and calm ; the beautiful scenery of coast landscape ; the fisherman's boats and the great ships ; the sea fowl and the porpoises ; the flora and fauna of the shore, make up a whole, delightfully attractive to the observation. It is certain that these objects of interest were the source of much enjoyment to our patients, and that in attracting their attention to nature, under one of its most engaging aspects, they exercised a moral influence of the utmost service in the amelioration of the mental state. The insane are vastly like children, and where are children so happy as on the sea shore ?

But the physical influence of the shore is still more unquestionable and powerful. Some few there are with whose health it does not agree, as there are some men who cannot digest mutton; but with the great majority the sea-breeze exerts a powerfully tonic influence. It is tranquilizing and invigorating, it makes one feel both lazy and hungry. It promotes sleep; the highest climax of sound sleep under difficulties which the imagination of the great dramatist could invent, was that of the ship-boy rocked on the giddy mast. If any one doubt the hygienic influence of sea air, let him look at the dirty, ill-fed children of sea-port towns, and their prolific ichthyophagous parents. Does physical health anywhere else acquire such robust vigour on such meagre food? Let him contrast the common sailor, fed upon hard biscuit and salt junk, with the common soldier, whose fresh boiled meat, although monotonous enough, is, by comparison, luxurious. The soldier rots into consumption, at a rate which has recently excited the astonishment and the anger of the public. The sailor is the type of physical hardihood and health; his muscles are so firm, that it is said, the Chinese gunpowder is not quite strong enough to drive a bullet through them; while the temper which results from this state of health, is so jovial, that in his excesses he is a "chartered libertine," on the plea that he cannot help it.

Does the sea air contain more *ozone* than that on land?

Whether this be so or not, and whether it affords the correct explanation of the influence which sea air exerts upon the insane, it is certain from our experience at Exmouth, and from that which has been communicated to us by others, that the sea air acts as a most potent tonic, in those conditions of insanity in which there is debility, or irritability of the mental functions, accompanied by an enfeebled state of the physical powers. These numerous cases are exactly those upon which medical treatment has the least effect. In the more rare instances of sthenic insanity, depressing remedies at the ready command of the physician, need no hygienic assistance. But when the shattered powers of life need to be carefully husbanded, medicines are often of little worth in comparison with the impalpable but invigorating influences of the air we breath. On these grounds, we know of no remedy which we should recommend, more generally and with greater confidence to the sufferers from mental disease, than residence at the sea side.

J. C. B.

*The Practice of Surgery, in connection with the treatment of Lunacy.* By D. F. TYERMAN, Esq., *Medical Superintendent of the Middlesex County Lunatic Asylum, at Colney Hatch, (Male Department.)*

Every practical alienist will admit the great importance of the application to his specialty of the principles of Surgery, inasmuch as those corporeal defects and casualties, which are often connected with, and are prone to result from disturbance of the mind, the "noble guest of the flesh," must have forced themselves upon his attention in a multitude of his cases.

Constitutional diseases of the lungs, and other internal organs, and general blood dyscrasia, are doubtless the more ordinary associates, and perhaps final causes, of the psychopathies; but, not in a few instances, dislocations, fractures, and numerous other injuries, are the starting points to which may be traced the poverty eventuating in the insanity of the artisan; or, especially when the "golden bowl is broken," the immediate origin of the sad train of mental symptoms with which he is required to contend.

The subject is one of very wide import, and more especially in the mining districts; and, amidst the excitements of this swelling metropolis, is constantly forcing itself upon all engaged in the practice of lunacy.

Among the four last admissions at Colney Hatch, on Feb. 9th, were two men, the subjects of surgical affections; one of old dislocation of a knee joint; the other of old dislocation of the femur upon the dorsum of the ilium,—both of many years' duration. Wounds of the throat, of greater or less severity, and of various other parts of the body; fractures of the ribs, and of the bones of the extremities, have not unfrequently complicated the cases on admission; and the well-being of the patient has repeatedly been found to be intimately connected with the proper management of those surgical accidents.

I propose to commence this paper with a description of some of the more grave casualties which have fallen under my notice and treatment, and then to refer to the less important, but frequently troublesome, surgical complications which beset the practical pursuit of this branch of the profession.

The abodes constructed for the insane being generally, for many and wise reasons, isolated from the mass of the population, the medical aid of the Superintendent is liable constantly to be sought in cases of emergency taking place in his neighbourhood; and I will first relate an incident which has just occurred to me under the circumstances alluded to.

On Tuesday evening last, at half-past nine o'clock, I was summoned to the hotel of the village of Colney Hatch, to attend a man said to have wounded his throat. Provided with my instruments I proceeded immediately, with my colleague, Mr. Marshall, who was at my residence, to the house, and found an aged man in a state of syncope, with a desperate wound across the throat, extending from the left sterno-mastoid muscle to the opposite side, the left-external carotid artery and several of its branches being severed, and the trachea also completely divided, between the thyroid cartilage and the hyoid bone. The expired air passed freely from the cut tube, a valvular adaptation of the divided integument compelling its ingress into the lungs through the nostrils, the mouth being closed. The enormous hæmorrhage had for the moment ceased; the countenance was ex-sanguine; the respiration slow and deep; the wrist was pulseless; the axes of the eyes were divergent; the pupils insensible to light, the right being directed upwards and outwards, and the left nearly forward: all consciousness being lost.

I decided on cutting down upon the left common carotid artery, which was found to be feebly pulsating; and, with the assistance of Mr. Marshall, I exposed that vessel by incisions, commencing at the edge of the self-inflicted wound, the wretched light of three unsnuffed dip candles compelling me to use the sense of touch rather than of light in the steps of the operation. Whilst endeavouring to pass, with the aneurism needle, the ligature around the vessel, avoiding, at the same time, a cardiac nerve in close contact with the outer wall of its coats, my colleague called my attention to the collapsed countenance of the patient, who immediately died.

The body not being immediately identified, the coroner's inquest was delayed for nearly a week, when the following depositions were taken and verdict announced.

Hannah Cooksley: "I live in Chapel street, Pentonville, and the deceased was my husband; he was 68 years of age, and by trade a slater. He had been ill with rheumatic gout

for some years, and he has been in a desponding state from losses and disappointments in business. He was never under confinement as an insane man, nor has he had medical attendance for some years. I saw him last alive on Tuesday morning (the day of the occurrence) and on my advising him not to drink, as he did the previous evening, he spoke so sharply to me that I felt hurt. His appetite was bad, and he would eat nothing for days together. He smoked his pipe on Tuesday morning and went out, not stating where he was going, at half-past one. I was uneasy when he went out, on account of his feebleness, and I sought for him in the neighbourhood, but could hear nothing of him. He had never threatened, or made any attempt on his life before. I recognize the table knife produced as belonging to me, and he must have carried it away with him."

The waiters of the hotel, and other witnesses, deposed to the facts of deceased having taken a small quantity (half-a-quartern) of gin with water, and having smoked a pipe at the hotel; to his feeble state, and to his being found in a closet with the throat wounded. On my own evidence being taken, and having expressed my conviction that no other person than the deceased was implicated in the act, a verdict was returned to the effect that deceased destroyed himself, being at the time of unsound mind.

Had a post mortem examination been directed by the coroner, I should have expected to find evidences of a rheumatic affection of the heart, atheromatous degeneration of the aorta and cerebral arteries, with softening of the white central portions of the brain.

This case naturally and powerfully reminds me of two analogous cases, occurring however in Asylums, which have fallen under my notice and treatment, successful in one, and partially so in the other instance. These appeared as records of surgical cases, in the journals of the day, but again referring to the original notes, I will describe them as briefly as possible.

In August, 1834, a gentleman, W. C. H., aged 35, of large frame and great muscular power, whilst under treatment for delirium tremens, merging into maniacal insanity, seized a sharp worn down table knife, the blade of which was five inches in length and double edged towards the point, and plunged it into the right side of his neck beneath the lobe of the ear, severing the external and probably the internal carotid artery, internal jugular vein, and pneumogastric nerve. The point of the instrument passed into the pharynx, and struck upon the anterior surface of one of the cervical ver-

tebræ. The orifice of the wound extended from the border of the sterno-mastoid muscle to the angle of the jaw, and was an inch and a half in extent.

Being in a neighbouring room, at dinner, I was immediately summoned, and found the patient in the act of falling into the arms of an attendant, blood in profuse quantity gushing from the mouth, and a smaller quantity being spit from the mouth, the lower lip being drawn to the left side. When he was in the recumbent posture, I introduced into the wound my fore finger, the point of which passed into the pharynx, a spasmodic motion of the pharyngeal muscles being plainly felt, as well as a notch, inflicted by the knife, in the ligamentous covering of the second cervical vertebra; and the pulsations of a large arterial trunk were perceived. Great hæmorrhage continued until, withdrawing my finger from the wound, I introduced into it deeply a large plug of lint, which nearly arrested the stream. I then cut down upon and tied the right common carotid artery, in the middle of its course below the omo-hyoid muscle. The descendens lingualis nerve lay rather to the right side of the carotid sheath, and a large cardiac nerve ran down upon the artery, in close contact with it, requiring careful separation. Hæmorrhage was now entirely and finally arrested, and the wounds were dressed, the plug of lint being allowed to remain in that inflicted by the patient, who, however, immediately on his rallying, made a determined effort to tear everything away, the strictest vigilance being necessary. The suicidal impulse continuing strong, the application of the straight waistcoat was deemed imperative, and was continued, with intervals of relief, until danger from the patient's efforts had passed away.

Opium was subsequently administered to allay restlessness, and a nutritious liquid diet prescribed, deglutition being at first, and for some days, very difficult. On the third day, the plug of lint in the upper wound causing much uneasiness and dyspnœa, I removed it, with great relief of these symptoms, and found it covered with well-formed pus. The walls of this chasm were granulating healthily, and a pledget of lint was passed into it, to be renewed daily.

On the fifth day the bowels were relieved by an enema, and a small quantity of rhubarb and calomel; the tongue was recovering from its dry, parched state; the urine was losing an ammoniacal odour; thirst, and the difficulty in deglutition, were diminishing; so that the question of using the stomach tube was set at rest.

On the sixth day deglutition was performed without difficulty, but he could not yet masticate, as the lower jaw could scarcely be depressed; and a slight, deep-seated pain in the throat, of which he complained the previous day, had subsided. Opium was occasionally repeated.

The period between the sixth and the eleventh days was characterized by alternating restlessness and tranquility, the pulse having the hæmorrhagic, jerking character. A fainting fit had once occurred when he sat up in bed. On the twelfth day the ligature of the common carotid came away, and the upper wound was fast closing.

On the nineteenth day from the injury the patient was enabled to sit up for three or four hours, and even to take slight walking exercise in his room; and from this date his improvement was rapid; the wounds closed up, and perfect recovery, both mental and physical, soon followed, and he was given into the charge of his friends. I fear, however, that he again, on his discharge, resumed his cups and deep draughts; for, some few years afterwards, I was informed that he had, in the presence of an accomplished and lovely wife, severed the other carotid, and all his ties with earth.

An analogous case occurred at Colney Hatch, on May 17th, 1854. The patient, M. S., being 54 years of age, by occupation an hotel waiter, a widower, was admitted 18th Nov., 1853, having been insane twenty years, and reported to have shown no tendency to violence or suicidal propensity. He was described as having exhibited general unsoundness of mind and delusion in reference to the possession of property.

Delusion of this character was freely expressed on his admission, but he appeared to enjoy moderately good physical health: the tongue was clean; the head free from pain; and he was said to have procured sufficient sleep. In February and March following he was tranquil, generally improved, and was willingly engaged in domestic employment,—such as cleaning the knives, shoes, &c. His demeanor was unobtrusive and placid; no complaint being made, the habit of mind being rather characterized by taciturnity, unless spoken to, when a brief, collected reply was given, not at any time conveying the impression of a deep, melancholy sentiment. He usually asked for a little tobacco, which he received with an expression of gratitude.

On May 17th following, at 11.30 a.m., no change of manner having been observed, and whilst engaged in cleaning boots and shoes, he procured, from the room of an attendant, a razor, which, with great determination, he drew across his

throat, severing the external carotid artery and several of its branches. I was soon in attendance, and found the patient near a pool of blood, recumbent, and apparently lifeless, respiration having for the moment ceased. The wound extended from behind the angle of the left jaw to the centre of the throat, laying bare to some extent, but not dividing, the thyroid cartilage, about half of the sternomastoid muscle being exposed and partially cut through. The genio-hyo-glossus, and other muscles, were deeply cut, and the left cornu of the hyoid bone was laid bare.

In a few moments a deep inspiration was followed by a further gush of blood, which was arrested by recurring syncope; and an immediately fatal result, without surgical interference, being imminent, I decided upon cutting down upon the left common carotid artery, which vessel, under great difficulty caused by the struggles of the patient, I tied below the omohyoid muscle in the centre of the neck, hæmorrhage having now for the moment ceased. Notwithstanding the great loss of blood, and his anæmic, pulseless state, the patient, on feeling the edge of the scalpel, and finding that an effort was being made to save him, threw himself into the most inconvenient attitudes, endeavouring, although surrounded by attendants, to throw himself from the bed to which he was removed: and when, during the operation, the artery was exposed by the incisions, the head was gyrated, and the vessel was repeatedly concealed as it were, in a pit filled with blood, the sternomastoid and other muscles being powerfully contracted. The ligature of the carotid effected, I brought lightly together the edges of the wounds, and secured them by sutures. In a few minutes, reaction having taken place, a heavy gush of arterial blood again took place, the source of which I laid bare by cutting away the sutures, and ascertained that it proceeded from the posterior and upper part of the wound, indeed from the orifices of the divided arteries, the reflex circulation through the brain having forced away coagula temporarily formed. I therefore passed deeply into the upper wound, beyond the cornu of the hyoid bone, a pledget formed of several folds of lint, and then laid a dossil over it and the wound generally, keeping the compresses in their position by a fold of lint passed around the neck. All hæmorrhage was now, and finally commanded, notwithstanding that the patient repeated the violent plunges which he made during the operation. On being removed to the Infirmary ward, these violent movements and contortions of the body, and attempts to



tear away the dressings, were restrained by the hands of the attendants surrounding the bed. These efforts were gradually abandoned; but the brows were knit, the firmly closed mouth and the compressed lips indicating the strongest suicidal determination. For several hours the respiration continued exceedingly slow, and at 1.5 p.m. ten respirations only were performed in the minute, but during a portion of the minute were at the rate of seven only. The pulse had returned to the wrist and was 96, soft hæmorrhagic.

May 18, 1 a.m. There has been great restlessness at intervals, but with defective articulation, the patient has promised to make no further attempts at self-injury. Liquids and other nutriment refused. During the day, however, he attempted to swallow some tea, which excited cough, a portion having passed into the trachea, several of the muscles, which fix the larynx and hyoid bone, being divided or injured; deglutition and articulation being difficult. At night much restlessness was shewn, and the pulse had risen to 120. There was increased difficulty and pain in deglutition.

May 19. His state was unfavourable this morning, and the pulse had risen to 140. Signs of paralysis, with loss of sensation in the lower extremities, appeared during the morning. He took arrow root with port wine, and beef tea was thrown into the rectum. He sank about mid-day.

Autopsy.—The external carotid artery and its branches, the lingual, facial, and occipital, were found cut clean across, but the orifices were sealed with fibrinous coagula and lymph. The ligature of the common carotid was secure, and was covered, where it surrounded the artery, with organized lymph.

There was much organic disease of the brain,—the fornix, septum lucidum, commissura mollis, and other adjacent parts being in a state of ramolissement. The ventricles of the brain were considerably distended with clear fluid; the heart was flaccid, the right ventricle containing a fibrinous coagulum, the left being empty; the kidneys were granular, and their parenchyma, at the surface, was partly occupied by cysts; the bronchi contained liquid aliment, a portion of the food which the patient attempted to swallow having passed down the trachea.

Observations.—The diseased state of the brain, which no doubt, from its extent and central occupancy, had existed long prior to the ligature of the carotid, was a condition most unfavorable for recovery.

The fact of liquid being found in the bronchi suggests the necessity of great caution in administration of food in wounds of the neck, involving so many muscles concerned in the movements of the tongue, larynx, and pharynx; and perhaps the careful use of the stomach tube is indicated during the first few days of the treatment, and until the patient is conscious of ability to swallow nutriment.

With respect to the mental state of the patient—his reservation of the suicidal suggestions, his apparent willingness to pursue the avocations allotted to him, his apparent contentment and tranquility—were conditions well calculated to allay all suspicion of the purpose he so suddenly and effectually accomplished.

In the train of psychological phenomena, there is no manifestation more important and more interesting to the alienist than the suicidal impulse;—none which involves greater responsibility, or, to a greater extent, demands the exercise of his caution and ingenuity. It may form the most characteristic and prominent feature of the disease, and be permanent; or it may occur periodically, and remit with the subsidence of the physical causes of irritation. It may also suddenly appear in the progress of cerebral degeneration, upon the patient becoming, for the first time, painfully conscious of the immoveable incubus upon his brain; and after a few moments, hours, or days, passed in restlessness and terror, suddenly and permanently subside.

In the following case the instigation to self-destruction continued for about six months; and its subsidence, nearly four years since (for the patient is still living and well), would appear in measure attributable to the baffling of his repeated and desperate attempts.

C.D.H., aged 41, was admitted to Colney Hatch in Sep., 1851, having been several years insane and under treatment in other asylums. He was a Creole, of German-Indian blood, of excellent education and good family, and his profession was that of a clergyman, or Christian Catechist in India. During the first sixteen months of his residence at Colney Hatch, he was prone to paroxysms of excitement, with violence and wild reckless demeanour. On Jan. 24th, 1853, having watched the movements of an attendant, he obtained access to the key of a knife box, from which he took the carving knife, the blade of which was ten inches in length, and with it stabbed himself, first in the throat, and then as desperately in the abdomen. I soon afterwards found him lying upon the floor pulseless and collapsed, with a gash in

the throat between the thyroid cartilage and hyoid bone, air passing, with a stridulous sound, from the perforated larynx, and the lips being covered with blood, portions of which had been thrown from the mouth, the pharynx having been also perforated by the knife, the further progress of which was checked by the spinal column. The external bleeding was for the time arrested by syncope.

In the abdomen, to the right of the umbilicus, was also a gaping wound, from which the knife had just been withdrawn, entering the abdominal cavity, and into which, on my examination of the puncture, the top of my finger easily passed. There were also five or six other wounds, superficial and in various directions in the vicinity, caused by several ineffectual attempts to cut open the abdomen. The trowsers, where the folds of cloth were double, the shirt, and the flannel waistcoat were perforated and jagged in several places, corresponding in situation with these wounds, which were inflicted through the entire thickness of the patient's dress.

The pulse was 96, intermitting, disposed to falter, and the voice soon became, although very faint, sufficiently distinct to enable the patient to describe the occurrences, which he did without reserve, stating that, he was "desperate and resolved to kill himself if he could;" and that "after stabbing himself in the throat, he pushed the knife into the abdomen, and attempted, by passing it upwards, to force it up to the throat."

Notwithstanding his apparently hopeless state, he gradually rallied and was removed to the Infirmary, where the greatest vigilance was exercised, and a sufficient guard of attendants placed over him. During the day, the acts of deglutition, excited by irritation, or flow of blood into the pharynx, were performed with difficulty. The edges of the gashes had, in the morning, been lightly brought together, but not so as to prevent the external appearance of blood, should it subsequently escape from lacerated or divided vessels.

At 9 o'clock p.m., whilst I was at his bed side, he started up in bed, feeling an inclination to vomit, when a sudden gush of arterial blood took place from the wound in the throat; it being also evident, from the repeated acts of deglutition, that blood was also flowing into the pharynx. I therefore immediately removed the sutures; and, on laying open the wound, found a considerable jet of blood flowing from the left superior thyroid artery which, with some difficulty I secured with the toothed forceps, and ligatured, an attendant very cleverly assisting me.

The effort to vomit was occasioned by the stomach being gorged with blood, which was digested in the most natural manner, a large quantity of nutrient material having been thus re-conveyed to the exhausted system. A compress was placed upon the wound, and no further hæmorrhage from it, or material difficulty with it, subsequently occurred.

Around the abdominal wound the integuments were tumid and puffy: pain was complained of, and the knees were drawn upwards: but this wound was not interfered with.

On the second day he had slept at intervals, and suffered less inconvenience from both wounds. The voice was very faint and indistinct, but, on placing the ear close to the patient's mouth, was intelligible: and he stated that he was tormented with whining voices, accusing him of killing children and committing other crimes. "Would to God," said he "I had been enabled at that moment to cut away my life." He referred to the suicide of Cato, and justified the act as a mode of deliverance from misery.

On the third day the wounds were cleansed by poulticing, deglutition was less painful and difficult, and no unfavourable symptom had appeared. The breath was offensive from partial sloughing of the edges of the lacerated throat wound.

On the fifth day the ligature of the thyroid artery came away without hæmorrhage; the wounds, although deep and gaping, were granulating healthily; and from this date the case did well, a rapid and perfect recovery ensuing. The suicidal tendency, however, persisted, and demanded unremitting vigilance.

In less than two months after these occurrences, viz. on March 10th, I was again summoned to this patient; and on my arrival at his bed-room, found the attendants removing his trowsers, which were saturated with blood flowing from a very extensive and lacerated wound of the scrotum, whence he had, by means of a piece of slate found in the exercising ground, just extracted his right testicle, with two or three inches of the spermatic cord. The extirpated organ was lying on the window-sill, having been taken from the patient, who held it up by the cord, as if, in derision, he was about to swallow it.

On the following day the scrotum had a black, sloughy appearance, but there were no alarming constitutional symptoms.

On the third day, although as I supposed he was narrowly watched, he contrived to obtain a piece of shoe-string, which he fastened tightly around the genital organs, as if to cause them to slough off. "You'll have me on your dissecting table

now," said he. He laughed derisively when I assured him there was no danger, and that I was determined, by cutting, or by whatever necessary measures might be called for, to thwart his intentions. He speedily recovered from the effects of the laceration; but, for several months, great caution in the arrangements of his dress, his bed-room and furniture, were necessary. The characteristic gloom and despondency gradually gave place to a desire for mental occupation; and his wishes to be supplied with Greek books were complied with. His physical health is now (Feb., 1858) good; and much intelligence, with amiability of disposition, are not unfrequently evinced, although his language is more generally of absurd import, and is characteristic of an irritable, and even pugnacious tendency.

In simple wounds of the trachea, not involving the carotid or its principal branches, the difficulty of treatment is usually not great, nor do I remember any fatal instance.

Eliza R., aged 67, was admitted into the Cornwall County Asylum in Nov., 1850, with an extensive wound, inflicted the previous day, across the throat, involving and laying open the trachea. The ability to articulate was nearly lost, but she hoarsely whispered that "the devil was urging her to destroy herself." She was pallid from hæmorrhage, and her melancholy was extreme. On the fourth day she tore away the sutures and dressings of the wound, which was gaping and inflamed, air passing from an orifice in the trachea, and the voice being imperfect and hoarse. It was considered imperative to apply the straight waistcoat. The trachea continued open until the eighth day, after which it closed up by granulation, and the wound gradually healed. A month after admission a large lumbricus passed from the bowels. Three months after admission she suffered peculiar paroxysms of excitement, and was prone to beat her head against the wall, apparently owing to cephalalgia; but under a tonic system of treatment these tendencies subsided; and, in the fifth month, she was cheerfully engaged in wool-combing, convalescence having fairly set in. At about the end of the sixth month she was discharged perfectly recovered; the accounts, received some months afterwards, continuing satisfactory.

John H., aged 43, was admitted into the Cornwall Asylum in March, 1852, with an extensive wound of the throat, penetrating the trachea, and rendering his voice suppressed and indistinct,—air not escaping, however, during respiration. He expressed fear of being injured by those around him, and

was prone suddenly to strike them, the eye having an unsteady and suspicious expression. Under a nutritious and unstimulating dietary he slowly improved, and the delusions subsided five weeks after admission. He was soon usefully occupied in agricultural labor, and was discharged well about three weeks after his admission.

John L., aged 24, whilst under treatment in the Colney Hatch Asylum, in September, 1856, opened the trachea with a piece of glass, air rushing through the wound with a hissing sound. Simple dressings were applied.

On the following day, regret was expressed at having made the attempt, which was not subsequently repeated, and mental recovery ensued in the twelfth month from his admission.

I have met with three determined attempts to pierce the carotid artery, by stabbing with pen-knives in the front of the neck; but, in each instance, the artery was missed, and no inconvenience arose excepting temporary, and somewhat heavy gushes of blood, not requiring further surgical interference than simply dressing the wounds.

On a few occasions I have resorted to amputation of the fingers and upper extremities of insane patients, who wished the operations to be performed.

Thomas P., aged 65, a patient of the Cornwall Asylum, an old sailor of the Trafalgar fleet, received an injury by another patient biting his finger, which I subsequently removed at the metacarpal joint, sloughing and necrosis having rendered that step necessary.

The patient being of very difficult management, as regarded the dressing, &c., an abscess of the palm with subsequent sloughing of the tendons of the fore arm, and disease of the wrist joint, seriously complicated the case. With the patient's willing concurrence, I removed the limb above the elbow, by the double flap operation. The wound was nearly healed by the eighth day, and it was subsequently observed that he became far less liable to excitement, the paroxysms to which he was prone being of shorter duration. He lived nearly four years afterwards, and eventually sank from hydrothorax and general anasarca.

In the following case the ordinary risks of a capital operation were materially enhanced by epilepsy.

William J., aged 40, a powerful and very muscular man of colour, by occupation a luggage porter, in April, 1846, two years after his admission into the Cornwall Asylum, complained of pain in the vicinity of the right elbow joint, which was found to be enlarged. The tumour slowly increased,

and by the end of July assumed an irregularly lobulated form, with elasticity, and other appearances of fungoid disease. On Aug. 3rd., with the patient's concurrence, I amputated the arm above the elbow, adopting the double flap operation.

On dissection of the limb, the fungoid growth was found attached to, and radiating from the extremities of the bones forming the elbow joint.

On the third day an epileptic fit occurred, and great care was necessary to prevent injury to the stump.

On the sixth day a most violent and prolonged epileptic paroxysm occurred: the muscles of the stump were powerfully convulsed, and some blood afterwards oozed from the granulations of the wound.

On the seventh day, convulsions having recurred, the process of union was found to be entirely interrupted; the flaps of the wound were torn open, and the adhesive deposit was broken down. On the eighth and ninth days, notwithstanding the use of purgatives, &c., the paroxysms continued; but remitted until the seventeenth day, when severe convulsions again set in, undoing what progress had been made in the healing of the wound. The ligature of the brachial artery came away on this day without any hæmorrhage whatever.

On the evening of the following (sixteenth) day, however, arterial blood was observed by the attendant flowing abundantly between the dressings; and, on my arrival, I found that a large quantity (four or five pounds) had escaped, deluging the bed, a copious arterial jet being still propelled from among the dressings. Having removed these, I found that the stream proceeded from a fistulous orifice, of the size of a large quill, in the immediate direction of the brachial artery. Into this orifice I immediately passed, on the point of a catheter, a portion of lint to the distance of an inch or more in the direction of the artery, pressing up folds of lint, and then placed a dossil, supported by adhesive plaster, over all, holding myself in readiness, in case it should become necessary to ligature the brachial artery below the axilla.

Fortunately, however, there was no return of hæmorrhage, or, immediately, of epilepsy.

The plug of lint was gradually forced to the surface by new granulations and deposit, and eventually came away with the dressings. There was a recurrence of epilepsy on the 7th, 8th, and 9th days after the hæmorrhage, but with no further effect on the, now superficial, wound than slight oozing of blood from the granulations. Owing to occasional bruising of the stump, the wound was not perfectly cicatrized

until the eleventh week from the amputation, when a suspicious swelling was found to be developing itself at the extremities of the bones of the left or remaining fore arm.

His general health was, however, good: he slept well, took exercise, and enjoyed a good appetite. The disease at the wrist was gradually developed; and, instead of a fungoid, assumed a strumous character, with tendency to ulceration of the integuments, and destruction of the bones of the joint.

In March of the following year, seven months after the amputation of the right arm, the left wrist was found dislocated, and wholly destroyed by necrosis and ulceration: the health was rapidly declining from pulmonary phthisis, and diarrhoea had set in.

On April 6th following, he died, immediately on my being summoned to him, in an epileptic paroxysm, blood in large quantity being thrown from the mouth.

On the autopsy, the lungs were found occupied by tubercle and cavities, from which the expectorated blood proceeded. The liver was pale, and studded with small cysts, containing a yellow, or greenish bile-like fluid. The cranium was of small capacity, and the arachnoid sac, and subarachnoid cellular tissue, contained abundant fluid.

Besides the diseases which occur in the ordinary practice of surgery, the insane are liable to accidents peculiar to their physical condition, and mental suggestions.

In one instance, a maniac, at Colney Hatch, by occupation a barge-man of the Thames, manufactured with a piece of wire, a minute model of a grapnel, having about an inch of shank, which he passed deeply into his urethra, tamping it down with a small stone, and a small piece of coal. The latter substances were easily removed, but I found it necessary to lay open the urethra upon a director, and so extract the grapnel downwards.

Occasional deaths from suffocation by choking have occurred among the paralytics at Colney Hatch, but numerous patients have been rescued from the impending danger.

In one instance an epileptic inhaled into his trachea, during a deep inspiration on the commencement of a fit, a mouthful of masticated food which blocked up, and took the form of the tube, fatal asphyxia being the immediate result.

If the finger can reach the lodged morsel of food, at the bottom of the pharynx, it is perhaps the best instrument for extracting it, but the sliding hair probang, and the probang with a blunt hook, have been found efficient in some cases, the former where bodies more or less globular, as a small



potato, were lodged, and the latter when the foreign body was flexible, as a portion of blanket, handkerchief, &c. The sponge end of the probang has generally passed by foreign bodies, unless they occupied the whole diameter of the œsophagus, distending that tube.

These casualties I have found much reduced in number, since I have more imperatively insisted upon the attendants' vigilance at table, which they are required, not upon any account whatever, to leave before the completion of the meal.

Fractures and dislocations have always done well, so far as my observation has yet extended, notwithstanding the occurrence of convulsions in those most liable to these casualties, viz., the epileptics.

In a recent case of fracture of the tibia and fibula, at Colney Hatch, the bones are united, and in a very fair line, although, during the latter part of the treatment, the patient, in a fit, broke the foot-piece of the outer splint.

In the treatment of abscess and superficial sores, Iodine, in the form of Tinct. Iodini Comp., has been found valuable at Colney Hatch; and in some bad cases of the patients picking, and so keeping up ulceration of the integuments, the Iodine has been found to beat their efforts by its power of stimulating the granulation and cicatrization of the wounds.

(*To be continued.*)

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*On Mental Physiology; or, the Correlations of Physiology and Psychology.* By ROBERT DUNN, F.R.C.S., Eng.

(Read before the Medical Society of London, February 6th, 1858.)

MR. PRESIDENT,—I need not tell you, Sir, nor the Fellows of this Society, that the study of the human mind is a subject which has occupied the attention of the greatest philosophers of every age; nor need I remind you how long that study was enveloped in the shades of mysticism, bewildered in the mazes of metaphysical subtilty, amid the dogmata of conflicting systems. It is to Locke that we are so much indebted for dispelling the mysticism of the schoolmen. Unshackled from the tyranny of ancient names, and regardless alike of Aristotle and his categories, Locke discarded the syllogism, and instituted a searching analysis of the phenomena of thought.

It is indeed melancholy to reflect, for how many ages the opinions of one man were the measure of truth and reason, and under the sovereign sway of the Stagyrite, how universal was the degradation of the human understanding! Still it is gratifying, though after a lapse of ages, to behold the father of experimental philosophy, the illustrious Bacon, clearly pointing out the absurdity of pretending to account for the phenomena of nature, by syllogistic reasoning on hypothetical principles, and with a boldness, becoming a genius of the first order, undertaking to give a new chart of human knowledge. May we follow its guidance and tread in his footsteps! Never forgetting that a refined analysis discovered the harmony of the celestial motions, and conducted the immortal Newton, through a maze of intricate phenomena, to the great laws appointed for the government of the universe!

It is happily now no longer a matter of dispute that the laws of mind rest essentially on the basis of our physiological composition; that they form a part of the physiology of man. For, however it may be attempted to separate intellectual and moral from animal and corporeal man, and however we may reason about our intellectual and moral nature apart from our animal and bodily constitution, it is never to be forgotten that they are united in this life, forming one composite system of mutual dependence and reciprocal action. As the seat of consciousness—of feeling and emotion, as well as of the intellectual faculties—of reason and reflection, the human mind must be studied in connection with the material condition of the encephalon, since it is upon the vesicular matter of the encephalic ganglia that it is dependent for the manifestation of all its activities, throughout the totality of life, in health and disease. And hence too the importance of physiological and of medical psychology, of their mutual relations and bearing upon medical practice. It has been well observed by Feuchtersleben, in his admirable treatise—“where physical phenomena appear abnormal, there is mental disorder, which has its root in the mind, so far as this is manifested through the sensual organs; and has its root in the body, so far as this is the organ of the mind. To search after the phenomena in which these relations are revealed with the unprejudiced eye of experience, to investigate them scientifically in every point, that is of importance to the physician; and to collect them into one whole is the province of medical psychology.”\*

\* Medical Psychology, translated by the Sydenham Society, 1847.

It has long been the settled conviction of my own mind, that the practice of psychological medicine must rest on mental physiology, as its basis; and, in that truth, physiological bears to medical psychology a relationship analogous to that which physiology does to pathology.

Physiological psychology is a subject upon which, many a time and oft, I have pondered, and I feel assured, that any attempt that I may make towards an exposition of some of its leading principles, will here meet with every indulgence. For we all know by daily experience, how impossible it is, amid the distractions of medical practice, to maintain a continuous train of thought for any lengthened period of time, and in consequence how difficult it is, to think out a subject. If, however, anything that may offer should have the effect of exciting the attention, and of rousing into activity the energy of other minds of higher endowments, possessing better opportunities and more leisure for the prosecution of such an interesting and important subject of enquiry, I shall feel well satisfied.

Man is an animal and social, a moral and religious, as well as an intellectual, a reasoning, and reflecting being. He is accordingly endowed, not only with intellectual faculties—reasoning and reflecting powers, but also with animal instincts, with social propensities and affections, and with moral and religious feelings. The brain or encephalon is the material organ of the mind, where the ultimate molecular changes precede mental states, or acts of consciousness, and where the mandates of the will originate the changes which terminate in acts of volition. To *feel*, to *perceive*, and to *think*,—in other words, sensation, perception, and intellection, are the three great and distinguishing phases of mental development, under which are comprised all his psychological phenomena, of whatever kind: they mark distinct, successive, and progressive stages in his mental progress. Nor are they to be confounded with each other, for they are separate and different acts or states of consciousness, and they each severally have and require a distinct nervous organic instrumentality, of corresponding elaboration, and complexity for the manifestation of their respective phenomena in this life. Consciousness itself, as an ultimate fact, in animal life, is the universal expression of intelligence. It is equivalent to the knowledge which we possess of our own personal identity; for it is involved in every sensation which we experience, and every mental act that we perform,—in feeling, perceiving, thinking, and willing. Of these three states of consciousness—the sensational, the perceptive, and the intellectual—self-consciousness is the

earliest, and consequently the lowest phase of development. It is the primary condition of intelligence; for, as soon as the embryonic life is passed, the nascent consciousness becomes awakened. It is purely sensational at first, and roused into activity by stimuli from without, the senses coming into play from the moment of birth. Thus we feel before we can perceive; and long before we can either reason or reflect, we manifest the animal instincts and the social propensities. Man is truly at birth the mere creature of sensation and instinct; and the phenomena, which formulate the sensational consciousness, are the intentions of the special senses, sensorimotor, consensual and instinctive feelings and actions.

The instincts or untaught activities of our animal nature are innate. As internal subjective feelings, they arise in obedience to certain laws of our nature, or are brought into play in direct response to stimuli acting upon the sensational consciousness from without. All our actions are automatic, reflex, consensual, and instinctive, until the perceptive consciousness has been developed. The sudden light, indeed, may dazzle, and a loud noise may startle; but until the perceptive consciousness has been awakened, the infant mind is in a state of passive receptivity and isolation;—its sensations are subjective, responding solely at first to impressions from without, or to instinctive feelings from within; but still no one can take upon himself to say at what precise moment the infant eye ceases to convey a mere nervous impulse, and when it awakens in the mind the first perceptive glimpses of the sublime and beautiful.

Perception is the first step in advance in our psychological progress above sensation, and with perception we have its associate, memory and the genesis of the will. In the development too of the perceptive consciousness, the social, moral, and religious propensities, affections and feelings, come into play, and we have voluntary actions as antagonistic or opposed to mere consensual and instinctive ones. Its essential phenomena are ideation and volition, with their associates memory and emotional sensibility.

Now all human knowledge is of a two-fold character. It is either immediate or mediate. All immediate knowledge is intuitive, and has its origin in perceptive experience, all mediate knowledge is representative, and is the product or creation of the mind's intellectual and reflecting faculties. Among which are the imitative and imaginative faculties, articulate speech or language, and the reasoning and reflecting powers. Immediate or intuitive knowledge may be considered equiva-

lent to Locke's "ideas of sensation," and mediate or representative knowledge, to his "ideas of reflection."

But reverting to the nervous apparatus of the sensational consciousness. It cannot be disputed that the two great and distinguishing functions of animal life, namely, sensation and locomotion, have their seat in the sensory and motor ganglia of the nervous system; and that, in its simplest but essential type, the nervous apparatus of the sensori-motor, or sensational consciousness, consists of a series of nervous centres or ganglia, and of internuncial conductors, or of commissures and nerves.

The vesicular matter of the nervous centres or ganglia is the source of the nervous force, where impressions are received and impulses are generated. Between these centres the commissures are the media of communication, and to and from them, the nerves are internuncial conductors or cords. In the invertebrate sub-kingdom is best seen the simplest form or apparatus of the sensational consciousness, namely, distinct ganglia, with commissural cords and nerves, administering to the functions of automatic life, and to the operation of instinct. In the vertebrate series, the sensory ganglia are the organs of the sensational consciousness, and the corpora striata, with the cranio-spinal axis, the source of all the movements of the body—the two great centres of sensation and motion being brought into harmonious and associated action through the medium of the cerebro-spinal axis. In man, the sentient and sensori-motor apparatus, the system of automatic life and instinctive action, subservient to sensations, and to those consensual and instinctive actions which are indissolubly linked on with sensations, consist of the spinal axis and nerves, the medulla oblongata, and the chain of sensory ganglia, including those of the special senses at its summit. For, if we follow up the cranial prolongation of the spinal cord—the medulla oblongata, into the fibrous strands of which we see imbedded the respiratory, auditory, and gustatory ganglia, and carefully trace out its ramifying branches, we find it sending off distinct fasciculi of fibres to the ganglionic centres at its summit, to the cerebellum, the corpora quadrigemina, the thalami optici, the corpora striata, and to the peduncles of the olfactory ganglia. And thus to the sole exclusion of the cerebrum, which is a super added organ, and whose connexions are strictly commissural, the whole series of the ganglia of the cerebro-spinal system, including those of the special senses, are in direct fibrous connexion with the cerebro-spinal axis; forming, with it, as an aggregate or whole, the sensorium

commune, or in other words, the great circle or nervous apparatus of the sensational consciousness in man.

Now as the functions of an independent centre of action, seated in a distinct nervous apparatus, the phenomena of the sensational consciousness are not to be confounded with volitional or intelligent actions. But upon this nervous apparatus of the sensational consciousness, for the purpose of combining and associating instinctive actions and emotional sensibilities with the higher mental activities, and for offices and purposes the noblest and most exalted in the economy of man, there is super-imposed and super-added,—the cerebrum, or great hemispheriense ganglia, and which in its totality is the seat of the instruments or organs, both of the perceptive and of the intellectual consciousness: for wherever the cerebral hemispheres exist, even in a rudimentary state of development, there we invariably find manifested the essential phenomena which formulate the perceptive consciousness—*viz.*, ideation, memory, and volition—a fact, indeed, of which every experienced angler is cognizant; and as to intellection, if there be one point in the physiology of the brain more unequivocally demonstrated than another, it is that these ganglia are the instruments of intellectual action and volitional power,—the seat of the understanding and the will: and “it has been demonstrated by direct experiment,” says Müller, “that such is their seat.”

Now perception is intermediate between sensation and intellection. It is the first stage in our psychological progress above sensation, and it is the portal to intellectual action; for when the perceptive consciousness is in abeyance, the mind is in a state of isolation, and memory and volition are suspended. In sensation the conscious mind feels intuitively the physical impulse of the outward object, as it affects the consciousness through the sensorium; but in perception the nervous impression is carried a stage farther, and by virtue of the primeval harmony which exists between the perceptive faculties of the mind, and the external world or nature, sensory impressions are intuitively translated into the form of intelligence, and become intellectual phenomena, or ideas,—the pabula of thought. And thus, as consciousness with volition implies intelligence, and involves the agency of cerebral instrumentality for its manifestation, so sensory impressions, the intuitions of the senses, whether sights, sounds, smells, tastes, or feelings, in order that they may be converted into mental phenomena, that is idealized, registered or remembered, and associated, require to be transmitted from their

respective sensory ganglia, to the common and central organs, in the cerebrum of the perceptive consciousness.

Since the enunciation of Gall, that the convolutions of the cerebrum are the seat of the faculties of the mind, the order of their development and their classification has been a subject of paramount importance and interest. Gall was the first to classify the convolutions, and to this end his researches, and those of Spurzheim and Holme,\* in the field of comparative anatomy, were great and manifold.

Professor Retzius, of Stockholm, has elaborately investigated the development of the cerebrum in the ascending vertebrata, and its different and progressive phases in the human embryo. His observations completely confirm the statements of Tiedemann and Serres, as to the order in which the different lobes are evolved, showing that the anterior lobe only exists in fishes; that this enlarges as we ascend through the classes of reptiles and birds, but does not change its character; that the middle lobe is not developed until we reach the mammalian class, presenting itself first in a very rudimentary form, and attaining increased development as we ascend; that the posterior lobe is developed from the back of the middle lobe making its first appearance in the carnivorous group. To this history, the embryonic development of the human cerebrum presents an exact parallel; the anterior lobe making considerable progress before the middle lobe begins to be evolved, and the posterior being the last in the order of development.

The classification of the convolutions begun by Professor Owen, and brought under notice of the profession by him in the Hunterian Lectures for 1842, has been greatly extended by M. Leuret, in France, and since his death, still farther, more recently, by M. Gratiolet. During the past year, Professor Owen, in a paper read before the Linnean Society, proposed a four-fold primary division of the mammalia, based upon four leading modifications of the structure of the cerebrum under the following designations:

\* Mr. Holme, at an early age, was unfortunately cut off in the midst of his labours, and I would here pay a passing tribute of respect to his memory. He was the pupil and friend of Spurzheim, and held in such high estimation by him, as to be made the special depository of the Doctor's latest and most matured views on the classification of the convolutions in man and the other mammalia. He was a M.R.C.S., and a fellow of the Zoological Society; enjoying an independence; instead of entering upon medical practice, he devoted himself to phrenological researches. Residing near the Zoological Gardens, he studied the habits and dispositions of the animals, and having permission to examine the crania and brains of those which died, he availed himself of every opportunity that offered.

1. Lyincephala,—loose-brained, implacentals,—corpus colosum wanting,—e. g. marsupialia.

2. Lissancephala,—smooth-brained, placentals,—e. g. rodentia.

3. Gyrencephala,—gyrified or convoluted brains, e. g., carnivora.

4. Archencephala,—Homo, and of whom, “not only,” he observes, “do the cerebral hemisphere overlap the olfactory lobes and cerebellum, but extend in advance of the one, and farther back than the other. Their posterior development is so marked, that anatomists have assigned to that part, the character of a third lobe; it is peculiar to the genus Homo, and equally peculiar is the posterior horn of the lateral ventricle, and the ‘hippocampus minor,’ which characterize the hind lobe of each hemisphere.”\*

Foville has laboured in the same interesting field of inquiry, and he has invested with special interest and importance, the locus perforatus anterior, or quadrilateral spot, as being the nucleus or starting point, from whence, according to him, all the convolutions of the hemispheres are evolved. He has shown that the olfactory and optic nerves are both directly connected with it; thus constituting it the primary portal to intellectual action. But there are manifestly two distinct series of convolutions in the cerebrum—a longitudinal and a transverse series; and while, on the one hand, the *ourlet* of Foville, or great internal (and with which, indeed, all the other longitudinal convolutions are directly connected), may literally be said to spring out of, or to be evolved from, the locus perforatus; the transverse series of convolutions, on the other hand, have no direct connection with it. Now my own mind rests in the conviction, that the functions of these two distinct series of convolutions are different; and that the former or longitudinal series constitute the nervous apparatus of the perceptive, and the transverse that of the intellectual, consciousness. But besides these two distinct series of convolutions, there is a third or commissural series in the cerebrum, and through the instrumentality of which, the intuitions of the perceptive are brought into association with the higher activities of the intellectual consciousness. Such are the *internal anastomosing convolutions*—the third order of Foville—which connect the *ourlet* or great internal with the transverse series upon the surface of the cerebrum,—the common central

\* Professor Owen, on the character, principles of division, and primary groups of the class mammalia. Read before the Lin. Society of London, Feb. 17, and April 21, 1857.



organs of the perceptive with those of the intellectual consciousness.

Man, as to perceptive experience, stands on the same platform with the lower animals, for the process is alike instinctive in both. All our perceptive experience, or immediate knowledge, of whatever kind,—physical, social, moral and religious,—comes before all teaching; for it is the direct result of the conflict of the perceptive faculties of the mind with the external world or nature.

The germs, indeed, (so to speak) or essential elements, of all our mental activities, intellectual, moral, and religious, exist implicitly, and are present from the first, as constituent endowments, in every *mens sana*; and they are all evolved explicitly, with the collateral evolution of the vesicular matter of the encephalic ganglia, or cerebral organs, through which they are manifested, in the development of the perceptive and intellectual consciousness. At first, indeed, in merely an instinctive and impulsive manner, and in the order and succession in which each specific form of mental activity is roused into prominent and effective operation by virtue of its reaction with the external world of nature. To Mr. George Combe belongs the honour of having first clearly demonstrated, that the harmony which exists between the constitution of external nature, and the mental constitution of man, is an all-pervading principle of creation, and a perfect and beautifully symmetrical system; proving that the world, throughout its constitution, is formed in admirable adaptation to the faculties of man, as an intelligent, moral, and religious being.

Now the great internal convolutions are clearly the primitive basement convolutions of the hemispheres, and with them all the other longitudinal convolutions are directly connected and associated. We recognise their homologies in the thin laminae of vesicular matter which encrust the corpora striata in the brain of the fish; and forming, as they do, the concentric or inner circumference of the hemispheres (as the great marginal convolutions do the outer boundary), must they not necessarily be the primary and common portals to intellectual action,—the great central organs of the perspective consciousness,—the seat of ideation, memory, and volition? For be it remembered, that it is in the case of the fish, where their representatives are reduced to mere laminae or crusts, covering the corpora striata, that we have the earliest instance, and the first clear and distinct evidence of the exercise of perception, memory, and volition, as opposed to mere consensual and instinctive action.

Of all the convolutions of the brain,—and as might be expected, if such be the nature of their office, these great internal convolutions are the most symmetrical, and the most closely associated with each other,—they are the most constant and regular; and each exhibits, with its fellow on the opposite side, the most exact symmetry; and it is only in the human brain that they exist in the highest state of development. Compared with what we meet with in the brain of the monkey, and other anthropomorphous animals, the contrast is not more striking than it is psychologically significant; for their development and relations are so strictly commensurate with the extent and range of the organs of the perceptive faculties of the animal, that they may be fairly taken as a criterion or measure in fixing its place in the scale of creation.

Now, viewing as I do, the series of longitudinal convolutions in the cerebrum, in other words, the basement or great internal, and all the other longitudinal convolutions in direct connection and association with them, as the nervous apparatus of the perceptive consciousness, it follows that these convolutions are the seat of the perceptive faculties of all our immediate or intuitive knowledge. Not only of the perceptive organs, through the instrumentality of which, by the inlets of the special senses, we acquire a knowledge of external existences, their sensible qualities, and physical attributes, the differences and relations of things, their order or arrangement and number, and the phenomena of their action or events,—but also of those perceptive ideational activities, which form constituent elements in the composite nature of the personal, or individual and social affections, and of the emotional, moral, and religious feelings of man.

We have seen, that it is only the anterior lobes of the brain which exist in fishes, birds, and reptiles, and that as we ascend in the mammalian class, the longitudinal convolutions are extended backwards, even in the quadrumina, as prolongations beyond the middle lobes. But the posterior lobes are strictly human, and according to Professor Owen, “they are peculiar to the genus *Homo*.” They belong essentially to the family of man, and are consequently the seat of the organs of the perceptive ideational activities, or constituent elements in the exclusively human affections; such as the enduring love and attachment between parent and offspring, husband and wife, brother and sister, friend and friend; binding, in accordance with the high behest, “increase and multiply, and replenish the earth,” in one bond of universal brotherhood, the whole family of man. Among the lower animals, in whom

the posterior lobes are wanting, it has been aptly observed, "excepting in some cases of sexual unions, that in general they seem entirely destitute of sympathy with each other; indifferent to each other's sufferings or joys, and unmoved by the worst usage or greatest pangs of their fellows."\* And among them, the attachment of the mother to her offspring, however great for the time, is limited to the period of its infancy and helplessness; for between them in after life, those affections and endearing relations which are the charm of human society have no existence.

The tripartite division of the cerebrum into distinct lobes, and the order and succession of their development are points of great psychological significance; for they and their constituent longitudinal convolutions are manifestly evolved from before backwards, and in the order of their importance, as the animal rises in the scale of creation; so that the facts of development lead to the most important deductions, for they indisputably prove, that the perceptive faculties of our physical experience or knowledge, must have their "local habitation and abode," in the convolutions of the anterior lobes, and that the posterior lobes, as exclusively human, must be the seat of the exclusively human affections, and administer to our social relations; while the intermediate or middle lobes may be legitimately inferred to be the seat of the personal affections of the ego, and of the social, moral, and religious intentions,—the distinguishing perceptive attributes of man.

On the lowest plane, indeed, of cerebral development, and of which we may recognize the analogies in the inferior vertebrata, the perceptive apparatus seems limited to the basement or internal convolutions, with their anterior and basilar connexions; that is, to the common central organs of the perceptive consciousness, the seat of ideation, memory, and volition; to the anterior perceptive organs, through the instrumentality of which, by the inlets of special senses, we acquire a knowledge of the sensible qualities and physical attributes of external existence; and to those basilar organs which administer to the preservation and maintenance of animal life. The love of life is paramount; and, around the organs of the alimentative propensity are marshalled and associated those of the propensities subservient to the defence, protection, and conservation of existence. It may, indeed, be fairly inferred, that the intuitions of the special senses, and

\* Vide Lawrence's Lectures on Physiology, Zoology, and the Natural History of Man.

their allied feelings, appetites, and instincts, form the chief and predominant part of the mental life of the inferior vertebrata; while, at the same time, it must not be forgotten that these, too, constitute the inferior region of the true or conscious mind, and enter largely into the completed web of human existence.

On a higher plane of development, and of which too, we may recognise the analogies among the highest mammalian and quadruminous groups, the longitudinal convolutions are carried upwards above the lower perceptive organs, and prolonged backwards, even beyond the median lobes, and the perceptive apparatus is proportionately elaborated and extended. Leuret, in the demonstration of the convolutions of the Indian elephant, aptly remarks,—“suppose that all the superior convolutions, and the prolongation of the internal convolutions, were obliterated. The fourth anterior convolution might then be united to the fourth posterior convolution, the third to the third, and we should have one of the groups of convolutions of the brain, of an inferior grade, of the ruminantia and solipedes.” It is through these superior perceptive organs, that we rise above the mere perception of external objects, their sensible qualities and physical attributes, to that of the differences, and relations of things, their order or arrangement and number, and to the phenomena of their action, or events, with the adjuncts of time and place. The higher individual or personal affections too, such as the love of self, or self-esteem, the love of approbation, and love for others, or benevolence, are then brought into play.

But there is a still higher plane of perceptive development exclusively human, in which the towering longitudinal convolutions reach the fullness of their evolution backwards, and the nervous apparatus of the perceptive consciousness its most elaborate and complete development. The moral and religious intuitions are the sole prerogative of man, and they constitute an immutable distinction between him and the whole animal creation. In man's moral and religious attributes, the lower animals do not participate. Equally destitute are they of those enduring, tender, and endearing relations, which are the charm of his existence here.

In the development of the perceptive consciousness, the animal propensities and social affections, the emotional, moral, and religious feelings are evolved and come to play. Dr. Carpenter has clearly pointed out the composite nature of these, and has admirably shown, that in the exercise of each there is a perceptive or ideational element, as well as

sensorial feeling evolved. Now it cannot escape observation, that throughout the whole animal creation, the conservation of the individual, and the multiplication of the species are the two dominating instincts in nature; and that in the fulfilment of these, all the sagacity and laborious industry which the lower animals manifest are exerted. The appetites of hunger and thirst have their immediate seat in the vesicular nervous tissue of the stomach and mouth, and pathological researches have led me to espouse the opinion of Serres, that the sensory ganglion of the sexual instinct has its seat in the median lobe of the cerebellum. Among vertebrate animals the sense of smell is primordial, and alike in the human infant, and in the new-born calf, it is the guiding sense to the gratification of its first instinctive want or craving for the conservation of existence; but hunger, or the propensity for food, like the amative propensity, is of a complex or composite, nature—implying both appetite and desire, and involving both ideas and sensorial feeling. Accordingly, in the one case, we find the peduncles of the olfactory ganglia in direct connection with the centres of sensorial feeling, the thalami optici, and with the basilar convolutions of the cerebrum; and in the other, the median lobe of the cerebellum, the sensory ganglion of the sexual instinct, in direct connection with the centres of emotional feeling, and through them, with the organs of the perceptive and intellectual consciousness.

Propensity, or the desire for gratification, differs from mere instinct, by involving an idea of the object; and emotional feeling is not to be confounded with common sensibility; for we cannot identify hopes and fears, joys and sorrows, with the simple elementary feelings of pleasure and pain. Ideation is the connecting and intermediating link between the inherent elementary emotional sensibilities on the one hand, and the volitional power on the other. There are, indeed, instinctive inherent emotional sensibilities and motor impulses, seated in the sensory ganglia, and which, in the absence of the ideational element, bear the same relation to the true emotions which the instincts do to the propensities: for such is laughter, —the expression of joyous emotion as a consensuous act, and when excited by mere titillation on the surface of the body; and such, too, is the smile which mantles on the infant's countenance, from the effects of some internal excitation; but the true emotional feeling of laughter—"holding both her sides"—is excited and provoked by the presence of ludicrous ideas in the brain. In the first instance, from mere titillation, the physical impulse upon the surface passes up-

wards to the sensorial centres, the thalami optici; and in the last, ludicrous ideas are transmitted downwards to them; while equally and alike in both, the motor impulses are instantly evoked, and the expression of joyous emotion is elicited.

Now the two great centres of the emotional sensibilities are the thalami optici, and the corpora quadrigemina. I had a strikingly illustrative proof of the community of their functions, in the young woman's case which I have published, in whom the intellectual faculties were in abeyance, and whose only media of communication with the external world, were through sight and tactile feeling, or touch; since through either of these channels, emotional feelings of terror and of fright, could be most readily excited in her;\* and it here is worthy of remark, that in the brain of the fish, the thalami optici and corpora quadrigemina are fused into one mass forming the optic lobes.

That the corpora quadrigemina, indeed, are not simply the ganglia of vision, but are manifestly the seat of those objective emotional sensibilities and motor impulses which are roused into activity through the agency of sight, we have abundant proof, and daily illustration, in the infant's laughing eye, and its expression of joyous emotion, as the perceptive consciousness begins to dawn. We see it in the effect produced by making strange faces at young children; we hear it in the scream of excited alarm; and we behold it in the convulsive fit, or shuddering agitation, which sometimes follows. The thalami optici are the great centres of sensorial feeling, implanted upon the sensory tracts of the crura cerebri and medulla oblongata: in them the afferent fibres terminate. They are in direct and continuous commissural connexion with the posterior segmental ganglia of the spinal cord; and the impressions which are received by these ganglia, from the sentient extremities of all the different nerves, distributed upon the whole surface of the body, pass up to the thalami, and there become sensations. But they are not the mere centres of common sensation; for a continuous nervous thread ramifies throughout the entire circle of special sensation, and the thalami are the common foci and points of union for all the sensory nerves;

\* *Physiological Psychology*.—A case of suspension of the mental faculties, of the powers of speech, and special senses, with the exception of sight and touch, continuing for many months; with a commentary on some of the more important of its bearings, upon the philosophy of the mind, and the physiological psychology of man: by Robert Dunn, F.R.C.S.—London: T. Richards, 37, Great Queen-street, 1855.

and truly this harmonizes well with the universality of the feeling, or common sensibility, which pervades the whole system, and which is associated with all the voluntary movements of the body, and with the exercise of the functions of all the other special organs of sense. "Forming, as they do," to use the words of our great physiologist, Sir Charles Bell, "nuclei, around which the corpora striata bend," the thalami, like these bodies, are in most intimate and extensive relationship with the convolutions of the cerebrum, through the instrumentality of innumerable fan-like commissural fibres,—Reil's nerves of the internal senses,—the connecting links of ideation with emotion, and of thought with feeling; for, along these channels, sensory impressions are transmitted upwards from the thalami to the perceptive organs for ideation and registration; and, from the hemispheres, ideas, thoughts, and the working of ideo-dynamical, emotional, moral, and religious agencies pass down to them, there to receive their varying shades and hues of feeling; for, as Dr. Carpenter has justly said, "thought bears to feeling,—the cerebrum to the thalami,—the same relationship which the physical impressions upon the organs of the external senses bear to the special endowments of their sensory ganglia in the encephalon."

Between the thalami optici and the corpora striata,—the motor ganglia of the encephalon,—there exists, as Dr. Todd and Mr. Bowman have clearly shown, a relation analogous to, and as close as, that which subsists between the anterior and posterior tracts of grey matter in the cord; and, as in the case of the spinal cord, the anterior tracts, or segmental ganglia, issue motor impulses in response to sensations excited through the posterior tracts; so, too, in the case of the encephalon, the corpora striata propagate motor impulses in response to excited sensorial feelings and emotions, of which the thalami are the seat, and often quite independently of volition or thought. As the encephalic motor centres, through which the mandates of the will, or volitional power, are propagated, the corpora striata are the connecting links of thought with voluntary action—of the mental with the motor forces; but they are not the seat of volition itself, nor of emotional sensibility.

Intellection is the highest, the crowning phase of mental development, and introspective or reflective consciousness the distinguishing attribute of humanity,—of the being "who looks before and after." But here the mental process, as contrasted with perception, is reversed; for while the intuitions of the perceptive faculties are roused into existence by im-

pressions from without, and are all closely interwoven with feelings—nay, are often intensely felt, in intellection the case is different, for the mental process is reversed; and as to feeling, it finds no place either in the constitution of abstract ideas, or in the processes of logical reasoning; for in intellection, the mind separating itself from all outward restraint, and, by its own inherent intellectual activity, seeks, for instance, through the imaginative faculty—ideality—to embody its own idealized impressions or mental images, and its representative ideas in objective realities; and, this effected, our generalized ideas, when once objectified or symbolized, remain no longer as mere subjective representatives; for, being thrown into fixed and significant types, which perform, though imperfectly, the office of abstract ideas, they exist in the mind as independent intellectual realities, altogether apart from the region of immediate and perceptive experience; and, as such, they become fixed and definite objects of thought, which can be placed at pleasure either within or without the consciousness of the moment. So again, the mind, impelled by the imitative faculty, by means of the hands and chisel, moulds, forms, and fashions images of the objects of nature, into which it has embodied its own generalized ideas, and thus makes another step in advance in the formation of abstract ideas; but which become still more definite and fixed, as objects of thought and contemplation, when, urged on and impelled forward by the same imitative faculty, the mind, by the hands and the pencil, delineates and produces pictorial representations of the idealized objects. Such were the hieroglyphics of old; and such is our first step in intellectual progress. But it is not until our own inherent intellectual activities, instead of objectifying our inward images on existing outward realities, create, invent, and construct for themselves, the sign phonetic or visible, for the embodiment of the intellectual idea, that the mind achieves its first step in the freedom of human thought. And such is language; for in language, the sign, whether spoken or written, is objective: “it appeals to the senses; it comes to us from the outer world, and is constructed from the elements of nature around us. At the same time it has no natural meaning, and contains no thoughts apart from the mind which created or uses it. Its whole essence consists in being the embodiment of an idea,—in brief, *it is idea objectified.*” \*

Now the function of articulate speech is the exclusive prerogative of man, and language is common to all the races of man. It is the crowning gift of his beneficent Creator. It is

\* Morell's Psychology.



as natural for man, constituted as he is, and endowed with the faculty of speech, when vividly affected, to give expression, and to find utterance in articulate sounds, to his feelings, emotions, ideas, and thoughts, as it is for him, voluntarily to use his locomotive powers in progression. To the natural language of inarticulate sounds, gestures and actions, he added the conventional language of signs, and in the fullness of time, alphabetical writing, and the invention of printing consummated the benefits derived from the noble prerogative of speech.

Hearing has been aptly designated "the mirror of speech;" and thus it is, that while in articulate speech, the mental image, or intellectual idea, which has been moulded for expression in the organ of language, finds utterance by the lips, through the agency of the volitional power; the articulate sound, the spoken word, is reflected back, and returns again, by hearing through the ears, first to the perceptive, and thence to the intellectual consciousness. As we are now constituted our thoughts are invariably clothed and find utterance in speech; and while ideas are the pabula of thought, articulate speech is the interpreter and minister of thought; and without thought language would cease. But thought there may be, and thought there is, as in the case of the unfortunate and uninstructed deaf mutes, independent of, and without language. Nay, without speech, man by virtue of his perceptive and intellectual faculties can observe objects, and mentally arrange, associate, and form them into groups; he can judge of their properties and qualities, compare them and even deduce inferences; but how weak and incomplete are these processes when language is wanting!

Gall was the first to enunciate that the cerebral seat of the faculty of speech is in the anterior lobes of the brain; and my own mind rests on the conviction, that the amount of pathological and other evidence, which has been amassed, irresistibly establishes the position of Gall. But besides this, as the result of pathological research,\* I hold, that the power of articulate speech, that is of giving utterance in appropriate language to our feelings, emotions, and thoughts, also requires the integrity of the corpora striata, and their commissural fibres, as the motor channels, through which the will or volitional power, operates in speech.

On the reasoning and reflecting faculties of man, time

\* Vide,—a case of hemiplegia, with cerebral softening, in which loss of speech was a prominent symptom, which was read before the Royal Medical and Chirurgical Society, June 25, 1850, and which I published in the *Lancet* of Oct. 26, and Nov. 2, 1850

will not permit me to dwell. But it has well been said,—“They adorn his brow like a diadem;” they are his highest and noblest endowments. For while he has an æsthetic sense of the true, the beautiful and the good, moral intuitions of right and wrong, and emotional of awe, veneration and reverence, still the agency of the intellectual and reasoning faculties is required for him to apprehend and fully understand the basis upon which moral obligation rests, and to constitute religion “a reasonable service,” and his an intelligent, voluntary, and cheerful dependance upon an Infinite and All-perfect Being.

Now since the transverse series of convolutions on the upper surface of the cerebrum are almost exclusively human, and since it is only where they do exist, and in the ratio or proportion of their existence among the lower animals, that we find and detect traces of ratiocination, and of intellectual action, I have been led to consider them as the nervous apparatus of the intellectual consciousness, and as the seat of those reasoning and reflecting powers which raise man so immeasurably high in the scale of being above the brute creation; for, in the emphatic words of Professor Sedgwick—“Man stands by himself, the despotic lord of the living world; not so great in organic strength as many of the despots that have gone before him in nature’s chronicle, but raised far above them all, by a higher development of brain; by a special instinct for combination; by a prescience that tells him to act prospectively; by a conscience that makes him amenable to law; by conceptions that transcend the narrow limits of reason; by hopes that have no full fruition here; by an inborn capacity of rising from individual facts to the apprehension of general laws; by a conception of a cause for all the phenomena of sense; and by a consequent belief in a God of Nature.”

*The Homœopathic Principle applied to Insanity: a Proposal to treat Lunacy by Spiritualism.* By JAMES JOHN GARTH WILKINSON, M.D. (pp. 14.) London, 1857.

Although we thus place this pamphlet of Dr. Wilkinson at the head of this article, it is far, either from its merits, or our intention, to make his proposal to treat lunacy by

spiritualism the subject of our theme. His suggestions are merely those of an enthusiast on the treatment of a class of disease, with whose nature, cause, and symptoms he is apparently very unfamiliar, and will readily be dismissed to their fit place in one or two brief pages. But when even one so ill equipped for the battle enters, with hostile colors, the defender's camp, the weakness of the small assailant does not necessarily prevent the garrison from taking general cognizance of the strength of the foe, whose banner he bears; and so, in like manner, this raid of the spiritualists into the domain of psychology obliges us, the defenders, through this Association and its Journal, of the bond between rational medicine and the treatment of insanity, to examine what manner of men these said spiritualists are, who thus warn us, through our author, that "Routine" (meaning rational medicine) "will indeed have a very changed time of it, from the moment when insanity begins to be treated on the spiritual plan;" and kindly add the hint, that "whoever is not prepared for hope, velocity, and the skill born full-armed out of the top-head of human affection, will have to clear out of the way of this movement, which will be too much for him, and he too little for it."\* Alas for us psychologists of the old way,

"The shattering trumpet shrilleth high,  
The hard brands shiver on the steel,  
The splintered spear-shafts crack and fly,  
The horse and rider reel."

\* Let no man accuse us of garbled extracts. We subjoin the warning in full:—"But how many, viewing the wonders of the spirit pen and pencil, may say it is the devil. Let it be judged by its works. If it effects a general madhouse delivery, the Lord and Heaven are the Doer. His name be praised. The devil would like the credit of such a work, but he shall not have it. The routine and officiality which stood against such a result, would be his easy chair.

"Routine will indeed have a very changed time of it, from the moment when insanity begins to be treated on the spiritual plan. For then cure will be within hail; and although the deep ocean has comparatively few duties, and the deck is lazy then, yet when we come near the coast, skill begins again, anxious nights, looking out ahead, heaving the line, and sighting the beacons. So with the coming cure. It will come in crises and exasperations preliminary to recovered sanity. Crisis is a part of hope, and is the anxious side of it. And therefore routine will probably be unable to cope with such new hopes and fears, and will seek another berth.

"And indeed when the new machinery is at work, the amount of supervision necessary, the constant call upon skill and sympathy, and the amount of presence of mind demanded, will be incalculable compared to the present conditions. All the madness will be on the move, struggling, fermenting, heaving with sanity. The asylum, no longer a swamp of incurables, will be a burning fiery furnace in which souls and minds are being purified. One of the busiest scenes probably on earth! holding intercourse and commerce with the invisible; as it were a collective apparition of the Saviour, stimulating and yet stilling the

And yet so confident are we in our faith in the onward destiny of rational medicine, through the paths of inductive philosophy, that we thus freely open our pages to the announcement of this great discovery, so fatal to its prospects, of the application of spiritualism to the treatment of mental disease; and shall further proceed to lay before our readers the facts known or asserted of spiritualism itself. Boldly we record their stories :—

“A maiden knight—to me is given  
Such hope, I know not fear.”

In the January number of the *Westminster Review* will be found an article giving a history of spiritualism, more especially as it is found to exist in America. This review is headed by a list of fifteen books, principally American, on the subject. We have also three English publications on Spiritualism before us, of the writers of each we happen to have some little knowledge, and on whom, therefore, we shall draw with more confidence than on the unknown American authors, whose lucubrations form the staple of the article in the *Westminster*.

It is a curious fact, but yet it is a fact, that in several literary circles in London, spiritualism, as carried to its fullest extent, is a subject of much study and some belief. Indeed it is no secret, that the medium Home, of whom we shall have to speak in the sequel, is at this very time retained at the Tuilleries, and is said to be making a convert of the Emperor. This latter statement we doubt. “We should be in much error,” says the writer in the *Westminster*, “if we suppose that table-turning, or that group of asserted phenomena which in this country is embodied under that name, and which in America assumes the loftier title of spiritualism, in ceasing to occupy the attention of the public generally, has also ceased to occupy the attention of every part of it. The fact is very much otherwise. Our readers would be astonished were we to lay before them the names of several of those who are unflinching believers in it, or who are devoting themselves to the study or reproduction of its mar-

transactions and the pulses of a newly-established centre of the all-communion, and mart of many nations! Whoever is not prepared for hope, velocity, and the skill born full-armed out of the top-head of human affection, will have to clear out of the way of this movement, which will be too much for him; and he, too little for it.

“Enough has been said to project the idea, which is an immortal idea, given for dominion by and by. It is at once a deduction of science, a fruit of experience, and a living inspiration.”

vels. Not only does it survive, but survives with all the charm and all the stimulating attractiveness of a secret science. Until the public mind in England shall be prepared to receive it, or until the evidence shall be put in a shape to enforce general conviction, the present policy is to nurse it in quiet, and enlarge the circle of its influence by a system of noiseless extension. Whether this policy will be successful remains to be seen; but there can be no doubt, that should ever the time arrive for the revival of this movement, the persons at its head would be men and women whose intellectual qualifications are known to the public, and who possess its confidence and esteem."

We have been favored by the kindness of a writer, whose small work we shall have here to notice, with a copy of the *Spiritual Telegraph*, apparently a weekly paper, of date the 2nd January, 1858, edited by Charles Partridge, and published in New York. The number of the paper is 296, or number 36 of vol. vi. It contains, among other articles, a letter from their English correspondent, signed "J. Jones, Peckham, England," and headed "Spirit Circles at Charing Cross."

We make the following extracts from Mr. Jones's communication, which so far as we know have not seen light in the English press yet:—

"It was reported, That at a private Circle, a gentleman who is much under Spirit-influence to paint landscapes, was influenced to draw a portrait; he thought it was a fancy sketch; when finished and handed to the sisters, it was recognized by a lady as the likeness of a friend who died about two months ago—a person totally unknown to the medium. The astonishment of those present was very great, and the incident was to the lady very affecting.

It was reported by a person present, That he had a dark Circle at his house; that he and two others sitting with him, saw spirit lights—beautiful stars, etc., that the table rose off the ground, and that one of the drawers in a chest of drawers opened about eight inches; that several things were taken out, and placed upon the table; that on visiting a friend who disbelieved the whole subject of table lifting and rapping, stating he would not believe unless he heard the rappings himself, they sat in circle; the raps came, not only on the table, but all round the room; and that the circle was broken up, but that all the afternoon the rappings continued in different parts of the room till the lady of the house implored that they would cease.

It was reported by a member, That he attended a dark Circle with three others, and that the table rose off the ground to the height of the forehead; that the hands of the four comprising the circle, were joined and on the table; that one of the members

looked under the table while thus up, and taking the darkness for a mimic sky, he saw distinctly a light like a meteoric light pass across the disc slowly. It had the exact appearance of the November meteors, the same color, form, and action, to the eye.

Last Tuesday, the table manifestations were very powerful; the table, six feet eight inches long, with no castors, going from side to side, and dashing up and down: it was then written out by the hand of a medium, "Have a dark circle." It was agreed to; the table movements were powerful, and once it rose up *lengthways* off the two legs, till it was perpendicular, the one near the ceiling, the other on the ground. The table being replaced, all the circle sat back from the table and *joined hands*; after a short time the table moved, and four of the circle were powerfully touched on the elbow, shoulder, and face, several times. No spirit-lights were seen. One of the members having brought with him a spiritoscope or dial, it was attached to the table, and some words were given, but the face of dial being too small, and the letters too crowded, after a time the Spirit seemed vexed at the errors made by the setters in taking down the letter, and dashed the table about, and would have no more to do with the spiritoscope.

On another evening, after some manifestations not very powerful, it was written out by a medium: "Have a dark circle, and we will show some manifestations." There was a feeling against it, but it was overcome; the lights were put out; we remained in the dark some three quarters of an hour without any satisfactory result."

Well, these are strong facts. We live within a drive of Charing Cross, and we can only say we should like to see these spirit manifestations. If the Circle, or Mr. Jones, of Peckham, will favor us with an invitation, we promise faithfully to chronicle in these pages the results of our visit.

But we must, before discussing spiritualism generally, for a brief space, revert to the pamphlet which we have placed at the head of this article—"Dr. Wilkinson's *Proposal to treat Lunacy by Spiritualism*."

It will not, we fear, be any consolation to Mrs. Crosland, (the writer of one of the books we shall refer to, *Light in the Valley*), and still less to her dear young friend, the hysterical medium, whose mental wanderings we shall also have to notice, to learn, on the authority of an apostle of their own sect, that "*it is a well-known fact, that spiritualism has the power of producing mental excitement at first in nearly all cases; and, in many instances, real insanity. My practice (continues Dr. Wilkinson) has furnished me with several such instances.*"

The following sketch will show the progress of spiritualism to mental disease, as traced by Dr. Wilkinson :—

“ Keeping our one end in view, it is now to be observed, that the spirit-drawing and painting, and spirit-writing, exert upon the mind which employs them a fascination and a power often the most unbounded. The source whence the communications proceed, and often their tenor and substance, are such as to enchain the attention of the medium. The privilege of speaking with the unseen world exalts the conceptions, and sometimes the sense of importance of its recipient. *Excited attention, played upon by unexpected influences, carries the mind off its balance, and control of reason grows feebler, until a paroxysm of artificially induced insanity sometimes concludes the experiment.* This is a very rare result, but a valuable one for my purpose. Where there has been no organic disease, I have never yet known any permanent state to result from these crises of excitement: they pass off in a few days, or a few weeks, and leave the medium calmer than before; past all likelihood of excitement from similar causes: no similar inoculation of dread, of vanity, or of exclusive heavenly mission, will any more excite the faculties of awe, of self-importance, or of credulity, which have been cured by the natural cessation, or wearing out, of their excitability. Great quietude is usually left behind after the attack; and the state exhibits the peculiar purity and peace that belong alike to bodily and to mental convalescence.

Unless the crisis has been very great, and the excitement uncontrollable, experience shews that repression is not the most ready mode for the removal of the symptoms. Let the state rather work itself out, and the exalted ideas which fever the mind come out upon the paper, or by the mouth, as the case may be. Watch the patient, and direct the manifestations; but do not seek to extinguish them rudely, or at once; or the whole train of impressions will simply go on inwards, instead of deploying upon the canvass. One friend of mine, now as cool, calm, and little exclusive and exaltée a person as you can meet, is a case in point of these remarks. When the spirit-writing and drawing first seized her, dreadful and ominous messages about those dearest to her, and awful commands to herself, were written out through her hand. Shapes, thick-coming, fantastic, bewildering, yet all-fascinating, poured through her conceptions, and struck the inner canvass of the eye, and re-echoed from the roofs and vaults of the inward ear. She was nearly past control. I forbade the spirit-writing and drawing. What happened? *The pictures were drawn, as she averred, upon her tissues and membranes: her frame was scribbled over with the spirit-hieroglyphics.*”

Nor does Dr. Wilkinson ground these fears of his, that spiritualism may thus lead to mental disease, on the several such instances which his practice has furnished him with,

he stamps this experience with the sanction of "the principle of homœopathy," which he says, "rising from the broadest basis of facts, that ever yet confirmed a medical principle, has a sweep of deductive power, such as the human mind never before conceded to any remedial law."

It is not the place here to state our opinion of this strange mental delusion, the belief in that odd Chinese-like imitation of science, homœopathy, which still lingers on amid the fanciful and excitable of this great metropolis. Suffice it to place before our readers the argument, which Dr. Wilkinson uses while assuming his great fact, and which again we warn the spiritualists to bear in mind, that spiritualism causes insanity, to shew that therefore it is *the* remedial agent in the cure of mental disease. We shall state the argument in Dr. Wilkinson's own words:—

"In looking over the known world to find the cure of some very common forms of insanity, our first homœopathic question is, What agent is there that in experience does sometimes clearly produce insanity? It is not necessary that it should always produce it, because agents operate differently on natural classes of individuals: thus opium is a narcotic, though it does not send some people to sleep; and wine an exhilarant, though it makes some melancholy, and others furious. In looking for our insanity-producing agent, my attention was directed by great cries proceeding from varied quarters, in the direction of Spiritualism; which some at one time feared would turn the brains of all the world: and I said to myself, alone in the human wood, "That is one of the Lord's plants for curing insanity. There is a concurrence of divers witnesses, a concurrence beyond collusion, to the fact that it can, and does produce insanity: the homœopathic law, that a moderate dose of that which will cause, will cure, is God's law: therefore Spiritualism will cure Insanity." And then I said to myself, This is all as clear as day; and its advent is sure as the punctuality of the wheels of time: and now, the only problem is, how to apply the cure to the disease which shall vanish under its love? There is another problem, How to get the truth and the benignity adopted, and the Lord, by human means, will manage that too.

It was also clear that Spiritualism contained or involved in its possibility both the above methods of healing: and was capacitated, rightly applied, to evolve each in its proper order. For, in the first instance, it can produce a delirium of excitement, unfreezing all the deeper natural emotions, with all their scars and disorders, and ventilating them into flames. This is the homœopathic principle, in which the evil is evoked, in order to be recognized and cured. The delirium is not due to the Spiritualism, but to the disordered machinery which it urges into creative motion. The second effect is the redemptive principle, in which the spirit influx imparts in



peace and sanity, by the higher way, the good opposite to the evil which has been led forth by the lower way. It is due to the subject to state thus much respecting the true part which Spiritualism has to play. And it is also well to bear in mind, that the spiritual power is capable of the highest abuse, if it be employed without religion."

After this high-flown statement of the principles of the spiritual treatment of mental disease, we are naturally led to expect some novel ideas and suggestions towards our practice. The author is, however, evidently quite inexperienced in all that relates to the practice of that department of medicine of which he is attempting to treat. The extent of this discovery, and consequent application of homœopathy to the treatment of insanity, is simply the suggestion that the patient should be furnished with paper and pencil, and "requested to place his hand in the attitude of making strokes." We are told that circles, ellipses, and other primitive forms, will then be described; that human faces, trees, or houses will follow, that the more gifted "spirit-draughtsmen," will gradually acquire a power over the rest, and that "*then shall be realized that saying: 'who governs mad men must himself be mad': mad, that is to say, in the inverse sense of wordly sanity,—divinely mad.*"

Can anything be more wild than this, save perhaps the idea evolved in the next paragraph, "that once commenced, this work will propagate itself with that velocity which marks great spiritual movements; that it will be as swift as early Christianity, when miracles paved the way of light," &c. &c.

Beyond this strained effort to assign to his so-called spirit-writing, the place of a new discovery in the treatment of mental disease, there is one rational paragraph in the pamphlet in which Dr. Wilkinson well states the uses of appeals to the attention, through the act of drawing, writing, &c., as a curative agent in the treatment of insanity. We gladly close our notice of his crude effort to apply the delusion of spiritualism to the treatment of a disease, with the nature of which he is apparently far from familiar, with the following sensible observations:—

"It is not necessary to limit the occupations and amusements of the Asylum to drawing alone. Writing, composition, especially poetry, will flow by the same involuntary gift: modelling also may be cultivated: or music, or working of patterns in crotchet or other work; or speaking and singing: in short, any kind of art production which comes spontaneously, may be given way to: and improvisation of all descriptions may be solicited. By this means the

inward experiences and troubles of the whole of these patients will be brought to the surface : the patients will be taught that another spirit than their own is in the process ; they will gradually transfer their madness to that other agent ; and their pictures or products will become the scapegoat of their states. By the most ordinary law of transference, the internal malady will be drained away, and the whole mind will steam outwards instead of brooding inwards. Then will fear and suspicion, which are the two door-keepers of the madman's mind, die of the new permission to develop freely his madness on the canvass. And as these pass away, his guides will come nearer to him ; and his co-patients also will begin to associate with him. Friendship will have a second birth."

Now if Dr. Wilkinson will kindly reconsider this paragraph, he will see that he teaches our principle in treatment of mental disease, not the homœopathic ; and that the benefit to be derived from the mental stimulus of writing, drawing, working, and such like, is not that because they produce symptoms of mental disease that therefore they are fitted to cure the same, but that they act, as he himself observes, by the most ordinary law of transference, and drain the internal malady away by sapping its root and strength, viz., inward brooding, fear, and suspicion. We are well content to leave our case, as against spiritual homœopathy, as applied to the moral management of insanity, to rest on Dr. Wilkinson's own explanation of the advantages of employment, and mental stimulus, and of the relations they bear in the treatment of insanity to the general principles of medicine.

Leaving Dr. Wilkinson's crude imaginings on the treatment of mental disease, we proceed to the general subject of spiritualism, and shall divide the consideration of it under the following heads :—

1. *Spirit-writing and drawing.*
2. *Spirit-rapping.*
3. *Spirit-seeing and hearing.*

1. We shall commence with *Spirit-writing and drawing*, as these so-called phenomena are, so to speak, the most authentic, inasmuch as we grant that the persons, who assert that they have this gift, really believe that the writings and drawings which they produce are the result of spiritual influence, while, though we hold them simply to be the acts of unconscious cerebration, we do not, as in the case of the spirit-rapping and seeing, deny the existence of the facts themselves.

This form of spiritualism (the so-called spirit-writing and drawing) has within the last year been attracting much attention in certain private circles in London, and we have

even heard relations of it come to the aid of the small gossip of the ball-room. Only last week we overheard a fair maiden telling her partner, while resting from a waltz, "that she knew that Unitarians, those dreadful free-thinkers, had been forced against their will, by the spirit, to write confessions of Jesus Christ's Divinity." In January a small volume was published by Messrs. Chapman and Hall,—and its appearance at once noticed in the *Spectator*, *Examiner*, and *Athenæum*,—termed "*Spirit-Drawings: a personal narrative, by W. M. Wilkinson.*"\* In Mrs. Newton Crosland's "*Light in the Valley: my experiences of Spiritualism,*" published in June, 1857, there are several chapters devoted to spirit-writing and symbolic spirit-drawing.

We shall endeavour here to convey to our readers a true account of the statements of these writers in relation to this division of Spiritualism.

Mr. Wilkinson commences his personal narrative by stating that in August, 1856, he lost his second son, a boy of eleven years; and that shortly afterwards his elder brother, twelve years old, when on a visit at Reading, in amusing himself with drawing and scribbling, as boys do, "found his hand filling with some feeling before unknown to him, and then it began to move involuntarily upon the paper, and to form letters, words, and sentences." This continued, after his return home, for about two months. "Sometimes, when he wished to write, his hand moved in drawing small flowers, such as exist not here; and sometimes, when he expected to draw a flower, the hand moved into writing." These writings (Mr. Wilkinson adds) "purported to be chiefly communications from his brother, our dear departed child, and were all of a religious character,—speaking of his own happy state, and of the means by which similar happiness is alone to be attained by those who remain here to fight out the longer battle of life."

Of course the mother's heart must have been strangely moved with sorrow, hope, and wonder, by these supposed tidings of her lost child; and it is only a touch of nature that she at once applied herself to see if to her also such greetings could be given.

"With fond affection, (writes Mr. Wilkinson) my wife tried for many weeks, with pencil in hand, if any movement could be made through her in writing; but no 'imagination,' nor effort of the

\* This gentleman is a brother of the author of the pamphlet at the head of this article.

mind, produced a movement, nor made her fancy that her hand moved when it did not. For weeks it was resolutely fixed; but at last, on the 8th of January, 1857, a slow and tremulous motion of the pencil commenced, and ended in the initial letters of our dear boy's name, E. T. W., not in her natural handwriting, nor at all resembling it. Then some straight lines were made and the day's work was done. The next day a somewhat similar movement of the hand was made, and on the day following a small and simple, but to us unknown flower, was drawn, instead of the writing which she expected; and the following day another flower, very small but pleasing; then on half a sheet of letter paper a large flower was drawn, with tendrils and other parts of it, to form which the hand extended beyond the paper on to the table, and made it necessary to paste an additional sheet of paper at the side, and afterwards two additional sheets were found necessary, to allow room for the completion of the flower. This was the first flower form which was finished. It belongs to no known order, though it is of a beautiful and complex shape, and looks as if it might well have existence in nature, and be no small addition to the floral world.

There was no 'imagination' nor fancy in the production of it, for had there been, the original idea of the mind would have been followed by adapting the size of the paper, in the first instance, to the size of the flower that was to be drawn upon it. The mind was during the whole process of drawing, in an entirely inactive state; and the only condition in which the movement would continue, was by keeping the imagination and all ideas on the subject of the picture dormant.

The influence, whatever it may be, which moved the hand and produced these new forms in this new way, was always afterwards obtainable and obtained, under that only condition of quiescence of mind, and it produced no noticeable change either in the mind or the body, or any state of excitement, but rather a calm and pleasing feeling, which lasted all the time the hand was being moved and for long afterwards.

The movement, particularly in drawing the first outlines, both of that and subsequent pictures, was by long and rapid sweeps upon the paper, to form the stem and other parts of the flowers, and these were nearly always correct in the first instance, requiring no use of the India-rubber. Decided lines, beautiful forms, and combinations never before thought of, were thus produced in rapid succession. A large series of these drawings has been produced by devoting an hour a day to the use and practice of this wonderful faculty."

We have been allowed by Mr. Wilkinson most freely to examine and criticize these drawings. They are on large paper, about 18in. by 12in. on the average; bear undoubted marks of progressive improvement; and divide themselves into two classes,—one being a variety of flower-like figures,

of strange and unusual convolutions; and the other a series of mediæval-looking houses, figures, and symbols. Latterly both these kinds of drawings have been beautifully colored,—the colors, Mr. Wilkinson informed us, having been selected by his wife, by means of involuntary writing during the progress of painting.\* He also told us, and states the same in his book, that Mrs. Wilkinson had never before practised in water-colors at all, while her instruction in drawing had been a few school lessons a dozen or more years before, and since discontinued. We gladly bear testimony to the beauty and skill shewn in the flower-like drawings. The other set of drawings, representing houses and mediæval-like figures, are on the other hand very much out of perspective—indeed, in design, quite like the mediæval paintings recently added to the National Gallery, where houses, fountains, figures, and crosses, all lie on one flat level.

During the progress of these drawings, which have occupied now about a year (February, 1857-8), Mr. Wilkinson states that he found the power of involuntary writing by degrees shewed itself in his hand. As we are most anxious to give a fair statement of Mr. Wilkinson's whole case, and the more so as we cannot accept the magnificent spiritual fabric which he endeavours to rear on his slender foundation, we therefore, to prevent any hurt to his case from mis-conception on our part, again allow him, by quotation, to tell his own tale.

“I had, he says, for many weeks taken pencil in hand, and held it for several minutes at a time with no result, excepting the firmest conviction that it was of no use to try it again, for that it was impossible for my hand to move; and my conviction was borne out by repeated failures. It never moved a jot, and though I gave not up the trial, I held the pencil without hope. At last, one evening at my house, in the presence of several gentlemen, I again held it, and after waiting less than five minutes, it began to move, at first slowly, but presently with increasing speed, till in less than a quarter of an hour it moved with such velocity as I have never seen a hand or arm before or since. It literally *ran away* in spiral forms; and I can compare it to nothing less than the fly-wheel of an engine when it has ‘run away.’ This lasted until a gentleman present touched my arm, when suddenly it fell like an infant’s as it goes to sleep, and the pencil dropt out of my hand. I had however, acquired the power, and afterwards the same evening, my

\* *i.e.*, the artist states that on placing her hand on another piece of paper, without any act of volition or conception on her part, that she wrote one by one the colors to be employed in the paintings.

hand gently drew some geometrical and some flower forms. *The consequences of the violent motion of the muscles of the arm were so apparent, that I could not for several days lift it without pain.*

The producing of drawings soon ceased in my case, and in a day or two my hand, after going through a series of up and down strokes, moved into writing, and words and sentences were written, which I can only say were not only entirely involuntary on my part, but I did not know, in many instances, how a word already begun would finish; and several times 'what I would, that I could not' write. No stronger proof could possibly be acquired for myself than that some intelligence other than mine, as it had ever before been exercised, was at work in producing words which passed not through the ordinary channels of the brain.

In this way, through my hand, it was told us that I should soon be able to write some explanation of the drawings of my wife, she not being able to write but only to draw; and of many of her pictures, I have thus written what are called descriptions of them; but unless the two are seen and read together side by side, it will be impossible to convey much idea to the reader's mind of how much or how little they fit together."

These are briefly the facts narrated, with much openness and simplicity, in Mr. Wilkinson's "*Spirit-Drawing.*" Bereavement in his family, followed by presumed involuntary writing, in a boy twelve years old, of spiritual messages from his little brother;—messages evidently bearing the tone and coloring of the feelings and conversation of the afflicted circle at home begin the story. The mother then, her imagination touched on the saddest and most tender cord, *tries for many weeks* if to her hand, too, will not be given some message from her darling. At last the dear remembered initials once more trace themselves on paper, and lines and tendrils and flower-forms, and pictures of heavenly houses, with angels attending him, follow day by day, with progressive improvement in skill. Before these hopeful thoughts, sprung from the story of her child's supposed messages to his brother, had arisen, may-be like Constance she had feared in her sorrowing,

"When I shall meet him in the court of heaven  
I shall not know him: therefore never, never  
Must I behold my pretty Arthur more."

But a sudden light has broken over her grieving, and this new belief in his nearness, and this hope of personal communion with him, stirs all the holiest feelings of her nature, and so renders her a likely subject to be involuntarily influenced by her thoughts and hopes, and certainly unfits her to pass a judgment on so difficult a question of metaphysics, as

to how far the mind is always conscious of the efforts of the imagination, and when and where this faculty may, without perception, influence the will. Indeed, under the most auspicious circumstances, we are disposed to question the ability of the fairer sex, to handle so abstruse a point of metaphysics. And yet the whole spirit-fabric, which Mr. Wilkinson would build, rests on this very point. For if the imagination can ever influence the will, unrecognised by perception, here surely is a case where such an influence may be traced; and so would the theory of spiritual interposition in the production of these drawings grow dimmer and more doubtful.

That the imagination, and indeed any of the other intellectual powers, can so influence the train of thought and the resulting acts as writing or composing, without any recognized or direct act of volition, is a truth which metaphysicians and physiologists are alike agreed upon. Indeed the whole doctrine of the association of ideas depends upon the recognition of the fact, that once a subject of thought be either chosen or suggested, it develops itself and follows its own current without any intervention of the will, and that it is only when we intentionally divert this current of thought, and bring certain extraneous facts before the mind, that we at all use the will in the act of reasoning. Professor Carpenter, in his great work on Human Physiology, in treating of the functions of the nervous system well observes:—

“We may imagine a man sitting down, at a fixed hour every day, to write a treatise upon a subject which he has previously thought out; after that first effort of will by which his determination was made, the daily continuance of his task becomes so habitual to him, that no fresh exertion of it is required to bring him to his desk; and unless he feel unfit for his work, or some other object of interest tempt him away from it, so that he is called upon to decide between contending motives, his will cannot be fairly said to be brought into exercise. It may need, perhaps, some voluntary fixation of his attention upon the topics upon which he had been engaged when he had dropt the thread, to enable him to recover it, so as to commence his new labours in continuity with the preceding; but when once his mind is fairly engrossed with his subject, this develops itself before his consciousness according to his previous habits of mental action; ideas follow one another in rapid and continuous succession, clothe themselves in words, and prompt the

movements by which those words are expressed in writing; and this automatic action may continue uninterruptedly for hours without any tendency of the mind to wander from its subject, the will being only called into play when the feeling of fatigue, or the distraction of other objects, renders it difficult to keep the attention fixed upon that which has previously held it by its own attractive power."

Professor Carpenter, in a foot-note to this section, illustrates the automatic character of the mental action alike in writing and in composing music, by a reference to the lives of Coleridge and Mozart, in both of whom the trains of thought, when once started, proceeded in the most remarkable manner to their results without any intervention of the will to aid them. Indeed, Coleridge composed *Kubla Khan* in his sleep; Mozart wrote out the whole of the overture to *Don Giovanni*, the night previous to its performance. When only four years old Mozart began to write music which was found to be in strict accordance with the rules of composition, although he had received no instruction in these. Truly if Mrs. Wilkinson's drawing and music is attributed to spirit-agency, the productions of a child of four years old might, with much more shew of reason, be placed to the credit of the invisible powers.

Rather, we hope, will a consideration of this great mental and physiological law of *unconscious cerebration*, the recognised results attained by the direction of the mind to any given subject, without any consciousness of volition on our part, cause the recorders of the so-called spiritual facts, to pause in attributing to a violation, by unseen agency, of the fixed laws of thought, the simple results of a known and recognised mental law. When involuntarily they write thoughts and facts, which are not in harmony with their previous mental state, and of which they could not otherwise be cognizant, they may again plead their case before the bar of philosophy.

If once the unfelt influence of the imagination has guided the will in the control of such efforts as drawing, writing, &c., the force of mental habit, growing daily stronger, would alike account for the continuance of the gift and of its progressive improvement. "The habits," says our great Scotch metaphysician, "which the human mind is capable of acquiring by exercise, are wonderful in many instances. There are feats of imagination to be learned, by application and practice, as wonderful as the feats of balancers and rope-



dancers, and often as useless. When a man can make a hundred verses standing on one foot, or play three or four games of chess at the same time, without seeing the board, it is probable that he hath spent his life in acquiring such a feat. However, such unusual phenomena shew what habits of imagination may be acquired."

When such habits are acquired and perfected, they are exercised without any laborious effort. When a man speaks upon a subject with which he is acquainted, there is a certain arrangement of his thoughts and words necessary to make his discourse sensible, pertinent, and grammatical. In every sentence there are more rules of grammar, logic and rhetoric, that may be transgressed, than there are words and letters. He speaks without thinking of any of those rules, and yet observes them all, as if they were all in his eye. This is a habit so similar to that of a player on an instrument, that both must be got in the same way—that is, by much practice and the power of habit.

Moreover, the original powers of fancy, which vary so in different individuals, must be taken into account, as well as those operations of this faculty, which through continued habit become so familiar, as spontaneously to offer themselves without any apparent effort of the will.

And so too of the written explanation of these pictures, said involuntarily to flow from the author's hand. We hold these explanations, even from their internal evidence, to be human not spiritual. This of course is matter of opinion. Matter of fact, however, is it that these explanations are tinged and coloured with their author's own mental views and opinions of the spirit world, and its relations with the present,—views formed from a study of the writings of Swedenborg.

An apparent fallacy running through the argument, which would assert these drawings and writings to be entirely involuntary acts on the part of the agent, arises from a confusion of the two distinct divisions, which exist in the trains of thought passing through the mind. It is assumed, and herein lies the error of Mr. Wilkinson's theory, that acts like drawing and writing, if they do not result from a direct mental effort, are the guiding and breathings of some denizen of the spirit world. Yet any one who will examine carefully his own thoughts, will find that they follow in one of two

distinct trains. They are either such as flow spontaneously, like water from a fountain, without any exertion of a governing principle to arrange them; or they are regulated and directed by an active effort of the mind, with some view and intention.

It is not asserted that these two trains of thought are one or other singly present. On the contrary, they are often mixed. The mind is not often so vacant of all thought and purpose, except when very weary, or when, as in the case of the spirit-writers and drawers, left so of settled purpose, as to allow the thoughts entirely to flow unchecked; while on the other hand, as we know by sad experience in prayer, it is very hard so to fix the train of thought on any one subject as to exclude entirely all stray and wandering ideas. "Fancy, (says the author just quoted) is made up of trains of thinking, some of which are spontaneous, others studied and regulated, and the greater part are mixed of both kinds and take their denomination from that which is most prevalent; and a train of thought which at first was studied and composed may by habit present itself spontaneously."

We venture to suggest that this so called spiritual writing may be but one of these spontaneous sallies of fancy which are indeed as varied as the cares and fears, the desires and hopes of man. The spirit writings, which Mr. Wilkinson records and believes to have flowed spontaneously from his hand, are but the echo of his inner thoughts and a page of the mystical writings of Swedenborg, whom he reverences as his great ideal and spiritual hero. True whisperings from the spirit land, we venture to think, would bear a very different form than the mixture of evangelical theories, and flowers, and material interpretations of the apocalypse, which characterise alike Mr. Wilkinson's written (spirit) explanations of his wife's drawings and the teaching of Swedenborg. "Whatever possesses the heart, (says the great philosopher we have more than once quoted,) makes occasional excursions into the imagination, and acts such scenes upon that theatre as are agreeable to the prevailing passion. The man of traffic who has committed a rich cargo to the inconstant ocean follows it in his thought, and according as his hopes or his fears prevail he is haunted with storms, and rocks, and shipwreck; or he makes a happy and a lucrative voyage, and before his vessel has lost sight of land he has disposed of the profit which she is to bring at her return. In the devout man, likewise, the great objects that possess his heart often play in his imagination; sometimes he is tran-

sported to the regions of the blessed, from which he looks down with pity upon the folly and pageantry of human life ; or he prostrates himself before the throne of the Most High with devout veneration ; or he converses with spirits about the natural and moral kingdom of God which he now sees only by a faint light, but hopes hereafter to view with a steadier and brighter ray. In persons come to maturity there is even in these spontaneous sallies of fancy some arrangement of thought, and I conceive that it will be readily allowed that in those who have the greatest stock of knowledge and the best natural parts, even the spontaneous movements of fancy will be the most regular and connected. They have an order, connection, and unity by which they are no less distinguished from the dreams of one asleep, or the ravings of one delirious on the one hand, than from the finished productions of art on the other."

Herein lies the explanation of these supposed involuntary spirit writings, and in like manner Mr. Wilkinson's fancy dwelling on these strange flowerlike drawings, and on their presumed connection with his lost child, spontaneously connects with them, and writes out on paper, pictures and material ideas of the dwellings of the departed long familiar to his mind, and stamped with the marks of his spiritual hero's views.

The following extracts from Mr. Wilkinson's spirit writings, in explanation of one of his wife's drawings, will support this view of their production.

*"The Flower of Joy."*

"Joy towards whom? And why should the soul be joyful, and show its joy in such a form as this? True, it is beautiful, and all beauty is but the substantial form of happiness and joy which are produced by love; but the bells more than other forms represent this outward flowing of the soul, proceeding from this inmost love. It is the end of which the love is the beginning, but should not be pursued as an end, as it would cease to flow. The love, like a bright fountain, would be dried up at its source, and the poor soul would mourn that it had withdrawn itself from the loving father, the great Jehovah.

You have had many bell-like forms, and they came when you felt this joy, and because you felt it; because you had shown your trust in our father's love; and do they not chime, and peal, and ring sweet songs of peace and joy to you?

Do they not speak to you with the voice of harmony, with the sweet breathings of the heavenly spheres, that bring music out of

all they touch? They are born of love, and show their joy in sweetest sounds.

Now see our Father's care and love for us, and which is shown you here. Why is this happy bell of joy surrounded with its leaves, and girt in on all its sides? It is to show us how much our joys require the protecting care of Him who give them to us. It is to show us that when we feel most happy, we stand in need of Him only the more, to protect us from ourselves that we turn not from our Father when he gives us joy, and invert His blessings, by attributing them to ourselves. Dear father and dear mother, think of this, and tell it when you show this flower, and say that it is from the happy boy you tended with your love, and who left you only that he might be nearer to you, and help you on your upward way.

The Lord's light will shine upon your hearts, and open them in love if you will strive to do His will, and then joy shall be yours for ever, and heavenly music shall be ever ringing to cheer you on in holy life.

Pray that it may be so with you, and with all, that so there may be one fold and one shepherd.

Has not the Lord said:—

'My sheep shall never perish, neither shall any man pluck them out of my hand.'

Trust in him."

E. T. W.

Beyond the phenomena recorded by Mr. Wilkinson, and which we have endeavoured thus to shew may fairly be accounted for by the known laws of mental action, without having recourse to the theory of special spiritual agency—which, indeed, all Mr. Wilkinson's facts themselves disprove—there are other spirit writing facts, recorded in Mrs. Crosland's *Light in the Valley*, which we must now briefly notice. Mrs. Crosland not only repeats the story of spirit-writings coming to the initiated in vulgar English, but says, "there is a second sort of writing, which taken in connection with the sublime teaching that has been conveyed through its efforts, is one of the most striking and conclusive evidences of disembodied intelligences, communicating with the embodied humanity, that has yet been recorded. Three years ago, a young lady, a medium, whom I shall designate *The Rose*, was taught by spirits directly communicating with her, three spirit languages; that is to say, she was taught the meaning of certain characters and inflections, which are quite distinct as far as I have been able to ascertain, from any known languages ancient or modern." We freely admit they are. A drawing is given by Mrs. Crosland, as an illustration of

spirit-writing, and is simply the veriest scribble that ever idle school-boy drew upon his slate or version book, when instead of fixing the attention on his lessons, his mind wandered in passive flight to the play-ground or the woods. Mrs. Crosland says, that the sublime teaching conveyed through this scribble, as translated by the *Rose*, is conclusive evidence of its being a communication from the world of spirits. With that gallantry to the feeble efforts at logic of the fairer sex, which we trust may ever mark our relations with them, we at once admit the lady's premises, *i. e.*, alike the spirit writing and its interpretation, by *the Rose*, and proceed to try its spiritual nature by her own test,—the sublimity of its teaching.

“I now proceed,” says Mrs. Crosland, “to give a translation from the spirit language, together with a *fac-simile* of the original. [*The school-boy's scribble above referred to.*] It will be observed that when the writer's hand was seized, a few words of English were first written, and that the rough drawing of a wheel is introduced among the writing. The whole is somewhat reduced in size, the original having occupied half a sheet of ordinary note-paper. The writer, a gentleman, bears the spirit name Expansion.

The God-power in creation is represented by a wheel, ever revolving and evolving. God is the Creator and Sustainer, the Mover and the Fixer, the Transmuter and the Elevator, because in His nature is contained the perfection of all essences, beings, and things, that have been or ought to be. All His works form circles and cycles. For the last seventy years, the scientific segment of the wheel has been presented to this earth; hence an accumulation in the treasure-house of science of dead and material facts, which are now, in the present moment, in a state analagous to that of the dry bones in the valley of Jehoshaphat, in the vision of Ezekiel; an exceeding multitude, but very dead. Now the wheel of God's being is revolving, so that the spiritualising, which is the vivifying power, will pass over this same section of His outer creation—giving life, which is spirit—giving poetry, which is mind—to this inert and before immovable mass. Vivified and poetized, these facts of science will become popular: they will expand, and instead of being material, they will become the bodies of great mental and spiritual ideas. By the outer images thus accumulated by the outer mind, God will dower His mental and His spiritual poets and messengers. From these facts they will derive images of the true God-nature, which will no longer appertain to the outer, but will become the vehicles of interior, or God-thoughts, to the most outer mind; for God is now showering His mental baptism upon science and the scientific mind. It will take about thirty years to perfect this mental baptism, and then the spiritual light and life will come in their fulness and their brightness. Science

being the body mentalized, science the representative of the real nature of God, after the lapse of thirty years, His spirit will be potent to triunize the whole to Himself."

But lest we be accused of judging rashly from one specimen of the sublime, we add a second translation by *the Rose*, this time of writing, *wholly of a symbolic character*, or in plain English, of a full moon with eyes and nose and a series of crosses floating on wings above it.

"The next specimen I present," says our authoress, "of combined spirit drawing and writing, is wholly of a symbolical character. It was executed through the hand of a gentleman, who has become a medium within the last four months, and who bears the spirit name of 'Confidence.' I need not repeat that the hand was moved by a spirit without any volition or knowledge of what was to be executed on the medium's part. The following is an explanation; the symbolism here shewn translated by *the Rose* from the spirit language:—

*The Seven Days of Creation.*

The seven spheres, each with a cross, represent the seven days of creation, each day with its crucifixion; each successively created Being a suffering Being. The largest cross at the right hand, as looked at from the world, is the first crucifixion of God himself in His outer, individual, human manifestation. The left cross, which is the later, and at the present time the least developed, is the mental manifestation, evolving from which is the woman's word, the outer, the inner, the innermost. Then the cross disappears entirely, because there will be a progression without a cross. Now, in the present age, it is a progression in and through and with a cross. *The whole creation is encompassed by an undeveloped triangle.* (What does an undeveloped triangle mean?) The universal woman which is represented by the large half moon, is encompassed by the undeveloped triangles. The wings represent the influence of mind. We, at the present time, are in the sixth day, as typified by the wings attached to the sixth sphere. This sun, with a fuel in it, is a symbol of the whole nature of the divine powers, uniting the undeveloped triangle to the more perfected triune of the heart. The winged heart has a cross in its upper and in its lower section, showing that the lowest as well as the highest organization must be polarized to God by crucifixion and suffering. The spheres in each section of the heart, prove that the lowest, as well as the highest natures, must become spherical through suffering."

Spherical through suffering! Surely the fine Rose has passed that small strait between the sublime and the ridiculous.

A good sequel to this wild effusion of the Rose, is the following vision which Mr. Wilkinson, in his otherwise comparatively sober book records, as having been written down

from the utterance of a clairvoyante, and sent to him as likely to interest him about his dear boy's new state. "She had never (Mr. Wilkinson says) seen him in this world, but afterwards recognized him by a photographic portrait which was shewn to her. Soon after ceasing to speak she awoke, and then knew nothing of what she had seen and spoken; but she told me that sometimes a dim perception of it came to her after two or three days."

Here are two of these visions, and very funny ones they are :

"August 26th, 1856. I can see him but shall not be able to speak with him *now*. He is with two angel guides. They are instructing him that he has passed from the earth into the spiritual world. He cannot understand his passing away from the earth, *because the guides are so like his father and mother*—as nearly like them as can be. (A pause). I asked this angel who was near me, how he appeared when he first came into the world of spirits. He said as if he had a pain in his neck, where he held his hand. He looks very well now, and I think will progress rapidly. The angels are so like the family, that he thought they were his parents.

Nov. 7th. He is here. He has grown very much, and is quite altered in appearance. He is much taller, and looks very handsome. His hair is quite light. He has on a purple dress. You can see it is he; though he is so altered to look at, you can see the old face. He is in a class now. He has only one child to teach. He is learning the correspondence of heavenly societies. The angels take the class through the societies once every twelve days, counting in our days. They are with that society as long as they can remain, to see how they live. He was through one yesterday; it corresponded to time and order combined. He cannot remember all that was done. When they arrived there in the morning, two angels met them at the gate of a city. There were twelve boys. They divided, and each angel took six of them. They washed their hands and their feet, and changed their garments, before going into the house. They then had to read a verse from the Word each, and as they read, each verse took a different form; some became flowers, some fruit, some precious stones. His was a small ring. In the stone of this ring, they can read all the instruction required till they go the next excursion. They then passed into more interior states, which he cannot remember. They would then be seeing the more internal life. He sends his love to his parents and brothers, and tells them he is very happy. The angels say, that when he is fit he will be near one of his brothers as a guide. He is very anxious to do something for those he has left in the world. This is for his parents: 'The Lord is goodness itself and truth itself, and doth lead His children through paths they have not known. Jehovah will pour His Spirit into His

people, and will guide them by the stream of truth. He will bless and protect His people throughout all generations.'

It is part of the lesson he learned yesterday; more interior than he could have received from this place. He looks about sixteen."

Mr. Wilkinson so gravely asks "if these visions do not consist with all that has been written of the spirit world," that we are really driven to pause to tell him that they read to us, and we have not quoted the most absurd, as a painful parody on those glories of the spirit world which it was given to John Milton and George Herbert almost to touch on with the eye of faith, and to sing of in immortal verse, if so be that our faint hearts and dull ears might catch some echo of the heavenly strain. Just let him soberly for once compare his clairvoyante rubbish with their pure spiritual notes.

In a recent review of Mr. Wilkinson's book in the *Examiner*, from the pen, we believe, of the accomplished Secretary to the Commissioners in Lunacy, the following observations on these said heavenly visions occur:—

"Minds that can see heaven in this nonsense are of course incompetent to understand how unworthy are all such imaginings of serious attention from the world. They are things not to print in books, but to disclose to the private medical attendant. The form of direct personal experience which these volumes take, and the domestic sorrow to which they so often refer as the source of it, compel some personality in the discussion. 'What!' says the author, 'do you deny the evidence of my own actual experience. Then you must think me knave or fool, or perhaps madman.' That does not necessarily follow. Mr. Wilkinson's book, at any rate, does not deprive him of our respect. We simply feel that the arguments most likely to be of avail in his particular case are rump steaks, good port wine, shower baths, horse exercise, a few months' sojourn by the sea-side, and perhaps mineral tonics."

Mr. Wilkinson says that this faculty of involuntary spirit writing and drawing is almost universal, that fifteen out of seventeen succeeded in a first trial. We are here also open to conviction, but hitherto all our experiments on this point have *utterly* failed.

2. *Spirit-rapping.* We now pass to this the second division of our subject.

The supporters of spiritualism concur, in a very curious manner, in their assertion, that under the presumed influence of the spirits (the old puritan divines of New England, as we shall hortly see, said under that of the devil) the laws of gravity are suspended, and that tables move about untouched even



by human hands ; and further that by invisible raps, or else by the tilting of the table, at certain letters of the alphabet, the spirits communicate messages to those present, often indeed declaring who they themselves are. Mr. Silk Buckingham and Joseph Hume are both reported to have thus communicated with a certain circle in London. In another select circle at Blackheath, graced by the presence of Mr. and Mrs. Crosland, and of her dear young friend, some of whose hysterical visions we have above recorded, the spirits we have been informed, have ordered a particular sort of table with three legs, and specially scented and polished, to be constructed for the purpose of communicating by tiltings with the circle. Seriously, we are relating facts which have reached us from an undoubted source. At one of these sêances after dinner, a gallant captain in H.M. service, and an author, placing both his elbows on the table, softly said, "dear spirits have you any message to communicate?" and then the assembled guests were enlightened by a series of raps or tiltings, from which words and sentences were spelt out by the initiated.

Mrs. Crosland in her book, from which we have already quoted, *Light in the Valley*, says that "few persons who have often heard the raps, will confound them with any other sound, or admit that they are easily to be imitated; for the noise seems to proceed from the very body of the wood, and frequently before any sound is heard, the table appears to heave and pulsate like a breathing thing." We are sorry to be compelled rudely to shake any lady's faith, but unfortunately at an after dinner circle, at which Mrs. Crosland was present, the raps were imitated by a young friend of ours,\* and from his raps the party managed to spell out a message of the usual kind; while the dining table was, with the aid of the strong knee of another friend present, made to lurch and tilt to the satisfaction of the faithful. This requires no comment.

We proceed with our statement, and in order to avoid all possible charge of unfairly representing the case, we shall here insert a long extract from Mr. Rymer's pamphlet,\* referring to this table moving and rapping.

\* We have in confidence communicated the names here referred to, to the Editor of this journal. Our readers will find several detailed exposures in the article in the *Westminster*, for January, 1858 (p. 53, et seq.) to which we have already referred.

\* Spirit Manifestations ; by John Snaith Rymer. London, 1857.

“A table moves (he writes) and apparently without any aid or assistance from those around it. Professor Faraday gives as his opinion, that the movement is the result of unconscious muscular, or nervous agency; and I am free to confess that, if the phenomenon had not been further developed, I dared not have ventured to have gainsayed the conclusion of Faraday; but pursue the enquiry, and you will find that tables not only move from side to side, and round and round, but they are raised perpendicularly from the ground. Twelve of my family and friends were seated round my drawing-room table, all had their hands on the surface, on the table was a large moderator lamp in full light; the table was raised at least six inches from the ground and waved in the air, at such angle that the lamp under ordinary circumstances must have fallen off. One of the party, a clergyman of the Church of England, was so surprised, that he held up his hands, exclaiming—‘*the laws of gravitation are suspended.*’

We sat in circle again and again; in addition to the movement, loud *knocks were heard*; they did not proceed from any of the persons present. We had been told that these sounds were made by some unseen and intelligent being who wished to communicate—and that if any of us would call the alphabet, there would be a sound or knock at the *letter* wanted—that each letter so sounded or knocked at would form a word, and that the several words would be the sentence to be communicated—we did so, and the result was invariable. On the occasion I allude to, the sounds or knocks on the table were loud and distinct;—we asked if the alphabet was wanted, and if so to give five knocks on the table—five loud knocks were immediately given, which were heard by all at the table. The letters of the alphabet were then repeated, and at each of the letters there was a distinct knock;—by this means we had repeated communications, all of which bore the stamp of intelligence, still I hesitated to conclude, and determined to continue my investigations. We recorded every incident,—we sat in circle—our friends were admitted,—strangers were invited,—and certainly not fewer than one hundred persons had the opportunity of witnessing and examining at my house.

Sir David Brewster, Mrs. Trollope the authoress, and her son Thomas Trollope, my brother a man of intelligence, a friend a collegiate, Mr. Home (in whose presence wonderful physical manifestations took place), and the members of my own family were present one summer evening. The table at which we sat was a long telescope dining table, having two legs at each end and none in the centre. One end was occupied by Mr. Trollope, Sir David Brewster, and my eldest girl, Mr. Home sat about the centre of one side, having Mrs. Trollope on his left; I sat at the other end, the others present occupying the remainder of the table. There was no cloth or drapery of any kind; Sir David was invited to look under the table and make every investigation, and he did most

properly avail himself of the opportunity afforded him by carefully looking under the table, both before sounds were heard and during the time they were being made. On this occasion I find recorded, in the handwriting of my brother, a short account of what took place; I will give you it in his own words: "Table moved from side to side, raised at one end, raised entirely from the ground; Sir David tried to lift the table, sometimes he could not, at other times he could, or, as Sir David said, 'the table was made *light and heavy at command.*'"

I purchased an accordion, it was called for: hymns and tunes were played, and without any visible agency. After the party broke up, Sir David, in the course of conversation, said, 'I should have liked if we had been all standing when the table lifted.' Sir David, Mr. Trollope and myself then sat down to see if it were possible to move the table or to raise it by our feet, but it could not be moved by the the united efforts of the feet of all three. I invited Sir David to come the next evening for the pupose of complying with his request of standing at the table, but he could not, having a pre-engagement.

This table, which is twelve feet long, has been completely turned over, while three of my own family and a friend were seated at it, replaced, and again turned over, all our hands being on the surface; occasionally it had been<sup>d</sup> moved while we were all standing, without any one touching it, even with their hands.

Mr. Trollope came on the following evening; we sat round the same table as on the previous evening; the alphabet was called for, and three of us were told to go into another room, to get a smaller table, and stand. We were not to sit but to stand; we did so, and a heavy card table, on pillar and claws, and which was brought at my request from another room, and at which we had never sat before, was repeatedly lifted off the ground at least twenty inches.

These are strong facts, and it is allowing a great deal to say that we think Mr. Rymer to be in earnest in stating his belief in them. For ourselves, we entirely disbelieve them, and shall gladly give any one the opportunity, as we have many weeks ago told Mr. Rymer, of convincing us of our unbelief. In the meanwhile, we venture to recommend to his attentive study an old-fashioned college text-book, which we suspect he has never opened—*Pratt's Mechanical Philosophy*. He will there learn of those immutable laws which the unchanging God has impressed, once for ever, on his creation; laws which alike bind the planets to their orb, and fix in their unvarying relations every atom of inanimate nature; and reading of the wondrous harmony and order which reigns by their operation throughout the wide bounds of creation, he may perhaps come to share our doubts and

disbelief of those imaginings which tell us of their violation in moving tables, and shaking lamps, and dancing chairs, and all for the senseless object of repeating the platitudes of the pulpit oratory of the day, as distilled through the medium's mind. And he may perchance, should his study prosper, catch also a sense of the pitying scorn with which those, nurtured on the strong meat of the inductive philosophy, within the very courts and halls that Newton trod, view these sickly spiritualist dreamers, thus drunk with the new wine of folly and credulity.\*

We make this appeal to Mr. Rymer rather than to the other narrator of the incredible from whom we have quoted, Mrs. Crosland, because his vocation affords a probability that the rules of evidence and laws of logic may have some influence on his judgment; while, alas! the unfortunate lady in question is evidently willingly, and, we fear, so hopelessly lost in the dark mazes of an ignorant, unquestioning superstition, that we are content to let her pass on without farther challenge, in the path she has chosen for herself, of "declaring and proclaiming, and not wrapping in a napkin, the talent of spiritual experience which has been vouchsafed to her."

And this good old text-book mastered, Mr. Rymer may also with advantage ponder on the warning words of the

\* Since writing the above, we have met with the following passage in Mr. Buckle's recent *History of Civilization in England*, which we earnestly commend to the consideration of those who, like Mr. Rymer, believe in the power of supernatural agency to influence the mechanical laws which regulate the movements of their chairs and tables, and other fixed bodies. Yet surely it is sad here, in the middle of the nineteenth century, to have thus to argue for the truth of the most simple laws of dynamics:

"It is evident," says Mr. Buckle, "that a nation perfectly ignorant of physical laws, will refer to supernatural causes all the phenomena by which it is surrounded. But so soon as natural science begins to do its work, there are introduced the elements of a great change. Each successive discovery by ascertaining the law which governs certain events, deprives them of that apparent mystery in which they were formerly involved. The law of the marvellous becomes proportionately diminished; and when any science has made such progress as to enable those who are acquainted with it, to foretell the events with which it deals, it is clear that the whole of those events are at once withdrawn from the jurisdiction of supernatural, and brought under the authority of natural powers. The business of physical philosophy is to explain external phenomena, with a view to their prediction; and every successful prediction which is recognized by the people, causes a dissolution of one of those links which, as it were, bind the imagination to the occult and invisible world. Hence it is, that supposing other things equal, the superstition of a nation must always bear an exact proportion to the extent of its physical knowledge. This may, in some degree, be verified by the ordinary experience of mankind. For if we compare the different classes of society, we shall find that they are superstitious in proportion as the phenomena with which they are brought in contact, have or have not been explained by natural laws."

founder of modern philosophy, who, in *the Advancement of Learning*, when illustrating the vices or diseases of learning, and coming to discourse of deceit or untruth, so wisely says: "This vice (deceit or untruth,) brancheth itself into two sorts; delight in deceiving, and aptness to be deceived; imposture and credulity; which, although they appear to be of a diverse nature, the one seeming to proceed of cunning and the other of simplicity, yet certainly they do for the most part concur: for, as the verse noteth,

Percontatorem fugito, nam garrulus idem est,  
 an inquisitive man is a prattler; so, upon the like reason, a credulous man is a deceiver: as we see it in fame, that he that will easily believe rumours will as easily augment rumours, and add somewhat to them of his own, which Tacitus wisely noteth when he saith, *Fingunt simul creduntque*; so great an affinity hath fiction and belief. This facility of credit, and accepting or admitting things weakly authorised or warranted, is of two kinds, according to the subject: for it is either a belief of history, or, as the lawyers speak, matter of fact, or else a matter of art and opinion. As to the former (*which is Mr. Rymer's error, or, as Bacon would say, his vice or disease of learning,*) we see the experience and inconvenience of this error in ecclesiastical history; which hath too easily received and registered reports and narrations of miracles, wrought by martyrs, hermits or monks of the desert and other holy men, and their relics, shrines, chapels, and images: which though they had a passage for a time by the ignorance of the people, the superstitious simplicity of some and the politic toleration of others, holding them but as divine poesies; yet after a period of time, when the mist began to clear up, they grew to be esteemed, but as old wives' fables, impostures of the clergy, illusion of spirits and badges of anti-christ, to the great scandal and detriment of religion."

Mr. Rymer very strongly presses the theory, that these spirit rappings are sent for the furtherance of our knowledge in divine truth. Thus he writes:—

"They come to enforce, explain, and expound the Bible. This they do daily. Time will not permit me to give many examples; the following must suffice. It was written, "Read the second and third verses of the eighth chapter of St. Matthew." We read, "And, behold, there came a leper and worshipped him, saying, Lord, if thou wilt, thou canst make me clean. And Jesus put forth his hand, and touched him, saying, I will; be thou clean. And immediately the leprosy was cleansed."

The two verses were thus expounded.

“*By leper*, you must understand one who profanes God and his truth and word. Leprosy is a *spiritual disease*.

“*To worship*, is to acknowledge the Lord God and believe in him; God and man manifest in the flesh.

“*If thou wilt, thou canst make me clean*. Spiritual confidence in God’s power and glory, which every one must have; every one must have full confidence in God to be made clean.

“*And Jesus put forth his hand*; putting it forth is God’s will being executed; hand, means power. Remember he is always putting forth his hand.

“*And touched him*. *By touching* is meant the communication of the will and the power; the man diseased was brought unto the Lord, the divine influence, and *was cured*.

“*And immediately the leprosy was cleansed*, that is, having confidence in the Lord’s power, he was made clean by the Lord’s omnipotence.”

Now really the mildest domestic commentary, say Scott’s or Barnes’, would deal better with this text, which we have selected at hazard, than the spirits do. By leper we are to understand, they say, one who profanes God; leprosy, they add, is a spiritual disease. Why a leper was a man suffering from a real physical disease. Many a wretched outcast Jew doubtless wished it had been a spiritual not a physical ill.

That this affliction was used by the prophets and our Lord in their teaching, as a type of sin, and the Jewish sanitary law, in force against it, and the seclusion and mournful separation of the leper from society, as an emblem of the exclusion of the polluted by sin from the true city of God, is a very different story.

Again, *and touched him*. Could the spirits here see nothing taught beyond the usual result of touching viz: communication of the will and power? No glimpse of His taking on Him, touching, laying hold of, our nature—a truth caught by the great apostle of the Gentiles, when he writes to the Hebrew converts of his risen Lord taking on Him (by contact or touch, as the Greek word used carries with it) our very nature? And so on through the other verses and illustrations given, where the spirits sadly miss in their rappings the spirit of the Inspired Word. Ignorant laymen as we are, we are content to back with heavy odds our commentary on any given text, against that of Mr. Rymer’s spirit teachers. Mrs. Crosland prints a long *Discourse on the Trinity received through the alphabet by raps*, too long for us to reproduce here. It is a most common place ordinary dis-

course on this deep mystery, such as we might look to find interwoven with the address-prayers in a dissenting pulpit.

The writings of the spiritualists, abound with triumphant reference to the support, which their tenets receive from the Holy Scriptures. In reply to such reasoning, we subjoin the following well-weighed remarks on this aspect of the question, from a review in a recent number of the *Saturday Review*,\* the ablest of the weekly London press:—

“ Mr. Wilkinson’s book deserves notice, (it is said) because it shews how incapable people, of average understanding, neither ignorant nor apparently extravagant, often are of looking at subjects of this kind, from a scientific point of view. Mr. Wilkinson is we believe a Swedenborgian, which may account for his individual speculations. He begins with a story about the communications he received from his deceased son (a boy of twelve) about all sorts of spiritual matters; and he not only receives as absolute truth whatever comes to him through that channel, but instantly applies it as a sort of key to the Bible. He constructs at once out of passages, which most people regard as extremely obscure and mysterious, a system of what we may call angelology, containing all manner of questions about heaven and hell, good and evil, the resurrection of the body, the communion of saints and much else. Nothing could be more curiously characteristic, than the tacit assumption, which is involved in such a proceeding, that the Bible is a sort of cyclopædia in riddles, from which a person who makes any discovery, may immediately proceed to extract any amount of knowledge, which had previously been concealed from the world; and certainly nothing could show a greater absence, not only of acquaintance, but even of sympathy with scientific methods of proceeding. Mr. Wilkinson’s mode of argument—and it is a lamentably common one in an age in which zeal is so much more frequent than knowledge, and by no means confined to the curious religious body to which he belongs, is to persuade himself first that a particular view is true; if true it must be recognised in the Bible; and therefore every text which refers to the subject on which it bears must be explained by it. *The conclusion of course is, that the texts prove the view by which they are explained; and thus we obtain the result that the view is in the Bible because it is true, that it is true because it is in the Bible. This is usually met by the opposite view,*

\* February 20th, 1858.

*that it cannot be in the Bible because it is not true, and that it cannot be true because it is not in the Bible.*

“Any one who will take the trouble to observe the controversies which abound so much in the present day upon geology, spirit-rapping, and other subjects which are in any way capable of bearing a theological aspect, will find that they are reducible to this form; and it is no wonder that they should end in a sort of pelting match, in which the texts which require the least twisting to be made serviceable to either party are used as missiles. Inasmuch as the utmost that either side can hope to prove is, that the Bible is not opposed to them, this kind of dispute is neither very wise nor very respectful to the Book to which the disputants appeal; and the popularity of such disputes is the clearest illustration of the slightness of the influence, which our great modern progress in scientific knowledge, has exercised over a large class of men, who may fairly be said to be educated. It would be wonderful if we were not constantly viewing new proofs of the fact, that hardly any one will acquiesce in ignorance or submit to acquire his knowledge by degrees. Upon any subject which lies a little out of the beaten track of every day experience, the common impulse is to put together a hasty theory of insufficient materials, and if the subject admit of such a proceeding to get a set of texts to prove it. The counter process generally consists not in showing the insufficiency and inconclusiveness of such arguments, but in shewing if possible that they would involve some theological difficulty. The uncertainty, the length of time, the suspension of judgment involved in scientific investigation, are so painful to the mass of mankind, that they will always leave that part of any subject, in order to go to something over which they can wrangle, because the facts lie in a small compass. For one person, who looks upon the whole spirit-rapping mystery as a question of fact, five will argue from particular texts about its being angelic or diabolical. Indeed it is impossible not to see that a great part of the popularity of various theological controversies, arises from the popular notion, that any one can take part in them, and that there is no other subject on which a small amount of critical or historical learning can be made to go equally far.”

‘3. *Spirit seeing and hearing.* The spiritualists are not content with their asserted victory over the physical laws which govern matter. That tables and chairs should move by spiritual aid, and rap out by unseen knocks theological



common-places, does not content them. Their art invades even the domain of the senses. They farther calmly record, and call upon us to credit the statements, that music and sweet sound is produced by these spirits without any human agency; that hands clothed in flesh, and belonging to none present, are seen at their circles, endowed too with muscular power, and a will to direct them; that these hands take rings and put them on, and greet with the accustomed pressure the friendly touch.

Mr. Rymer's testimony on this point is quite explicit. Both in his pamphlet and also in conversation with ourselves, he represented his belief in these manifestations. Thus Mr. Rymer writes:

"At Sandgate in Kent we numbered thirteen: the table was elevated at least two feet; the accordion was played,—the tune was not known to any of us; we asked the name, and we were told through the alphabet that it was—'the Song of the Sea'—A hand and arm in white drapery appeared, it was seen by all at the table on several occasions during the evening, and we had every opportunity of very carefully examining it.

A few evenings afterwards the table was near the window,—it was twilight,—my second girl was touched by a hand, sounds were heard, the accordion was played,—the tune was new; we were told by means of the alphabet it was 'the Song of the Angels to the Mourners,' followed by a hymn which had been frequently played before. It was then spelt out by sounds on the table,—some will shew you their hands to night,—the table was then gently raised and lifted up several times—a hand appeared above the table and took from the dress of one of the party a miniature broach and handed it to several at the table—several hands and arms were then distinctly seen by all at the table of different forms and sizes; sometimes crossed as in prayer, and at other times pointing upwards; on another occasion sounds were heard, communications were made, and hands and arms in white drapery were again seen. A spirit hand took up a Bible which was on the table and opened it; this was seen by all—a leaf was folded down—the hand took a pencil and marked the two verses sixteen and seventeen of the thirteenth chapter of St. Matthew: 'But blessed are your eyes, for they see,' &c., &c.

We have not only seen hands and arms, but they have been repeatedly felt by all at the table as distinctly as though they were the hands and arms of living mortals, and we have very frequently shaken hands with them as really and substantially as one man shakes hands with another."

Mrs. Crosland is equally strong about these spirit hands, saying that "there are hundreds of persons now living who

have been touched by spirit hands, have seen the writing of spirit fingers, have beheld the spirit hands become incarnate, and move and handle visible objects, and have watched their material covering fade away, even as a thick feather of steam apparently dissolves into nothingness."

These manifestations, Mrs. Crosland states, and Mr. Rymer has also told us the same, "do not occur except by the instrumentality of such a powerful medium as Mr. D. Home." Our own opinion is, that Professor Wiljalba Frikell, now performing at St. James's Theatre, would probably be found to be a medium of at least equal power.

Again, the assertion that musical instruments play without any human agency is equally bold, as also testimony to the fact, that certain favoured mediums (we again suggest Professor Frikell,) float about the room, being taken up bodily and carried even for 60 feet high in the air. (see *Westminster Review*, loc. cit.)

Our space obliges us to leave these marvels with this brief notice, adding to it the following remarks from a recent leader in the *Times* (Jan. 5,) on another strange mental epidemic of our own times, the Mormon belief in the inspirations of Joe Smith:

"All sensible and sagacious men, (it is there said) have long ago given up the idea of limiting human audacity and human imbecility, the extent to which men exaggerate evidence, and will annihilate evidence, will be satisfied without proof, and will resist the most palpable proof. All this department of human nature is unfathomable, and therefore the issues and fruits of it are wholly incalculable. Up from their dark abysses stream these lurid vapours, and overshadow our bright earth. Nobody could predict twenty years ago the new opinions of the last twenty years, and nobody can predict now the new opinions of the next twenty years. All this has been said fifty thousand times, been said without refutation, and even without denial. Some men of remarkable sagacity have indeed devoted their whole philosophical lives to the illustration of this truth. Solomon was one of these philosophers, Montaigne was another. The moral from both their books is, that human nature is a most profound and inexplicable medley, that nobody can possibly tell what mankind may under different circumstances think, do, say, feel, believe, expect, hope, fear, regret, or boast of."

A curious feature of this morbid mental condition is its tendency to reproduce itself in very varied phases of society. The whole story of the spiritualists, including the rapping, and even the visible spiritual hand, was firmly believed and

recorded by the pilgrim fathers, who, it will be remembered, revelled in the free land, beyond the seas, they went to seek, in the burning of witches, with a glee and zeal far surpassing that of the backsliders of the old world, whose cruelty and intolerance they professed to fly from.

In a curious volume (recently reprinted in Mr. Russell Smith's valuable series of *Old English Authors*), entitled *Remarkable Providences illustrative of the Earlier Days of American Colonization by Increase Matter*, a chapter is devoted to things preternatural, which have happened in New England. This old puritan divine attributes the occurrences to diabolic, not spiritual interference. In 1679 the house of William Morse, in Newberry, in New England, is related to have been strangely disquieted by a demon. The doings occupy many pages to narrate. Stones and bricks were thrown by invisible hands against the house and windows; the chairs and tables were lifted with an agility which might well put Mr. Rymer's dining-table to the blush. A chair, it is related, flew about, and at last alighted on the table, where victuals stood ready for them to eat, and was likely to spoil all; only with a nimble catching they saved some of their meal, with the loss of the rest, and the overturning of the table. Ashes from the hearth were thrown into their victuals—yea, and upon their heads and clothes; and when the hapless saint fled for refuge to his chamber, one of his shoes, being left below, was filled with ashes and coals, and thrown after him. A dish again, with a tendency to action long a-head of Mr. Rymer's lamp, went out of its place, leapt into the pail, and cast water upon our friend William, and spoilt some writing he was engaged with. And so on through many pages of suffering.

Nor were rapping manifestations absent. In another instance, in Jedworth, it is related that in April, 1661, Mr. Mompesson's house was much disturbed with knockings and with drummings; for an hour together a demon would beat round-heads and cuckolds, the tatter, and several other points of war, as well as any drummer. Furthermore, it is narrated that, on one occasion, one in the room said, "Satan, if the drummer set thee a work, give three knocks and no more," which was done accordingly. In the nineteenth century we carry on this folly, with the simple difference of Mrs. Crossland and Co.'s address of "Dear Spirits," in place of "Satan." But *equally* come the knocks. Nor were spiritual hands wanting in New England, though the theory of mediums, to clothe them by their own disrobed humanity, might be yet unknown.

At Portsmouth, in New England, in June, 1682, in the house of George Walton, beyond the most terrific flying about of stones and the appearance of a black cat, some of the family reported that they saw once the appearance of a hand put forth at the hall window, throwing stones towards the entry, though there was nobody in the hall the while.

But one more favoured still was thirty years later the object of similar demoniacal effects, as he held them to be.

In Southey's *Life of Wesley*, an account is given of rappings of a very similar character, at Wesley's father's house, at Epworth, in Lincolnshire, in 1716. In the notes and illustrations appended to the biography, Southey has printed a series of letters, narrating these incidents, by Mrs. Wesley to her son Samuel, the elder brother of John, also one or two by his sister Susannah, and a statement from the Journal of Samuel Wesley, the father, "of noises and disturbances in my house at Epworth, Lincolnshire, in December and January, 1716." There is also a narrative, drawn by John Wesley himself, and published in the *Arminian Magazine*.

The facts narrated in these several documents, entirely support each other, and refer to loud and frequent knockings, on and about the beds and on the walls; to sounds like the steps of a man going up and down the stairs at all hours of the night; sounds like that of dancing; clashing among the bottles, and another sound distinct from it "as if a peck of money had been thrown down before us." Again, the latches of the doors were opened by unseen agency, and Wesley (the father) was "thrice pushed by an invisible power, once against my desk in the study," &c. It is also stated that at night, at family prayers, the knockings at the prayer for King George and the Prince always recurred; that when the prayers for the king and prince were omitted, there was no knocking.

Southey's *Life of Wesley* is so familiar a book, that any of our readers interested in the matter, may easily refer to the letters and documents in question. Southey's remark, after narrating in four pages the principal facts, it is due to him to quote. "An author," he says, "who in this age relates such a story, and treats it as not utterly incredible and absurd, must expect to be ridiculed; but the testimony upon which it rests is far too strong to be set aside because of the strangeness of the relation . . . such things may be preternatural, and yet not miraculous: they may be not in the ordinary course of nature, and yet imply no alteration of its laws. And with regard to the good end, which they may be supposed to answer, it would be end sufficient if sometimes one of those un-

happy persons, who looking through the dim glass of infidelity, see nothing beyond this life and the narrow sphere of mortal existence, should from the well-established truth of one such story (trifling and objectless as it might otherwise appear) be led to a conclusion that 'there are more things in heaven and earth than are dreamt of in their philosophy.'"

A greater than Southey, who loved oft to read his story of the life of this earnest servant of Christ, comes nearer the truth than Southey did in his analysis of this fancy. In Coleridge's copy of this work, which he left to Southey, we find the following note: "All these stories, and I could produce fifty at least, equally well authenticated, and as far as the veracity of the narrators, and the single fact of their having seen and heard such and such sights or sounds, above all rational scepticism are as much like one another, *as the symptoms of the same disease in different patients. And this indeed, I take to be the true and only solution, a contagious nervous disease, the acme or intensest form of which is catalepsy. S. T. C.*" And again in a note on one of Mrs. Wesley's letters, Coleridge says in support of this view: "First the *new* maid-servant hears it, then the *new* man. They tell it to the children who now hear it; the children tell the mother, who now begins to hear it; she the father, and the night after he awakes, and then first hears it. Strong presumption, first, that it was not objective, *i. e.*, a trick; secondly, that it was a contagious disease to the audital nerves, what vapours or blue devils are to the eye. Observe, too, each of these persons hears the same noise as a different sound. What can be more decisive in proof of its *subjective* nature? S. T. C."

These notes of Coleridge appear to us to settle the Wesley raps and sounds quite effectually, despite of Southey's apparent belief in their reality.

We had intended to have completed this article by comparing this mental epidemic of spiritualism with some of the allied mental disorders which history records as having afflicted the human race. Our limits, already exceeded, oblige us to defer this to a future number. We would only add to our present observations, a sentence from the remarks with which the writer in the *Westminster* brings his sketch of spiritualism to a conclusion, where he says, "This movement presents to the psychologist or student of mental philosophy, a most remarkable assemblage of facts illustrative of the power of fraud, hallucination, deception, and self-deception; furnishing him with another instance of

those epidemic maladies of opinion which merit more scientific treatment than they have yet received; which, though generally religious, are not necessarily so, as we have seen in a large scale in the Mississippi scheme, the South Sea bubble, and the railway mania that swept through society like cholera or the plague, and frequently on a smaller scale in politics, in which opinions without foundation, and excitement without cause, have suddenly sprung up, and run their brief course fainter and unrecognised, *but equally unquestionable indications of mental disease.*"

C. LOCKHART ROBERTSON.

*The Land of Silence and the Land of Darkness.* By the Rev. B. G. JOHNS, Chaplain of the Blind School, St. George's Fields. London: Longman, Brown, Green, Longmans, and Roberts, 1857.

The work before us is a reprint of a series of articles on the education of the deaf and dumb and the blind, which appeared in the *Edinburgh Review* from the pen of Mr. Johns. They are written in a pleasing manner, and, with their somewhat *ad captandum* title, are likely to attract the attention of those who may not hitherto have thought much upon the matter. Mr. Johns is chaplain to the school for the blind in St. George's Fields, and doubtless his experience as such has given him opportunities of observing and comprehending their true condition, and the best means for ameliorating it; but we are at a loss to see that the same follows in the case of the deaf and dumb, since the modes of educating the blind and the deaf have little in common.

With regard to the deaf and dumb, the author states that he was first led to the publication of these remarks after careful thought, by the scanty evidence to be derived from books. Since then, however, circumstances have introduced him to the society of an educated deaf mute, and the result has been to corroborate so strongly his views on deaf mute education, as to lead him to make them more fully known. The difference of his views from those of English teachers of the deaf and dumb generally, is that he wishes to rely almost altogether on lip reading and articulation, and to discard

signs or pantomimic language from the school-room. Mr Johns does not appear to be aware that the subject of articulation for the deaf and dumb has been a *vexatio questio* amongst teachers since the earliest records of deaf mute instruction. That it has had its advocates and its opponents, and that there is little or nothing he has advanced which has not already been heard and replied to. The expression, however, "Scanty evidence to be derived from books," shows us that the author has not made himself acquainted with all that evidence, however scanty it may be; and the absence of some of the more recent and more important works of deaf mute literature from his enumeration of such works, shows us that these were most probably unknown to him.

The two great early promoters of deaf mute instruction, were De l'Epee of Paris, and Heinicke of Leipzig. Though earlier writers as well as teachers had laboured for the deaf and dumb, the true history of deaf mute instruction as a general movement commences with these two benevolent men. Now Heinicke's views may be gathered from the following, which in substance is his own language. "The written word is only the representative of articulate sound; it addresses itself to the eye, and can never be imprinted on the soul, or become the medium of thought. That is the sole prerogative of the voice. Without an acquaintance with spoken language, a deaf mute child can never be anything more than a writing machine, or have anything beyond a succession of images passing through his mind." This being the theory of the German master, he necessarily laboured to make articulation with the deaf mute the great object of his instruction, and since his time the German teachers have been his closest followers.

The Abbe de l'Epee, on the contrary, assumed that our ideas had no closer connection, naturally, with vocal sounds than with written words, and that the signs or gestures natural to the deaf and dumb may be made to answer the same purpose, which our native tongue serves in learning a foreign language; he aimed, therefore, to give his pupils an acquaintance, with language under its visible forms, by the means of gesture or pantomimic language, without the intervention of speech; directly opposing Heinicke in his theory, that speech or vocal sound was necessary to give ideas or real instruction.

Heinicke published a work in 1780, where he not only advocated his own system, but also declared all other methods to be useless and pernicious, and no less than "folly, fraud, and nonsense." De l'Epee entered the arena of contest, and a

somewhat sharp correspondence followed; the substance of which may be thus stated. The German maintained that the deaf and dumb, instead of being instructed in language through the medium of signs and writing, should be taught speaking and reading aloud, by imitating the motion of the lips. From this Mr. Johns will see that his view is no newly mooted point, but one really as old as the art itself. De l'Epee replied to Heinicke that he had himself instructed the deaf and dumb in speaking, and according to his experience, that the acquisition was of no great value. That the mechanical learning of speech was to them so much deducted from mental cultivation. That if it was impossible for the deaf and dumb to remember, by the sense of sight, the order in which the letters of words were placed in writing, the same difficulty appertains to speaking aloud, since they must remember the different positions of the mouth demanded by the different sounds, that neither the sounds of letters nor dactylology were capable of conveying the signification of words, for which, recourse must be had to signs.

Which had the best of the contest, where both were more or less wrong, it is not worth while to examine; but it is worth while to notice, that since that time, unfortunately a division to some extent has existed amongst teachers, which has had the effect sometimes of making the partizans of each, run their theories to such extremes as to become dangerous to the cause itself. This may be more particularly said of those, who have been the great advocates of articulation,—the teachers of the German schools. Members of Heinicke's family, filled the institutions of Crefeld, Berlin, and Leipzig, and teachers formed under them have spread over Germany, and carried with them all his predilections for articulation. Sicard succeeded De l'Epee and modified his method, and those who have followed him have done the same, so those points which appeared weakest in his arguments with Heinicke, have now been given up or modified. De l'Epee laid great stress upon the manual alphabet. It now occupies, as an instrument of instruction, a very subordinate position. More and more as the improvement in teaching progresses, the greater dependence is placed upon written language, explained in the elementary stages by the means of those gestures, which are found to be natural to all who have not otherwise a common language, and as instruction progresses, by the means of that language already learned.

The aids used in teaching the deaf and dumb may be said to consist of:—



*Firstly*—Signs, or gestural language, with which may be classed pictures, models, and illustrations of various kinds.

*Secondly*—Dactylology, or spelling on the fingers.

*Thirdly*—Articulation, which may be divided into lip-reading and speaking; and

*Fourthly*—Writing and reading.

Different teachers have estimated these aids at different degrees of importance, but all are more or less employed. There may be said to be at the present time three distinct systems or modes of teaching deaf-mutes, namely, the *French*, the *German*, and the *English*. The French system has chiefly made use of signs, which it has developed to a wide extent into what has been termed *methodical* signs, but it has paid little or no attention to articulation.

The German system, on the contrary, as we have mentioned, uses speech as the principal means of imparting instruction, and endeavours to make all its pupils articulate like those who hear. It forbids the use of signs as far as possible, and uses as little as may be the manual alphabet. It attempts to change the deaf-mute into a speaking, and, apparently, a hearing person.

The English system adopts an intermediate course between the German and the French. Like the latter, it employs signs as the great means of imparting instruction, but confines itself more to natural signs, and has used but sparingly those methodical additions adopted by the French. It uses, like the Germans, articulation, though in many of the British schools this has been abandoned as impracticable, when extended over a number of pupils. But it is still taught to such pupils as indicate an aptitude for its acquirement.

The American schools professedly follow the French system; though, of late years, they have appeared to approach nearer to the eclecticism of the English.

We have already shown, that teaching articulation to the deaf mute is no new subject of thought amongst teachers of the deaf and dumb, but that it has been, and indeed is, one still engaging their attention.

Let us consider the case of a child born deaf, and how it differs from one born with the faculty of hearing. The one born with the faculty of hearing, as it grows up gradually learns to speak without any especial teaching. It hears sounds uttered, and it imitates them, and learns, as it does so, to associate the word learned with the object it is associated with. The sound and the object here are what are associated in the mind of the child.

With the deaf child, it does not hear the sound, and therefore it cannot imitate it. Now, how does it attempt to make itself understood? Does it, in the first place, watch the motions of the lips, and try to repeat them, for it is possible it might do so? No; it makes more palpable signs of the things it means to express; signs *naturally* associated with the things meant, and not *artificially*, as the positions of the lips are. If, for instance, it wants to drink, it imitates the action used in such an act; if it wants its hat, it indicates the form of that object, and the act of putting it on its head; and so on, with all other common objects and acts, and it so establishes a language capable of expressing its ordinary wants amongst those with whom it is associated. Now, the method of teaching the deaf and dumb is based upon this groundwork; it develops this language of gesture, as far as necessary and convenient, and introduces the mute in the elementary stages of instruction, by this means chiefly, to a knowledge of written language.

Let us suppose the word *hat* to be taught. To do this, we should naturally take a hat, and hold it up before our pupil; he would probably make the sign we have already described. When he had done this, we should write down the word, and show him that this combination of letters, *h a t*, represented this same object. Now, teaching him to articulate this word, or read it on the lips, would not advance him any further in his knowledge of a hat, but only give him another means of expressing it. But merely pronouncing the word *hat* on the lips would not teach him the use of the word, unless the object were shown him, or some gesture made to him significant of this object as well; so that really and truly articulation is nothing more than another form of expressing the idea given to the deaf and dumb, in addition to the written one, but which, in the first instance, no more than writing, imparts the idea itself. This, indeed, can only be done by means of the real object itself, or by a sign or gesture, or pictorial representation significant of such to the mute.

Now, Mr. Johns appears to consider that those teachers who use signs as a means of instruction are content to let the deaf and dumb remain with this means of communication only. This is directly opposite to the truth. For it is as a *means*, and not as an *end*, that all teachers look upon signs. And we boldly declare that no teacher, whether he teaches articulation or not, can do without them.

Let us for a moment consider the end of the instruction of

the deaf mute. This is, of course, his religious, moral, and intellectual culture ; fitting him to occupy his place here as a Christian citizen, looking forward with hope to the world to come. Now, to accomplish this he must have communication with the world. There are two modes of general communication ; language under its written form, and language under its spoken form. Every teacher aims at giving his pupils language under its written form. There is a difference of opinion how far it is advisable to teach spoken language as well, on all occasions, to such pupils. The American schools have never taught articulation ; and from some accounts which appeared of German institutions, where it was stated that articulation had succeeded to a wonderful extent, a gentleman was sent out from the American institutions to investigate and report upon the different European institutions, and more particularly as regarded articulation. This gentleman was the Rev. G. Day.

Mr. Johns, we fear, has not seen Mr. Day's report, or he would hardly have stated the evidence on the subject as "scanty ;" and, moreover, would have hardly put his solitary case against the testimony of such an elaborate and carefully drawn up document, which concludes, "As a regular part of a system of public education, its (articulation) introduction into our institutions, I am persuaded, would be a serious misfortune to the cause of deaf and dumb instruction."

Another error into which Mr. Johns' inadequate experience has led him, is, that he concludes every mute is equally capable of learning to articulate. This is very far from the case. Some have facility in this acquisition, as well as a nicely modulated voice, and they are those that ultimately learn to be good articulators, but it is questionable if this amounts to more than one in ten. For we find in the German schools, where the greatest efforts are made to teach articulation, that only a comparatively small number ever articulate well, and from what we have heard ourselves of those who have come from the Institution in the Kent Road, we think that there also the same results must have been experienced.

In Mr. Day's report, we find it stated : "In the most advanced class in one of the German schools, which had been four years under instruction, the scholars read by turns at my request commencing at the 24th verse in the 4th chapter of John, and each reading a verse. The following were the results :"

Pupil No. 1.	Not three words intelligible.	
„ 2.	Unintelligible, weak and nervous.	
„ 3.	Ditto.	
„ 4.	Not a single word	
„ 5.	Five of the simplest words	} intelligible.
„ 6.	One or two words	
„ 7.	Six words	
„ 8.	Four words	

These results would somewhat vary in different schools. In some I think they would be more favourable. On the whole, however, it may be safely said, that the utterance of the pupils is so indistinct and unnatural, as only to convey single words to the hearer. The greater part of the sounds they make in attempting to speak, it is altogether impossible to understand.”

It may be said that Mr. Day was not a native German, and therefore less likely to catch the words than Germans, “But,” he adds, “a very general impression seems to prevail among intelligent Germans, that the articulation of the educated deaf and dumb, is unintelligible. While I have met some who maintained the contrary, the more common testimony given by professors, clergymen, and gentlemen in other professions is “we cannot understand them.”

There are two classes of persons, who we fear are sometimes pushed forward as examples in articulation, and who ought not of course to be so considered, viz., those who have learned to speak before becoming dumb, and those who have a considerable degree of hearing remaining. It cannot be doubted for a moment, that with both these to teach articulation is most important; but such must not be taken either as guides for cases of real mutism, or as examples of what can be done in articulation for the deaf and dumb generally, for they would be deeply fallacious in both instances.

So much for the power of learning to articulate. To read from the lips is a distinct exercise, and the capability of doing so not always possessed in the same proportion as the former. Mr. Day classes it, therefore, under a different head for examination. Great wonders have been related of the powers of some of the German pupils in this art, but these, when carefully examined, like most other wonders, dwindle down into very narrow dimensions; and all those stories of the deaf and dumb telling what is said to them in the dark by feeling the breast of the speaker, and reading on the lips long-continued discourses at a distance, are set at rest by Mr. Day’s report. The German

teachers, he remarks, themselves say that such stories do a great deal of injury, as they throw deaf and dumb instruction into the region of the fabulous, and tend to excite groundless and absurd expectations among the credulous and ignorant. Here, as in articulation, there is considerable difference in the aptitude of reading these fleeting forms of lip movement amongst the different members of the class. "And," concludes Mr. Day, "I cannot leave this branch of the subject without observing, that those who occupy the lowest stage in these classes are truly to be pitied. Unable, from the want of sufficient power of attention and mental activity, to unite the fleeting forms of the lips into intelligible words and sentences to the degree required, they lose a large portion of the instruction given, and receive only crumbs and fragments. On this account, the contrast between the appearance of the most advanced and the most backward scholars in the same class, is much more striking than is ever seen in ours." Mr. Johns speaks of "degrading" the deaf mute by the use of gesticulation; yet Jaeger, one of the most eminent of German teachers, says, "Nothing can be imagined more tedious, wearisome, and inexpressive, than oral communication with a deaf mute would be, even after his education is completed, if it were not enlivened by corresponding signs."

If this report of Mr. Day needed confirmation, we have it. Mr. Day made his tour in the year 1844. In the year 1852, Dr. Peet, the principal of the New York Institution, gave a report of his visits to the European institutions, and on the subject of articulation, he says, "On this head I can but repeat and confirm the views expressed in the able report of the Rev. George Day, made to the Board seven years ago. Mr. Day's opportunities for testing thoroughly the results attained in the most celebrated articulating schools, were much more extensive than those enjoyed by myself, and to his conclusions (the result of the most thorough and searching examination of these schools perhaps ever made) that instruction in articulation is scarcely ever of decided benefit, except when the faculty of speech has been acquired through the ear, all the observations I was able to make, only bring additional confirmation."

References have been made chiefly to the German schools, because in these articulation has been much more attended to, and greater progress made in them than in any others. With regard to our English schools, articulation has never been a strong feature. We cannot speak from actual knowledge in what state it is at present in our institutions, but in

the appendix to Wilde's excellent work on *Aural Surgery* (1853) where he has given us some able remarks on the deaf and dumb, he says, "in most of our schools in Great Britain and Ireland, the system" (teaching articulation) "has, except in some rare instances, been abandoned."

Again, we find in the "Transactions of the First and Second Conferences of the Principals of Institutions for the Deaf and Dumb, held in 1852," Mr. Baker says:

"It will probably be expected that I should make some allusion to articulation as an instrument of instruction. You are most of you aware that my opinion is unfavourable to any large devotion of time to this object, except in cases where a natural aptness exists. Though there will be found in every institution a few pupils, especially among those who have become deaf after learning to speak; whose improvement repays the care of a teacher, (and to such I would afford every facility for recovering the lost faculty,) the success hitherto attendant on the efforts to teach articulation to the totally deaf, is by no means flattering; and I do not believe there is one institution in our country which can produce a dozen pupils whose articulation could be understood by indifferent auditors. But I am content to let the intelligent and educated deaf and dumb themselves settle this controversy, confining the decision to those whose deafness is congenital, but who have had every advantage that the best teachers of articulation and reading from the lips have been able to bestow on them. Do such educated deaf persons converse orally among themselves? On the contrary, do they not invariably converse with each other by signs and spelling? Do they prefer oral conversation with others, who are not deaf and dumb? On the contrary, do they not prefer the means presented to them by their writing materials, or the manual alphabet? We are all acquainted with deaf and dumb individuals, either personally or by report, who have been educated by the means of articulation. Can we say that the value of speech is to them in any degree equal to the cost of its attainment? that either they or their friends value it as the advocates of articulation would lead us to anticipate? or that the acquisition is in any respect equal to its cost in money, and in the even more precious cost of time bestowed upon it? But although I admit that speech is a good and natural exercise for the lungs and voice, I have never discovered that it is requisite for the health; nor that the pupils of an institution in which articulation is *not* taught have worse health than those of one where it is an object of

attainment. I must therefore decide against giving up the time now bestowed on the acquisition of language and useful knowledge by my pupils, to devote it to the specious acquirement of articulation."

After these considerations, we hardly think that Mr. Johns can consider the means for forming a conclusion on this branch of deaf mute instruction are scanty, or that its investigation by deaf and dumb teachers has been neglected. May it not be rather said, that his conclusions drawn from such limited experience were hasty, and that previously to his condemning the use of pantomimic signs, as he has done, he ought to have more fully investigated the place they occupied in the school-room, and the use made of them by all intelligent teachers.

That it is highly advisable, on some occasions, to cultivate articulation, we believe; that it is better in the mass of cases not to do so, we are also convinced; while to give up the employment of natural signs, or neglect instruction in written language, in any case, no experienced teacher could for a moment consent. Nor, indeed, will articulation or anything else ever take the place of signs in deaf mute instruction, and for this very good reason that nothing else ever can.

We have devoted the greater part of our space to this particular point of Mr. John's essays, because it is the one which he himself considers the most important, and because it is the one where he appears to us to be the most mistaken, and on which his work may tend to mislead the public. With many parts of his essays we heartily agree, and fully enter into the spirit of the following. After shewing the difficulty the deaf and dumb have in acquiring single words, he says, "and if it be so, with the acquisition of single individual words, how vast must be the labour and arduous the task of acquiring but a fair knowledge of an ordinary modern language is at once apparent. The whole process of educating the deaf mute, is a slow and lengthy one. The teacher who succeeds in it, attains success only after years of diligent and patient toil. The blind boy may learn his letters in a week, and be a basket maker in a month; but with a deaf mute no such immediate fruit can be expected. The harvest is not reaped until perhaps more than one cold and barren winter has dragged its slow length away. Spring comes with little sign of life, and summer with scanty blossom; yet autumn comes at last, and the fruit is worth the waiting for."

Mr. Johns has alluded shortly to the statistics of deaf-dumbness, but has not dwelt on what appears one of its most strange and interesting features, viz., the difference with which it

manifests itself in different parts of our own island. The proportion of the deaf and dumb in Europe is 1 in 1593. In Britain it is 1 in 1670. But if we examine it in more minute sub-divisions, we shall find that this proportion varies considerably in different districts. We find in London it is 1 in 1,783, in the northern districts of England, 1 in 2,058, in the south-western parts, it is 1 in 1393; while in the Scilly islands, out of a population of 2,677 persons we find 6 deaf and dumb, or 1 in about 446 persons.

As a general principle, a greater degree of prevalency of the disease seems to exist in rural and hilly localities, than amidst urban and manufacturing populations, though this does not hold true absolutely. To the vital statistician these facts are exceedingly interesting, and demand investigation. Until the last census, no means worthy of credit had been instituted to ascertain exactly the number of deaf mutes in the British Isles, and it is only since that time that we have at all been acquainted with the facts now related. We cannot help feeling that they point to some important truths, and indicate causes of deterioration at work in certain places not hitherto suspected. In every institution where deaf and dumb children are congregated, we find several cases the offspring of cousins. And we learn from the "Report on the Status of Disease in Ireland," where by far the most complete statistical account of the deaf and dumb is to be found, that no less than 170 instances were recorded where the parents of deaf and dumb children were related in the degree of either first, second, or third cousins. If we take the places where deaf-dumbness predominates least, we find they are the large populous manufacturing districts. London itself stands above the average freedom from deaf-dumbness, having only 1 in 1783 so afflicted; while amongst the secluded and rural population in the district embraced by the Union of Crediton, in Devonshire, we have no less than 1 in every 1143 so diseased. After some thought, and a careful examination of the subject, we are inclined to think that one of the main features of difference amongst the inhabitants of such places is, that *in districts where the deaf and dumb prevail most, there is little movement or change amongst the inhabitants, while in districts where such persons are fewest, we find a population of a migratory character.* In the former case, breeding in and in goes on for generation after generation; while in the other it does not, new blood being supplied by the frequent changes taking place amongst the inhabitants. All who are acquainted with agricultural parishes can at once point to



certain names which predominate there, and which have predominated there for generations. But this is not the case in large manufacturing towns, many of which, indeed, have only risen up into existence within the last century, and have been peopled with persons coming from every corner of the island; not to mention others, and these are not a few who might write their birthplace at any point between the Elbe and the Archipelago.

We have given some attention to the investigation of this subject, and have endeavoured to discover differences in soil, climate, and other such like modifiers of human health and disease, but have failed to find any cause that would appear to be so constant, in acting upon places freed from this disease, as that of frequent changes amongst the population; and on the other hand, where the disease most develops itself, we find a population little liable to change or fluctuation. In one district extending over four counties of England, we even examined the occupations of life, to which the parents of deaf and dumb children had been accustomed, thinking it possible such causes might in some degree operate in producing the disease, but we failed to find out any appreciable difference in this direction. Each trade only giving its proportion of deaf and dumb to the proportion of persons employed in it. Of course we have here been considering the disease in its congenital form, and not the cases arising from accident, which however, bear only the small proportion, to the former cases of 1 in 843. It is here worthy of remark, that this is directly opposite to what is found in the blind. Amongst the blind 47 per cent. are upwards of 60 years of age, shewing the existence of blindness to be only of small extent amongst young people, while with the deaf and dumb the highest proportions exist at the periods of age varying between 5 and 25 years, the numbers gradually diminishing as the ages advance. The blind on the other hand, increase at each period from infancy to old age, and after 55 very rapidly, nearly in the same ratio as the general mortality.

Of Mr. John's essay on the blind, we have left ourselves very little room to speak. He gives us some statistical information of interest, discusses at some length the merits of the different alphabets invented for their use, which we would strongly recommend to the perusal of all interested in the subject, and winds up by giving us an account of several men of eminence, who have distinguished themselves in different ways, and closes in the following words: "Our task is now fairly concluded. We have seen the blind man at work on

a willow basket, or a door-mat for dyspeptic Mr. Brown; we have seen him elsewhere solving the deep philosophy of Newton's *Principia*; or with Handel for a listener on full-toned organ, pouring forth strains of solemn joy and praise to God,

“Grandisonum volvens organa pulsa melos;”

we have found him climbing mountains and hunting elephants; we have seen him as guide, postman, and fisherman; he has discoursed to us of the private life and loves of bees, the structure of bridges and highways, the wonders of the eye and the solemn voices of the poet, the beauty of the flowers that blow by day and the stars that shine by night; and under all these varied conditions he is for the most part happy and content. But this has been rather the lot of the few than the many; for real happiness and content will never mark the lot of the blind as a class, until the means of knowledge and the power of reading are within the reach of all, and he can read for himself in the pages of eternal wisdom. He must learn to read his Bible for himself; if not by the best system, *by any system rather than none*; that so, day by day and year by year, he may feel, as the great poet of old felt, “the shadow of the divine wings around him;” and, with keener vision than eye of flesh, look unto “the land which is very far off,” of unseen and eternal things; for that toil on honestly and heartily, and there hope for reward.

“Thus man may soar above the shade of night,  
And rise on wings of darkness to the light.”

W. R. S.

*On Epilepsy and Epileptiform Seizures, their Causes, Pathology, and Treatment.* By EDWARD H. SIEVEKING, M.D., London, Churchill, 267.

In medical authorship, as in other departments of science, a difficult and obscure subject appears to offer peculiar fascinations. Epilepsy which was called by one of the wisest of our art, the *opprobrium medicorum*, seems to attract authors almost in proportion to its barrenness as a field of investigation. In our own country the recent works of Radcliffe Reynolds, and others: and abroad those of Boileau de Castellan, Herpin, Delasiauve, and Moreau, indicate that if the soil is impracti-

cable it is not devoid of attractions to men whose industry is not to be discouraged by unremunerative results, whose enterprise is not to be checked by the failure of their predecessors, and whose resources of explanation are not to be exhausted by an apparent preoccupation of every possible hypothesis. It would, perhaps, be too broad a statement to aver that our actual knowledge of the causes, nature, and treatment of epilepsy has made no perceptible advance since Tissot wrote in 1770, or Cooke in 1822; but it is, to say the least, discouraging to find that of the two most recent English writers, Dr. Radcliffe and our present author, the views adopted respecting the nature of the disease and the treatment recommended for its alleviation have few, if any, points of agreement. It is not less discouraging to find every year or two, some new remedy vaunted as a panacea, and after fair trial laid on the shelf and forgotten, or ticketed as a new instance of medical credulity. The aromatic sumbul and the salad-like innocence of cotyledon, will doubtless be followed by other remedies equally trusted and equally fallacious; and the patients who have been *cured* of epilepsy in general dispensaries and hospitals after they have escaped from the observation and the too easy faith of the general physician, will be found as they have constantly been found, by the medical officers of public asylums, in the melancholy list of demented epileptics who swell the ranks of the pauper insane.

Surely this indomitable perseverance, in a cause which with all its errors and all its shortcomings is a noble and a good one, deserves the highest praise. Surely we may expect that nature will not always lock up her secrets from men who for the good of their race knock at her portals with such imperturbable tenacity; and this hope is encouraged when we find men like the present author, logical and dispassionate, free from any traces of self-deception or hobbyism, cultivating this subject of medical research with labour, which as he says, "has been a labour of love," not "undertaken without a full sense both of the difficulties in the way of the enquirer, and of the dangers of dogmatism and empiricism besetting his path."

Dr. Sieveking commences his work by a chapter, in which descriptions of the epileptic fit are quoted from the most eminent medical authors, ancient and modern. The most striking description is that from the poet of nature, Lucretius.

"Ut fulminis ictu

Concidit et spumas agit, ingemit et tremit artus,  
Desipit, extentat nervos, torquetur, anhelat  
Inconstanter et in jactando membra fatigat."

The author, however, thinks that our knowledge will not gain much by definitions, however accurate, and considers the fit but as a part of the disease, "the flower of a noxious weed," which we may recognize by its colour or smell, but unless we learn to know the plant itself by more essential characteristics, we shall fail in our endeavours to eradicate it. In considering the individual symptoms which characterise the paroxysm, the author refers to the *aura*, a term employed by Galen and repeated after him until recent times without much question as to its existence. Esquirol says, of the sensations which precede the fit, "they propagate themselves along the trunk, the limbs, the neck towards the head, like a *vapour*, and when this vapour has arrived at the brain the paroxysm occurs."

Prichard, however, says that he never met with a patient who felt this breeze or aura, while it was experienced in one half of Romberg's cases. This contradiction is probably reconcilable by the different sense in which the term *aura* has been used by different authors. Some have applied its meaning solely to the sensation of a cold breeze or wind traversing from the periphery to the centre of the nervous system, while others have called any peripheral phenomena which preceded the fit, by the name of *aura*; thus Herpin, who has carefully investigated this point, speaks of the premonitory convulsions which sometimes take place in the limbs, of palpitations in the heart, and of pains in various parts of the body, as *auræ*. Herpin concludes that the convulsive *aura* takes place most frequently in the muscles of the face, then in the neck, then in the upper, and least frequently in the lower extremities; in fifty-five cases in which it occurred in the limbs it took place twenty-eight times in the arms and twenty-three times in the legs. The author uses the term in its more extended signification.

"There is scarcely an impression referable to the nerves of common or muscular sense, or of the special senses, which does not occasionally indicate the approach of an epileptic fit. The premonitory symptom is generally accompanied by a sense of fear and terror. One of my patients described the sensation, which in him passed from the stomach to the head, of a pleasing character. Children particularly show the alarm they experience by running to and clinging to their nurses or mothers. The *aura* may be an undefined sense of indisposition or discomfort; it may be a definite pain, giddiness, or suffocating feeling; or it assumes the more classical form described as an *aura*, which is characterized by the passage of a peculiar sensation from some part of the body to the

throat or head. In the case of the last we would specially observe that authors commonly state that when the aura, or sensation reaches the head, the insensibility ensues; it has rather appeared to us that the patients refer the termination to the throat. With some patients the premonitory symptoms assume a more tangible form, and one that makes itself perceptible to bystanders."

Referring to what he calls *objective* premonitory symptoms, as tremors, cough, sickness, &c., the author quotes from Schenck a case in which the patient turned round in a circle before the fit seized him. We have had two cases under our care in which the patient turned round, not in a circle but as on a pivot, before the fit seized him. In another of our cases, the patient jumped violently up and down five or six times before the fit seized him. In another he ran violently forward, disregarding all obstacles. If unimpeded, the fit seized him after he had run about thirty yards. If he was seized hold of in his headlong course, he struggled as if running until he fell. This was the worst premonitory symptom, if it can be called such, we ever met with, it being impossible to prevent the patient inflicting severe bruises and cuts upon his face by running against walls.

The following is a list of the *warnings* experienced by the fifty-eight patients who came under the author's treatment, and whose symptoms and treatment are tabulated at the end of the volume.

"Sense of choking and dimness. A sensation extending from the thumb up to the arm, with spasms of the latter. Headache. A sensation ascending from the stomach. A sensation passing from the hand to the head. Dimness, and pain in the right arm. Pain across the shoulders. Loss of sight. Vertigo and general stiffness. Feeling of illness from half an hour before the fits. Head goes round. Sense of suffocation and tremors. A momentary warning. Dimness. Short cough. Sickness. Lightness of head, followed by oppression. Sense of strangeness. Pain at stomach and sickness. Drowsiness. Loss of power in left hand for twenty minutes before the fits. Rigors. Pain in hypogastrium. Shaking and curious sensation in hand. Lightness in head. Sense of heavy weight. Sometimes the fits preceded by a cry. Has no premonitory symptoms immediately before accession of fit, but feels spiteful and low spirited for a day before fit. Comes over in a heat from two to three minutes before fit. Always has a sensation at the heart before the fit. This list is sufficient to show that there is an entire absence of uniformity in the character of the symptoms; still we gather from it that the sensations referred to the trunk or extremities are much more numerous than those which are described as having their seat in the head. In eight instances,

the sensation is referred to the brain, or its immediate dependents the eyes; in the remaining nineteen its site is stated to be in other parts of the body."

A more important question than the relative frequency of premonitory symptoms, is that of the constant or inconstant occurrence of insensibility during the fit. Notwithstanding the examples to the contrary, given by Dr. Sieveking, supported by the authority of Drs. Prichard and Bright, that a certain amount of consciousness may sometimes be retained throughout the fit, we must avow our adhesion to the generally received opinion, that loss of consciousness is essential to the true epileptic paroxysm. We have in more than one instance, observed fits occurring in epileptic females of an hysterical temperament, in which the consciousness was retained, but we have thought this referable to hysteria rather than to epilepsy. In others, vertiginous and convulsive affections without loss of consciousness may alternate with the true fit; but they must be distinguished from actual epilepsy, as allied but undeveloped forms, just as fugitive cerebral congestion without coma is distinguished from apoplexy. Sometimes the loss of consciousness is only momentary, sometimes even in the developed fits it does not endure throughout the convulsive period; but we hold, that a sudden and complete loss of consciousness for a greater or less period, is an essential characteristic of the disease. Epilepsy may exist without convulsion, as in some instances of the petit mal; but never without unconsciousness.

The third chapter is occupied with the consideration of the individual symptoms which characterize the paroxysm. Biting the tongue the author thinks an important diagnostic sign. In his own cases it occurred at the rate of 37.4 per cent, and must "hence be considered a common symptom." The injury is commonly limited to the right or the left side. The pulse, according to Dr. Sieveking, is in no way pathognomonic. Its prevailing character is that which is met with in subjects who want blood and tone; accelerated, feeble and soft; but in cases of more florid and sanguineous type, it may present no variation from the normal standard.

The periodicity of the paroxysms is most irregular.

"The more ordinary case is, that at first the fits present themselves at intervals of a few months, and gradually increase in frequency, until we find them occurring day by day, and even repeatedly in the course of twenty-four hours. In some cases, a constant and rapid succession of epileptic seizures will affect the patient, with scarce a moment's perfectly free interval: this occurred in my twenty-second case. But neither in my own

observations, nor in the histories of the disease preserved by other authors, has there appeared to be any uniformity in the mode in which the paroxysms took place. An approach to regular periodicity is sometimes observed in the female, as the disease there, at times, bears a palpable relation to the catamenia; but this is by no means uniform and sufficiently marked to lay down a general law; moreover, in this the periodicity can scarcely be said to be a feature of the epilepsy, but the semblance of a periodical return is due to the spasmodic paroxysm depending upon another condition, which in its nature is of a periodical character."

The old belief in the influence of the moon's phases upon the disease, has been finally disproved by M. Moreau. He observed 47,637 fits. Of these, 26,313 were between the phases of the moon, and 16,324 during the changes. The influence of night and day, or of sleeping and waking, has been determined by Dr. Boyd, who has analysed 3202 fits. Of these, 1962 occurred during the day, and 1240 by night. In some patients the fit always occurs at night, and "in a practical point of view, it becomes important to bear the influence of sleep in the production of epilepsy in mind, since it serves as an indication in the treatment."

Referring to Dr. Boyd's valuable contributions to the pathology of epilepsy, of which he avails himself largely, the author observes:

"In general hospital or private practice it is very difficult to obtain statistics that are sufficiently precise to determine the question of nocturnal and diurnal influence. In drawing upon the valuable Reports of the Somerset County Pauper Lunatic Asylum, prepared by Dr. Boyd, for information upon this point, I would take an opportunity of expressing a regret that an important and positive gain which might be secured to medical science is wasted by scientific matter being inserted in reports addressed to lay-governors of hospitals and charitable institutions, who, with rare exceptions, are unable to appreciate it. It would be no mean undertaking if individuals, or societies like the Sydenham Society, would seek to rescue from unmerited oblivion some of the valuable facts thus attainable."

We fully concur in this opinion. Dr. Boyd's reports especially are valuable medical treatises, quite beyond the appreciation of country gentlemen. In our periodical reviews of asylum reports in this journal, we have endeavoured to collect and collate their most interesting and valuable contents, but we are fully aware how imperfectly this has been done, and to how great an extent the social questions relating to insanity

and the interests of our specialty, have been allowed to take precedence of those subjects of pathological inquiry which are most interesting to the general physician.

Headache Dr. Sieveking found in 66 per cent. of his cases; that is, thirty-seven times in the fifty-six cases. In four cases it occurred before the fits only, in twelve cases after the fits only. The latter is of little pathological significance, since the symptoms of the paroxysm are of a nature to induce headache; but the headache which precedes the seizure is an important point in estimating the cause of the malady. Persons are often met with who suffer habitually from headache, associated with "giddiness and partial loss of power," "which remind the physician of their possible relation to epilepsy, or of the approach of the latter disease."

In the majority of instances the paroxysm is followed by a profound sleep, but this is a rule admitting many exceptions. The author has seen a case in which violent fits were followed by no sleep, and others in which, after very slight paroxysms, the stupor and drowsiness were very strongly marked. Our own observation has been to the effect, that the amount of coma or sleep following a paroxysm is proportionate to the amount of laryngeal spasm and retardation of blood flowing from the brain. We have again and again observed patients come out of paroxysms in which the convulsions of the limbs were severe, but in which the respiratory muscles were little affected, without any sleep or even drowsiness. One of our patients immediately her limbs are released from the severe convulsions which contort them, says, "Give me a glass of water," drinks it, and goes about her business. In this and in other similar cases, the primary loss of consciousness is decided and complete. There appears to be no causative relation between the loss of consciousness or the convulsions, (except those of the respiratory muscles,) and the coma.

The author remarks that for sleeplessness delirium is sometimes substituted, and that sometimes delirium comes on after the sleep. He does not observe that delirium sometimes precedes the paroxysms.

The fourth chapter on the phenomena, which intervene between the seizures, is thoughtful and excellent, and with the exception of the psychical phenomena which do not appear to have attracted much of the author's attention, it presents a complete account of the state of the functions during the interval. The author objects to the narrow and specializing tendency now prevalent in medical science, which divides and



refines diseases into nosological systems, compared with which the botany of Linnæus or Jussieu is simplicity itself. But when he avers that "epilepsy is a disease of the whole man and not of any organ or system of organs alone," we may be permitted to doubt whether he does not err in the contrary extreme, by a generalization which repudiates the well-founded distinctions of science. Surely epilepsy is a disease of the nervous system and of that alone, although disease of other organs may promote its development or be consequent upon its phenomena; just as sensation is a function of the nervous system and of that alone, although the functions of digestion or respiration may affect or be affected by the condition of this function.

The condition of the health during the interval is described as follows:—

"The more frequent the seizures, the more serious the aspect of the disease. Like ague, the shorter the intermissions, the firmer is the hold which the morbid condition has upon the system; hence we cannot but regard it as beneficial and promising if, as a result of therapeutic proceedings, we find the space that separates one fit from another gradually widening. The more frequent the fits, the more marked will be the symptoms of disease which may be traced in the interval; and yet a careful observer will rarely fail to discover a certain peculiar deviation from health in epileptic patients, even if the intervals are protracted. There will be the characteristics of a nervous diathesis; an excitable, frequently irritable manner; a restless eye, a quick but feeble pulse; there is more or less difficulty in collecting the thoughts and connecting the different links of mental association, while at the same time one or other of the organic functions presents a palpable deviation from health: the organs that are more particularly under the domain of the sympathetic ordinarily show that they are deficient in vigour, that they want that stimulus which the vascular and nervous systems supply when the individual enjoys robust health. Hence a common symptom is a torpid state of the intestinal tract, as shown in flatulent dyspepsia, eructations, intestinal flatulency, and constipation. An associated symptom is an enlarged state of the pupil, such as is commonly met with in persons suffering from the presence of intestinal worms, from a morbid condition of the generative organs, or from a torpid condition and enlargement of the mesenteric glands. Occasional vertigo; irregular, frequent, or constant headache, with or without vertigo, and not traceable to any definite exciting cause; anomalous sensations in different parts of the body; slight partial spasmodic seizures; more particularly a distressing sense of suffocation or choking, belong to the symptoms commonly met with in the free intervals. The suffocating sensation, last alluded to, is often identical with the description given by patients of the globus hystericus, and no doubt depends upon the same nervous condition; I

have, however, observed in decidedly epileptic cases that the sensation is more distinctly described as that of constriction round the neck, than as the 'ball rising up the throat' of hysterical females."

"I have already quoted instances proving that the paroxysm itself varies in the completeness of its symptoms; numerous instances are given by most authors who have written on the subject, showing the infinite gradations that are met with, from the complete and violent epileptic fit, to the merest twitching of a single muscle."

"Esquirol relates that some epileptics only shake the head, the arm, the legs; others only close the hand, run or turn round. Dr. Esparron recognised an attack of epilepsy by a simple convulsive movement of the lips; Pechlin drew the same conclusion from convulsions of the eyes and thorax."

We should be disinclined to admit any convulsive movements as epileptic which were unaccompanied by loss of consciousness. Even epileptic vertigo appears to us a misnomer. The use of the term vertigo in its application to the "petit mal," appears to have been made with sufficient inexactitude. The vertiginous attacks, which according to Esquirol, "excite a more active and energetic influence upon the brain than what is called the *grand mal* or complete fit," are not mere attacks of giddiness. As observed by us, they present complete but transitory loss of consciousness, attended by slight or by no convulsive movement. We have seen instances in which the loss of consciousness was undoubtedly complete for a few seconds only.

Dr. Sieveking devotes a considerable space to the statistics of epilepsy, but on this subject it must be admitted that he has had to work with rough materials, and the conclusions to which he has been able to arrive are few and unsatisfactory. Take for instance, the inquiry, as to prevalence of epilepsy in the male or female sex; the best materials at hand, from which to deduce the answer, are the relative number of epileptic (comparing the observations of Esquirol and Moreau) patients at the Bicêtre and the Salpêtrière, namely, 311 male epileptics at the former, and 723 females in the latter; hence it is deduced that females are more liable to the disease than males, in the proportion of 7 to 3. Nothing, however, can be more fallacious than to infer the relative prevalence of the disease in the two sexes, in the population at large, from the number of male and female inmates to be found in charitable institutions. Facilities for admission, facilities for detaining friends at home, the relative proclivity of the two sexes to seek charitable aid, are all circumstances tending to vitiate conclusions drawn from such a

source. The author estimates the number of epileptics in England, and their mortality in the following manner:—

“The population of England in 1850 was 17,754,000; the deaths from epilepsy in the same year were 1,630, or at the rate of 0·009 per cent. of the total population. These numbers, however, receive further confirmation from the statistics of epilepsy occurring in the army which my friend Dr. Balfour has kindly enabled me to present to the reader. It is not my purpose at present to go into details; it will suffice to say that among troops serving at home and abroad, and whose strength is given for varying periods between 1817 and 1846, amounting in all to 1,061,233, there were 3264 cases of epilepsy with 96 deaths. This gives a mortality of 2·94 per cent. of the deaths from epilepsy, or 0·009 per cent. of the whole strength, the per-centage of the seizures to the whole strength being 0·307. This, it will be perceived, is identically the same result as the per centage of the mortality from epilepsy relative to the total population of England, which was 0·009. In round numbers we may state that 4 out of every 3000 soldiers are epileptic; and if we apply the same data to the total population, we should conclude that the number of male adult epileptics in England in 1850 was  $17,754,000 \times 0.003$ , or about 18,000. We are justified in assuming this number to be not far from the mark, because it is proved by our own statistics and the statistics of numerous writers, that the period most favourable for the development of epilepsy is between the tenth and twentieth years, and that the proclivity to the disease diminishes after the latter period.”

The influence of hereditary predisposition in the production of epilepsy was traceable in 11·1 of the author's cases. In Herpin's cases

Sixty-eight patients had seventy-eight relatives who laboured under some affection of the nervous system; but of these disorders the author himself holds that only epilepsy and insanity deserve consideration, because he finds that the proportion of their occurrence among the relatives of epileptic patients is so much larger than among the population at large. He calculates that epilepsy occurs between four to five times, and insanity twenty-four times more frequently among the relatives of epileptic patients than the population at large.”

The influence of disease of particular organs in the production of epilepsy has been but little elucidated; the state of the kidneys which exists in albuminuria, however, has a decided influence in the production of disease. In the large majority of epileptic seizures in parturient women, the urine was found to be albuminous by Drs. Simpson and Lever; still this is a predisposing and not an essential influence, since

convulsions may occur without albuminuria, and the latter may exist without giving rise to epilepsy.

Dyspepsia, costiveness, intestinal worms, and an abnormal state of the fæces are common in the disease, but these derangements are so frequent that the author questions the propriety of establishing, as Prichard has done, a distinct class of enteric epilepsy.

Masturbation and catamenial disturbances are referred to as frequent causes. The regulation or restoration of the catamenia, which tends so powerfully to re-establish female health in other respects, is inefficient in this disease. Herpin states, that he has not met with a single instance in which the appearance of the catamenia has induced even an improvement, not to say a cure of the complaint. The exciting causes of the disease throw little light upon its nature.

The author cites tables from Leuret, Calmeil, and his own cases, shewing the nature of the supposed exciting cause, from which it appears that events of a psychological nature, such as fright, disappointment, and grief, have a great preponderance over those of a physical nature. The psychological affections, moreover, are with trivial exceptions, those which would depress the nervous and vascular energy, a point to be borne in mind in directing the treatment, "as it is quite as much the duty of the physician to operate upon the body through the mind, as upon the mind through the body." On the whole, the author concludes that there is no room for doubt, that most of the causes operate by enfeebling the system at large, and by impoverishing the blood, laying open the nervous system more particularly to injurious impressions, which in health would leave no effect. The author, however, attributes little value to exciting causes of a physical nature, since there is scarcely a morbid condition which has not been found in connexion with epilepsy, while every one of these pathological states occurs much more frequently, independently thereof. He does not therefore concur in the old division of the disease into centric and eccentric, believing that it is invariably dependent upon some hitherto unexplained derangement of the nervous system, often dormant for years, and often for life, unless the exciting cause comes into operation.

The *post mortem* appearances have been diligently searched for within the cranium, and in a large number of those who have died from epilepsy cerebral lesions have been discovered; but there appears to be little definite relation between any definite lesion of any single portion of the brain and this

disease, and the lesions which have been found associated with it are not uncommonly found in other patients.

Moreover, as these changes are only observed in cases of long-standing, the author thinks that their relation to the disease may be one of sequence, and not of causation. The author illustrates the lesions met with in epileptics of long-standing, from the carefully recorded cases of Dr. Boyd, which have been published in the *Asylum Journal*, and in the *Edinburgh Journal*.

M. Ferrus, who probably had examined epileptics who had died in an earlier period of the disease, almost invariably found hypertrophy of the brain with increased density, and a brilliant white colouring of the white substance, with hypertrophy of the cranium.

Joseph Wenzel formed a society at Mayence for the special purpose of investigating the pathology of epilepsy. The results he arrived at are thus given in brief by the author, who adds an abstract of the twenty cases upon which these conclusions were founded.

“There are certain deviations or changes of structure of the brain which are found in epileptics, and which are merely coincident with, or consequent upon, the disease; such as variations in the form and size of the convolutions, softening or hardening of the cerebral tissue, accumulation of serum in the lateral ventricles, alterations in the size and consistency of the corpora striata, thalami optici, and corpora quadrigemina. The pituitary body is invariably found diseased in epileptics, and the morbid condition almost invariably consists in an effusion of lymph, which has become more or less indurated at the point of junction of the two lobes. The pineal gland is also found to be commonly affected; and these two parts are seen to be diseased when no morbid affection can be traced in any other part of the brain. Wenzel is of opinion that the slightest modifications of the pituitary body have the most serious consequences for the animal economy. He regards it as all but certain that the diseased state of the pituitary body in epilepsy is the result of an inflammatory affection; and although he does not go into the details of treatment, he makes his observation the ground of objection to the empirical mode of treatment commonly pursued in epilepsy. Incipient epilepsy, above other remedies, demands, he is inclined to maintain, antiphlogistic treatment, and especially local and general bleeding; or, he asks, is that form of epilepsy alone curable which takes its origin in a distant part of the body, and does not depend upon lesion of the pituitary body? In speaking of the morbid anatomy of epilepsy, Wenzel dwells much upon the necessity of a careful examination of the base of the cranium, as the sella turcica, the posterior and anterior clinoid processes, are very

apt to present some form of malformation in epilepsy. A considerable part of the volume is devoted to this branch of the subject."

Dr. Sieveking places great reliance upon Wenzel's observations, and thinks they are not inconsistent with those of Dr. Boyd, "since the two sets of lesions may well co-exist, and it does not appear that either physician has taken the point of view adopted by the other." We can only admit half of this supposition as probable. Dr. Boyd might easily overlook the changes in the pituitary body which Wenzel described, but which no one has confirmed; but it is most improbable that Wenzel could overlook the more obvious lesions described by Dr. Boyd, and which, for the most part, are abundantly confirmed. We have no faith, indeed, in Wenzel and his lesions of the pituitary body, whose functions no one can guess even, and whose influence in the production of epilepsy appears about as probable as that its cousin, the pineal gland, is the veritable seat of the soul.

Osseous growths from the dura-mater or bones of the cranium, malformation of the cranium, fluid in the ventricles, tumours, the products of inflammation, and almost every diseased condition to which the brain and its coverings are liable, have been noted in epileptics, by one author or another, and forthwith elevated to the rank of a cause of epilepsy. Dr. Sieveking admits that they may be powerful exciting causes, but he denies that they justify a distinction between idiopathic and sympathetic epilepsy, simply because none of them have as yet been proved to be essential to the disease.

We are glad to conclude this subject with the following philosophic remarks on the essentiality of material change in every act of functional activity:

"I agree with those who think that every vital act is accompanied by a change in the organism, and that therefore every morbid condition must necessarily be associated with some physical lesion.

Our means of investigation are much too coarse as yet to measure the lesion in the majority of cases of functional derangement, and however much we may advance in our mode of inquiry, we shall never bridge over the distance between death and life. There may be numerous organic lesions accompanying so-called functional derangement during life, which we may attain to measuring by secretions and excretions, by dynamometers, galvanometers, and æsthesiometers, but which the cessation of life places absolutely beyond the reach of those methods of estimation, even when perfected to the utmost, simply because the conditions are absolutely altered. While, therefore, we are to keep in mind the possibility of an appreciable change in the encephalon being

necessary that the reaction to a certain stimulus may be shown by the epileptic paroxysm, we must also remember that it is perfectly possible that that change may be of a character to disappear entirely with the cessation of life. These remarks would apply to other diseases as well, but to none so forcibly as to those accompanied by what are termed nervous symptoms."

The theory of epilepsy in favour with the author is, that there is always some fundamental weakness of the cephalic nervous centre, and that a paroxysm is induced by some one or other of the numerous exciting causes; the force of habit, having a powerful influence in reproducing the paroxysm and fixing the disease. The supposed epileptic fits produced by Brown Séquard in guinea-pigs by dividing the dorsal portion of the spinal marrow, the author thinks more nearly allied to tetanus, since the animals remained highly susceptible of sensational impressions during their continuance.

The work closes with two chapters on treatment. In the treatment of premonitory symptoms, the author quotes instances from Dr. Lysons and Odier, in which the fit was arrested by ligatures around a limb which was being traversed by the *aura*. Instances of successful trephining are also given. One which was successful in the hands of Mr. Travers; another in which a young Frenchman was cured of epilepsy by trephining performed in a very off-hand fashion. He was attacked by robbers, and received a wound in his forehead, which carried off a large portion of the bone; the wound was long open, but got well, and at the same time the patient was cured of the disease. The author has far greater faith in the effects of medicine in the treatment of epilepsy, than those physicians who have had the greatest amount of experience in asylum practice. He explains this difference of opinion as follows:

"The belief in the powers of medicine over this disease has fluctuated much; and especially do we find the scepticism as to the possibility of controlling the disease to prevail among physicians who have made mental diseases an exclusive study, and have had peculiar opportunities of seeing epilepsy in its most developed form. Esquirol expresses this scepticism in the crassest way when he says of epilepsy: "Je n'ai pu obtenir de guérison." We would observe that a lunatic asylum is generally made the ultimate resort of epileptic patients in whom the usual remedies have been exhausted, and in whom incipient mental fatuity has already indicated organic intracranial lesion. For my own part, I should as little wish to send an epileptic into a lunatic asylum for the purposes of cure as I should consider a hospital for consumption a suitable

place for a person labouring under incipient pulmonary pythisis. However high in either case the medical talent which presided over the respective institutions, I cannot but think that the congregation of similar cases of disease, and the necessarily depressing effect of being able to compare one's own symptoms with those of surrounding patients, must, especially in such diseases as those adverted to, exercise a baneful influence. In both cases, one of the first elements of treatment—the moral point of view—is neglected.”

The author is scarcely just, we think, towards the system of treatment adopted in lunatic asylums, to assert that the moral elements are neglected therein. On the contrary, the moral treatment of epilepsy by cheerful and not fatiguing mental occupation, by a gentle discipline of temper, and the encouragement of regular habits, is carefully attended to in the best public asylums; an attention which is often rewarded by considerable amelioration of the symptoms. And yet Dr. Conolly has assured us, that the results of his vast experience at Hanwell do not enable him to point to a single instance in which the treatment of epilepsy, complicated with mental disorder, has resulted in a permanent cure. The highest English authority is in this respect in perfect agreement of opinion with the great French alienist. Is not the apparent difference between the success in the treatment of epilepsy in dispensaries and general practice, and that which is obtained in lunatic asylums, accounted for by the fact stated at the author's page 203, of what Esquirol found at the Salpêtrière :

“How much such a frame of mind affects patients is shown in even Esquirol's account of the experiments made with new remedies at the Salpêtrière; for he says that a new mode of treatment invariably suspended the attacks for a fortnight in some, in others for a month, in others again for two, and occasionally even for three months. After this period, the attacks recurred with their former frequency.”

We cannot, with the author, wholly attribute the effect of new remedies to the salutary influence of hope, since we have observed this effect in patients who were not capable of cherishing this emotion, and in others who were not aware that any new treatment was being used in their regard. We rather attribute it to the alterative influence of new remedies inducing for a time some unknown change in the habitual movements of the nervous system. Such effects of new remedies take place both in asylums and in open practice; but the experience of asylum physicians in its transitory nature prevents them from discharging such patients as cured.



If they were discharged, the recurrence of a fit would speedily cause them to be sent back to the asylum, to the discredit of its medical officers. In open practice, on the other hand, fits suspended by a new mode of treatment for one, two, or three months, are recorded as cures; the patient is lost sight of by the general physician; but we know that cases which have been vaunted as cures in London practice, frequently turn up confirmed and hopeless, in the great pauper asylums of Middlesex. Some suspicion of this appears to have been present to the mind of the author when he wrote, p. 208:

“In speaking of a cure of epilepsy, I always mean an “apparent” cure, fully appreciating the difficulty of determining whether it is radical or not.”

Doubtless radical cures of epilepsy are sometimes effected, for we meet with a few persons in middle and advanced life who in early life were subjected to the disease, which either under the influence of remedies or of the “autocratic powers of nature,” so much vaunted by Sir John Forbes, they had been fortunate enough entirely to disembarass themselves from. But we fear that such instances are few and far between, and that they have usually taken place in the young, (as in the case cited by the author at page 208) or in persons who without hereditary predisposition to nervous disease, by masturbation or some other ante-hygienic habits have superinduced a pathological condition of the nervous system, susceptible of restoration, by medicine and change of life.

The medicinal and hygienic treatment recommended by the author, appears to us most judicious, although it is somewhat more “roborant” than practising in the country we have ourselves been able to pursue. The force of this plea, for a considerable latitude in treatment, the author, with that candour which eminently distinguishes his writings, fully admits in his comments upon the methods of treatment recommended by Prichard and Cooke. Alluding to the success obtained by Prichard from turpentine, he adds:

“I have not enjoyed the same measure of success in my use of this drug; a circumstance which I can only explain by assuming that the constitutions of the patients to whom I administered it differed from those of Dr. Prichard’s; in the same way as the venæsections which were beneficial in his hands and in the hands of several of the older physicians of eminence, are repudiated by practitioners of the present day. Nor can I think that we are justified in arrogating to ourselves so much superior tact and knowledge in the treatment of disease generally as to decry all that has been

done by our predecessors, though it clashes with many of our views. When we read the careful histories that they have handed down to us, it is often impossible not to be struck with the masterly manner in which they handled their tools. The remark applies forcibly to a disease like epilepsy; the advantages supplied by 'physical diagnosis' have afforded us no means of elucidating the affection which was not possessed by the writers alluded to. I cannot hesitate to admit that Prichard, Cooke, and others have found venæsection an important auxiliary, in some cases the sheet anchor, in the treatment of epilepsy, although I have hitherto not met with cases in which I should be disposed to employ it. The prevailing character of the pulse during the free interval in my cases was feeble, indicating anæmia rather than plethora, and demanding an infusion of new, healthy blood, rather than a diminution of the small current taking its sluggish or petulant course through the vessels. The employment of leeches in small numbers is indicated where we desire to draw away the blood from a part, rather than diminish the general tension of the vascular system; thus in persistent congestive headache their application to the nares or temples; as an adjuvant to the restoration of the catamenia, their employment at the perinæum or hypogastrium, is often valuable.

"The prevailing opinion among writers of the present day is that anything like heroic antiphlogistic treatment in epilepsy and epileptiform disease generally ought to be eschewed,—an opinion that I cordially adopt; the drugs pertaining to that category ought to be so used as to restore order where disorder prevailed; to rectify the vitiated secretions where they can be shown to be deranged; to remove local congestions or other accumulations where such means suffice for the purpose. While, then, I do not deny that epilepsy may be the result of too high a pressure, the evidence proves it in the vast majority of instances which we meet with in the present day to be due to a want of steam—of more pressure. Accordingly, the remedies most in repute in the treatment of epilepsy are those which are commonly classed together as tonics; and among these we find especially the mineral tonics to deserve and to hold a high rank. Drawing the circle still narrower, I should be disposed to place the preparations of iron and zinc first, as those which have done me most service. The various salts of iron may be given according to the different constitutions of our patients; but generally the vegetable salts, the ammonio-citrate, the potassio-tartrate of iron, the ferrum pomatum (a malate) of the Prussian pharmacopœia, with which we may class the lactate, are preferable, on account of the facility with which they are digested. Where there is want of appetite the citrate of iron and quina is a very appropriate form of administering iron. The irritant properties of the sulphate of iron render it generally ill-suited. A very elegant form of administering iron, and one that is particularly well

adapted for young children, is under the guise of Allarton's steel-biscuits, which are most palatable, so as to be eagerly taken, even by the infant.

"Of zinc I would speak very favourably, though by no means with the confidence of M. Herpin. It appears to me to exercise a distinct influence over the epileptic paroxysm in many cases, which could not be traced to any local irritation, and therefore, according to the common nomenclature, deserved to be called centric. I much prefer the soluble sulphate to the insoluble oxide. The former affords us an instance, proving the extreme power of the system in adapting itself to hostile impressions, if we may say so, provided the attack be gradually made. To a person in health, five grains of the sulphate taken at once are liable to prove emetic; but by cautiously increasing the dose, epileptic patients can be brought to take more than seven times that quantity repeatedly in the day with beneficial results."

The preparations of silver have not answered the author's expectations, but opiates and narcotics he thinks we should do well to employ in the commencement of the disease, "as we can scarcely doubt that during sleep an irregularity in the action of the nervous system supervenes, such as may be met by soothing agents." The cotyledon umbilicus he "still thinks worthy of some consideration." For the curiosities of treatment, modern and ancient, the indigo of Ideler, the ligature of the carotids, the mistletoe, (which ought to be cut with a golden sickle in druidical form,) we must refer our readers to the interesting and learned pages of the work. The remarks on physical and moral hygiene, the influence of pure air, cold bathing, rest, moral discipline, and the development of a well regulated will, are most judicious. Of cold bathing the author says:

"Next in importance to the air in the hygienic treatment of epilepsy or its congeners, is the use of water, as beverage undoubtedly, but still more as a roborant, externally applied. To those who are habituated to the daily use of the shower or sponge bath, it seems almost impossible to exist without them. And yet even with us, proverbially a cleanly people, it is surprising how many go, from the beginning to the end of the year, in utter ignorance of the purifying and invigorating influences of a general bath. The discomfort resulting from the omission of the daily bath, the feeling of restlessness and almost feverishness which affects us, when from accidental causes it has been passed over, are feeble indications of the derangements of the nervous system which must ensue when the ablutions, for months and years together, are confined to the face and hands. As an hygienic application, then, the daily use of the cold bath on rising is to be ordered, where there are no special

grounds that counter-indicate it. I would not undertake the treatment of a case of epilepsy in which its use, advised by myself, were objected to."

The work concludes with a tabulated and synoptical summary of fifty-eight cases of epilepsy treated by the author, shewing the history, the probable cause, the prominent treatment, and the result. How far this was likely to be from the termination of the disease may be guessed by asylum physicians, from the fact that only two deaths are recorded in the fifty-eight cases, one of which was from carbuncle. This and similar experience of the physicians of general hospitals, may justify the opinion of the author, that epilepsy is not a fatal disease; but the experience of the physicians of asylums, who see the real termination of their cases, will be decidedly opposed to this opinion. They are compelled to believe that epilepsy is one of the most fatal of diseases.

But whatever the eventual termination of the cases may have been, the study of this summary is highly instructive, and appears to us to form one of the most valuable parts of Dr. Sieveking's work, which we must designate as learned, able and judicious. It possesses the rare merit of a work on epilepsy, that it is peculiarly free from hypothesis. The opinions it expresses are candid and careful, and are not permitted to travel beyond the record. It is a most valuable contribution to medical literature.

J. C. B.

*Insane Colony of Gheel.* By HENRY STEVENS, M.D., LOND.  
*Medical Superintendent of St. Luke's Hospital.*

At a time when the provisions for the care and treatment of pauper lunatics are almost completed in compliance with the legislative enactments of 1845, cavillings are heard, not as to minor details or local discrepancies, but against the first lines, the root and trunk-growth of the scheme. County asylums have arisen in every shire, attended in many instances by their satellite borough institutions, and some men, not ignorant on these matters, have looked on, and pronounced the arrangements to be good, very good; some, perhaps prejudiced, or short-sighted, or inexperienced, have gone so far as to say, that in no country in the world could

similarly well ordered provisions for the maintenance and recovery of the poor insane be found, as we see raised at distances of twenty or thirty miles apart, over the length and breadth of this favored land of ours. Each institution a ready recipient of every needy being, whose taint, or toil, or trouble, or perhaps vice, if this precedes insanity, has reduced him to knock at the friendly door. Once admitted—every one who has bowels that can be sympathetically affected by the miseries of others, to a sufficient degree to induce him to care for, and to look into the plans adopted for the amelioration of the afflicted, can satisfy himself of the real good offered, and the benefit likely to be conferred by admission into one of these havens of rest. He will find within a well-planned building, divided into separate compartments exactly suitable for almost every phase of the disease to be treated; every arrangement for ventilation, warmth, and cleanliness; means for the regular elaboration and punctual distribution of a carefully devised dietary, every thing ready to hand; every appliance that modern notions suggest for the medical and moral treatment of the insane, and for the individual and personal and separate watching, nursing, and complete and effectual treatment of each unfortunate inmate.

The patient once within the walls will soon find himself,—or suppose we say herself, why not? She will find herself handed over to one of her own sex; one who has been trained to be her sister in everything but blood; one who will put up with impatience patiently; anger quietly; mourning with sympathy; and with violence without retaliation; one whose whole life will be, while an attendant, devoted to the cheering of the mourner, and the calming of the excited. These two, patient and attendant, will be companions, for the period of the patient's residence.

All the arrangements are practically the recommendations of one man, a member of the medical profession, one selected for his experience in and knowledge of the disease, and of the peculiarities of the insane; from him all the small ordinances of the household emanate, and he is ever present to see that the cosmogony is built up and works well. On the whole, probably a better form of government than that of an English county lunatic asylum could hardly be found; and the results of its work, as regards the cure of its charge, may be gathered from a perusal of the different asylum reports, or from reviews or criticisms of such. Its benefits in other respects, in the general well-being of its inmates, &c.,

cannot be represented in a tabular return, or imagined without continued experience. It must be borne in mind that the county asylum is equally applicable and convenient for the treatment of all phases of the disease; for each case affording a proper amount of liberty, in some amounting to almost perfect freedom, and to others a qualified deprivation of liberty and a substitution of judicious control and direction. But there is another picture: A poor creature becoming insane, utterly helpless, no longer a free agent, a wife and mother with friends around her, a husband and relations, children, and perhaps an infant, the last, whose age can be recorded but by weeks. Again, the father of a family whom sudden misfortune has bereft of reason, a man loving his family and beloved of them, whose chief joy and consolation in this life has been centred in his little flock, "how ridiculous is your vaunted charitably-conducted asylum in their cases," say some, "they might as well be sent to prison," &c., &c. And some again object that if these poor creatures become insane, how cruel must it appear to their ill-regulated minds to find themselves the detained inmates of an institution, an asylum, or of any place, under any name, out of which they cannot get at their own will, &c. How much better would it be if they could be treated at home, or at any rate if the place at which they were treated could be assimilated somewhat more to their home, &c., &c., and so on.

There is nothing new in all this. We bear in mind the scenes at well-thought-of asylums even at the commencement of the last half century, and more, we cannot help noticing the alteration that has taken place since so late a date as 1845; but yet more is required—quite natural that more should be required. May progress never be checked in this or in any other branch of England's government or economy! But is it progress that some objectors urge as their ground for objecting to the county asylum constitution? Is it not rather a carrying out of what we find to be the usual train of events in the history of all human institutions. The proposition or commencement, the carrying out to almost perfection, the staggering on the pinnacle, the doubt, the hesitation, and either the downfall, the continuance, or the trial of some new scheme. At any rate there are those who take much exception to the almost perfected arrangements authorised and presided over by the Commissioners in Lunacy; they urge that the asylum plan is altogether a mistake, and that with more experience and thought, much better provision for our insane poor might have been made. And

among many unsuggestive objections, it has been remarked that in the liberal and enlightened kingdom of Belgium, within a few hours of our shores, a model system of treatment might have been found, effective, economical, rational, durable, and more humane.

The insane colony of Gheel has been frequently visited of late by Englishmen, and on a few occasions by men engaged in psychological studies. No better topographical and descriptive account of the machinery, government, and internal economy of the colony could be desired, than that which appeared from the pen of that historian of foreign asylums, Dr. Webster, in the *Journal of Psychological Medicine*, for April, 1857. To those who have not had the opportunity of perusing Dr. Webster's graphic description, it may be useful to state, that there is a line of railway from Brussels to Antwerp, and that starting from Brussels, and after traversing, say three-fourths of this line, one is brought to Contich, from whence a line diverges to Turnhout. Midway on the Contich and Turnhout line, is the station of Herenthals, the nearest to Gheel. The railway journey occupies about two hours and a half. During a part of the year, the spring and summer months, a public conveyance runs between Herenthals and Gheel, and there can be no doubt that the chance of having fellow travellers, and so of somewhat relieving the tedium of travelling in these parts, might materially tend to the *tempora mollia fandi*, which Dr. Webster seems to have enjoyed during his visit to these Arcadian groves—no, plains.

The writer, who visited Gheel during last autumn, (October), was *made* to understand, in a language only to be likened to that of a large-tongued Welchman, (Walloon), that the public conveyance had but recently ceased to, not run, say communicate between the two extremes, within which its usefulness was wont to be exercised; and that possibly a carriage might be obtained, wherewith to conclude the journey, some eight miles. This, half carrier's cart, half dray, was dragged by two most bony quadrupeds, who after jogging in a shuffling walk over nearly five miles, in a line most direct and true, and flat as a table, turned at right angles and continued their monotonous shamble over somewhat more than five miles in an equally straight course, consuming in the journey, rather more than three hours of a traveller's valuable time. The phlegmatic Jehu having to moisten his pipe seven or eight times at road side estaminets, formed the only *divertissement* to the weary way-going. This hard finale to the day's travel, (there were no cushions to

the seats of the lumbering vehicle,) landed one at the Hotel de Schild, in Gheel.

The Commune of Gheel is composed of a congeries of villages or hamlets, scattered at short intervals over a flat and far from fertile country, with here and there such an apology for a tree, as greedy agriculturists in our own country have left sparsely dotted about our hedges and road sides, in places where farming is transcendently scientific. The little town, or rather large central village, is composed of small tenements hardly ever exceeding two stories, or rather the ground floor and one floor above, almost all detached or semi-detached; and this central and more densely populated part is surrounded by small collections of cottages, or by single cottages, at intervals of a stone's throw. The whole commune has a population of about 11,000 souls. Tradition says, that in times long gone by, some twelve centuries ago, a certain young lady of eminent virtue and piety, persecuted by her unnatural father, an Irish King, sought refuge from his violence in this locality, but having been tracked and followed, was by him murdered here. Of course the young lady, at sight of whose death it is said some lunatics became instantly sane, was canonized, and a church was erected; and since the saint's death, with intervals of decadence through revolutions or variety in party opinion, the neighbourhood of the church has been pretty constantly made use of as a retreat for the insane. Of late years, a plan of supervision and of some medical treatment has been attempted, and in October, 1857, the whole medical control of the colony was vested in Dr. Bulckens, whose affability and kindness to visitors cannot be too highly spoken of. Dr. Bulckens has under him four physicians, to each of whom is entrusted the care of one quarter of the Commune—there is also to each quarter an apothecary, and Dr. Bulckens has the assistance of one surgeon. These, with a guard, or inspector, or kind of policeman for each quarter form the controlling staff. The patients are more immediately entrusted to such inhabitants of the Commune, as have been accepted by the authorities as "*Nourriciers*;" these are householders, and are divided into four classes, according to their abilities as attendants on the insane, or having regard to the salubrity or fitness generally of their houses, as habitations for their peculiar charge. During 1856, there were 548 such licensed receivers of patients, of these, 29 were of the first class, 107 of the second, 283 of the third, and 129 of the fourth.



These "*Nourriciers*," or licensed attendants, have entrusted to them one two or three patients, in some few instances four; these patients are supposed to live with the family, often consisting of from three to five children, more or less advanced in adolescence, and the parents or *nourriciers*. These "*nourriciers*"—there is something in a name—may, and frequently do, receive patients of different sexes, without any very careful regard to the *extreme age* of either, a condition rather ostentatiously mentioned as a *sine qua non* for such indiscriminacy of sex, in Dr. Bulckens admirable report; they attend to, lodge, keep clean and feed the majority of the patients at the rate of 65 centimes 6½d. per day, this payment it must be borne in mind providing also for clothing, in respect of which a deduction is made of about eight centimes a day; which sum goes to some government official. A few of the patients are of a better class, and may be termed private patients, the highest payment in respect of whom is £40 per annum.

All the patients in the colony are farmed out, or distributed between these *nourriciers*. In 1856, there seem to have been, from Dr. Bulcken's report, 765 patients left in the Commune at the end of the previous year; of these 648 were considered incurable, 117 curable, more than one-half were employed either in garden work at home, in some mechanical occupation, or in the field, 142 only were fit to attend the church, 70 were allowed to partake of the Sacrament of the Lord's Supper; and there were 183 dirty patients, (*gateux*.) In addition to this number of 765, there were admitted during the year, 127.

On visiting these patients, and a great majority were seen, in company with and through the kindness of Dr. Bulckens, they were found to be—if not enjoying—at least participating, in the meagre fare and scant surroundings of that nakedest of all bald habitations, a modern Flemish mechanic's or labourer's tenement. The patients, almost without exception, were the subjects of dementia, harmless chronic mania, brooding habitual melancholia, or helpless paralytics or epileptics. The colony is not calculated for the treatment of *all classes of the insane*, as has been avowed in this country, and by the late Superintendent, Dr. Parigot. There is a special clause in the code of rules for the government of Gheel, which excludes, or rather provides for the removal of, all those patients "who must be constantly under restraint, of all suicides, homicides and incendiaries, of those who constantly escape, disturb the general tranquility, or offend the public

decency ;" this regulation should indeed insure a model community. Let us see what were the results of the year 1856. Of the 905 patients under treatment, 29! were cured, and 10! benefited!! This is a success hardly to be envied by our asylum superintendents, however much of additional comfort may have been enjoyed by the whole population. 63 died, two-thirds of them in the winter months, and 32 were removed either to other asylums, or by friends, or in consequence of neglect of rules or cessation of proper payments.

These facts really say but little for Gheel as a curative establishment. Let us investigate the reasons. On the one hand, the class of patients for whom asylums and treatment are most necessary cannot be received there. This is acknowledged by Dr. Bulckens in his very candid and impartial report. Cases of acute mania, determined homicides—people most requiring removal from home and friends, those who are destructive to property, incendiaries, suicides, in fact and in short those especially requiring constant attention and surveillance never enter this much vaunted refuge, or if admitted are promptly removed to a more fitting institution.

In the next place the means at hand are not adequate, and the mode in which the patients are treated is not suitable to accomplish the end in view, if that end be the cure of the diseased mind. The patients are left very much to follow their own instincts. The melancholic to sit and brood over his melancholy, or to wander about by himself, without hope or any one to cheer his depression. The chronic maniac, with all his varied tricks and depraved habits, here has full scope for his perverted ingenuity, varied mischiefs, and dirty practices. The want of care and control, or the so called liberty, in his case, aggravating his disorder and often tending even to the enfeeblement of his vitality. The demented drag on their miserable existences, to outward seeming, very much as they do elsewhere; as do the paralytic and idiotic; but what is their lot as to warmth, cleanliness, and healthy exercise! Of course allusion is made here to the "*indigents*," the bulk of the insane community. They have among them, as was mentioned above, 183 patients habitually of dirty habits; for these 8 centimes per day are paid in addition to the usual pay of 65 centimes, this is an allowance (after reduction for clothing) equal to sixpence halfpenny per diem! How far can this possibly suffice merely to defray the cost of thoroughly cleansing the patient and his clothes. Supposing such ablu-

tions were even contemplated, they could hardly be carried out with decent efficiency where the water supply is very limited, and where a bath is *nowhere to be seen*; the result is that the rooms and persons of the patients give evidence to the enquiring nose of anything but freshness and salubrity. The diet is so entirely a matter to be regulated by habit and the prejudices of the country, that a foreigner can hardly be expected to be a fair judge of what would be right in this respect. It is to be hoped that the unfortunate wretches get enough, but whether they do, or what they get to eat can hardly be known to any useful extent by those in authority, owing to the wide spreading of the habitations. This question of irresponsible dieting alone would induce any man experienced in the treatment of the insane, to object to the cottage system pursued at Gheel. In alluding to the fact of the little attention paid to, or control exercised over, the patients at Gheel, one is naturally led to inquire what becomes of those patients, for such there must be, who must require some such attentions, some vigilance, some control, on account of their wandering propensities, their helplessness, or from having such violent or dangerous habits as preclude the possibility of their being allowed to wander at large. This question is answered at every turn, in a way calculated not a little to surprise the visitor to this best of all possible examples of lunatic treatment, the acme of non-restraint, the "*free air*" plan.

One cannot move one hundred yards without observing the price at which this so-called liberty is obtained; the helpless, purposeless, wandering imbecile is *fettered* like the hedge-side vagrant donkey; straps or irons surround each ankle, and these are united by a strap or chain; one poor wretch was observed with a piece of wood fastened between his legs, to check a habit he had of passing out of his homestead by a breach in the hedge, rather than by the usual outlet; many suffering from more active madness, were seated in chairs to which they were tied or strapped; others roamed about with a strap round their waist, to which their arms were confined by "*bracelets*" (the polite for handcuffs); others again had the waist strapped and their feet chained. Dr. Bulckens was very kind in showing everything as it came, not concealing anything, but sighing for more reasonable means of treating patients, that were so evidently treating themselves very unsuccessfully. In some instances—ten or twelve—patients were inspected from the garden, through a barred opening or window, they being considered unfit for

any nearer approach to liberty, and with whom the safety of a closer acquaintance was considered problematical. A few were in straight waistcoats. It is well to have personally visited these poor creatures, as one can hardly gather from a statistical report, the exact kind or degree of the various treatments employed; otherwise Dr. Bulckens gives a very fair table of the patients subjected to restraint of different kinds, during 1856. From this tabular statement, it appears that 47 men and 18 women, had their feet chained; 5 men and 3 women had the confining girdle in addition to the chained feet; 7 men and 5 women had their arms confined by "*handcuffs*" attached to a confining girdle, and 3 men and 5 women were secured in straight waistcoats (*camisoles*), in all 93 persons subjected, to what Englishmen are wont to consider tolerably severe means of coercion. Apropos of the argument held in favour of Gheel, viz., that the patients are enamoured of the plan, that they love their quiet, rustic, Bœotian retreat, it may be mentioned that Dr. Bulckens, with some naiveté, remarks that two-thirds of the 93 patients spoken of above, were merely confined to prevent their running away!

It would really seem from what has been stated above, and which may be verified by any one, (for there is no lack of courtesy or politeness to be complained of in visiting this and similar institutions on the continent—though, I regret to say, that I have heard some of *our* obstructiveness deplored by foreigners more than once)—that little or nothing can be gained to the patient by the plan of the Gheel or "*free air*" treatment, over and above that experienced in our well regulated county asylums—that is, where the asylum is of such reasonable size as to render its proper supervision possible. The great drawback at Gheel, and to any similar plan is, and must be, want of proper supervision—the worst plan of treating the pauper insane, practised or known in this country at the present day, is the workhouse treatment. Even this, with only a moderately gifted and tolerably vigilant medical officer, cannot be liable to the gross abuses that either escape observation at Gheel, or if observed must be tolerated. Enough may be seen in a cursory visit to show the impropriety, the wickedness, of allowing patients known to have bad habits of all kinds, to go away from their houses without any one to look after them; and indeed, where the children of the colony, of both sexes, are used as watchers and companions, the proceeding is certainly not less culpable. The bulk of the population is composed of those patients who

can be easily ill-used, either the plodding worker, the semi-mechanical drudge, or the being but little removed from vegetable life. Let any one look through our county asylums and say, whether or not, such patients are unhappy there—let statistics show the percentage cured there, and let any one who likes to take the trouble, see the means of treating, medically and morally—the dieting, the forced alimentation when necessary, the warmth and airiness, the nursing and attention, and above all, the systematic supervision and constant care, exercised by those who are responsible for the treatment as a means-to-cure, not as a means-to-keep, and that carelessly and cheaply.

The history of Gheel's importance at the present time is purely accidental, and it has a tendency to be mischievous as most accidents have. It was founded as an insane colony by accident; it is ruled by priests as every institution that might otherwise be valuable, unfortunately is, in every Roman Catholic country; the patients were treated by priests until very lately, and probably if the truth were accurately known, are now. A patient had been subjected to the *exorcising process*, within fifteen days of the visit that induced these remarks; this operation consists in chaining the patient down hand and foot to iron rings fixed in the wall of an ante-room to the church, for the space of nine days, with little or no food during this time, while a priest, having opened the window of the apartment, endeavours by exhortation and threats to induce the evil spirit to take his or her departure thereat. All this took place without the consent or connivance of the medical authority.

In fact, though Dr. Bulckens seemed anxious to give vent to his opinion on each matter, medical and economical, when asked, why he as a physician, allowed his patients to be treated in a way that he knew to be exceedingly hurtful, or highly dangerous—likely rather to destroy life than restore reason, he candidly admitted that he had no control, and that if he had, he did not think that it would be advisable to put a stop to the practice, as reverence for Dymphna the presiding saint, and no faith in Medicine, ruled the colony, and he thought that Dymphna once ignored or slighted, but little of Gheel, as a means of harbouring the insane, would remain.

Well, Gheel thus accidentally founded, and thus governed, would have continued to be little thought of, it being really but little removed from our old iniquitous cottage system; but, that the improvements that have taken place in the

treatment of the insane in almost all countries, has shewn that kindness, humanity, and fellow feeling will do more than means of coercion towards the relief of the lunatic. This having become an established fact and almost a general practice, there has been a healthy emulation between divers countries and even between different psychologists in the same country, to endeavour to arrive at the highest point of excellence in this respect. On this account Gheel has been visited, commented on, and recommended as an example, but not by those most competent to judge of the real merit of its working. Many casual visitors, many medical men, even those engaged in psychology, might form a very erroneous opinion of the merits of such an establishment, if they had not had experience in asylum management such as can only be obtained by residence in one, and that for some continuance; these visitors have seized upon the idea, that here was to be found the best example of domestic home treatment—the apotheosis of all that modern education and civilisation could produce in the way of psychiatry. Judges differ, doctors disagree, how difficult the search for truth!

Little has been said of medicine or medical treatment, there was an apothecary's shop; there may have been more than one; but Dr. Bulckens freely confessed that medicine was not made use of as a means of treatment, except in so far as the colonial bowels required moving, or the chance exhibition of expectorants or demulcents when fogs prevailed in that uncomfortable looking plain.

To conclude, it may be stated that Dr. Bulckens has been loud in his demand for increased means of treating his patients; he has felt the necessity of a hospital with all its appliances and means of insuring proper attention and kindness; and that at last the government has voted 50,000 francs for the purpose of erecting an infirmary; the sum seems very small, but it is a beginning. This will enable the medical staff to exercise a tolerable surveillance over the more active cases, and may lead to the amelioration of the others, with respect to which and as a significant commentary on the whole scheme, it would be well to bear in mind what the head physician himself says of the trustworthiness of his "*Nourriciers*," to whom in such a system the patients are wholly confided.

"La confiance dans les habitants de la localité était telle, que toute surveillance semblait inutile. Hélas! les temps et les mœurs ont imprimé aux sentiments des hommes des modifications bien déplorables! Gheel a aussi subi l'in-

fluence de ces modifications. L'abandon dans lequel les familles laissaient d'habitude les aliénés, y a engendré des abus. Le devoir fut impunément sacrifié à l'intérêt personnel, ce qui amena un trafic honteux, et d'autant plus lucratif qu'il s'exerçait sur des aliénés aisés. Il y avait alors à Gheel, comme aujourd'hui, des cœurs nobles et dévoués, qui déploraient ces tendances fâcheuses et préjudiciables à la colonie, dont le discrédit et la décadence étaient inévitables. Mais leurs efforts, leurs conseils et leur exemple demeurèrent impuissants, en présence de l'esprit de spéculation et de lucre qui avait pris la place de l'esprit de charité."

*Spicelegia Epileptica*, by J. H.

Epilepsy, says Aræteus, "is an illness of various shapes, and horrible;" and Hippocrates, who existed five hundred years before him, in one of his terse aphorisms, states that those fits "which come on after twenty-five years of age, for the most part terminate in death." Lucretius, who lived in an age intervening between these two distinguished physicians, has with marvellous power portrayed the fearful symptoms of this appalling malady. Although a poet, and not a physician, his lines are equal in accuracy of delineation to those of the greatest pathologist :

"Quin etiam, subito vi morbi scæpe coactus  
 Ante oculos aliquis nostros, ut fulminis ictu,  
 Concidit, et spumas agit; ingemit et tremit artus;  
 Desipit extentat nervos, torquetur, anhelat  
 Inconstanter, et in jactando membra fatigat."—

*De Rerum Natura*, p. 379. Valpy.

More than two thousand years have rolled by, since the father of medicine penned his gloomy prognosis of this disease; more than two hundred writers have described its symptoms, and their views respecting it; but, alas! we rise from the perusal of the philosophic pages of our contemporary Marshall Hall, and the recent practical observations of Dr. Sieveking, with the same mournful regret as we do from the writings of Hippocrates and Aræteus, and murmur with the last sage, ἀλλόκοτον κακόν ἢ ἐριληψιῆ.

It merits the startling names, with which it has been designated, "Morbus scelestus," "morbus dæmoniacus," and even "morbus sacer," portray the awe and mystery with

which it has in all ages been regarded. That it was even one of the diseases, which was characterised by the fearful sentence, "he hath a devil," will probably be admitted by all who are familiar with ancient medical writings, and whose ideas have not been biassed by early theological training. This opinion is held by Dr. Adams, of Banchory, Ireland, than whom no one is more critically familiar with the writings of Hippocrates, and the early Greek authors; and who, moreover, informs us, that Leo (350 years B.C.) says expressly when treating of epilepsy, "that the vulgar call the disease *the demon* and lunacy." This subject resting for proof, as it does, upon the precise meaning of certain Greek words, is rather a philological than a pathological one, and is alike beyond my scholarship and my purpose.

Moreover, in the *Psychological Journal* it has been treated in a profoundly religious spirit, and with great scholarship and eloquence by the Rev. J. Sowter, the talented Chaplain of the Essex County Asylum. The philosophic view taken by Mr. Sowter gathers force from the fact, that all eastern nations speak of bodily diseases as entities, and the pagan world generally regard them as such, and seek relief by charms, incantations, and other rites, by which they imagine the evil spirit, the *δαίμων* can be appeased. A very able writer in the *Dublin University Magazine*, September, 1848, on "Pythonic and Demoniac Possessions in India and Judæa," contends that the words *δαίμων* *δαίμονιον* and the participle *δαίμονιζόμενος* whenever they occur in the New Testament, ought not to have a moral significance given to them; but that they express some physical infirmity, or mean, when used to individuals, the possession of an exorcist power, or an agency inferior to the Diabolus of Scripture. The latter word he states, occurs fifteen times in the evangelical narratives, while the former, or its derivatives, occurs no less than sixty-three times, but on no occasion in a purely moral sense; from analogy with the word "daimon," with the Mahratta word "pishachin," and the effects manifested in all the persons to whom it is applied, in both languages, he concludes that lunacy, epilepsy, and convulsive fits, are typified by both, and they refer no further to *Satanic* agency, than as all diseases are the result of sin, and thus indirectly are the manifestations of the workings of the spirit of evil, the "Diabolos" of Scripture. How profoundly significant do the scriptural expressions upon this subject become, when contemplated in this sense! How truly may it be said of some forms of moral insanity, that the man is daimonized!



Hippocrates, in combating the popular notion of the day, that epilepsy was "a sacred disease," wisely says, "men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases; . . . but if it is reckoned divine because it is wonderful, instead of one, there are many diseases which would be sacred . . . neither do I count it a worthy opinion to hold, that the body of man is polluted by God, the most impure by the most holy; for were it defiled, or did it suffer from any other thing, it would like to be purified and sanctified, rather than polluted by God. For it is the divinity which purifies and sanctifies the greatest of offences, and the most wicked, and which proves our protection from them;" and then passing from moral considerations, he endeavours to demonstrate by anatomy and by pathological changes, that the disease is somatic in its nature. "This, (he writes), you may ascertain in particular from beasts of the flock, which are seized with this disease, and more especially goats, for they are most frequently attacked with it. If you will cut open the head you will find the brain *humid*, full of sweat, and having a bad smell."—This is often the case in sheep. In the summer of 1850, I saw three sheep epileptic, and as they were slaughtered, I had an opportunity of examining the head. In each case, the anterior lobes of the brain were strewed with hydatids. These acephalocysts appear to be an occasional cause of epilepsy in the human subject, as the following case will illustrate:—H. D. had been an epileptic for twenty years. Her intellect had been greatly weakened from this cause, and she was partially paralysed in the left leg. The autopsy revealed the following appearances: the body was well nourished, the lips were livid, and the neck especially at its posterior and dependent portions was of a bluish hue, not from bruises, but from venous gravitation, and ordinary post-mortem change. She was examined eight hours after death; or rather after she was found dead, as she died suddenly in her bed at night. The calvarium was of normal shape and of average thickness. The dura mater was healthy. The arachnoid membrane was not thickened, or otherwise diseased. The pia-mater was congested with blood, and the brain generally shared in this condition, in all probability induced by the mode of death. The upper surface of the convolutions of the cerebral hemispheres presented here and there, hard, knotty indurations which varied in size, from that of a pea to a large bean, but of corrugated and rounded figure, while others were more elastic and

smooth. These indurations proved to be small cysts, and the difference in their characters of hardness and form was found to arise from the circumstance, that the harder and corrugated ones had lost their fluid, and now contained grumous material, resembling an impalpable fine mortar, and in which by the aid of the microscope, could be seen a large number of very minute crystals having a rhombic figure. Those possessing fluid, contained within this, a few clear spherules of varying microscopic size, adhering to their inner surface, but none on their exterior; each cyst was distinct in itself, forming in this respect, a great contrast to the acephalocysts occasionally found in the uterus and other organs; indeed their solitary character induced Dr. Hodgkin and myself to look most carefully for that curious entozoon, the cysticercus cellulosus, which has been occasionally found in solitary cysts, occupying the brain and the eye of the human subject, but without success. A small solitary cyst, less than a pea, was found on the upper surface of the left lobe of the cerebellum.

The vesicular neurine of the convolutions exhibited no disease beyond the immediate contiguity of these little bodies, and even at that spot nothing further than a depression, caused by their presence, could be detected. Whether this depression was induced by simple pressure, without any loss of nervous substance, or whether it had given rise to atrophy, could not well be determined upon. I am inclined to think the latter. The vesicular and fibrous portions of the brain were each much congested with blood, which we regarded rather as a moribund effect than anything else, (as the patient had died in all probability from asphyxia) and we discovered no other change until we reached the left ventricle, where, resting upon the corpus striatum, was another cyst of considerable magnitude, as large, indeed, as a pigeon's egg. In this large cyst, the walls had a distinctly laminated texture, and small clear globules or spherules were studded over its surface, resembling the "hyaline," which has been fully described as to its properties by Barry and others, and which, in truth, were young cells, slowly forming into other acephalocysts. The corpus striatum around this larger body was softened in its structure, and had undergone some diminution. The brain presented no other disease. The choroid plexuses, in common with the blood-vessels of the brain generally, were in a congested condition. The right lung was gorged with blood, and the patient was considered to have died from "pulmonary apoplexy;" in fact, that was

the verdict returned (from medical testimony) at the coroner's inquest. No other disease was found in the chest, and the viscera of the abdomen were remarkably healthy. The marvel is, that although these hydatids are abiding structures, yet long intervals of time transpire in which their presence is not indicated by convulsive action; in other words, that epilepsy, apparently dependent upon a continuous irritant in the brain, should be *paroxysmal* in its character. Such paradoxes belong to vital action, and will for a long time, perhaps for ever, separate medicine from the circle of the exact sciences. The action of marsh miasma, and of the hydrophobic poison, resemble epilepsy in this particular, although the paroxysms in these diseases are more frequent in their occurrence; yet, even in these, there are periods of time in which their presence in the system is not revealed by especial action.

The epileptic paroxysm appears capable of being postponed, and in some rare cases wholly removed by mental or by corporeal conditions. I have known the paroxysm postponed for several months, through the stimulus of faith and hope, and the epilepsy disappear entirely during the continuance of some other severe disease. The fact of the possibility of averting the paroxysm for an unusual length of time, without effectually removing the disease, has not been sufficiently remembered by many who have written upon this disease. Shakspeare recognised a great pathological truth, when he made Benvolio exclaim :

“Tut, man! one fire burns out another's burning,  
One pain is lessen'd by another's anguish;  
Turn giddy and be holp'd by backward turning;  
One desperate grief cures with another's languish:  
Take thou some new infection to thy eye,  
And the rank poison of the old will die.”

Even charms and amulets have seemed in some cases to postpone the attack of the customary epileptic paroxysm. I have known three instances of young women who had severe epileptic fits every week, in neither of whom an attack occurred for several weeks, in one, not for six months, after wearing a ring “which had been purchased for that especial purpose, by all the single young men of the parish in which she lived.” Nothing is more common, than for the attack of an epileptic paroxysm to be postponed for a longer period than usual, whenever the patient is placed under the treatment of some surgeon, other than his ordinary medical attendant. A new medicine will often effect the same result.

Is it not to this fact that the disciples of Mesmer and Hahnemann are indebted for their vaunted triumphs in this disease; is it not by the due laudation of some such postponements as these, that nervous sufferers are attracted to the gaudy saloons and cold fountains of a fashionable hydro-pathic symposium? Has not this peculiarity in epileptic patients been overlooked, even by scientific and cautious men? If the history of the patients upon whom tracheotomy was performed upon the strength of Dr. Marshall Hall's ingenious theory, were *now* published, it would probably be found, that four-fifths were still epileptic. One of these came under my notice on April 11th, 1853. He had been operated upon by Mr. Mackarsie, a highly intelligent surgeon, at Chesterfield, and Dr. Marshall Hall, thus wrote of the case, when introducing it to the medical profession through the pages of the *Lancet*. "I have always considered the case of Mr. Cane, published in my Croonian Lectures, *as the most interesting and valuable in medicine; . . . . next to this I must place the case I now forward you of Mr. Mackarsie.*" The case is detailed at page 349 of the *Lancet*, for Oct. 16th, 1852. It appears that the patient, R. W., was operated on, August 24th, 1853, and that up to Oct. 10th of the same year, when the case was published, he had not experienced a complete epileptic paroxysm. During these seven weeks, this patient had undergone the operation of tracheotomy, had experienced "violent hæmoptysis" on the 29th of August, and again on September the 1st; on this day and on the third, he was "freely leeches, as the lungs were congested and he expectorated bloody mucous." On the 20th of September, "he had a severe attack of bilious vomiting, the irritability of the stomach being very obstinate:" by the aid of calomel and opium, saline mixtures and hydrocyanic acid he in a few days recovered.

Now, my experience leads me to think, that the absence of a full epileptic paroxysm during these seven weeks was not dependent on the tracheotomy as a special antidote, but would have followed any imposing surgical operation; and further, that the epilepsy may even have been kept in abeyance by the other severe corporeal affections, which the patient passed through, during the period in question. When the case came under my care six months afterwards, he was quite imbecile in mind, and the epileptic fits were of almost daily occurrence, and were very severe in their character. At the time the case was published, Mr. M. stated, that there was no difficulty in the management of the tube after the first

few days ; in April, from the restlessness of the patient, or some other cause, the wound had been permitted to heal. This circumstance does not militate against the opinions suggested above, namely, that the seven weeks' freedom from epileptic convulsions may have been gained by the operation, simply as an imposing and painful procedure ; or even through the maladies (hæmoptysis, pulmonary apoplexy, bilious vomiting), from which the patient suffered, apart from any *special* effect produced upon the epilepsy by allowing the free ingress, and egress of air through an opening in the trachea below the closed larynx. From April to May, (1854), this patient suffered severely from epilepsy, having fits oftentimes daily, and rarely passed two days without a paroxysm ; but from June to September, without any re-opening of the trachea, his fits became less severe, and his general health, without any assignable cause, (beyond the regular dietary and general hygiene of the asylum), improved greatly. His face from being of a bluish hue assumed a healthy aspect : he became animated, his intellect was more energetic, his memory stronger, and his feelings hopeful. On one occasion, he passed more than *nine* weeks without experiencing a paroxysm of epilepsy. This state of things did not continue, by the end of October the fits had become very frequent and severe, the face was again livid, the intellect imbecile, and in the following March, about eleven months from his admission, he expired, comatose. When at Hanwell, I saw a female patient, who had had fits daily, who ceased to be epileptic for several weeks during the continuance of severe erysipelas, and subsequent ulceration of the legs, but with returning soundness to the extremities, the formidable convulsive malady resumed its sway.

The following case is also instructive, and illustrative of the expressed opinion, that a distinct corporeal ailment may permanently arrest the manifestations of epilepsy. M. A., who died from pulmonary consumption in 1850, had been epileptic to an extraordinary degree for many years. In the month of January preceding her decease, she had as many as one hundred and sixteen paroxysms of epilepsy, reckoning that as a distinct fit, which had passed through the several stages of unconsciousness, convulsion, and sleep, followed by *consciousness*, for however brief a period the consciousness may have lasted. In this case the severest I ever witnessed, there was no appreciable cerebral lesion, beyond opacity and thickness of the membranes of the brain, effusion of serum between the convolutions, and into the lateral ventricles, and

a very hypertrophied condition of the pituitary body. This structure was extensively diseased ; its functions are not well understood, but certain facts which have fallen under my own notice, and the researches of the laborious Wenzels make me believe it to be an organ of greater importance in the due nutrition of the brain, than it is usually supposed to be, and I may probably refer to it again on some future occasion ; but the case of M. A. is now referred to, because from the day that inflammation of the lungs set in, until the day of her death from tubercular disease, a period of six months, she never had a single fit, although for years previous to the accession of the pulmonary disease, she had a paroxysm or more daily. These facts, the occasional arrest of epilepsy, by erysipelatous inflammation and by tubercular disease, would seem to teach, that in a paroxysmal malady of this nature, it becomes us to gather the histories of many cases, and to be cautious in our inductions ; lest we should regard that as a consequence, which was simply a sequence ; or, to use the pithy phrase of the old Logicians, be led to confound the "post hoc" and the "propter hoc," and thus raise expectations which can only end in disappointment and sorrow.

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*The Condition of the Insane, and the Treatment of Nervous Diseases in Turkey.* By R. F. FOOTE, M.D., Member of the Imperial Medical Society of Constantinople ; lately 2nd Class Staff Surgeon, Her Majesty's Service, attached to His Highness Omar Pasha, serving in Roumelia, the Crimea, and Anatolia ; formerly Physician Superintendent to the Norfolk County Asylum, England.

Living in what may be said to be in a country which forms the link between civilisation and barbarism, so favored by nature, so neglected by man, where we have constantly so much before us to admire and so much to condemn, we have naturally been led to enquire into the condition of the poor lunatic in this city of the Sultan, into the state of him, whom mental and bodily disease has overtaken in its worst form ; whom the public in some countries are

disposed to honour as a gifted being, and whom in others they are inclined to look upon as the especial object of divine vengeance and torture.

As we daily walk the streets of this capital, our view is often arrested by the sight of some wretched demented looking object soliciting alms in such a way that we see at a glance the man or woman is a lunatic.

We naturally enquire whether these poor objects have no friends; are there no asylums in this country whither they can be removed, taken care of, treated kindly, and, indeed, where they can be placed under proper medical care, and be restored to their right mind? What is the economy, organisation, and medical moral administration of such asylums, if they exist?

We have in vain, for more than three years, tried to obtain some information, in a printed form, as to the public and private institutions for the insane in Turkey, but up to the present time have entirely failed. We have, however, been able to ascertain that there are receptacles in this country, and we propose to give a short account of them, and of the treatment of diseases of the nervous system, at Constantinople.

The first cases of insanity, which came under our observation, were two soldiers at Varna, during the late war, whom we found in the barracks, situated at the northern side of the town, just inside the town wall. Both of these men were loaded with chains, an iron collar being fixed round the neck, a bracelet around each wrist and foot; these different iron collars were connected together by means of thick heavy links of iron chains. We asked why the men whom we saw with several other patients in a very dirty room were thus chained, and were informed by the "uze bashy," or captain, that they were "dely," or madmen, and on further enquiry were informed, that if mad persons committed any acts of violence, exhibiting themselves dangerous to other persons, they were chained up, and that if they made much noise they had a pail of water thrown over them, or were severely beaten, which generally made them pretty quiet.

Finding this to be the treatment of the insane at Varna, which during the war was considered the principal and best station for hospital accommodation, we were led to infer that the treatment of the patients in the capital, could be but a little if at all better.

We took an early opportunity of making enquiries as to the treatment of the insane there. Our first and second visits to the asylums of Constantinople, were made in February and July, 1857, our third in January, 1858, and on these

examinations we found that receptacles for the insane exist under four different forms of government, which may be thus classed according to their internal government and economy.

1stly. The Turkish Military Lunatic Asylum for the reception of the insane from the army, and such other lunatic Turks, as may be deemed worthy of public charity.

2ndly. The Armenian Lunatic Asylum, for the reception of poor persons belonging to the Armenian (orthodox) church, and such other Armenian persons, whose friends may feel inclined to pay for their sustenance, during the time they may be resident in the institution.

3rdly. The Armenian Catholic Asylum, for the reception of Armenians professing the Roman Catholic Religion.

4thly. The Greek Asylum for the reception of patients, who profess the Greek religion.

We will take them, however, in the opposite order from that in which we have placed them, and begin with that which appeared to be the worst managed, that in which we saw the greatest amount of misery and wretchedness.

The Greek hospital for the insane, is situated in a suburb of Stamboul, just outside the walls of Constantinople, called Tiedy Koly, or the Seven Towers, on a piece of land near the sea; the adjoining country is flat and marshy.

Eastward of it is Somatiah, a suburb of Stamboul, inhabited by Armenians and Greeks, where diseases of a zymotic character prevail to a great extent, including diarrhoea, dysentery, remittent and intermittent fevers; and southward is the village of Teitoun Bournum, where are some government works, under the direction of Englishmen. Altogether the situation may be said to be unhealthy.

The building is of stone, its form in a line extending north and south, plain in structure. From it a good view of the Princess' Islands, facing the Seven Towers, and the sea of Marmora, is commanded. Near is a tastefully built church, tended by a grey bearded priest of the orthodox Greek religion, and who, although he vociferated strongly on the duties towards our neighbour, upon visiting the hospital, we felt rather disposed to fancy his doctrine was more a point of theory than practice.

From all we can hear, the general idea disseminated by the Greek priests, who are truly as a rule, a most ignorant and bigoted race of men, is that insanity is inflicted upon men and women through the agency of the devil, and that the best way to get rid of it is by scourging and beating. The asylum is supported entirely by the contributions of the Greek popula-



tion themselves; it has around it gardens well filled with fruits and vegetables, to which the unhappy inmates have but little access. We found on entrance, that in no part of the world is the maxim laid down by Celsus, more rigidly carried out, than in this Christian institution, "*ubi perperam aliquid dixit aut fecit; fame vinculis, plagis coercendus est. Cogendus est et attendere et ediscere aliquid, et meminisse sic enim ut paulatim metu cogatur considerare quid faciat, subito etiam terreri et expavescere in hoc morbo prodest, ut fere quidquid animum vehementer perturbat.*"

Insane patients are here received without any medical certificate if the friends are anxious for them to be properly taken care of; and I am informed the plea of insanity, in criminal cases, is a question, never heard of at the Sublime Porte. Indeed, medical evidence on the subject of nervous derangement would be an anomaly before this august assembly scarcely to be tolerated, and very difficult to obtain. This hospital is not only a receptacle for the insane, but also an institution where young Greeks are taught the rudiments of their language, and indigent Greeks supported; it is properly what may be termed a poor house.

It consists of two stories. In the first floor are the sick and aged, and in the second are the children, whilst in the basement are the male lunatics. The insane wards consist of three rooms, and for the sake of making the description easy, we will call them numbers one, two, and three.

Number one ward is a room fifteen feet square, containing ten beds, in each of which is a patient, five of whom on every occasion I found under mechanical restraint. In it are the water closets for the adjoining wards. There is no window or means of proper ventilation. The height of the ceiling is 10 feet, the floor of stone, no fire or stove of any kind even in winter. The bedsteads were generally of iron, some of wood; few of the patients had straw palliasses under them, and three were without anything. The bed covering was very scanty, consisting in four instances of a quilt lined with cotton wool, the others being supplied each with a common thin rug of woollen.

There is one door which opens to the garden, another door to number two, a third opening to the stairs, and a fourth to the water closets.

When we visited this hospital, in July last, we found that the outer door of number one was closed, and that the effluvia in the room was quite unbearable; there was no attendant present; three of the patients were nearly naked; seven were

under mechanical restraint; so bad was the odour of the room, that the attendant who accompanied us from the other wards found it necessary to burn incense to make the place fit to be tolerated by himself.

In January, 1858, we found the external door of number one open, and the temperature of the room only four degrees above freezing point. The feet of one patient under severe mechanical restraint were so cold, that they appeared frost bitten; he was fixed in the recumbent position with nothing beneath him but a wooden bedstead, and scarcely any covering; he had been recently bled twice, and on our enquiries it was stated in answer, that he had been brought thither by the Turkish "Cavasses," or police officers; that he was a very troublesome and destructive patient; that they knew of no other means of keeping him quiet, and that he had not taken any medicine since his admission. We made enquiries if there were single rooms for placing violent and excited patients, but have always been told that such do not exist.

Adjoining number one is number two, in which were twenty-five beds with the same number of patients; the height of the room was 10 feet, the floor of stone, and many of the patients were under mechanical restraint. Number three was of the same size, the beds being only two feet apart.

The under clothing was of cotton, the upper of the same material; but on our last visit, a flannel rug had been added, said to have come from the hospital at Scutari.

There are no apparent means of ventilating the wards, and but a scanty supply of clothing and water; every means however are provided for repressing violence by the large chains and the contrivances for attaching them to the floors.

The only means for warming were by charcoal, which we only saw on one occasion in number two, placed in a kind of brazier, or as they term it in this country a "mougal," the smoke from which caused a very obnoxious effect.

The female wards are detached, but near, and consist of a wooden building containing four different rooms, with 36 patients; cheerless and cold in winter; so low was the thermometer, that it was only six degrees above the freezing point. We divide them for the sake of description into four wards.

In number one were the violent and refractory patients, six in number; three of whom on both occasions we saw chained to their beds with thick iron collars around their necks.

There were no means of providing warmth in winter; the

floor was of stone ; there were no single rooms or other means of seclusion ; no opportunity of exercise in the open air.

The organisation appears to be as follows : a few of the chief Greeks are appointed by the community as governors, some of these gentlemen in fine weather go to Tiedy Koly ; at other times the patients are left to themselves, or to the ignorant man who has been by interest and chicanery placed in the position of what is vulgarly called governor ; he has formerly been a servant to one of the members of the committee, subsequently a keeper or attendant of the asylum, and thus has gained a sufficient knowledge in the estimation of the directors to rule and govern the establishment. He is a civil, respectful, and apparently an honest man. He knows how to regulate the internal economy of the asylum, to see that the patients shall not be too well fed or clad, so as to increase the current expenses. He knows how to feed the attendants, especially those who may be the creatures of the committee. His wife is the chief attendant of the females, for whom there is only another servant, the laundress, to whom the duty of nursing is left.

The doctor lives several miles off, and pays his visits twice a week, chiefly, however, to see those whom he considers sick, and not the lunatics, consequently this responsibility falls upon the governor.

Hence violence, disease, and neglect occur, from the absence of any well-regulated medical authority present.

On leaving this place of torment, we were led almost to think with Byron, that

“The Leech was sent, but not in mercy, there  
To note how much the life yet left could bear ;  
He found enough to load with heaviest chain,  
And promise feeling for the wretch of pain ;”

We feel certain that any one visiting this horrible place, could alone think that such must be the vocation of the physician attendant thereon, for little else could he be said to the mind of a western, to perform.

We look upon it as a tolerably well received fact, that where it is necessary to give administrative power in the government of a hospital, the head must be a resident person. In the carrying out of his duties, he must not be interfered with by any one but the parties, who are invested with the authority under which he acts. Give him high responsibility, and you may expect from him efficiency equivalent to the responsibility therein placed. All subordinates must be placed entirely under his control. Most especially in the govern-

ment of a hospital is this necessary. We may take for example the hospital for sailors at Constantinople, which was formerly under the direction of the physician to the embassy; the consequence was that the duties were very much neglected, because his avocation called him constantly from the hospital to Therapeia, Scutari, Buyukdere, Stamboul, &c., he was necessarily obliged to leave his patients to any one he could find willing to attend the sick in the hospital; whereas lately the hospital has been placed entirely under the direction of a resident surgeon (with a proper remuneration) Mr. Hoyland, and there can be no doubt that its management is satisfactory. We can say that from a recent visit to it, we found the condition of the wards very creditable to the medical authority, under which they are placed.

*(To be Continued.)*

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*The Medical Treatment of Insanity*; by M. H. RANNEY, M.D.,  
Resident Physician of the New York City Lunatic  
Asylum, Blackwell's Island.

A Report read before the Association of Medical Superintendents of American Institutions for the Insane at the Annual Meeting, 1857. From the *American Journal of Insanity*.

In presenting my views relative to the medical treatment of insanity I shall be very brief, tracing only the general outlines of the course pursued by me in a few of the best-marked forms of this disease.

The object of the report is to obtain an expression of the views of the different members of the Association on this subject, to attain which it is necessary that there be no misunderstanding as to the particular disease described. The treatment of insanity is the great desideratum, although in fact subjects of secondary importance are much more frequently discussed. The peculiar ideas entertained by the members as to ventilation, the construction of water-closets, &c., are generally understood; but I am unable to say that there is an unanimity of opinion as to a mode of practice

in any one of the various forms of insanity. It may be, perhaps, impossible to determine the exact treatment which should be pursued in a particular case, but the general principles, at least, that govern our course in a certain defined form of mental derangement, can be given as well as in the treatment of physical diseases generally. I assume that there are conventional terms, which convey to the mind definite ideas of certain forms of disease, which, when referred to, suggest a group of associated symptoms that, taken collectively, constitute a distinct variety. It is only to a few of such well-known and recognized forms that reference will be made.

In insanity no new faculties are created, but those already existing are modified by the conditions of exaltation, depression, or perversion. The type of the different varieties of disease may be found in the normal state of the mind. This consideration affords important aid in distinguishing one form of mental disease from another.

I shall first refer to Acute Mania. The physiological type of this disease is given more nearly in anger marked by violence than in any other state of mind. The leading characteristics are, impassioned moral and intellectual exaltation (the one exhibited by perversion, the other by delusion), the rapid flow of ideas, violent gesticulation, disposition to overthrow or destroy the furniture of the room, sleeplessness, and wild expression of the eye and countenance, betraying great disquiet of mind. Undoubtedly the term acute mania recalls a certain grouping of symptoms, and conveys more accurate notions of the condition than would the minute description of an individual case, since by abstraction the essentials in particular instances have been selected and combined to form the general idea. Taking it as granted that the form referred to is fully recognized, the medical treatment will be briefly considered. A careful examination must be made into the general condition of the system, as well as of the functional disturbance of any organ that might affect the brain. The success following treatment depends much upon the care exercised in the duty. The patient should, as far as possible, be excluded from all excitement. In most cases the condition of the stomach and bowels is disordered, to correct which an active cathartic should be prescribed. For this purpose the combination, hydrarg. sub. mur. gr. x, pulv. jalap. gr. xx, may be administered, and if the patient be of full habit a grain of tartarized antimony may be added. The skin is often dry and unclean, requiring, after catharsis, a warm bath, and pulv. ipecac. c. gr. x, the following night. On the succeeding day, if the patient be plethoric and there seem to be a determination of blood to the brain, commence with ant. et potass. tart., gr. ss. *ter in die*, which should be gradually increased until nausea follows; cold applications may be made to the head, and spts. ammon. acetat., or spts. æth. nit. to act upon the secretions. If there be unnatural rapidity

in the pulsations of the heart still persisting, tinct. verat. virid. gtt. v, ad. x., *bis in die*, may be substituted for the tartar emetic. If for several days the patient continue violent, ol. tigllii. is to be applied to the back of the neck and behind the ears; selecting for this a proper time in the advance of the disease, a full eruption is usually followed by marked improvement. As soon as the prominent symptoms of violence yield, morph. sulph., gr. ss. *ter in die*, is substituted for the remedies before specified, or if, at the time of admission, the patient be emaciated and apparently prostrated, either morphia or opium is given directly after the warm bath. Under these circumstances a full diet is urged, and if with restlessness and high excitement an anæmic state of the brain is believed to exist, a supply of meat rich in fat is liberally furnished. Beer and milk-punch take the place of other drinks. Tonics, such as ferri carb., potass. iodid., &c., have a favorable action, and even quinine is occasionally admissible. When violent paroxysms are separated by lucid intervals, as in recurrent mania, quinine, in doses three times a day during the quiet period, has been found highly beneficial.

My attention was first called to the use of this article by a paper read before this Association three years ago, by Dr. Tyler. Since then I have often used quinine in cases of the recurrent form of insanity with decided success. In many the lucid interval was prolonged, the paroxysm less severe, and in a few instances complete recovery was the result. If masturbation was suspected as a cause, free applications of croton oil were made to the penis and scrotum.

Amenorrhœa is a frequent cause of mania in girls between the ages of 15 and 25, while in later life menstrual disturbances usually produce melancholia. Mania from this source yields rapidly to proper treatment. The tr. al. et myrrh. to remove constipation, Lugol's solution, or some other form of iodine, with stimulating applications to the mammæ, effect, ordinarily, a cure in two or three months. In that form of mania in which little violence exists—the patient seeming like one inebriated, yet moved by that same mischievous propensity that is found in a variety of nymphomania, opium in large doses controls quite effectually the undue exhilaration of spirits. The common course is to commence with tinct. opii., 1 dr. *ter in die*, which is doubled at the expiration of the first, or even increased to three drachms, if found necessary, at the end of the second week. From the peculiar state of the brain and nervous system, these large doses are not only tolerated, but produce little sensible effect aside from allaying the excitement and occasioning active emesis and catharsis. These last conditions render it often necessary to omit the medicine for a day.

Melancholia, the lypemania of Esquirol, is another form of mental disease readily recognized. The elementary type is found in fear, sorrow, or grief, as exhibited by a mother in the loss of her child, or in impending calamity. The peculiar marks which distinguish this affection are exaltation of the sentiment of sorrow,

entire concentration of mind on one idea or class of ideas, and an inability to direct the attention to any thing not immediately connected with that which wholly absorbs the mind. It is frequently dependent on some bilious or uterine derangement, and in the selection of medicines attention should be directed particularly to this fact. To correct the secretions mass. hydrarg., or the hydrarg. cum creta. may be used. Where a sufficient alterative effect has been produced, opiates in small doses are indicated. The object is to partially remove the intense grief or fear which characterizes this form of disease. Morphia in small doses may for a long time be continued. During its administration gentle laxatives will be required; for, aside from the effect of the opiate, there is a tendency to constipation. The patient generally refuses a proper amount of nourishment, leaving the vital powers greatly reduced, and requiring tonics and stimulants, such as ferri carb., porter, &c. If a propensity to commit suicide exist, the occasional application of blisters, or ung. antimon. to the back of the neck, lessens much the danger of such an occurrence. It may afford benefit, in part, by relieving congestion of the vessels of the brain, but principally from the substitution of a real for an imaginary trouble.

Of the remaining forms of insanity Dementia alone is that which I now shall consider. Its fundamental type or analogue exists in natural dullness of intellect. The leading characteristic is an enfeeblement of the intellectual faculties, or even a complete obliteration of their manifestations. Dementia is usually a sequel of mania or some acute affection of the brain; rarely an idiopathic disease. Moral treatment is of much more importance than in mania or melancholia, yet a judicious use of medicines will aid much in the restoration of reason. To relieve anæmia, nutritious diet and the free use of chalybeates are requisite. The object is to supply the brain its proper stimulus by enriching the blood, and thus arousing its dormant excitability. As the muscle loses its contractile power from long inaction, so may the brain, although unchanged in structure, cease to perform its proper functions, from previous long-continued disease. The phosphates of iron and manganese become valuable in this disease by furnishing the necessary amount of phosphorus for generating the nervous force. In a few instances rapid improvement has followed the use of cannabis indica, which seems to have a special tendency to stimulate the senses, and excite the moral qualities. Those cases in which dullness of intellect depends on a congestive condition of the brain are benefited by counter irritants, such as blisters, ung. antimon., or ol. tigllii applied to the back of the neck. The most favorable results occasionally follow accidental sloughing from the application of tartarized antimony, while the same effect may occur from an extensive abscess.

Such are my views in regard to the ordinary course to be pursued in treating the foregoing forms of insanity, each individual case requiring, however, modifications of treatment corresponding to the

particular causes, age, sex, temperament, condition of system, &c. Adopting the somatic theory as to the proximate cause of insanity, that the material part, the brain, is the seat of disorder, while the immaterial is not subject to change, there can be no reason why medicines should not exert a controlling influence over this disease. Not only is the physical organization directly affected by medicinal agents, but over the mind itself the manifestation of the immaterial through the medium of the brain is subjected to their restoring influence. Narcotics, especially, seem to act immediately on the brain, producing a marked physical effect. Some excite the senses, others produce in the intellect the most brilliant images, and a few exert their influence over the moral faculties. The first effect of opium is to allay the passions, not only by lessening directly the most violent anger and poignant grief, but also by occupying the attention with fanciful and pleasant imagery, tending to induce cheerfulness and contentment. Hyoscyamus, on the contrary, is supposed to arouse anger and jealousy, while belladonna, in large doses, occasions gloomy thoughts and dejection of mind. Stramonium affects the senses primarily, and, in moderate quantities, disposes to convulsive merriment. From the use of cannabis the activity of the senses is increased, and the most surprising delusions follow, which may continue long after the immediate stimulus has passed away. The effects of narcotics are not fully understood, but sufficient is known of them to call for a careful discrimination in their use. It is well settled that they act on the mind, and that each has some peculiar characteristic distinguishing its action. If this be granted, it necessarily follows that with a knowledge of the change produced by this class of remedies on the different faculties of the mind, a proper selection for the individual case must be attended with good results.

In thus presenting my views it must not be understood that I advocate entire reliance on medicinal agents in the treatment of insanity. The adoption of proper hygienic rules is essential, as in physical disease generally. Moral treatment, including employment, amusements, the establishment of regular habits, &c., is also a most important auxiliary to recovery. This is particularly true where derangement of mind has existed for years. But while admitting the importance of moral treatment, I would avoid an over-estimate of its mechanical part, and carefully investigate not only the laws of physical action, but the influences of medicine on the manifestations of mind, that our noble profession may not become simply an art.

#### DISCUSSION ON THE ABOVE PAPER.

Dr Butler remarked that he could only agree to the very occasional utility of tartarized antimony. He thought the treatment proposed decidedly more active than he would venture to adopt, or than could be borne by a very large majority of the patients admitted to the Retreat. Occasionally, in some cases of acute mania,



with high excitement, in vigorous subjects, he had prescribed tartarized antimony in combination with tincture of digitalis and spirits of nitre, in small doses.

Dr. Kirkbride hoped the members of the Association would take this occasion to present their views in reference to the use of tartarized antimony as a remedial agent, particularly as a substitute for restraint.

Dr. Earle suggested, if the discussion was to cover the whole subject of the treatment of insanity, the propriety of each member giving his opinion in regard to venesection. He thought it important that their views upon this subject should go forth to the profession at large.

Dr. Butler stated that in over two thousand cases that had come under his observation, he had not had recourse to venesection in a single instance.

Without any specific formula for the treatment of mania, aiming to meet the symptoms on the same general principles as in other diseases, he generally commenced the treatment with an alterative—medium dose or doses of calomel and opium, or blue mass, then watched the development of further symptoms. He placed much dependence upon the use of the remedies whose effects are commonly described by the term “deobstruent.” He used the extracts of conium and taraxacum freely, iodine and its salts (in the early stages of treatment), chloric ether, and especially the various forms of opium, followed or combined with the different mineral and vegetable tonics were his favorite remedies. Of course moral means at all times. Few cases in any stages of the disease are beyond *their* varied influence. He had satisfied himself of the success of these measures, in curing his patients pleasantly, speedily, and thoroughly.

Dr. Worthington’s views on the general treatment of insanity corresponded with those which had been expressed by Dr. Butler. In regard to the use of tart. ant. as a means of reducing excitement and thus obviating the necessity of restraint, he said that he had seen such serious depression of the vital forces produced by this remedy, given with the view of lowering increased vascular action, that he would scarcely be willing to use it under any circumstances. His experience of venesection corresponded with that of others, who had remarked that cases in which patients had been bled, and bore the mark of the lancet at the time of their admission, generally terminated unfavorably.

Dr. McFarland remarked, that although he had been named on the committee, as chairman of which Dr. Ranney had read the paper to which the Association had just listened, he had had nothing to do with the preparation of the report in question. He was surprised to hear tartarized antimony named in connection with the treatment of uncomplicated mental disease. He thought that it was lying in the same grave where venesection had been buried

long ago. He thought that where excitement simply was the governing feature in the case, the nearer we approached the purely expectant plan of treatment, the nearer we should be right. He always acted upon the presumption that his patients needed no active treatment. The insane hospital is to the insane what the splint and bandage are to the fractured limb—merely to insure quiet.

Dr. Athon rose to speak in approval of the course pursued by Dr. Ranney in the treatment of acute mania. He did not, however, indorse his combinations of antimony. He was in the habit of combining it with the sulphate of morphine, by which means he was enabled to produce emesis, and a purgative effect at the same time. He had frequently seen bad effects follow his treatment, but had found no difficulty in controlling them, either by coffee, or tea, or rye whisky, or a little alcohol with tincture of opium: the latter acted like a charm when given in a little warm water. He was not aware that tincture of *cannabis indica* was used to any great extent: he had prescribed it, and thought favorably of its effects. He did not think that its use was attended with any danger. He generally commenced with ten drops.

At the West, he remarked that an opinion extensively prevailed, that insanity is caused by inflammation of the brain, and that the practice of venesection was very general. With those patients who had not been bled he had but little difficulty; but in those cases in which excessive bleeding had been resorted to, previous to admission, restoration had not taken place in a single case. The use of antimony produced the same effect; in some cases of acute mania, it might, perhaps, be used in minute doses with benefit.

Dr. Fisher remarked that the paper read by Dr. Ranney had presented some ideas quite new to him, and which, on his return to his own institution, he should test. He should do so—first, because the course of treatment he had pursued in cases of acute mania had not been successful; he had pushed the anodyne treatment to a point that would hardly be deemed justifiable, and had despaired of any good effects arising from its use. Secondly, from his experience in the treatment of physical diseases, especially in the administration of tartarized antimony in bronchial affections and pneumonia. Frequently, in these cases, when the lungs continued engorged, and he dared not use the lancet, antimony had become the sheet-anchor in his hands.

Dr. Buttolph had not been in the habit of treating patients quite so actively. He had no experience in blood-letting, having had recourse to it only once or twice. Had treated between eleven and twelve hundred patients.

Dr. Fisher stated that of one hundred and fifteen patients who had been under his care, most of them chronic cases, he had, in a few instances, resorted to local depletion, but only to meet an indication in some physical disease.

Dr. McFarland stated, in reply to one of the members, that he did not wish to be understood as saying that patients should be without treatment. Medical treatment was often required; at the same time it must be recollected that insanity was not generally a sthenic disease. He was not an extremist, but would like to know if antimony and counter-irritation were to be re-admitted into their therapeutics. He thought that they had been excluded some years ago.

Dr. McIlhenny said that he had never prescribed antimony to quell excitement. At the outset of severe attacks in persons of strong, robust constitutions, he had, in a few instances, used it in small doses. Had been accustomed to prescribe the tincture of veratria. He had bled one patient in whom he feared an attack of apoplexy. This case terminated fatally.

Dr. Bemis had never resorted to venesection in his own practice. While an assistant physician he had bled two patients in whom apoplexy was feared; both died. He had applied cups in a few cases. He rarely used tartarized antimony, even in small doses, and had never given it to produce quiet. He had treated about two thousand patients. In this connection he spoke of the use of shower-baths, and stated that there had at one time been twelve in use at the Hospital at Worcester, but for two and a half years past they had been entirely disconnected from the tanks. Patients received at that Institution did not require the active treatment recommended by Dr. Ranney.

In reply to some questions from Dr. Brown, in regard to English institutions, he stated that the use of the shower-bath was admitted into nearly all the institutions, as far as he had observed, but that the use of tartarized antimony, as alleged, was denied.

At the request of the members, Dr. Bemis related some of the circumstances attending the death of Daniel Dolly, at the Surrey Asylum, which event had occurred just previous to the time of his visit. The Doctor inclined to the opinion that local jealousy had exaggerated the accounts we had received here.

Dr. Rockwell, from the early date of his entrance upon the practice of the specialty, had had an opportunity of seeing both tartarized antimony and venesection extensively used, but had no belief in the remedial influence of either.

Dr. Ranney remarked that he had never used tartarized antimony simply for the purpose of quieting the patient, but to meet some physical indication. He thought that if insanity was a disease, there must be some attendant pathological condition; and did not see why medicines should not be prescribed on the same general principles, and the same results expected as in other diseases. The effect of tartarized antimony in lessening the action of the heart is well known; and when a patient is before us with a quick, full pulse, and hot skin, with a tendency to cerebral determination, he saw no reason why it should not be used. Patients were occasion-

ally admitted into the New York City Lunatic Asylum in whom insanity had existed but a very few days, and in whom the symptoms of cerebral disorder were much more marked than in an ordinary case of several months' continuance. Of four or five thousand patients treated by him, he had resorted to venesection only in two or three instances, in which the disease was complicated with apoplexy.

Dr. Rockwell stated that he had given tartarized antimony in cases in which he had expected to derive most benefit from small doses, and found that it lessened arterial excitement, but did not diminish the nervous irritability.

Dr. Taylor remarked that he had never used tartarized antimony with the view of controlling a patient. Nearly all the cases placed under his care were more or less asthenic, and he found a glass of porter or brandy-punch far more efficacious than tartarized antimony or venesection. A favorite prescription of his was a preparation of morphine and extract of conium, which articles he found, in combination, had properties neither possessed when prescribed alone. He had used sulphuric ether, and was much pleased with it; in no case had any unpleasant effects followed its administration. During paroxysms he had sought to divert morbid nervous action by the use of narcotics, quinine, or emetics, with an idea well expressed by the term "switching off."

Dr. Earle asked if patients were apt to sleep under the influence of conium.

Dr. Tyler said they were, if the combination spoken of was used.

Dr. Earle stated that he had taken conium for the purpose of ascertaining its effects. He began with small doses, and increased so rapidly that in about twenty days he was taking a drachm of the extract three times a day; yet he did not experience the slightest abnormal disposition to sleep. The effect of the large doses had been to produce a singular sensation in the knees, which rendered it quite impossible for him to go up stairs without assistance by holding upon the baluster. A similar sensation was perceived at the insertion of the deltoid muscles into the humeri. Double vision also attended its administration in large doses. He had much confidence in its efficacy, but regarded it as an alterative in its effects, rather than a narcotic.

Dr. Tyler had observed a great difference in the degree of susceptibility of different patients, and that females yielded to its influence more readily than males. The sensations it produced were those of relief—a passing from a state of irritability to one of drowsiness. Apropos to Dr. Kirkbride's reference to decayed teeth as a cause of insanity, he stated the case of a young man laboring under an attack of acute mania. The patient's mouth was filled with decayed teeth, and feeling satisfied that their presence had much to do with his mental condition, after etherization several were removed. The patient at once became composed, slept most of the time for two or three days, and waked up well.

Dr. Rockwell thought that conium had a great effect upon the mucous membranes and liver. In cases where he had given it for a length of time he had witnessed a marked influence upon the glandular secretions.

Dr. Kirkbride, in the continuation of the discussion of Dr. Ranney's paper "On the Medical Treatment of Insanity," stated that in nearly three thousand cases which had come under his charge, he had not, with reference to mental disease, made use of blood-letting in the treatment of a single patient. He had seen the effects of venesection, however, elsewhere, and these had impressed him so unfavorably that he had never felt disposed to resort to it. In reference to tartarized antimony, he did not so much fear its effects as did some of the gentlemen who had alluded to it. He should not, however, give it in such large doses as Dr. Ranney had mentioned. It had been his practice, in certain acute cases, to prescribe a combination of the antimonial salt and the sulphate of morphine, in the amount of one-sixteenth of a grain of the former to one-eighth of a grain in the latter, always in solution. This amount was administered once in two hours. The combination gave results which neither of the ingredients would produce by itself. In regard to opium, while in some cases its effects were most strikingly beneficial, there were many in which its use was inadmissible, especially in those in which the tongue had a tendency to become dry and red, and the pupils to contract. On the other hand there might be no objection to its administration, even for a considerable time, when the pupils were large, the tongue moist, and the skin natural.

He had found the succus hyoscyami useful in several conditions when opium was not admissible. In the case of females, in which he had prescribed it mostly, it had been followed by very happy results. Dover's powder was also an excellent remedy in a certain proportion of cases.

For the purpose of producing quiet, he should not hesitate, in chronic cases, to give opium. It did not, in his opinion, tend to produce exhaustion, but did benefit very often, not only to the patient taking it, but to all around him. He objected to the use of the shower-bath for that purpose. He had seen patients submitted to it for a period of five minutes only, when it might possibly have proved fatal, had it been prolonged even for fifteen minutes. Nothing, in his opinion, could justify the use of such prolonged shower-baths as had recently been frequently referred to in the journals. Warm baths, at a temperature of about 98° Fahrenheit, he considered very serviceable. It was his practice to continue them from twenty to forty minutes, and during their administration, in certain forms of acute disease, to apply cold water to the head.

He agreed with Dr. Brown as to the great value of the combination of conium and iron. The experiments of Dr. Earle were interesting, as they showed that decided effects could be produced by this remedy. He had himself recognized it as an alterative,

and as such continued its use for six or nine months in succession, with the best results. It had seemed greatly to aid in promoting the nutritive process, patients sometimes gained flesh rapidly under its use. He had employed the English extract of conium, Tilden's extract (*in vacuo*), and also Lee and Butler's extract. There seemed to be no very essential difference in the qualities of these preparations. He generally used the conium in combination with Vallet's proto-carbonate of iron—fifteen grains of the extract with five grains of the iron, three times a day. A minimum dose was given at first, and gradually increased to the amount mentioned.

Dr. Curwen stated that in eight hundred and ten cases treated at his institution, venesection had not been resorted to in a single instance; on the other hand, he had seen very injurious effects in cases bled previously to their admission into the Hospital. Restoration was retarded in all, and it rendered many hopelessly insane.

Dr. Gray concurred in the views of Drs. Kirkbride and Butler. He had treated more than two thousand patients, but had never used venesection. Neither had he ever found it necessary to give antimony, though he should not hesitate to prescribe it if it seemed to be indicated. He had not used shower-baths for four years. Frequently applied cold to the head during the administration of the warm bath.

Dr. Choate remarked, in answer to the questions of Drs. Kirkbride and Earle, that he never made use of tartarized antimony as a substitute for restraint, and did not deem it justifiable treatment. He had never used shower-baths, and had no means of administering them in the Taunton Hospital; and that, in the treatment of about eight hundred patients, he had never resorted to venesection.

### *The Custody of the Insane Poor.*

The world is scarcely twelve months older since it was astonished and distressed by the Report of the Scottish Lunacy Commission. Scottish members of parliament were eloquently indignant at its plain spoken exposure, of the penurious and cruel neglect, to which the insane poor of that country were subject; people were grieved and scandalized, that such a state of things could be possible in the present day, and the English press was by no means lenient in its censures upon a public economy, which could degenerate into a system of wide-spread cruelty. It is, however, a wholesome practice in contemplating the failings of others, to permit

them to remind us of our own past transgressions, and of our present short-comings. The insane poor of Scotland were treated with barbarous neglect, because the state had omitted to extend to them its protection; and they were consequently provided for on principles of pauper economy, in the manner most consistent with the views of those who dole out the poor rate to its destitute recipients. But a few short years since, the pauper insane of rich and civilized England were equally unprotected by special enactments of parliament. They were maintained out of the poor's rate in the manner which seemed best to the poor-law officers. How this was done is to some extent recorded in the parliamentary enquiries of 1815, and in the early reports of the Commissioners in Lunacy. It was found by dire experience, that the custody of the insane poor could not be entrusted to those who are compelled by law to find the funds for their maintenance. The legislature interfered, and by wise and humane enactments, transferred all custodian power over the pauper insane, from overseers and guardians of the poor, to the county magistracy, to that influential, wide-spread, and educated judiciary, to whom so large a share in the administration of English law and justice is committed. Under these enactments, the English County Asylums have been erected and managed in a manner which has met with the highest approval of the public. The deficient accommodation, however, of these asylums and the rapid increase of pauper lunacy, again brings prominently forward the question of the custodianship of the insane poor. In every part of the country, frequent applications are made, for the discharge of so-called "chronic and harmless lunatics" from county asylums, in order that they may be detained in custody in union houses. The poor-law board returns for last year shew that there are no less than 8,600 insane paupers at present confined in union houses, being more than one-half as many as the pauper inmates of county and borough asylums. For the most part the insane inmates of union houses, are distributed among the sane inmates. Far be it from us to stigmatize the companionship of the insane, as necessarily degrading and painful. Under skilful management it is certain that the habits of many insane persons are as little offensive, and their companionship as unobjectionable, as that of persons in whom the reason holds its throne. But in union houses where skilful management of the insane is impossible, the promiscuous association of pauperism and insanity is every way objectionable. It is a flagrant injustice to those sane persons, whom misfortune

has thrown upon the support of the poor's rate, to be compelled to associate by night and day with the dirty and drivelling idiot, with the moping melancholiac, or the chronic madman, who may appear to be harmless and safe, but whom many serious and fatal accidents in union houses and elsewhere, proves to be most untrustworthy under the unhappy circumstances of hunger, neglect and irritation. To the insane pauper, the run of the union house in place of care and treatment in an asylum, is a thorough denial of his rights; rights to which he has a claim, as well-founded as the clergyman has to his tythes, or the landlord to his rent, or the tenant to the usufruct of his land.

In some counties, where the asylum accommodation is greatly inadequate to the numbers of the insane poor, special lunatic wards have been established in the larger union houses; and we find, by some papers which have been sent

\* The following letter which we have just received from an old patient of our own, expresses with graphic force the wretchedness resulting from the detention of the chronic insane in workhouses. It was written from a workhouse which we believe to be under management as liberal as is consistent with the proper function of such an establishment, and from an union the guardians of which we know to be more than ordinarily indulgent to their insane poor.

“———— Workhouse, March 3rd, 1858.

Sir, Several months ago I wrote to you from this place. I was confined here then from the 25th of February, 1856, to the 17th of January, 1857; during that time sir, God only knows what I suffered; the parochial authorities let me out after that time with a half-a-crown a week, for which I was very thankful, and by being industrious in my own way I was able to keep a comfortable little home, and entered into a business that would in time have kept me independent of the parish, which I can prove by more than fifty witnesses; owing to a little trouble I had I fell into a weakness, but instead of being detained in the workhouse I ought to have been sent to the asylum for a few weeks; on applying for my discharge I was told to make myself certain of never going out again. I was to remain in the workhouse as my future home and make myself useful as I should never be let out again. Observe Sir, how incapable I must have been considered when it was proposed to me to be put in as a nurse over the patients, and the last time I was detained here I was ordered to go as a under-nurse to the nurse of the lying-in ward and learn midwifery as I must remain here. By the living God I would not remain here for a thousand a year. A workhouse is a most unfit place for any person afflicted on the nerves, and is calculated to unhinge the soundest much less a nervous person. Sir, I was under the care of the late Dr. Baird, of Liverpool for nervousness, and his orders to my husband were these, generous diet, perfect quietude, change of air and scene, and above all a perfect freedom from restraint; under auspices so favourable I recovered and was able to conduct my affairs in a proper manner because I went in and out and done as I liked and had nobody to controul me. Here Sir I am called “Cracky” and “an Impostor on the parish,” by the other paupers; the excitement, the imprisonment, the living and wretchedness, the perpetual sameness of the workhouse is too much for me, I must have a change. Do Sir interfere and have me removed to the asylum or discharged. I hear every parish is to have a local asylum to save expense, for humanity's sake Sir lift up your voice against it.

I remain, Sir, your humble servant,

N. M.”



us from Lancashire, that it is proposed to obviate the necessity of increasing asylum accommodation in that county, by the general establishment of these workhouse wards. In a memorial from the guardians of the Bolton Union to the Justices of the Peace for Lancashire, it is broadly stated that the custody of the insane poor in asylums ought to be limited to the acute and curable period of the malady, or one sufficient for testing the curability, like the twelve months' residence at Bethlem. The guardians state that the detention of chronic patients in asylums, "is virtually a species of imprisonment not contemplated or intended by any of the acts relating to lunatics;" and that by the Lunatic Asylums Act, sect. 79 and 80, which imposes a penalty of £10 upon relieving officers in default of removing patients who may be discharged from county asylums, "the obligation for the future treatment of such persons is cast upon the guardians." And they call upon the Justices of the Peace for the county to direct "the Visiting Justices to require, as the Act of Parliament above referred to points out, all union officers forthwith to remove the lunatics whose cases are of a hopeless and irrecoverable character." As the reasoning faculties which could read the Act of Parliament in this fashion are, without doubt, "hopeless and irrecoverable," we shall not attempt to shew that the guardians of Bolton have utterly perverted the meaning of the act. Their memorial, however, is markworthy as an indication of the opinions and claims of the Poor-Law Guardians in Lancashire. It is certainly most untrue that the lunacy act casts upon the guardians any obligation of the future treatment of insane paupers who are not cured in a testing period, as at Bethlem; but the "rough and tumble" administration of the law has practically placed in their hands the custody and treatment of the insane poor, anterior to their admission into the county asylum. When a poor person is struck with insanity, it has become the custom to transmit him to the union house, and not, as the act enjoins, to send him direct to the asylum. If it is a quiet case of melancholia or mania, he is apt to be detained in the workhouse lunatic ward, until the period of curability is passed. If it is a case of senile dementia, or general paralysis, or troublesome epilepsy, or mischievous and destructive idiocy, without the shadow of a chance of cure, he is too often forwarded to occupy the precious vacancies in the county asylum. The guardians of Bolton, indeed, admit that they detain proper patients from the asylum. The regulation of the Visiting

Justices to refuse the discharge of "such lunatics as are deemed incurable," "prevents," they say, "the commitment of proper subjects for such asylums, from an apprehension of the impracticability of obtaining their release." Surely, upon their own showing, the guardians of Bolton are not the persons upon whom the Legislature ought to cast the obligation of the treatment of the insane at any time; and, least of all, at a time when the apprehension of prolonged expense is sufficient to induce them to detain a curable patient from the influences of curative treatment.

The guardians of the poor of Bolton are not a favourable specimen of the class they represent, which we know by long acquaintance contains a large proportion of high-minded and benevolent men, who discharge very unpleasant duties with great conscientiousness, and with as much liberality as justice to their constituents and the nature of the poor-law admits. To such guardians we should be glad to suggest, that the formation of lunatic wards in union houses is inexpedient and, even apart from the question of cure, not economical.

It is inexpedient, because it is contrary to the law, and tends to great abuse. An insane person is confined in an asylum under strict legal provision and supervision. He can only be admitted on the validity of documents stringently observed. He is placed in the custody of public officers, duly accredited for that purpose, and rendered liable by statute to heavy fines and prosecutions for misdemeanours, if they discharge their duty in a neglectful or cruel manner, or in regard to the formalities of the law, incorrectly. While under detention, he is provided with care and treatment, so kind and liberal as to afford the greatest amount of indulgence and happiness, at an expense which the large numbers dealt with, alone renders possible, and which, tested by the security afforded to the public by his detention and by the advantages afforded to himself by his treatment, must be considered moderate and reasonable.

His detention is controlled, and his treatment inspected by the Justices of the Peace, who have the general interest of country gentlemen in the county expenditure, but have no personal interest in the expense incurred by any individual patient, who, moreover, are recognised by the constitution as the smaller justiciaries, the administrators of the public law.

On the other hand, an insane person confined in the lunatic ward of a workhouse, is detained in the absence of all legal forms, and, indeed, in opposition to all legal rule and precedent, as it affects the liberty of the subject. There is no

doubt that any person so detained would have his remedy in an action for false imprisonment, and it is not improbable that the question we are discussing, may before long take this form. An individual is taken into custody by a relieving officer, carried to an union house, locked up in a room, and kept there by the master of the house for days, or weeks, or years. He is said to be insane. Who knows that to be the fact? There is no medical certificate, or medical superintendent's report. There is nothing to prevent false imprisonment from ignorance or worse being inflicted in this guise upon a person perfectly sane. A relieving officer has no more right to take a person against whom he alleges insanity, and lock him up in a workhouse, than he has to take him to the common gaol. His duty strictly defined by the law, is to take him *forthwith* to a Justice of the Peace, and then, under his order, and with the proper medical certificate, to transmit him to the asylum. But the ordinary inmates of union houses may become insane, and the master may detain them in custody on that account, or that pretext. Is even this consistent with the liberty of the subject? We have heard that persons perfectly sane, have, in this manner, been deprived of their liberty; and when the lunacy law is so stringent that a man cannot remove his insane wife or child for change of air to a seaside lodging-house, without medical certificates and reports to the Commissioners in Lunacy; when the liberty of the subject is so jealously guarded in all that relates to the custody of the insane elsewhere; it does appear monstrous that places for lunatic detention should be irregularly established in the very houses whose legitimate function renders them most liable to the suspicion and jealousy of the poorer population. If lunatic workhouse wards are to be tolerated, let them at least be placed under the legal control which long experience has proved to be essential to prevent abuse in depriving persons of liberty under the pretext of insanity.

But what would be the conditions upon which the public expressing itself through the houses of parliament, might consent to legalize the establishment of a small pauper lunatic asylum in every workhouse? and what would be the effect of such asylum upon the workhouse system? It is certain that the establishment of such wards will never receive the sanction of the law, as long as they remain what they are at present; so long as they are defective in every requisite for the proper care and comfort of the most harmless and chronic of the insane poor; so long as their condition justifies the sweeping

condemnation of the Commissioners in Lunacy, contained in their tenth report. "In fact these wards become places for the detention of lunatics, without containing any of the safeguards and appliances, which a well constructed and well managed lunatic asylum affords, and we have abstained from giving any official sanction or encouragement to their construction." The account given by the Commissioners of the condition in which they have universally found these workhouse wards, entirely justifies their severe censure, and is sufficient to convince any humane and thoughtful person, that to incarcerate a poor creature, whose only offence is that he is a charge upon the public property, and who is unfortunate enough not only to be insane, but also to be amiable and harmless in his madness, to incarcerate such a person in these gloomy and abject receptacles, is to inflict upon him a cruel injustice.

The workhouse wards, have none of those safeguards and appliances, which are essential not only to the cure, but to the comfortable detention of the insane; their internal arrangements and furniture are mean and deficient, they present no means of classification, and the quiet and nervous melancholiac, is in them necessarily subjected to the noisy and turbulent conduct to which the most chronic insane are liable, to the offensive habits of the paralytic and demented, and to the terrifying aspect of epileptic convulsions, there are no well-trained and skilful attendants, no ever present and experienced medical advice, no occupation, no recreation, no attempts to diversify the monotony of a long imprisonment. Add to this, that outside the gloomy walls, there are no pleasant gardens and pleasure grounds, nothing at best but the sombre aspect of a small prison-like court yard; that the influences of a coarse and meagre dietary, and the untold stigma of pauperism, are conjoined to the hopeless sentence of incurable insanity, and a condition of human existence is attained, whose abject wretchedness it would not be easy to surpass. The cure of insanity is without doubt, the first object of care and treatment in asylums; but the amelioration of the symptoms of mental disease, and the diminution of suffering in the most afflicted of our fellow-men, is an object of scarcely secondary importance; and that skilful and liberal arrangements are essential to this purpose, is beyond doubt or question. From our own experience we can state, that on three occasions we have received into the asylum from which we write, the whole population of six large workhouse wards; on two of these occasions we visited these patients shortly

before their removal; and we found their condition truly pitiable. After a short residence in the asylum, the whole character of these patients underwent a most gratifying change. In a wretched moping man who appeared to be idiotic, and whose companion for years had been a dangerous idiot wearing fetters on his legs, we found an accomplished musician and a gentleman. He believes himself the Prince of Wales, and is hopelessly insane; but now he is happier than most sane people, delights us with his performances on the piano forte, and acts regularly as the organist to our chapel. When brought to the asylum he assured us that for seven years he had never seen a book or a newspaper, or had enjoyed any means of occupation, mental or physical. This man is a hopeless and harmless lunatic; but will it be asserted that on that account a small economy of those public funds upon which he has a claim, justifies the infliction upon him of a life of misery and hardship, when one of comparative happiness can be well and cheaply procured? Idiots we found with ulcerations on the back, from lying on wet and dirty straw; even these in the asylum lead a cleanly and more human existence, so far above the one they previously led, that no one with opportunities to compare the two, would venture to estimate the difference at the value of a few shillings per week.

If workhouse wards are to receive the sanction of the public and the law, they must undoubtedly be made very different to what they have been, and to what they are. At least four wards must be provided in each union, two for each sex, in order that some slight attempt at classification may be made; proper furniture and appliances, such as baths and water-closets, must be provided; skilled and fairly paid attendants, and frequent medical visitations, must be procured; decent clothing, a liberal dietary, and proper exercising grounds, must be given; in fact, none of the means and appliances of a small and well-conducted asylum can be dispensed with; and, under such circumstances, where will be the economy to the ratepayers, and the advantage of having twenty small asylums in a county, instead of one large one? Moreover, as we have said in referring to this subject in the third volume of this journal, page 497, "it is deserving of consideration, whether the introduction of liberally conducted lunatic wards into a union workhouse would not interfere with its legitimate scope and object. A workhouse is the test of destitution. To preserve its social utility, its economy must always be conducted on a parsimonious scale. No luxuries must be permitted within its sombre walls; even the

comforts and conveniences of life must be maintained in it below the average of those attainable by the industry of the labouring poor. How can a liberally-conducted lunatic ward be engrafted upon such a system? It would leaven the whole lump with the taint of liberality, and the so-called pauper bastille would, in the eyes of the unthrifty and indolent poor, be deprived of the reputation which drives them from its portals." On the question of economy alone, we have long entertained the opinion for which, although we may not be able to prove it, we can yet shew good reasons—that, irrespective of the chances of cure, to keep a lunatic pauper in a workhouse is usually no saving to the ratepayers. A comparison founded upon the maintenance charges in a workhouse and in an asylum is utterly fallacious. The maintenance charges of a workhouse are averaged upon adults, infants, and children, of whom the latter frequently constitute a very large proportion of the inmates. Moreover, the maintenance charges in workhouses do not include the expenses of the staff, and various other expenses which are included in those of county asylums. Some years ago, a gentleman who was the clerk to the largest union in Devonshire, and is now the clerk to the largest union in London, had the kindness to ascertain for us, as nearly as it was possible to do so, the actual cost of an adult pauper resident in the union house. This was obtained by adding the charges made to the parish on account of the maintenance of the pauper, to the common charge made to every parish in the union on account of the maintenance of the establishment; and by estimating the proportion of the expenditure entailed by adult inmates and that of the infants and children separately. The result was, that every adult inmate of the workhouse was estimated to cost 5s. per week; the cost in the asylum at that time, being 8s. per week.

But the average cost of adult inmates of the union house by no means represents the cost of the maintenance of a chronic lunatic, even under the most penurious management. Do what you will, the care of an insane person will always entail cost. If instead of the comfort and satisfaction of a good dietary and liberal treatment, his belly is pinched, he will become destructive to clothing and property; if he is not properly provided with attendance, he will become filthy in his habits; he is more than others, liable to diseases, which imperatively demand expensive extra diet and nursing. A magistrate used frequently to ask us on what grounds a certain idiot, he had sent into an asylum, should cost 8s. a-week

while in the union house he had been provided with all he wanted for 2s. ? As the enquiry was frequently repeated, we thought it worth while to enquire into the state of the idiot when in the union-house, and we found that he was in the constant habit not only of tearing his own clothing, but every article of clothing upon which he could lay his hands ; so that in fact the actual cost of this idiot was greatly more when he was in the union-house than it was afterwards, because, when under the attendance provided in the asylum, his destructive propensities were converted into coir and oakum picking. We may conclude, that if the average cost of the adult inmates of the union workhouse is 5s. per week, the actual cost of any insane inmates will not be less than 8s. per week in the same place.

In regarding the question from this point of view, it must not be forgotten that the maintenance charges for the inmates of pauper asylums, are founded upon the average cost of large numbers, including many who are quiet and harmless, and many whose industrial earnings would form no small set-off to the cost of their actual maintenance. The average includes on the other hand, the violent and acute cases of insanity, and the sick and helpless, whose extra attendance, diet and necessaries, entail an expenditure greatly beyond the sum charged for their maintenance. The Bolton guardians refer to the system adopted at Bethlem, where recent cases only are kept under treatment ; but they are probably not aware that the actual cost of the treatment of a patient at Bethlem, is more than twice as much as that charged for the maintenance of a patient in the Lancashire asylums. If the harmless and chronic inmates were excluded from the Lancashire asylums, the rate-payers whose interests are misrepresented by these guardians, would be called upon to pay twice as much as at present, for the care and treatment of the insane poor in these asylums. The fact is, that the proper care and treatment of acute insanity is unavoidably costly, that the proper care and treatment of chronic insanity is much less so, but still far beyond that of the mere maintenance of a sane person ; that owing to the large numbers over whom expenses are distributed, and to the economy of good management, the actual cost of a chronic lunatic properly cared for, and supplied with a good dietary, in a county asylum, is not greater than that of a chronic lunatic, supplied with a coarse and scanty dietary, and detained in neglect and wretchedness as the inmate of a union workhouse. If the chronic insane are to be provided with proper care and treatment, their main-

tenance in small and scattered asylums, attached to union workhouses, will necessarily be greater than that for which it can be effected, under the more complete organization of a central establishment.

We must yet refer to one opinion which has been positively advanced by some guardians in Lancashire, namely, that the pauper insane do not require a better dietary than that meagre subsistence which the laws of the country give to every destitute person as a right. They say that the workhouse dietary is quite good enough for chronic and harmless lunatics. We agree with them that it is good enough, if the object is to punish insanity with death, and to disembarass themselves of the burden of the insane poor by the effectual means of an immensely increased mortality.

The insane cannot live on a low diet, and while they continue to exist their lives are rendered wretched by it, owing to the irritability which accompanies mental disease. The assimilating functions in chronic insanity are sluggish and imperfect, and a dietary upon which sane people would retain good health becomes in them the fruitful source of dysentery and other forms of fatal disease. Pinel has left an instructive lesson upon the fatal results of the parsimony which existed in the Bicêtre in the year four. The diet in the Bicêtre, under the Constituent Assembly, was fixed at a kilogramme of bread daily. In the fourth year of the Republic, it was reduced to seven hectogrammes and a half. "And," says Pinel, "I have seen many convalescent patients relapse into a state of fury, crying that they were dying of hunger. The sad progress of misery was still more marked in its subsequent effects. In two months the number of deaths in the asylum was twenty-nine; while in the whole year two, it was only twenty-seven. In the Salpêtrière, the consequences were still more deplorable; a mortality of fifty-six having occurred in that hospital in the winter of the year four, from dysentery, brought on by insufficient diet."

In Dr. Thurnam's work on the statistics of the insane, page 95, is the following valuable testimony as to the effects of diet upon the insane:

"The seven asylums may be fairly divided into two groups, in one of which the diet is, or was at the time to which the table refers, considerably above, and in the other considerably below, the average diet of the county asylums as a class. The first group includes the three establishments for the counties of Nottingham, Stafford and Gloucester; the second, those of Lancaster, (this together with



Hanwell, has been materially improved) the West Riding of York, Suffolk, and Middlesex. The difference in the amount of the diet in the two groups, is in the first group, as regards solid food, the diet was 50 per cent. better than that in the second. In the relative amount of solid food, considered separately, the difference amounted to 130 per cent. In the three asylums with the more liberal diet, we find that the recoveries averaged 43.7 per cent., and that the mean mortality was 9.35 per cent.; whilst in the four institutions, in which the diet was less liberal and nutritious, the recoveries only averaged 36.75 per cent., and the mean mortality was as high as 14.54 per cent."

A more recent example is afforded in the Thirty-ninth Report of the Stafford Lunatic Asylum, just published. The Commissioners in Lunacy, who visited this asylum last year, report that an epidemic of the mucus membrane of the bowels had prevailed, which had proved fatal in twelve cases. They attributed much of this illness to the low state of the health of the inmates, and the poor and insipid soup which formed the dietary on three days of the week. They recommended meat to be substituted for this broth. In the report of the Visitors, signed by their Chairman, the Earl of Talbot, it is stated: "Acting upon the recommendation of the Commissioners in Lunacy, and well aware of the exhausting nature of insanity, we have increased the dietary scale; and the amount of animal food now supplied weekly, namely, thirty ounces of meat cooked, and free from bone, has proved of service in maintaining the health of the patients."

We must conclude by expressing our opinion, that much of the present dissatisfaction which exists in Lancashire, Middlesex, and elsewhere, has arisen from the dilatory and partial manner in which the justices have discharged the duties imposed upon them by the Legislature. It was their clear duty to provide asylum accommodation for all the insane poor chargeable to parishes in the county who needed care and treatment. This they have not done, and in default of asylum accommodation, the guardians of the poor have been compelled to establish workhouse lunatic wards.

In the county from which we write, no insane pauper brought to the doors, with the legal papers for admission, has been refused admission since the asylum was opened, thirteen years ago. The consequence has been, that there is not a workhouse lunatic ward in the county; and even the workhouse wards belonging to boroughs not contributing to the county rate, have one by one been absorbed into the county asylum; and we are happy to give the guardians in this

county, generally, the credit of possessing wise and humane views with regard to the care and treatment of the chronic insane, which we should be glad to see in the guardians of of the poor in more wealthy and populous counties.

In the county of Lancashire, a special committee of fourteen Justices of the Peace has been appointed to report to the Quarter Sessions on the most feasible manner of supplying the increase of asylum accommodation, which is so urgently needed in that county. They have unanimously recommended that the sum of £12,000 shall be expended in enlargement of the Rainhill Asylum, near Liverpool, by the addition of detached buildings after the manner adopted in the Devon Asylum, and described in the first article of this number. These buildings with additional single rooms to the main building, and some increase of accomodation in the asylum offices, are estimated at the moderate sum of £12,000 for 256 patients. It is the expenditure of this sum which has excited the ire of the Guardians of Bolton. We cannot believe that the Justices of Lancashire will permit any delay in carrying out the recommendation of their committee. At the present time there are 150 pauper lunatics chargeable to the parishes in Lancashire, in the private asylum at Haydock Lodge, at which the charge for their maintenance is 13s a week; the charge at the Rainhill County Asylum being 8s 9d a week. There are 900 lunatics and idiots confined in the union work-houses in Lancashire, many of whom are known to be most improper objects of such places of detention, and urgently in need of the care and treatment of an asylum. It appears most desirable that these pauper lunatics out of asylums should be placed under the immediate inspection of the Magistracy, and that legislative powers, should, without delay, be given to the Justices of the Peace, extending their powers over all the pauper insane whether in asylum or not. It is only by placing all the pauper insane under one authority, and that authority the most responsible and trustworthy, that the care and treatment provided in the county asylums can be extended to all proper objects, and that the best arrangements can be made for tranquil and unimproveable cases for whom the safeguards and appliances of an asylum are not indispensable.

J. C. B.

## BIBLIOGRAPHICAL NOTICES.

*The Circulation of the Blood.* By G. ROBINSON, M.D., Physician to the Bensham Asylum, Gateshead, &c., &c., 8vo. (pp. 273.) Longmans.

A very able treatise on the physiology and pathology of the blood, and the nature and treatment of inflammation. Dr. Robinson has long been a careful and original investigator of the phenomena of inflammation, and of vascular action; and his present work is a valuable contribution to physiological science. We regret that the press of other matter has prevented a purpose of pillage we had formed on his valuable pages, in transferring his short but important chapter on "The Peculiarities of the Cerebral Circulation, and their connection with the Phenomena of Epilepsy and Apoplexy." He throws out the important suggestion that a contracted state of the foramen lacerum posterius may render the brain liable to these diseases. His statement of the grounds of discussion between Dr. Burrows and the Edinburgh pathologists, on the physical conditions of the cerebral circulation, is exceedingly well given, and his decision on this moot question the most judicious with which we are acquainted.

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*The Medical and Legal Relations of Madness,* shewing a Cellular Theory of Mind, and of the Nerve, Force, and also of the Vegetable Vital Force. By JOSHUA BURGESS, M.D., 8vo. (pp. 283.) Churchill.

It is delightful to see the physiological theory of mind, gaining ground day by day, even in this age of spirit-rapping madness. "It is," the author says "opposed to the dilettantism and spiritualism prevalent, masculine and hopeful, opposed to an effete reliance, upon chance, nature, and expectation. Dr. Burgess's best chapter is on "The Legal View of Insanity;" it displays considerable knowledge of his subject, and is written carefully and agreeably. At page 96, the author gives from his personal knowledge, an account of a most interesting case, that of the Rev. W. Brooke, the curate and friend of Dr. Parr, who shot his servant maid at Warwick, in 1812, under the delusion that she was stealing papers from his writing desk. In his ravings he strongly reminded the

author of John Kemble, in the character of "King Lear." He was transferred from goal to a private lunatic asylum, where "after fourteen years confinement, the writer found him in a miserable state, chained hands and feet, and again chained to a block let into the ground of his apartment, which block was his seat; his person covered with human filth, and without clothing to hide his person, as he constantly destroyed it. The apartment without fire and in the most filthy state; the case-ment not glazed nor protected in any other way, from the external atmosphere, yet the effluvia from it was intolerable. The dormitory was equally miserable, and he was chained hands and feet, in a doubled posture, to his bed truck at night, the frame work of it being rotten from his secretions." Such was the treatment of an English clergyman, in a private lunatic asylum, in the year of grace, 1826. Can it be wondered at that when Dr. Burgess took him from such a den, treated him as a man and not as a wild beast, "took him a retired walk, several miles into a retired country, without any personal restraint," that he should have "kneeled on the snow, which was on the ground, and prayed, shedding tears abundantly." After this rescue the poor gentleman lived fourteen years, enjoying a great amount of liberty, visiting the country residencies in the neighbourhood, and attending the services of the parish church. It is stated that Bellingham, a few days before he shot Mr. Pervical, was an eye-witness of the death of Mr. Brook's servant, and expressed the utmost horror at the act.

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*Mind and Body.* A Discourse on the Physiology of the Phrenical Action of the Cerebrum. By ROBERT JAMIESON, M.D., Medical Superintendent of the Royal Lunatic Asylum, Aberdeen. (Pamphlet.) Sutherland and Knox.

"The object of this paper is to illustrate the presumed course of nervous movement concerned in the mental phenomena which are associated with the brain." This is effected mainly by means of diagrams. The conclusions arrived at are, that "Humanity is the highest phasis of the relation of Spirit to Matter in this world, and is the Human Mind for all philosophic apprehension of psychology. At the base is a vitality which is simply uterine; above that, merely animal; farther forward, only foolish; above this, diabolic; and, only when transcending mere intellectual power, graduating at Humanity, and becoming capable of a

life which may blossom as Christian in this world, and sow the seeds of a development that will yet be more god-like, and that of a life that will be immortal in heaven."

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*On Sanitary Legislation and Administration in England.*

By HENRY WYLDBORE RUMSEY, F.R.C.S. (Pamphlet,) Churchill.

An able address read before the Association for the promotion of Social Science.

Mr. Rumsey has made himself thoroughly acquainted with the legislative bearings of Sanitary Science, and his opinions are well reasoned and expressed. We are opposed on principle to centralization, and should be glad to see sanitary science more prone to submit its dicta to the investigations upon which physical science must ever depend. What have we done as yet to establish the foundations of this science? When a trial takes place, having for its object the suppression or removal of a nuisance, gas works or a manure manufactory for instance, we find medical men divided in opinion as to the salubrity of respiring sulphuretted hydrogen, and the effluvia of putrifying animal matter. Surely the science is scarcely ripe for any new and stringent system of legislation. We had better, for the present, cobble our sanitary grievances by the aid of common law.

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CORRESPONDENCE.

*To the Editor of the ASYLUM JOURNAL.*

Leeds, 9th March, 1858.

Sir,—The perusal of Dr. Tuke's paper on "forced alimentation" in the last two numbers of the Asylum Journal, has induced me to forward you this short account of the apparatus I employ for that purpose; it is very simple, most efficacious, and not likely to get out of order, and I should hardly have supposed it novel, if Dr. Tuke in giving an account of the various means resorted to had not omitted any allusion to it.

I employ an ordinary œsophagus tube, to which I attach a piece of quarter-inch India rubber tubing, a yard in length, with a gutta percha funnel at the end of it.

Standing in front of my patient, seated on a chair, I introduce the œsophagus tube into the stomach, and holding the funnel a convenient height, pour what is required to be administered into it. It will generally pass readily, but if there appears to be any obstruction, it is only necessary to elevate the funnel above my head to cause the whole of its contents to descend into the stomach.

I believe that any one who has once used this simple apparatus, will not again resort to pump or syringe of any kind, which are apt to get out of order, and often become clogged with thick nutritious liquids..

I remain, Sir,

Your obedient Servant,

G. PYEMONT SMITH.

## OBITUARY.

We deeply regret to have to record the decease of two medical superintendents of county lunatic asylums, which which have occurred during the quarter, namely that of

Mr. JOHN SEPTIMUS ALDERSON, M.R.C.S., Medical Superintendent of the County Asylum for the West Riding of Yorkshire, and formerly Medical Superintendent of the York and the Nottingham Asylums; and that of

Dr. JOHN STEWART ALLEN, Medical Superintendent of the Joint Counties Asylum at Abergavenny, and formerly Resident Physician to the St. Mary-le-bone Infirmary.

## APPOINTMENTS.

Mr. JOHN D. CLEATON, M.R.C.S. Medical Superintendent to the County Asylum, Rainhill, Lancashire, to be Medical Superintendent to the County Asylum, Wakefield.

Dr. D. M. M'CULLOUGH, Assistant Physician to the Edinburgh Royal Asylum, to be Medical Superintendent to the County Asylum, Abergavenny.

Mr. ROGERS, M.R.C.S., formerly Assistant Medical Officer at the Asylum at Rainhill, and Assistant Surgeon in Her Majesty's Forces, to be Medical Superintendent of the County Asylum at Rainhill.

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# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

VOL. IV.

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JULY, 1858.

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No. 26.

### *Macbeth: A Psychological Study.*

Macbeth, the most awful creation of the poetic mind, is a study every way worthy of those to whom the storms of passion present the frequent cause of mental disease. The historian studies the temper of the mind in its most ardent heats, that he may gain a clue to the causation of human events; the statesman, that he may obtain foreknowledge of tendencies to human action; and the psychologist, for the more beneficent purpose of acquiring that knowledge as the means of alleviating the most terrible of calamities, and of doing that which the terrified physician in this tragedy dared not attempt, of "ministering to the mind diseased." The philosopher studies the laws of storms, that he may teach the mariner to avoid the destructive circle of their influence; and the physician, whose noble object of study is the human mind, seizes every opportunity of making himself acquainted with the direction and events of its hurricane movements, that he may perchance lead some into a port of safety, or at least that he may assist in the restoration of the torn and shattered bark. But to stand on one side and calmly contemplate the phenomena of human passion, like the chorus in the old Greek drama, is the lot of few. When the elements of human passion are in fierce strife, there is no near standing-place for the foot of science, like the deck of the great steamer which allowed Scoresby to measure the force and speed of the wild Atlantic wave. The vortex of

passion tends to draw in all who float near; and tranquil observation of its turmoil can only be made from a standing point more or less remote. On all actual occasions, indeed, it behoves the man whose object of study and of care is the human mind, to observe accurately its phenomena, and to test its springs and sources of action; but it behoves him to accept the testimony of those who have weathered the storm, and also gratefully to appreciate any assistance he may obtain from others who contemplate the same phenomena from different points of view to his own: and there is no one from whom he will derive help of such inestimable value, as from him whose high faculties enables him to contemplate human nature, as it were, from within. The Poet or maker, the same intrinsically with the Seer or gifted observer, is the best guide and helpmate with whom the psychologist can ally himself. He is like the native of a country to whom mountain and stream and every living thing are known, acting as instructor and guide to the naturalist, whose systems and classifications he may hold in slight esteem, but with whom he has a common love and a more personal knowledge for all their objects. Compared with the assistance which the psychologist derives from the true poet, that which he obtains from the metaphysician is as sketchy and indistinct as the theoretical description of a new country might be, given by one who had never been therein, as the description of Australia might be, drawn from the parallel of its climate and latitude with South America or China.

Above all seers with whom a beneficent Providence has blessed mankind, to delight and instruct them with that knowledge which is so wondrous that it is falsely called intuitive, is that heaven-born genius, who is the pride and glory of this country, the greatest poet of all ages, and pre-eminently the most truthful analyst of human action. Shakespeare not only possesses more psychological insight than all other poets, but than all other writers, the sacred writings alone excepted. He has been aptly called, "a nature humanized." He has above all men the faculty of unravelling the motives of human action. Compared with his profound knowledge of the surface and depths of the human soul, the information of other great minds, even of such wondrously vigorous intelligences as those of Plato and Bacon, were obscure and fragmentary. Had he not been a poet, what might he not have been as a philosopher? What essays might he not have written? What Socratic

dialogues, sparkling with wit, seething with humour, saturated with truth, might he not have written upon politics and philosophy? Some American writer has lately started the idea that Shakespeare's plays were written by Bacon! Verily, were it not for the want of power of imagination and verbal euphony which is displayed in Bacon's Essays, one might rather think that they were some of Shakespeare's own rough memoranda on men and motives, which had strayed from his desk.

Although *Macbeth* is less pervaded with the idea of mental disease than its great rival tragedies of *Hamlet* and *Lear*, and contains but one short scene in which a phase of insanity is actually represented, it is not only replete with passages of deep psychological interest, but in the mental development of the bloody-handed hero and of his terrible mate, it affords a study scarcely less instructive than the wild and passionate madness of *Lear*, or the metaphysical motive-weighting melancholy of the Prince of Denmark.

It is not within the scope of our intention to comment upon the artistic perfection of this work. This has already been done, and done well, by professed writers of dramatic criticism—by Schlegel especially, and by Hazlitt. The wonderful rapidity of action which obtains in this tragedy, the exquisite adaptation of all its parts to form a perfect and consistent whole, and the inimitable use of violent contrasts which it presents, have been dilated upon by the German with a ripe and critical intelligence—by our countryman with the eloquence of vehement admiration. Coleridge also has a long essay upon this drama, to which the authority of his name has attached importance. Some of his criticisms, however, appear more subtle than sensible. He discovers that Lady *Macbeth's* "is the mock fortitude of a mind deluded by ambition. She shames her husband by a superhuman audacity of fancy which she cannot support, but sinks in the season of remorse, and dies in suicidal agony." He discovers that the scene opens "with superstition;" as if *Macbeth* had dreamt he had seen the Witches. Surely there is a difference between the supernatural and the superstitious! The difference between mere apprehension and reality, between imagination and existence. The truth of supernatural events may be doubted or denied, but if admitted, to see it as it is, is not superstition. Degrading Lady *Macbeth* into a fanciful would-be heroine, Coleridge makes her lord a pre-determined scoundrel, "rendered temptable (by the Witches,) by previous dalliance of the fancy with ambitious thoughts." "His

soliloquy shewed the early birth-date of his guilt." According to this view, the temptation of the weird Sisters, and the "concatinating tendency of the imagination," was quite needless. A villain *ab initio*, "who, wishing a temporal end for itself, does in truth will the means," can find no palliation in the direct tempting of supernatural beings, or in being subject to the masterdom of another human will. Then Macbeth makes the most grievous metaphysical mistakes. Before the deed, "the inward pangs and warnings of conscience are interpreted into prudential reasonings;" and afterwards, he is "ever and ever mistaking the anguish of conscience for fears of selfishness." The idea conveyed is, that conscience is independent of reason; that the inward monitor intuitively decides upon the right and wrong without the aid of the judgment; that the still small voice is an uninstructed sentiment.

We cannot give our adhesion to the theory that Macbeth was originally a treacherous and bad man, prone to deeds of midnight murder. His bold and fierce wife is likely to have known him far better than his metaphysical critic; and she reading his letter, which describes the prophecies of the weird Sisters, says:

"Glamis thou art, and Cawdor; and shalt be  
 What thou art promised:—Yet do I fear thy nature;  
 It is too full o' the milk of human kindness  
 To catch the nearest way; Thou would'st be great;  
 Art not without ambition; but without  
 The illness should attend it. What thou would'st highly,  
 That would'st thou holily; would'st not play false,  
 And yet would'st surely win."

Macbeth is introduced as a right brave man. "Valour's minion," he is called by the bleeding captain, and "Bellona's bridegroom" by Rosse. "Oh, valiant cousin! worthy gentleman!" exclaims the King, on hearing the relation of his first victory. Twice in one day he is represented to have saved the kingdom, and the gracious Duncan regrets his inadequate power of reward:

"More is thy due than more than all can pay."  
 He is "full of the milk of human kindness," but withal so personally brave that his deeds against the Irish gallowglasses and the Norwegians are the theme of general enthusiasm, and win for him "golden opinions from all sorts of people." Evidently he is a man of sanguine nervous temperament, of large capacity and ready susceptibility. The high energy and courage which guides his sword in the battles of his

country are qualities of nerve force which future circumstances will direct to good or evil purposes. Circumstances arise soliciting to evil ; "supernatural soliciting," the force of which, in these anti-spiritualist days, it requires an almost unattainable flight of imagination to get a glimpse of. It must be remembered that the drama brings Macbeth face to face with the supernatural, with that devil's brood the weird Sisters, so unlike the inhabitants of earth, who, after a prophecy immediately fulfilled, "made themselves air into which they vanished." What would be the effect upon a man of nervous sensibility, of such appearances? Surely most profound. Well may Hazlitt say, that "he can conceive no common actor to look like a man who had encountered the weird Sisters." When they had "melted as breath into the wind," even the firm tempered and judicious Banquo exclaims :

"Were such things here as we do speak about?  
Or have we eaten of the insane root  
That takes the reason prisoner?"

We may disbelieve in any manifestations of the supernatural ; but we cannot but believe that were their occurrence possible, it would profoundly affect the mind. Humboldt says, that the effect of the first earthquake shock is most bewildering, unsettling one of the strongest articles of material faith, namely, the fixedness of the earth. Any supernatural appearance must have this effect of shaking the foundations of the mind in an infinitely greater degree. Indeed, we so fully feel that any glimpse into the spirit-world would effect in ourselves a profound mental revulsion, that we intuitively extend to Macbeth a more indulgent opinion of his great crimes, than we should have been able to do had he been led on to their commission by the temptations of earthly incident alone.

Macbeth is no villain in-grain, like Richard the Third or Iago, revelling in the devil's work because he likes it ; but a once noble human nature, struggling but yielding in a net of temptation, whose meshes are wound around him by the visible hand of the Spirit of Evil. Slave as he is to that soldier's passion, the love of fame and power, he is not without amiable qualities. He was once loved even by his arch-enemy Macduff, to whom Malcolm says :

"This tyrant, whose sole name blisters our tongues,  
Was once thought honest ; you have lov'd him well."

And we may even accept the testimony of the Queen of Hell, "the close contriver of all harms," in his favour. She up-

braids her foul menials, the Sisters, that they had been serving one who had no pleasure in evil for its own sake, but who had spitefully and wrathfully accepted it only as the means to an end :

“And, which is worse, all you have done  
Hath been but for a wayward son,  
Spiteful and wrathful ; who, as others do,  
Loves for his own ends, not for you.”

Let it not be thought that we attempt to palliate the guilt of Macbeth. In a moral point of view this is impossible. If his solicitings to crime are supernatural, combined with fate and metaphysic aid, he is not blinded by them. With conscience fully awake, with eyes open to the foul nature of his double treachery, although resisting, he yields to temptation. He even feels that he is not called upon to act to fulfil the decrees of destiny.

“If Chance will have me king, why Chance may crown me  
Without my stir.”

Had he with more determination resisted the temptations of the woman, he might have falsified the prophecies of the fiend, and put aside from his lips the poisoned chalice of remorse, maintained from rancours the vessel of his peace, and above all have rescued the eternal jewel of his soul.

Though here and elsewhere Shakespeare has admitted the doctrine of destiny, no one more pitilessly tore aside this veil from the features for wickedness. Edgar in Lear, says : “This is the excellent foppery of the world ! That when we are sick in fortune [often the surfeit of our own behaviour] we make guilty of our disasters, the sun, the moon, and the stars : as if we were villains on necessity ; fools by heavenly compulsion ; knaves, thieves, and treachers by spherical predominance ; drunkards, liars, and adulterers, by a forced obedience of planetary influence ; and all that we are evil in by a divine thrusting on : an admirable evasion——”

To the Christian moralist, Macbeth’s guilt is so dark that its degree cannot be estimated, as there are no shades in black. But to the mental physiologist, to whom nerve rather than conscience is an object of study, the functions of the brain rather than the powers of the will, it is impossible to omit from calculation the influences of the supernatural event, which is not only the starting point of the action, but the remote cause of the mental phenomena.

The professed moralist is slow to accept the teaching of the drama ; but where shall we find a more impressive lesson of the manner in which the infraction of the moral law works

out its own punishment, than in the delineation of the agonizing soul torture of Macbeth? In this, as in all other instances, the true psychological is not opposed to the true moral doctrine of human life. In the attempt to trace conduct to its earliest source or motive, and to deduce the laws of emotional progression, the psychological, or to use the stricter and better term, the physiological moralist teaches the importance of establishing an early habit of emotional action, which may tend to virtuous conduct, and form a prepared defence against temptation; by shewing how invariably in the moral world evil leads on to evil, he teaches in the best manner the wisdom of opposing the beginnings of evil, and he develops the ethical principle laid down by our Great Teacher, that an evil emotion is in the heart the representation of the bad action.

The great interest of this drama is most skilfully made to depend upon the conflicting emotions of sympathy with a man struggling under fearful temptation; horror excited by treachery and foul murder; awful amazement at the visible grasp of the Spirit of Evil upon the human soul; and of satisfied justice at the hell of remorse into which he is plunged. In this respect there is an obvious parallelism between Macbeth and Faust; since in both the hero-criminal of the piece is not responsible as a free agent, so far as he is but the mortal instrument of the fiend in deeds of evil. The conduct of Faust, indeed, is not comparable to the fierce and bloody deeds of the Scotch tyrant, and he is saved from our utter disgust and hatred by the more immediate intervention of the fiend in the execution of the murders, both of Margaret's mother and her brother. Had the action not been thus arranged, had Faust himself poisoned the mother and slain the brother, all sympathy with him as a human soul in the hands of fate would have been destroyed in the irrepressible feelings which attach to a base and dastardly criminal.

In Macbeth the fiercer temptation, fanned not only by the evil solicitings of the devil, but by the agency of his dark and terrible human tempter and colleague, renders it possible to commit the perpetration of crimes to his own hand, without destroying those traces of sympathy, without which any deep interest in his fate would have been impossible.

The temptation of the weird Sisters has an immediate effect on Macbeth. In the presence of others, he soliloquises, and calls upon himself the remark:

“Look how our partner's wrapt.”

The immediate fulfilment of two parts of the prophecy come

as "happy prologues to the swelling act," and murder is thought of as an "horrible imagining," and an indication that the supernatural soliciting was evil in its nature.

"This supernatural soliciting  
 Cannot be ill ; cannot be good :—If ill,  
 Why hath it given me earnest of success,  
 Commencing in a truth ? I am thane of Cawdor.  
 If good, why do I yield to that suggestion  
 Whose horrid image doth unfix my hair,  
 And make my seated heart knock at my ribs,  
 Against the use of nature ? Present fears  
 Are less than horrible imaginings :  
 My thought, whose murder yet is but fantastical,  
 Shakes so my single state of man, that function  
 Is smother'd in surmise ; and nothing is,  
 But what is not."

Let not this early and important testimony be overlooked, which Macbeth gives to the extreme excitability of his imagination. The supernatural soliciting of the weird Sisters suggests to him an *image*, not a thought merely, but an image so horrible that its contemplation

"does unfix my hair,  
 And make my seated heart knock at my ribs,  
 Against the use of nature."

This passage was scarcely intended to describe an actual hallucination, but rather that excessive predominance of the imaginative faculty which enables some men to call at will before the mind's eye the very appearance of the object of thought ; that faculty which enabled a great painter to place at will in the empty chair of his studio the mental delineation of any person who had given him one sitting. It is a faculty bordering on a morbid state, and apt to pass the limit, when judgment swallowed in surmise yields her function, and the imaginary becomes to the mind as real as the true, "and nothing is, but what is not." This early indication of Macbeth's tendency to hallucination is most important in the psychological development of his character.

We cannot believe that Macbeth had entertained any idea of his great crime, before the suggestion of it arising from the devil's interview on Fores heath. That he yields to it is only too evident from the passage beginning "Stars hide your fires." That his wife should form the same guilty purpose, upon the mere recital in his letter of the supernatural information he had obtained of that which was in the "coming on of time," proves not that he had suggested it to her, but



that she is prone to entertain it on slighter grounds, and that there is between them that unity of thought and desire which is common between man and wife who are much wrapt up in each other.

The struggle with which Macbeth yields to the suggestion is so fierce that horror and pain are forthwith stamped upon his features. His wife exclaims, when he meets her :

“Your face, my thane, is like a book, where men  
May read strange matters.”

For herself, she hath no faltering ; she hath no need of supernatural appearances to “prick the sides of her intent.” Ambition and the desire “of sovereign sway and masterdom,” are to her undaunted metal the all-sufficient motives of the terrible deed which she plotted and instigated, and would have perpetrated, had not a touch of filial piety withheld her hand. Strange inconsistency of humanity which leaves not the darkest moments of the lost soul without stray gleams of light.

“Had he not resembled  
My father as he slept, I had done’t.”

It was one of the “compunctious visitings of nature,” against which she invokes the murdering ministers whose sightless substances wait on nature’s mischief, in that expression of sublimated wickedness in which she welcomes the fatal entrance of Duncan under her battlements.

The wavering of Macbeth, expressed in his first soliloquy, appears to us very different from the “prudential reasonings” which, according to Coleridge, he mistakes for conscience. Surely it indicates a sensitive appreciation of right motive, and the fear of punishment in the life to come ; the acknowledgment also that crime, even in this world, receives its proper reward from the operation of even-handed justice ; the acknowledgment of the foul nature of treachery to a kinsman and disloyalty to a king. Moreover, that expression of sincere pity for the gracious Duncan, whose meek and holy character is depicted in so fine a contrast to his own fierce and wayward passions, is a sentiment far removed from “prudential reasonings.” Thus he convinces himself against the deed, and concludes :

“I have no spur  
To prick the sides of my intent, but only  
Vaulting ambition, which o’er-leaps its’ sell,  
And falls on the other.”

When Lady Macbeth joins him, he expresses his virtuous resolve, and for the first time adds “prudential reasonings :”

“ We will proceed no further in this business :  
 He hath honour'd me of late ; and I have bought  
 Golden opinions from all sorts of people,  
 Which would be worn now in their newest gloss,  
 Not cast aside so soon.”

Then mark the temptation to which the terrible woman subjects him ; the taunts of cowardice and weakness ; taunts to which a soldier gifted with sensitive and not obtuse bravery would be keenly alive, especially coming from the lips of a beautiful woman whom he loved ;

“ Was the hope drunk,  
 Wherein you dress'd yourself ? hath it slept since ?  
 And wakes it now, to look so green and pale  
 At what it did so freely ? From this time,  
 Such I account thy love. Art thou afeard  
 To be the same in thine own act and valour,  
 As thou art in desire ?”

She further urges the temptation by comparing his vacillating desire with her own fell purpose, in that terrible passage :

“ I have given suck, and know  
 How tender 'tis to love the babe that milks me :  
 I would, while it was smiling in my face,  
 Have pluck'd the nipple from his boneless gums,  
 And dash't the brains out, had I but so sworn  
 As you have done to this.”

Fearing that his better nature would relent, she had sworn him to the treacherous and bloody deed. She concludes by shewing clearly the opportunity. She will ply the two chamberlains with wine and wassel, until

“ Memory, the warder of the brain,  
 Shall be a fume, and the receipt of reason  
 A limbeck only : When in swinish sleep  
 Their drenched natures lie, as in a death ——”

Well may Macbeth exclaim in astonishment :

“ Bring forth men-children only !  
 For thy undaunted mettle should compose  
 Nothing but males.”

He reels under the fierce battery of temptation and when she has thus poured her spirits into his ear, and chastised his compunctions with the valour of her tongue, he falls ; without time for further thought, rushing into the commission of his first great crime.

“ I am settled, and bend up  
 Each corporal agent to this terrible feat.  
 Away, and mock the time with fairest show :  
 False face must hide what the false heart doth know.”

As in earliest time, the temptation was urged by the woman, who, infinitely the most virtuous, distances her partner when she has once entered the career of crime.

“Denn, geht es zu des Bösen Haus,  
Das Weib hat tausend Shritt voraus.”

The dagger scene is an illustration of Shakespeare's finest psychological insight. An hallucination of sight resulting from the high-wrought nervous tension of the regicide, and “the present horror of the time,” and typifying in form, the dread purpose of his mind ; impressed upon his senses, but rejected by his judgment ; recognised as a morbid product of mental excitement, and finally its existence altogether repudiated, and the bloody business of the mind made answerable for the foolery of the senses.

“Is this a dagger, which I see before me,  
The handle toward my hand? Come, let me clutch  
thee :——

I have thee not, and yet I see thee still.

Art thou not, fatal vision, sensible

To feeling, as to sight? or art thou but

A dagger of the mind ; a false creation,

Proceeding from the heat-oppressed brain?

I see thee yet, in form as palpable

As this which now I draw.

Thou marshal'st me the way that I was going ;

And such an instrument I was to use.

Mine eyes are made the fools o' the other senses,

Or else worth all the rest : I see thee still ;

And on thy blade, and dudgeon, gouts of blood,

Which was not so before. There's no such thing.

It is the bloody business, which informs

Thus to mine eyes.”

The deed is done ! and the terrible punishment of guilt commences from the very moment. Remorse dogs the murderer's heels even from the chamber of death.

“*Macb.* One cried *God bless us !* and, *Amen*, the other ;

As they had seen me with these hangman's hands.

Listening their fear, I could not say, *amen*,

When they did say, *God bless us*.

*Lady M.* Consider it not so deeply.

*Macb.* But wherefore could not I pronounce, *amen*?

I had most need of blessing, and *amen*

Stuck in my throat.

*Lady M.* These deeds must not be thought

After these ways ; so, *it will make us mad.*”

Guilt hath instantly changed the brave man into a coward.

“I am afraid to think what I have done ;  
Look on't again, I dare not.”

“How is't with me, when every noise appals me ?”

The sting of remorse extorts from him the direct expression of regret :

“To know my deed, 'twere best not know myself.”

“Wake Duncan with thy knocking: *I would thou could'st!*”

Compare this with the woman's firmer nerve, rebuking him :

“You do unbend your noble strength, to think  
*So brainsickly of things.*”

“Infirm of purpose !

Give me the daggers : The sleeping, and the dead,  
Are but as pictures ; 'tis the eye of childhood  
That fears a painted devil.”

She enters the murder chamber, to do that which her mate dare not do ; and shewing her hands, gilded like the faces of the grooms with Duncan's blood, says :

“My hands are of your colour ; but I shame  
To wear a heart so white.”

And this is the lady whom Mr. Coleridge describes as courageous in fancy only !

The passage, “Methought I heard a voice,” &c., is scarcely to be accepted as another instance of hallucination ; an hallucination of hearing parallel to that of sight in the appearance of the dagger. It is rather an instance of merely excited imagination without sensual representation, like the “suggestion whose horrid image” is spoken of on Fores heath. The word “*methought*” is sufficient to distinguish this voice of the fancy from an hallucination of sense. The lengthened reasoning of the fancied speech is also unlike an hallucination of hearing ; real hallucinations of hearing being almost always restricted to two or three words, or at furthest, to brief sentences. How exquisite is this description of sleep ! How correct, psychologically, is the threat that remorse will murder sleep ! How true the prediction to the course of the drama, in which we find that hereafter the murderer did “lack the season of all natures, sleep !”

“*Macb.* Methought I heard a voice cry, *Sleep no more !*  
*Macbeth* doth murder sleep ; the innocent sleep ;  
*Sleep, that knits up the ravell'd sleeve of care,*  
*The death of each day's life, sore labour's bath,*  
*Balm of hurt minds, great nature's second course,*  
*Chief nourisher in life's feast.*

*Lady M.* What do you mean ?

*Macb.* Still it cried, *Sleep no more !* to all the house :  
*Glamis hath murder'd sleep ; and therefore Cawdor*  
*Shall sleep no more, Macbeth shall sleep no more !"*

When the first agony of remorseful excitement has passed, its more settled phase is expressed in the life-weary, Hamlet-like melancholy of the passage :

"Had I but died an hour before this chance,  
I had liv'd a blessed time ; for, from this instant,  
There's nothing serious in mortality ;  
All is but toys ; renown, and grace, is dead ;  
The wine of life is drawn, and the mere lees  
Is left this vault to brag of."

The description of the night of murder is conceived to add to the supernatural. By lamentings in the air, earthquake, eclipse, prodigies in animal life, things "unnatural, even like the deed that's done," the mental effect of awe is skilfully produced, and the feeling of Macbeth's balance between fate and free-will is maintained just at that point which enables us both to sympathize and condemn.

Macbeth at last hath obtained the "All hail hereafter ;" but the furies of conscience rack his soul with cowardly and anxious thoughts. He is cowed by the presence of a brave and honest man, his old friend and colleague, whose royalty of nature, dauntless temper, and the prudence with which he acts, make him an object of fear, and his presence a rebuke. Jealousy, moreover, of the greatness which the weird Sisters had promised to the issue of Banquo, rankles in his mind, now debased by guilt and the fertile seed ground of all evil passion.

"For Banquo's issue have I fil'd my mind ;  
For them the gracious Duncan have I murder'd ;  
Put rancours in the vessel of my peace  
Only for them ; and mine eternal jewel  
Given to the common enemy of man,  
To make them kings, the seed of Banquo kings !  
Rather than so, come, *Fate*, into the list,  
And champion me to the utterance !"

Strange inconsistency ! He yields to Fate when its decrees jump with his own desires ; but when the tide turns he resolves to breast its irresistible wave. One is inclined, however, to the belief, that the first reason assigned for Banquo's death was the most potent, that "there is none but he whose being I do fear." Macbeth had no children, and the descent of the crown could not touch his feelings or interests. When he

learns that Fleance had escaped, he feels "bound in to saucy doubts and fears ;" but, on the whole, he treats the escape as a light matter, and as the cause of future danger to himself, rather than of anxiety respecting the succession.

How awful is the retribution which the Nemesis of conscience works upon the guilty pair, and that before they have cause to dread any earthly retribution. Duncan's sons are fugitives in foreign lands. The peers gather freely round the court of the new king. Suspicions have indeed arisen in the mind of Banquo, but he breathes them only to himself, and commends his indissoluble duties to the king. All without seems fair ; but within ? Listen to the deep sound of melancholy surging from the heart of the lady :

"Nought's had, all's spent,  
Where our desire is got without content :  
'Tis safer to be that which we destroy,  
Than, by destruction, dwell in doubtful joy."

From these sad lonely thoughts she rouses herself to chide her lord for permitting similar thoughts to be expressed legibly on his more sensitive organization.

"*Lady M.* How now, my lord ? why do you keep alone ?  
Of sorriest fancies your companions making ?  
Using those thoughts, which should indeed have died  
With them they think on ? Things without remedy  
Should be without regard : what's done, is done.

*Macb.* We have scotch'd the snake, not kill'd it ;  
She'll close, and be herself ; whilst our poor malice  
Remains in danger of her former tooth.  
But let the frame of things disjoint, both the worlds suffer,  
Ere we will eat our meal in fear, and sleep  
In the affliction of these terrible dreams  
That shake us nightly : Better be with the dead,  
Whom we, to gain our place, have sent to peace,  
Than on the torture of the mind to lie  
In restless ecstasy."

Well might she feel it needful to urge upon him the policy of sleeking o'er his rugged looks, and of being bright and jovial among his guests ; but how deep the agony of the reply :

"O, full of scorpions is my mind, dear wife !"

The banquet scene following the murder of Banquo is unrivalled in dramatic force and psychological truth. The kingly host hath put on a forced cheerfulness. He will play the humble host, and sit in the midst. He commands his guests to be large in mirth. He has something like a grim jest for the murderer who appears at the side door, to whom he

makes the only play on words in the tragedy, the porter's ribaldry excepted.

"Macb. There's blood upon thy face.

Mur. 'Tis Banquo's, then.

Macb. 'Tis better thee *without*, than him *within*."

"Thou art the best o' the cut throats; yet he's good  
That did the like for Fleance; if thou didst it,  
Thou art the *nonpareil*."

The short-lived effort to be gay subsides into the usual abstracted mood, and Lady Macbeth needs to chide him: "You do not give the cheer," &c. He makes an effort, gives that fine physiological grace before meat:

"Now good digestion wait on appetite,  
And health on both!"

playfully challenges the absence of Banquo as an act of unkindness, thus by a voluntary mental act calling before his mind's eye the image of the murdered man. When invited to sit, "The table's full."—"Here's a place reserv'd, sir."—"Where? which of you have done this?" None see the shadowy form except Macbeth himself, and his first impression is that it is a sorry jest; but how quickly does he believe in the supernatural nature of his visitor? "Thou canst not say, I did it; never shake thy gory locks at me." He looks "on that which might appal the devil," but which no eyes but his own can see. Although "quite unmann'd in folly," fear turns to daring, and he threatens the ghost:

"Pr'ythee, see there! behold! look! lo! how say you?

Why, what care I? If thou canst nod, speak too.—

If charnel houses, and our graves, must send

Those that we bury, back, our monuments

Shall be the maws of kites."

The hallucination fades, and his natural high courage allows him on the moment to philosophize upon the appearance:

"Blood hath been shed ere now, i' the olden time,

Ere human statute purg'd the gentle weal;

Ay, and since too, murders have been perform'd,

Too terrible for the ear: the times have been

That, when the brains were out, the man would die,

And there an end: but now they rise again,

With twenty mortal murders on their crowns,

And push us from our stools: This is more strange

Than such a murder is."

Again roused from reverie by his wife, he excuses his behaviour by the same reference to a customary infirmity, which is twice alluded to for the same purpose by his wife:

"I do forget :—  
Do not muse at me, my most worthy friends ;  
I have a strange infirmity, which is nothing  
To those who know me."

He proposes a bumper health to the general joy of the whole table, and that in particular of "our dear friend Banquo," this second reference shewing how his mind is fascinated with the idea of the dead man ; and having the immediate effect of re-establishing the hallucination. Then comes that burst of despairing defiance, when the extremity of fear changes to audacity:

"Avaunt! and quit my sight! Let the earth hide thee!  
Thy bones are marrowless, thy blood is cold :  
Thou hast no speculation in those eyes  
Which thou dost glare with."

"What man dare, I dare :  
Approach thou like the rugged Russian bear,  
The arm'd rhinoceros, or the Hyrcan tiger,  
Take any shape but that, and my firm nerves  
Shall never tremble : Or, be alive again,  
And dare me to the desert with thy sword ;  
If trembling I exhibit then, protest me  
The baby of a girl. Hence, horrible shadow!  
Unreal mockery, hence!—Why so ;—being gone,  
I am a man again.—Pray you, sit still."

He is astonished that the others present are not moved by the object of his dread. Unlike the air-drawn dagger, which he recognized as an hallucination, he believes this appearance to have been most real. He does this notwithstanding his wife's assurance that—

"This is the very painting of your fear ;  
This is the air-drawn dagger, which, you said,  
Led you to Duncan."

She gives no credence to matters which

"Would well become  
A woman's story, told by a winter's fire,  
Authorized by her grandam."

She taunts him, and assures him :

"Why do you make such faces? When all's done,  
You look but on a stool."

It is markworthy that the ghost of Banquo is seen to no one but Macbeth, differing in this respect from that of Hamlet's Father. Moreover, Banquo's ghost is silent: Hamlet's ghost is a conversational being, subject to disappearance at cock-crow, and other ghost laws; points



indicating the poet's idea of the ghost of Banquo as an hallucination, not as an apparition; a creation of the heat-oppressed brain, not a shadowy messenger from spirit-land. It is the pathological Nemesis of guilt, not a phantom returned to the confines of the day actively to assist in the discovery of guilt. The progress of the morbid action is depicted with exquisite skill. First, there is the horrible picture of the imagination not transferred to the sense, then there is the sensual hallucination whose reality is questioned and rejected, and now there is the sensual hallucination whose reality is fully accepted.

Are we to accept the repeated assurance, both from Macbeth and from his lady, that he is subject to sudden fits of some kind? or was it a ready lie, coined on the spur of the moment, as an excuse for his strange behaviour?

“Sit, worthy friends, my lord is often thus,  
And hath been from his youth: 'pray you, keep seat,  
The fit is momentary; upon a thought  
He will again be well; if much you note him,  
You shall offend him, and extend his passion.”

And again:

“Think of this, good peers,  
But as a thing of custom: 'tis no other,  
Only it spoils the pleasure of the time.”

Doubtless it was a ready lie; otherwise the lady would have used the argument to her husband, instead of scoffing at his credulity. Macbeth, however, is at this juncture in a state of mind closely bordering upon disease, if he have not actually passed the limit. He is hallucinated, and, in respect to the appearance of Banquo, he believes in the hallucination, and refers it to the supernatural agencies which discover the “secret'st man of blood.” The reality of the air-drawn dagger he did not believe in, but referred its phenomena to their proper source, with as much truth, though not with as much phlegm, as Nicolai or any other sane subject of hallucination could have done. Unlike the hallucinations of Nicolai and Ben Johnson, it caused terror although its unreality was fully recognised, because it suited with “the horror of the time” of which it was a reflex. But between this time and the appearance of Banquo, the stability of Macbeth's reason had undergone a fearful ordeal. He lacked “the season of all natures—sleep;” or, when he did sleep, it was

“In the affliction of those terrible dreams  
That shake us nightly.”

Waking, he made his companions of the “sorriest fancies;”

and, "on the torture of the mind," he lay "in restless ecstasy." Truly, the caution given by his wife was likely to become a prophecy :

"These deeds must not be thought on

After these ways ; so, it will make us mad."

In the point of view of psychological criticism, this fact appears on the eve of being fulfilled by the man, when to sleepless nights and days of brooding melancholy are added that undeniable indication of insanity, a credited hallucination. The fear was in reality fulfilled in the instance of the woman, although, at the point we have reached, when she with clear intellect and well-balanced powers is supporting her horror-struck and hallucinated husband, she offers a character little likely, on her next appearance, to be the subject of profound and fatal insanity. The man, on the other hand, appears to be almost within the limits of mental disease. Macbeth, however, saved himself from actual insanity by rushing from the maddening horrors of meditation into a course of decisive resolute action. From henceforth he gave himself no time to think ; he made the firstlings of his heart the firstlings of his hand ; he became a fearful tyrant to his country ; but he escaped madness. This change in him, however, effected a change in his relation to his wife, which in her had the opposite result. Up to this time, her action had been that of sustaining him ; but when he waded forward in the sea of blood, without desire of the tedious return, when his thoughts were acted ere they were scanned, then his queen found her occupation gone. Her attention, heretofore directed to her husband and to outward occurrences, was forced inwards upon that wreck of all-content which her meditation supplied. The sanitary mental influence of action is thus impressively shewn. Even the stings of conscience, if not blunted, can for a time be averted, by that busy march of affairs, which attracts all the attention outwardly, and throws the faculty of reflection into disuse.

The rapid deterioration of Macbeth's moral nature deserves notice. The murder of the king, to which he had the greatest temptation, was effected in the midst of a storm of conscientious rebuke. The murder of Banquo was attended with no expression of remorse, although it highly stimulated the imagination ; for this also, he had temptation. But shortly afterwards we find him committing a wholesale and motiveless deed of blood, in the assassination of the kindred of Macduff—far more atrocious and horrible, if there can be degrees in the guilt of such deeds, than all he has done before.

At first we find him "infirm of purpose" in guilt. Referring either to his want of sleep or to his hallucination, he says :

" My strange and self-abuse  
Is the initiate fear, that wants hard use :—  
We are yet but young in deeds."

Afterwards he becomes indeed "bloody, bold, and resolute;" and he orders the massacre of Macduff's kindred without hesitation or compunction.

" From this moment,

The very firstlings of my heart shall be  
The firstlings of my hand. And even now,  
To crown my thoughts with acts, be it thought and done :  
The castle of Macduff I will surprise ;  
Seize upon Fife ; give to the edge o' the sword  
His wife, his babes, and all unfortunate souls  
That trace his line. No boasting like a fool :  
This deed I'll do, before this purpose cool."

Subsequently to this foul deed, the tyrant supported his power with many acts of sudden and bloody violence : for, notwithstanding the great rapidity of action in the drama, an interval in reality of some years must be supposed between the first and last acts, during which time,

" Each new morn,  
New widows howl ; new orphans cry ; new sorrows  
Strike heaven on the face."

See also the fine description of the country under the tyrant's sway given by Rosse :

" The dead man's knell  
Is there scarce ask'd, for who ; and good men's lives  
Expire before the flowers in their caps,  
Dying, or ere they sicken."

The change in Macbeth's nervous system, from its early sensibility, when he was young in deeds of guilt, to the obtuseness brought on by hard use, is later in the piece described by himself :

" *Sey.* It is the cry of women, my good lord.

*Macb.* I have almost forgot the taste of fears :  
The time has been, my senses would have quail'd  
To hear a night-shriek ; and my fell of hair  
Would at a dismal treatise rouse, and stir  
As life were in't. I have supp'd full with horrors ;  
Direness, familiar to my slaught'rous thoughts,  
Cannot once start me.—Wherefore was that cry ?

*Sey.* The queen, my lord, is dead."

To the last the shadow of madness is most skilfully indicated

as hovering around Macbeth, without the reality actually falling upon him. When at last brought to bay in his stronghold, the opinion of his madness is positively expressed :

“Great Dunsinane he strongly fortifies :  
Some say, he’s mad ; others, that lesser hate him,  
Do call it valiant fury : but, for certain,  
He cannot buckle his distemper’d course  
Within the belt of rule.”

The cause of his reputed madness is conscience.

“Who then shall blame  
His pester’d senses to recoil, and start,  
When all that is within him does condemn  
Itself for being there ?”

The defiant fierceness of his resistance is not within the belt of rule. He’ll fight till from his bones the flesh is hacked ; put on his armour before ’tis needed ;

“Send out more horses, skir the country round ;  
Hang those that talk of fear.”

But with all this valiant fury, he is sick at heart, oppressed with profound weariness of life : “I ’gin to be a-weary of the sun.” What exquisite pathos in the melancholy passages :

“My May of life  
Is fall’n into the sear, the yellow leaf ;  
And that which should accompany old age,  
As honour, love, obedience, troops of friends,  
I must not look to have ; but, in their stead,  
Curses not loud, but deep, mouth-honour, breath,  
Which the poor heart would fain deny, but dare not.”

And in this, so Hamlet like :

“She should have died hereafter,  
There would have been a time for such a word.—  
To-morrow, and to-morrow, and to-morrow,  
Creeps in this petty pace from day to day,  
To the last syllable of recorded time ;  
And all our yesterdays have lighted fools  
The way to dusty death. Out, out, brief candle !  
Life’s but a walking shadow ; a poor player,  
That struts and frets his hour upon the stage,  
And then is heard no more : it is a tale  
Told by an idiot, full of sound and fury,  
Signifying nothing.”

When all hope has fled, his superabundant activity rejects the very idea of self-destruction. He will not play the Roman fool, and die on his own sword. Gashes look best on others. In the last scene, in which the lying juggle of the fiend is

unmasked, and he falls by the sword of Macduff, some remaining touches of conscience and of nature are shewn. At first he refuses to fight :

“ My soul is too much charg’d  
With blood of thine already.”

When even fate deserts him, and his better part of man is cowed, he fights bravely to the last, and falls in a manner which the poet takes care to mark, in the scene which immediately follows, as the honourable end of a soldier’s life. He descends from the light a fearful example of a noble mind, depraved by yielding to the tempter ; a terrible evidence of the fires of hell lighted in the breast of a living man by his own act.

The character of Lady Macbeth is less interesting to the psychological student than that of her husband. It is far less complex ; drawn with a classic simplicity of outline, it presents us with none of those balancing and contending emotions which make the character of Macbeth so wide and varied a field of study. It does not come within the scope of this criticism to enquire at length into the relative degree of wickedness and depravity exhibited by the two great criminals. Much ingenious speculation has been expended on this subject, one upon which writers are never likely entirely to agree so long as different people have antipathies and preferences for different forms of character. The first idea of the crime undoubtedly comes into the mind of Macbeth before he sees his wife ; the suggestion of it fills his mind immediately after his interview with the weird Sisters, and he indicates the strong hold which the horrible imagination takes on him.

“ Stars hide your fires ;  
Let not light see my black and deep desires ;  
The eye wink at the hand, yet let that be,  
Which the eye fears, when it is done, to see.”

But in Macbeth’s letter to his wife there is not a word by which the enterprise can be said to be broken to her, and she expresses her own fell purpose before their meeting. At the first moment of their meeting, she replies to his assertion, that Duncan goes hence to-morrow :

“ O, never  
Shall sun that morrow see !”

The idea of the crime arises in the minds of both man and wife, without suggestion from either to the other ; though in Macbeth the idea is a “ horrible imagining,” while in Lady Macbeth it is a “ fell purpose.”

Lady Macbeth's subsequent taunt,—

“What boast was't then  
That made you break this enterprise to me?”

“Nor time nor place did then cohere,  
And yet you would make both,”—

appears to us, though we dare hardly say it, a flaw in the plot. It is certainly inconsistent with Lady Macbeth's language at her first meeting with her lord. The truthfulness of these expressions can only be saved by supposing them to have referred to confidences between husband and wife on Duncan's murder, before Macbeth went to the wars; a supposition inconsistent with the development of the wicked thought as it is pourtrayed after the meeting with the weird Sisters.

The terrible remorseless impersonation of passionate ambition delineated in the character of Lady Macbeth, is not gradually developed, but is placed at once in all its fierce power before us in that awful invocation to the spirits of evil.

“Come, come, you spirits  
That tend on mortal thoughts, unsex me here;  
And fill me, from the crown to the toe, top-full  
Of direst cruelty! make thick my blood,  
Stop up the access and passage to remorse;  
That no compunctious visitings of nature  
Shake my fell purpose, nor keep peace between  
The effect, and it! Come to my woman's breasts,  
And take my milk for gall, you murd'ring ministers,  
Wherever in your sightless substances  
You wait on nature's mischief! Come, thick night,  
And pall thee in the dunnest smoke of hell!  
That my keen knife see not the wound it makes;  
Nor heaven peep through the blankness of the dark,  
To cry, *Hold, Hold!*”

With what vehemence and unchanging resolution does she carry out this fell purpose; how she dominates the spirit of her vacillating husband; with what inflexible and pitiless determination she pursues that one great crime which gives her sovereign sway and masterdom! It is, however, to be remarked, that she is not exhibited as participating in her husband's crimes after the murder of Duncan. Having seized upon “the golden round,” her high moral courage and self-contained nature, save her from those eternal suspicions and that restlessness of imagination which lead her husband onward from crime to crime. Her want of imagination, her very want of sympathy, would save her from that perver-

sion of sympathy, which, in her husband, resulted in useless deeds of blood. There are some characters capable of committing one great crime, and of resting upon it; there are others in whom the first crime is certainly and necessarily followed by a series of crimes. A bad, cold, selfish, and unfeeling heart may preserve a person from that fever of wickedness which a more sympathizing nature is prone to run into when the sympathies are perverted, and the mobile organization lends itself to effect their destructive suggestions. We have above indicated the turning point of Lady Macbeth's madness to have been the state of inactivity into which she fell when her husband broke away from her support into that bloody, bold, and resolute career which followed the murder of Banquo. We can only speculate upon her course of conduct from this time. She probably in some manner gave her countenance to her husband's career, or she would scarcely have been called his "fiend-like queen;" for it must be remembered, that, although the reader is well aware of her guilt, no suspicion of her participation in Duncan's murder has been excited in the other personages of the drama. We may suppose, then, that without active participation in that career of tyranny which desolated Scotland, she looked on with frigid and cruel indifference, while, her imagination having no power to throw itself outwardly, it became the prey of one engrossing emotion—that of remorse. Giving no outward expression of it in word or deed, she verified the saying of Malcolm :

"The grief that does not speak,

Whispers the o'erfraught heart, and bids it break."

Cold, stedfast, and self-contained, she could no more escape from the gnawing tooth of remorse, than Prometheus, chained upon his rock, could escape from the vulture-talons for ever tearing his vitals. In Macbeth's more demonstrative and flexible nature, passion was explosive; in her's it was consuming. In him the inward fires found a volcanic vent; in her their pent-up force shook in earthquake the deep foundations of the soul.

Lady Macbeth's end is psychologically even more instructive than that of her husband. The manner in which even-handed justice deals with her, "his fiend-like wife," is an exquisite masterpiece of dramatic skill. The undaunted metal which would have compelled her to resist to the last, if brought face to face with any resistible adversaries, gradually gives way to the feeling of remorse and deep melancholy, when left to feed upon itself. The moral object of the drama required that the fierce gnawing of remorse at the heart of the lady should be

made manifest ; and, as her firm self-contained nature imposes upon her a reticence in her waking moments in strong contrast to the soliloquising loquacity of her demonstrative husband, the great dramatist has skilfully availed himself of the sleep-talking state in which she uncovers the corroding ulcers of her conscience. Whether the deep melancholy of remorse tends to exhibit itself in somnambulism, is a fact which may on scientific grounds be doubted. Shakespeare makes the Doctor himself express the doubt : " This disease is beyond my practice ; yet I have known those which have walked in their sleep, who have died holily in their beds." The phenomena of sleep-walking are painted with great truthfulness. In this slumbrous agitation, " the benefit of sleep " cannot be received, as the Doctor thinks. It neither exerts its soothing effects on the mind, nor is it " chief nourisher in life's feast " to the body.—Light is left by her continually. Was this to avert the presence of those " sightless substances " once so impiously invoked ?—She " seems washing her hands," and " continues in this a quarter of an hour." What a comment on her former boast, " A little water clears us of this deed."—The panorama of her crime passes before her, searing the eye-balls of the fancy ; a fancy usually so cold and impassive, but now in agonising erethism. A wise and virtuous man can " thank God for his happy dreams," in which " the slumber of the body seems to be but the waking of the soul ;" dreams of which he says " it is the ligation of sense, but the liberty of reason, and our waking conceptions do not match the fancies of our sleep." " There is surely a nearer apprehension of anything that delights us in our dreams than in our waked senses." " Were my memory as faithful as my reason is then fruitful, I would never study but in my dreams ; and this time also would I chuse for my devotions." (*Religio Medici.*) But the converse ? Who can tell the torture of bad dreams ! Surely, 'tis better in the mind to lie in restless ecstasy, than thus to have the naked fancy stretched upon the rack ; all its defences gone, all power of voluntary attention and abstraction, all guidance of the thoughts, all judgment abrogated. What more lurid picture of hell can be formed than that it is one long bad dream !

" *Gent.* Since his majesty went into the field, I have seen her rise from the bed, throw her night-gown upon her, unlock her closet, take forth paper, fold it, write upon it, read it, afterwards seal it, and again return to bed ; yet all this while in a most fast sleep.

" *Doct.* A great perturbation in nature ! to receive at once



the benefit of sleep, and do the effects of watching. In this slumbry agitation, besides her walking and other actual performance, what, at any time, have you heard her say?"

\* \* \* \* \*

"*Gent.* ——— Lo you, here she comes! This is her very guise; and, upon my life, fast asleep. Observe her: stand close.

*Doct.* How came she by that light?

*Gent.* Why, it stood by her: she has light by her continually; 'tis her command.

*Doct.* You see, her eyes are open.

*Gent.* Ay, but their sense is shut.

*Doct.* What is it she does now? Look how she rubs her hands.

*Gent.* It is an accustomed action with her, to seem thus washing her hands: I have known her continue in this a quarter of an hour.

*Lady M.* Yet here's a spot.

*Doct.* Hark, she speaks; I will set down what comes from her, to satisfy my remembrance the more strongly.

*Lady M.* Out, damned spot! out, I say!—One; Two: Why, then 'tis time to do't:—Hell is murky!—Fye, my lordy, fye! a soldier, and afeard? What need we fear who knows it, when none can call our power into account?—Yet who would have thought the old man to have had so much blood in him?

*Doct.* Do you mark that?

*Lady M.* The thane of Fife had a wife: Where is she now?—What, will these hands ne'er be clean?—No more o' that, my lord, no more o' that: you mar all with this starting.

*Doct.* Go to, go to; you have known what you should not.

*Gent.* She has spoke what she should not, I am sure of that: Heaven knows what she has known.

*Lady M.* Here's the smell of the blood still: all the perfumes of Arabia will not sweeten this little hand. Oh! oh! oh!

*Doct.* What a sigh is there! The heart is sorely charged.

*Gent.* I would not have such a heart in my bosom for the dignity of the whole body."

The diagnosis arrived at by the judicious and politic Doctor appears to have been, that she was scarcely insane, but so sorely troubled in conscience as to be prone to quit the anguish of this life by means of suicide.

"Unnatural deeds

Do breed unnatural troubles; infected minds

To their deaf pillows will discharge their secrets.  
 More needs she the divine than the physician.—  
 God, God, forgive us all ! Look after her ;  
 Remove from her the means of all annoyance,  
 And still keep eyes upon her.”

A passage at the very end of the drama indicates, though it does not assert that the fear of the Doctor was realized—

“ his fiend-like queen,  
 Who, as 'tis thought, by self and violent hands  
 Took off her life.”

This diagnosis of the Doctor, that actual disease was not present, is again expressed in his interview with Macbeth :

“ *Macb.* How does your patient, doctor ?

*Doct.* Not so sick, my lord,  
 As she is troubled with thick-coming fancies,  
 That keep her from her rest.

*Macb.* Cure her of that :  
 Canst thou not minister to a mind diseas'd ;  
 Pluck from the memory a rooted sorrow ;  
 Raze out the written troubles of the brain ;  
 And, with some sweet oblivious antidote,  
 Cleanse the stuff'd bosom of that perilous grief,  
 Which weighs upon the heart ?

*Doct.* Therein the patient  
 Must minister to himself.

*Macb.* Throw physic to the dogs, I'll none of it.”

This contempt of physic was not ill-founded upon the want of reliance which the Doctor expressed on the resources of his art. In those early times, the leech and the mediciner had not learnt to combine the moral influences which are the true means of ministering to a mind diseased after the manner of Lady Macbeth's, with those sleep-producing oblivious antidotes which at present form the remedies of melancholia. Such a patient would not now be given over, either to the divine, or to the unresisted ravages of conscience. What indeed could the divine effect without the aid of the physician ? or, rather, until the physician had done his work ? In such a state of nervous system as that of this wretched lady, no judicious divine would attempt to excite religious emotion ; indeed, all thoughts of the world to come would act as fuel to the fire of a conscience so remorseful. The treatment of such a case as that of Lady Macbeth, would be, to remove her from all scenes suggesting unhappy thoughts, by constant endeavours to fix her attention upon new objects of interest, and to find, if possible, some stimulus to healthy emotion. If she had been thrown

from her high estate, and compelled to labour for her daily bread, the tangible evils of such a condition, would have been most likely to have rooted out those of the imagination and of memory. The judicious physician, moreover, would not in such a case have neglected the medicinal remedies at his command, especially those which Macbeth himself seems to indicate, under the title of some sweet oblivious antidote. He would have given the juice of poppy, or some "drowsy syrup," to prevent thick-coming fancies depriving her of rest. He would thus have replaced the unrefreshing, nay, exhausting sleep of somnambulism, for that condition so beautifully described earlier in the play as that which

"knits up the ravell'd sleeve of care,  
The death of each day's life, sore labour's bath,  
Balm of hurt minds, great nature's second course,  
Chief nourisher in life's feast."

When these remedies had produced their effect, and the patient's remorse was no longer of that "brainsickly" kind accompanying disorders of the organization, then, and only then, might the divine step in with those consolations of religious faith which assure us, that "Though your sins be as scarlet, they shall be as white as snow; though they be red like crimson, they shall be as wool."

What was Lady Macbeth's form and temperament? In Maclise's great painting of the banquet scene, she is represented as a woman of large and coarse development; a Scandinavian amazon, the muscles of whose brawny arms could only have been developed to their great size by hard and frequent use; a woman of whose fists her husband might well be afraid; but scarcely one who would present that Satanic spiritualization of character which we find in this awful impersonation of dauntless and ruthless ambition; an instrument, in fact, to do coarse things coarsely; a butcher's cleaver perhaps, but by no means the keen scimitar whose rapid blow destroys ere it is seen. We do not so figure Lady Macbeth to the mind's eye—no, not even as the large and majestic figure of Siddons, whose impersonation of the character so moved our fathers. Shakespeare was not in the habit of painting big and brawny women. There is a certain femininity in all his female characters, which is distinguishable even in those whom he has filled with the coarser passions. But that Lady Macbeth, whose soul is absorbed, and whose devilish deeds are instigated by ambition, the highest of all earthly passions, "the last infirmity of noble minds," which, like Aaron's rod, consumes and destroys the meaner desires,—that this woman

should have had the physical conformation of a cook, is a monstrous libel upon the sex. Regan and Goneril, whom we not only hate, but who excite disgust in our minds, might have been such women, coarse and low natures as they were; and indeed they are represented as using their fists with a freedom proving the reliance they placed in the efficiency of that safety-valve to passion; and Lear threatens the wolfish visage of one with the nails of the other. But was Lady Macbeth such a being? Did the fierce fire of her soul animate the epicene bulk of a virago? Never! Lady Macbeth was a lady beautiful and delicate, whose one vivid passion proves that her organization was instinct with nerve-force, unoppressed by weight of flesh. Probably she was small; for it is the smaller sort of women whose emotional fire is the most fierce, and she herself bears unconscious testimony to the fact that her hand was little. The drama contains many indications that, to outward appearance, she was gentle and feminine. Duncan greets her by the name of "most kind hostess;" and, after the murder, Macduff says:

"Gentle lady,  
'Tis not for you to hear what I can speak;  
The repetition in a woman's ear  
Would murder as it fell."

Although she manifests no feeling towards Macbeth, beyond the regard which ambition makes her yield, it is clear that he entertains for her the personal love which a beautiful woman would excite. Returning from the wars, he greets her with "Dearest love!" "Dearest partner of my greatness!" Afterwards he lavishes upon her the terms of endearment, "Love!" "Dear wife!" "Dearest chuck!" "Sweet remembrancer!" Above all, she makes use of his love to taunt him with his change of purpose, when it looked green and pale at the contemplated murder of Duncan. "From this time," she says, "such I account thy love." She relies upon this threat of disbelief in his love as a goad to urge him to his first great crime; and she applies this motive with the confident assurance that the love was there to give it force. Moreover, the effect of remorse upon her own health proves the preponderance of nerve in her organization. Could the Lady Macbeth of Mr. Maclise, and of others who have painted this lady, have shewn the fire and metal of her fierce character in the commission of her crimes, the remembrance of them would scarcely have disturbed the quiet of her after years. We figure Lady Macbeth to have been a blonde Rachel, with more beauty, with grey and cruel eyes, but with the same slight dry

configuration and constitution, instinct with determined nerve-power.\*

The scene with the doctor at the English court has several points of interest, besides that of antiquarian medicine. It fixes the date of Macbeth's history as that of Edward the Confessor's time. It was doubtless introduced as a compliment to James the First, who assumed the power of curing scrofula, the king's evil, by means of the king's touch. Another passage indicates that it was written in this reign, and thus that it was one of the later productions of the poet. James was descended from Banquo, and in the last witch scene Macbeth thus refers to the lineage of his rival :

"And some I see

"That two-fold balls and treble sceptres carry."

The cure of the king's evil is thus described :

*Doct.* There are a crew of wretched souls,  
That stay his cure : their malady convinces  
The great assay of art ; but, at his touch,  
Such sanctity hath heaven given his hand,  
They presently amend.

*Macd.* What's the disease he means ?

*Mal.* 'Tis call'd the evil :  
A most miraculous work in this good king :  
Which often, since my here remain in England,  
I have seen him do. How he solicits heaven  
Himself best knows : but strangely-visited people,  
All swoln and ulcerous, pitiful to the eye,  
The mere despair of surgery, he cures ;  
Hanging a golden stamp about their necks,  
Put on with holy prayers : and 'tis spoken,  
To the succeeding royalty he leaves  
The healing benediction."

Old Fuller, in the plenitude of faith, gives a curious disquisition of this same medical hocus pocus of royalty, the best part of which we subjoin :

"And now the full time was come, wherein good King Edward exchanged this life for a better one. Who, as he was famous for many personal miracles, so he is reported to have entailed (by Heaven's consort,) an hereditary viture in his successors, the kings of England, (only with this condition, that they continue constant in Christianity,) to cure the

\* Since the above was written, we have been informed that Mrs. Siddons herself entertained an opinion of Lady Macbeth's physique similar to our own; and that in Mrs. Jamieson's critique on this character, which we have not had the opportunity of consulting, the same opinion is expressed.

*King's Evil.* This disease, known to the Greeks by the name of *Χοιράδες*, termed by the Latines *Struma*, and scrophulæ, hath its cause from phlegm, its chief and common outward residence in or near the neck or throat ; where it expreseth itself in knobs or kernells, pregnant oftentimes with corrupted bloud and other putrified matter, which, on the breaking forth of those bunches, floweth forth, equally offensive to sight, smell, and touch. And yet this noisome disease is happily healed by the hands of the kings of England, stroaking the soar : and if any doubt of the truth thereof, they may be remitted to their own eyes for confirmation. But there is a sort of men who, to avoid the censure of over-easy credulity, and purchase the repute of prudent austerity, justly incur the censure of affected frowardnesse. It being neither manners nor discretion in them, in matters notoriously known, to give daily exprience the lye, by the backwardnesse of their belief.

“But whence this cure proceeds is much controverted by the learned. Some recount it in the number of those *ἀναπόδεικτα* whose reason cannot be demonstrated. For as in vicious commonwealths bastards are frequent, who, being reputed *Filii populi*, have no particular father ; so man's ignorance increaseth the number of occult qualities, (which I might call chances in nature,) where the effect is beheld, but cannot immediately be referred to any immediate and proper cause thereof. Others impute it the power of fancie, and an exalted imagination. For when the poor patient (who perchance seldom heard of, and never saw a king before,) shall behold his royall hand dabling in a puddle of putrefaction, and with a charitable confidence rubbing, smoothing, chafing those loathsome kernels, (which I may call clouds of corruption, dissolved oft-times into a feculent shower) : I say, when the sick man shall see a hand so humble of one borne so high, such condescension in a king to stroak that soar, at which meaner persons would stop their nostrills, shut their eyes, or turn their faces ; this raiseth, erecteth, enthroneth, the patient's fancie, summoning his spirits to assist nature with their utmost might to encounter the disease with greater advantage. And who will look into the legend of the miracles of the imagination, shall find many strange and almost incredible things thereby really effected. Other learned men, and particularly Gaspar Peucerus, though acquitting this cure from diabolical conjuration, yet tax it as guilty of superstition. With him all such do side as quarrell at the ceremonies and circumstances used at the healing of this maladie. Either displeased at the Collect read, (consisting of the first nine

verses of the Gospel of St. John,) as wholly improper, and nothing relating to the question; or unresolved of the efficacy of the gold pendent about the patient's neck, (whether partly compleating or a bare complement of the cure); or secretly unsatisfied, what manner or measure or belief is required, (according to the modell whereof health is observed to come sooner or later); or openly offended with the *Sign of the Crosse* which was used to be made on the place affected. All which exceptions fall to the ground, when it shall be avowed, that notwithstanding the omission of such ceremonies, (as requisite rather to the solemnity than substance of the cure,) the hands of our kings (without the gloves, as I may term it, of the aforesaid circumstances,) have effected the healing of this disease.

"Hereupon some make it a clear miracle, and immediately own God's finger in the king's hand."

Fuller proceeds to describe how a "stiffe Roman Catholic," having the king's evil in a high degree, and having been cured by Queen Elizabeth, did perceive that the excommunication which Pope Pius had "let fly at her Majestie" was "in very deed of no effect, seeing God hath blessed her with so great and miraculous a vertue." He proceeds:

"This mention of Queen Elizabeth (there is a magnetic vertue in stories for one to attract another,) minds me of a passage in the beginning of her reign. Making her progresse into Gloucestershire, people affected with this disease did in such uncivil crowds press in upon her; insomuch that her Majestie, between anger, grief, and compassion, did let fall words to this effect: *Alasse, poor people, I cannot—I cannot cure you; it is God alone that can doe it.* Which some people interpreted (contrary to her intent and practice, continuing such cures to the day of her death,) an utter renouncing and disclaiming of any instrumentall efficacy in herself. Whereas she only removed her subjects eyes from gazing on her to look up to Heaven. For men's minds naturally are so dull and heavy, that instead of traveling with their thanks to God, the cause of all cures, they lazily take up their lodging more than half-way this side, mistaking the dealer for the Giver of their recovery." An explanation more ingenious than ingenuous; for Fuller must have noticed that the Queen disclaimed even the power of dealing the cure.

J. C. B.

*On the Somatic and Psychological Causes of Disease in the Structure and Functions of the Brain, viewed more particularly in reference to Marriages of Consanguinity as a great social evil.* By C. M. BURNETT, M.D., Resident Medical Proprietor of Westbrook House, Alton.

Insanity, together with many other forms of disease affecting the brain, are doubtless upon the increase. Our statistical tables and periodical registers all clearly and unmistakably tell us this. It is no advantage either to society at large, or to individuals composing that society, to try to beg the question. We cannot disprove the fact. Better, therefore, let us try to search out its causes, that, if possible, they may be removed. By taking this course, we shall sooner find ourselves in a more hopeful position for arresting the onward march of a formidable enemy to our national peace and prosperity.

As some of these causes come within the range of legislative interference, and indeed can only be controlled or arrested by such interference, it will be necessary to put them before the reader in the strength of their position, that we may not appear to be advocating a step that is not sufficiently justified by the circumstances.

The subject, therefore, cannot fail to come before the notice of every one with peculiar interest, but especially it ought to attract the attention both of the physician and the philanthropist, as well as of the political economist and the legislator. It claims at our hands the deepest and most earnest consideration, as well in a national as in a social sense; and we cannot fail to interpret much of calamity and sorrow that has come upon us as social and moral beings, as arising out of causes which we have hitherto disregarded, or failed to contemplate with that gravity which the subject demands.

We have neglected to look upon these causes as exercising not a fixed, but a varied influence; and this fluctuation has helped to conceal the progressive character of that influence, and so to give it a less tangible appearance.

With some of the causes of insanity and brain disease, we shall find we have more to do, than with others. We seem to have a more legitimate right to deal with the former in reference to the means placed within our reach for the pre-



vention and cure of disease. We cannot neglect them with impunity.

With other causes we seem to be permitted to recognise the share they take, or the influence they exert in the formation of disease ; but we have far less control over them, and that control is mainly affected through the instrumentality of those causes I have just stated, and which seem more legitimately to belong to us.

It is a point, therefore, of great practical interest, to determine with as much precision as possible, what influence is exerted by the different known causes in the production of disease in that organ supposed to be the seat of mental derangement. These causes have been by some, admitted to be both of a mental and corporeal nature ; others have contended that they have their origin solely in material structure ; while others again have been equally strong in asserting that they are wholly mental.

There are others again, who have been disposed to hold views which partake of the two most extreme opinions ; but they are unsatisfactory, since they deny the validity of the two more antagonistic doctrines, while they fail to substitute anything more satisfactory. But neither of the three, viz., the somatic, the psychical, or the mixed views of the operation of causes in the production of disease in the brain hitherto propounded, can be said to be of much value in a pathological sense ; since to speak the least disparagingly of them, they are founded upon obscure and uncertain physiological doctrines ; though they have been argued and carried out by those who have given them a profound and elaborate attention.

First. The somatic holds that the operations of the mind emanate from the body, so that in this sense mental diseases are only bodily ailments. This is to apply the old doctrine of materialism alike to morbid as to healthy action.

Secondly. The psychical view, regards the mind as acting in a totally independent, sense and consequently its disorders are pure psychical derangements, not dependent upon the structure or organization of the brain for their origin.

The third or mixed view, sees in the derangements of mind, a disease half psychical, half corporeal. This last view has never been rightly defended, the dogmatism of our physiological theories of life and mind being so much opposed to it. We cannot, therefore, fail to trace in the arguments of those advocating this view, an inconsistent and conflicting mode of reasoning. It is difficult to remove the accumulated prejudice of ages, backed by the authority of names, holding

the highest rank in philosophy and science. As long as the doctrine is maintained that the mind of man is his immortal spirit, it is useless to attempt to speak correctly of the causes of disease in that mind ; or to hope to deal with those causes in a curative sense. If psychology says they are what they are not, we cannot expect to be successful either in detecting or removing them. The different advocates of these three views, are not all equally and clearly to be found defending the cause they have taken up. Their arguments often go to prove that they do not hold these particular views, altogether without reservation.

Freidrich, who is the great representative of the somatic view, bases his argument upon a false construction he puts upon the psychical power. He says the mind cannot become diseased. This is at the outset a mistake, arising out of a very universal but erroneous idea, that the mind is the immortal spirit. Why cannot the mind become diseased? A person with a perfectly sound mind and healthy body to all appearance, suddenly begins to exhibit unequivocal signs of mental derangement. A young girl brought up in purity and love, never having before made mention of such words, suddenly utters the foul language of the fallen spirits. Admitting that some change here in the blood constituents, some yielding in the parieties or cohesions of structure has taken place ; still by proving these somatic changes, the question is not answered. They never could have taken place if some power independent of and external to them, had not been either withdrawn or superadded in an abnormal way. That power is of a purely psychical nature. It is quite independent of the material structure it acts upon ; and it is highly probable it carries the citadel of the mind not entirely by one direct assault upon that citadel, but by a series of indirect operations, which weaken the living power in the blood constituents, and in those necessary processes and changes so essential to the formation of healthy blood. What are all these psychical deviations from healthy physiological action, if they are not diseased actions? In this sense, the question what is disease has not at all been satisfactorily answered. Yet how can we attempt to speak correctly of the causes of what we cannot define. Let us, then, endeavour to decide what disease is, in relation to mind, before we proceed to build upon it a psychical theory.

Be it then understood, and it is absolutely necessary that no misconception should exist on this point, viz., that the *nature*, either of the somatic or of the psychical cause, is not altered

by the change from health to disease. It is the relative proportions and the relative unions, that have undergone the change we recognise as disease, not the essential nature. The same elements that go to form sugar may be also made to form alcohol ; and in this change there is no alteration in the nature of the elements, only in their relative proportions. By expelling the hydrogen from sugar, and altering the relative proportion of carbon and oxygen, we get oxalic acid, a deadly poison, but the nature of the elements embarked is not altered. When, therefore, we say that the mind is an independent, indivisible energy, and cannot therefore become diseased, we must first determine whether that energy admits of being applied in different degrees of power. We need not disturb its indivisibility. A small degree of mind may be as indivisible as a large degree. But do we not observe that it does put forth different degrees of power? This is indisputable. It cannot, therefore, be altogether an independent energy. Then we have only to determine what degree of psychical power constitutes disease. And that this again must be relative and not positive, we have only to observe what different effects result from the application of the same degree of psychical power—fright, for example—to the brains of different individuals. In some the same amount of fright makes no alteration from health ; in others it produces undoubted action, which we call disease, because we see it not in health, and it goes on to the final destruction of the part or the whole of the structure involved. And however closely these diseased actions may be found to depend on the very first converting processes, upon an abnormal deficiency or an abnormal redundancy of the nutrient material ; they have nevertheless been attracted or repelled by a psychical cause of some kind, which we term vital, and that to an unhealthy extent, and the result has been an impaired action. But this impaired action could not take place, if the psychical cause did not combine with the somatic in its production.

It is not unreasonable to suppose, that every living body has a certain fixed standard of psychical power attached to it, beyond which it cannot advance ; and that, short of this limit, it is graduated by degrees that are determined by the somatic condition of the body. So that both the vital and the mental energy, though varying in different individuals, is clearly regulated by the condition of structure through which they are manifested. This fixed standard may, and certainly does, become very unequally and abnormally distributed over the living body ; and, as in the increased muscular development

of some diseases, it is probably reduced or withdrawn from some parts, while it becomes abnormally accumulated in others. It is this unequal concentration of the psychical power, made to bear down upon a particular part, which causes the somatic mechanism to yield; but this does not constitute true mental disease. Thus the *somatic* departure from health must always undoubtedly form one of the conditions of all disease, and cannot be excepted in the case of the brain, merely because science may have failed to bring us here sufficiently near to the confines of material structure to enable us to say, in every case, that that structure has undergone a change which is incompatible with healthy function.

But my belief is, that the psychical power that builds up the instrument of the mind, is identical in nature with the psychical power that produces mental phenomena; and it is in the latter operation, the purely mental, that the power may be used to an abnormal extent, so as to constitute insanity. And before this mental operation can break down, there must be a giving way of the psychico-synthetic power—that power which physiologists comprehend under the term vital principle, as it is applied to the building up of somatic structures. It has not been hitherto sufficiently insisted on, that a diseased mind must have its foundation laid in pseudo-synthesis. So that it may be affirmed without doubt, that no psychopathic thought can exist without its having been preceded by an impaired synthesis. Thus the purely mental power cannot be exerted at all without a somatic instrument. Moreover, the mental power may be still further under the influence of higher and more powerful psychical agents. All those, therefore, who, with Heinroth, take an exclusively psychical view of the causes of insanity, are equally liable with the pure somatists to objections, which their own arguments make insuperable. Even to admit with Ideler, that mental diseases may be traced to their origin, sin, error, passion, &c., it must be obvious that before the mental disease can appear, that sin, error, and passion, must have worked upon the organization those somatic changes, both functional and structural, which are inseparable from that mental disease.

At the same time, I am quite ready to believe that, as among the somatic causes of insanity, those only are to be directly reached by man, in a strictly curative sense, which hold the position of all remote causes; so is it with psychical causes, those only are to be reached by us, in a strictly curative sense, which hold the same relation as remote causes to the disease, and such are, amongst others, sin, error, and passion.

Without, therefore, giving a polemical turn to this practical and all-important subject, I will state at once that it is impossible, without the aid of both psychical and somatic causes, to produce either mental or cerebral disease of any kind.

These two different classes of causes will be found to divide themselves into many kinds, which blend their power in every degree and shade. And when either the one or the other class are spoken of as having been productive of the disease, it must always be understood that both classes were in operation, though particular causes in each of these classes may have operated in a greater degree in particular cases.

It cannot be doubted in the present day, that amongst the diversified causes, which we are bound to acknowledge as taking part only in the production of the disease, there are some that are purely of a mental character; and that, without their co-operation with others of a more material origin, the disease could not have been set up. And these two classes of causes appear to take up the same position, and to bear the same relation to each other as the predisposing does to the existing cause.

The somatic is really the predisposing cause; that which either mediately or immediately is dependent on the structures of the body. This cause, therefore, divides itself into the *proximate* and the *remote*. And in order to be successful in the cure of such diseases as we have now under consideration, we must not in every case suppose we have commenced sufficiently early, when we attack the disease for the first time in the proximate somatic cause.

This is well illustrated in that form we recognise as cretinism. Comparatively little can be done here, when the proximate somatic cause has shewn itself. If in this case, therefore, we desire completely to remove the evil, we must attack the *remote* somatic cause which is in the *atmosphere*, by removing those deleterious atmospheric particles before they are brought through the lungs in contact with the blood. Cretinism not being strictly an hereditary disease, cretin parents being able to beget healthy children, we see how much more power we possess over the disease by attacking it through the remote somatic cause—far more than ought to be left, through legislative neglect, to the helplessness and indiscretion of poor and illiterate parents. Even after the proximate somatic causes have begun to operate, we can detect much partial benefit that is to be derived through the remote somatic causes. The laudable and laborious exertions of Dr. Guggenbühl shew this. Consanguinity in marriage is also a

remote somatic cause, and as such, it excites our particular interest, because it is not beyond the pale of human control. Nevertheless, both these latter causes are, strictly speaking, in the hands of the legislature, who are alone responsible for the wide extent of evil they are producing.

The psychical is really the exciting cause, or that which operates through the mind upon those structures of the body that act as the somatic cause. The psychical cause admits, in like manner, of being divided like the somatic cause, into the proximate and the remote; the former being constantly present, and more or less in operation, the latter operating through media, and agencies external to the body.

It is not difficult to see, that while we may take an important part in regulating, increasing, or arresting the somatic, we cannot act in like manner with the psychical causes. Thus we may prevent the building up of abnormal structures by attention to many points actually within our reach, and even at our disposal; but we cannot prevent the preponderating tendency of the psychical power, and therefore only in a partial and indirect way, the operation of fright and disappointment, for example, upon the mind. For these causes, operating through a structure partaking more or less of disease, seem more uncontrollably to be governed, obviously in many instances, though not in all, by the exact condition of the structure. Accordingly, what would not be fright to a healthy brain, may be sufficient to set up diseased mental action in one that is unhealthy.

The position, therefore, held by insanity and diseases of the brain, as they stand related to their causes, may be thus stated.

The two classes of causes always in operation in the production of these diseases are, the SOMATIC and the PSYCHICAL.

I. The SOMATIC, or predisposing causes, divide themselves into the PROXIMATE SOMATIC CAUSE and the REMOTE SOMATIC CAUSE.

1. The PROXIMATE SOMATIC CAUSES are: (a) *cerebral*; (b) *sympathetic*; (c) *sanguineous*.
2. The REMOTE SOMATIC CAUSES are: (a) *atmospheric*; (b) *alimentary*; (c) *wounds and blows*; (d) *hereditary predisposition*; (e) *consanguinity within the fourth degree*.

II. The PSYCHICAL, or exciting causes, divide themselves also into the PROXIMATE and REMOTE.

1. The PROXIMATE PSYCHICAL CAUSES are those acting

immediately upon the organization, *i.e.* : (a) *abnormal concentration of the mental force* ; (b) *withdrawal or displacement of the mental force* ; (c) *evil spirits*.

2. The REMOTE PSYCHICAL CAUSES are those acting external to the organization, *i.e.* : (a) *atmospheric heat and electricity*, causing alteration of the atmospheric elements, and decomposition of dead organic matter ; (b) *coup-de-soleil* ; (c) *sin, error, passion, &c.*

As these several causes hold a certain relation to each other, so do they exercise a relative and graduate power over each other. If this is true, it is proved by the comparatively unsuccessful results that follow the almost invariable practice of overlooking the true position of those causes over which we really hold most influence. By a close attention to these causes, marking well the position they hold, and the degree of importance they bear as they stand related to human instrumentality, it is certain we may be able to do more than at present we seem inclined to believe we can. Otherwise our position with the formidable advance of insanity would be graver than it really is. Thus, by keeping the mind attentively fixed upon all the remote somatic causes, we may be able to do more in a preventive sense before the disease declares itself, than we can ever hope to do at any subsequent period, when that disease has either manifested its first symptoms, or has become more unequivocally established. This fact is well brought out by a reference to that remote somatic cause so fruitful of the disease, *viz.*, consanguineous marriage. We are either careless or unmindful of the fact, that in our generation we are neither stronger or healthier than were those that went before us. Our vital unions are held together with less force. So that we presume too much upon the absence of this evil, to a great extent, in former generations, and we seem unconscious of the increasing magnitude it is assuming. Otherwise we should not continue to encourage or contract marriages which, from their near consanguinity, are constantly producing an offspring which has one of the most difficult of all causes within the reach of man to get rid of, bound up in its nature, *viz.*, the abnormal condition of the bodily structures arising out of this cause. Thus what in one generation is removable as a remote somatic cause, becomes in the next, a proximate, and probably a permanent somatic cause.

Again, amongst the remote somatic causes leading to the abnormal conditions of the brain and mind, should be regarded with more attention, those which are brought to bear upon the cerebral matter and organization through the lungs and

stomach. We have, in this and other countries, undoubted proof that our worst degrees of idiocy, cretinism, &c., owe their origin to the depraved and unhealthy condition of the atmosphere that exists in the deep vallies of the hilly and mountainous districts. We see pellagra, and that form of idiocy existing among the Cagots of the Pyrennees, supposed by Raymond to be derived from leprous progenitors; we see many forms of impaired intellect presenting themselves in our large towns, so badly ventilated and drained, which forms are only to be referred to the diseased state of the skin, caused by want of cleanliness, or to the direct influence of the poisoned materials conveyed in the atmosphere of those districts, and, through the lungs, exercising a direct influence upon the cerebral and nervous tissues. Viewing, therefore, these remote somatic causes with that anxiety which their importance so peremptorily demands at the hands of our legislature, they can hardly fail to give their prompt and rigid attention, not merely to the passing, but to the carrying out of all those laws which ought to regulate the sanitary condition of that portion of our population who, from poverty or other insuperable difficulties, are forced to breathe an air which has a poisonous effect upon the blood, and so indirectly tends to build up unhealthy cerebral and nervous matter. But insanity is not only in every instance of its occurrence dependent upon some one somatic cause similar to those I have just named; for there is often a plurality of such causes, and though it has not been much insisted on, it is, nevertheless, greatly to the blending of these causes, in the first instance, that the disease in many cases owes its existence. The various relative physiological conditions of the brain, in their more or less developed or undeveloped state, exercise considerable power over the manifestation of the disease. Even the chemical variations in the component element of the cerebral matter, the vesicular neurine, and the surrounding tissues, contribute largely to modify the degree which such causes take in the production of the disease. Yet the material alteration in these structures, as well as in the relative constituents of the brain, is probably going on slowly for many years in some individuals, though unaccompanied by symptoms to denote the progress of these changes from health to disease. And this is a point to be dwelt upon with greater caution and attention, inasmuch as we all must have met with cases which, while they confirm the truth of the assertion, leave us in that very unsatisfactory possession of the fact which results from our want of ability rightly to interpret them. Our works on morbid anatomy



are charged with cases displaying the most palpable evidence of altered structure, and even adventitious growth in many parts of the brain, where no psychopathic signs were present to mark their existence. Just as we may sometimes notice in ordinary machinery, a wheel will go round and continue to perform its office, notwithstanding a considerable portion of its axis has already given way, so it is not uncommon to meet with a brain in which the yielding of some portion of the machinery has not during life been accompanied by any premonitory signs of decay. I am disposed to think the true interpretation of such cases is, that the predisposing cause here seated in the structure of the brain, whether that cause has commenced in the individual or has been transferred from the generation that went before, is incapable of establishing disease properly so-called, that is, with its accompanying symptoms, without the co-operation of some other cause of a purely mental character to bring it into action.

Thus the muscular movement may be performed with great regularity, and apparently without interruption, though feebly, up to the moment when, the exciting cause being added, we get that condition of the body recognised as paralysis. In such a case we know there must be, as an indispensable element in the production of the disease, some departure from the normal condition of the structure, some loss in the balance of constituents, and therefore some deficiency or alteration of function.

But have we not here a conflict of mixed causes of two different natures, for we know that neither the electric current nor the vital principle, as they are called, can be brought to bear in such a proportion as would constitute health in those parts where the necessary materials, though present, are either in an uncombined, or an improperly combined, or in a disproportionate state. It therefore seems indispensable to the development of disease of the brain, as in the building of the healthy structures, not only that the somatic or predisposing, and the psychical or exciting causes, should both be in operation, but that the psychical cause in disease should exceed a certain point before it is permitted to bear down upon the structures.

The suddenness of the assault in many cases of insanity gives the idea, that after a long continuance of the action of remote psychical causes, the actual disease first declares itself when the proximate psychical cause is brought for the first time upon the unhealthy structures previously prepared.

In such cases, the patients speak of being perfectly well, up

to a particular moment, when, as by a flash of lightning, something appears to strike the mind in a moment, and from that instant the morbid phenomena commence. To illustrate this with a case.

A. P. had been religiously and quietly brought up, and enjoyed good health up to the year 1846, when she was about forty years of age. She was always serious in her manner, and her temperament was nervous and bilious. One day, as she was sitting by the fire, a blasphemous thought entered her mind, at the same moment that she felt a sensation of a hot hand pressing the back of her head, behind her ears. From that date for four years, she was the subject of melancholia, with delusions, and the most painful thoughts connected with this blasphemous word. Just as suddenly as she was attacked by these painful feelings, did they leave her. Last November, without any apparent cause, having been nearly seven years well, the same feeling came behind her ears, and now she felt as if there were a great mark across both her eyes, which made her look, as she thought, an object of ridicule to others. At the very same moment, the former blasphemous thought returned to her mind. It drove her almost to desperation, depriving her of sleep, and making her fear that she should do some dreadful deed. She has been greatly relieved by medicine, and other treatment, and the blasphemous word does not occur so often to her mind, but still she is unable to get rid of it.

The somatic or predisposing causes of insanity have heretofore been distinguished by some, by the title of idiopathic, or those seated immediately in the organ of thought (proximate), and symptomatic, or those seated at a distance from it (remote). But it may well be doubted whether the idiopathic cause, though at all times present as an indispensable one in the production of insanity, is the only cause present. And if it is not, the term misleads.

The very fact that large and extensive alterations of structure may have been going on for years without our knowledge, proves that another cause was needed before the disease could declare itself. On the other hand, those alterations may go on almost invisibly, and this may account for the presence of symptoms that have appeared to many to have been unaccompanied by any organic changes at all.

It may well, however, be doubted if there is any such thing as functional disease which is independent of any *alteration* or *displacement* of organic matter, in one or other of its stages of formation. We may not be able to detect the altered

structure or the abnormal deposit ; but shall we therefore presume that the organ has undergone no deterioration, that there are no relative alterations in the chemical constituents of the brain matter ? Do not the analyses of those who have died in the exhaustion of mania shew the real abnormal condition, though concealed from the eye, to be in the redundancy of some chemical component, such as phosphorus, not found in the same proportions in healthy brains ? There is little doubt, therefore, I should think, that the proximate somatic cause, called by some the idiopathic cause, always exists in insanity as one of the indispensable causes.

Moreover, it may exist either before birth or it may be set up at any subsequent period during life, and it may be present in very different degrees of intensity. My belief is, that the variations in this, as well as in the symptomatic or remote somatic cause, form the only true interpretation of the increase of insanity in the present day ; and they will be found to consist in the relative difference in the degree of intensity which they, as predisposing causes, exhibit in constitutions now living, as compared with those of generations that have gone before.

But we see also, in the proximate somatic causes, a distinguished part taken in the production of insanity. It is quite true, new generations, if they do not bring new diseases, they certainly bring new and more complicated abnormal unions. But before disease can take up its seat, it must have its commencement in abnormal blood constituents. Every healthy blood globule is charged with that material which, in the minute circulation of the brain, leads to healthy thought and action. And *vice versâ* ; every unhealthy or immaturely combined blood globule is charged with a material which, somatically speaking, is incompatible with healthy thought. Accordingly, the changes of somatic life which accompany the psychical processes are not confined to the structure of organs, or even to the organic processes that may be going on in them alone, but they may be found in the anthropochemical alterations the blood and other fluids are undergoing, even in the first stages of their formation.

We cannot see the phosphorus rejected in the primary changes of assimilation ; we cannot witness it subsequently thrown down in undue proportions through the excretory organs of the blood, and not be impressed with the fact, that in such a case both the neural and the cerebral matter must be impaired. Even the organs that convey such material, the blood vessels, being nourished by the same fluid they transmit,

eventually lose their healthy texture and their tone. This is the interpretation of that hyperæmic state of the grey matter of the brain so often accompanying mental disease. How many years the abnormal blood constituents have required to effect the necessary change in the organic structure, whether of the brain itself or of the vessels that subserve it, before the disease can be made manifest, and how much of that structure can undergo removable alterations such as to lead to the idea of bare functional disease, cannot be determined by those graduated and mathematical rules by which the phenomena of the inorganic world are marked; but it is evident they must be governed by the numerous circumstances apparently accidental to us, though, nevertheless, more important for our consideration, who live in the present day, than it was for those who lived in generations now passed.

All these anthropochemical changes effecting the vegetative processes, disturb the regularity of growth, and are to be referred to the unequal distribution of the psychical power during that period. This accounts for the deficiency of phosphorus in the brain of idiots, and even the absence of portions of the healthy structure of the brain, such as the pituitary and pineal glands, the deficiency in the number of the convolutions of the cerebrum, as well as of the lamellæ of the cerebellum. In like manner, the great enlargement in the ganglia of the sympathetic nerve, which in the same individual is found accompanied by atrophy of the nerves of the spinal marrow, are to be referred to the same cause, viz., the irregular, unequal, and diverted action of the psychical power.

With an organization, therefore, in these days, having been so much more gravely implicated in the psychico-synthetic processes, we have need of a less intense exciting cause when the disease comes to be produced. We see this illustrated by the very different way in which a variety of brains receive the same shock. Thus fear or sudden fright, as an exciting or remote psychical cause, will produce all the shades and degrees of mischief from a slight temporary disturbance of the digestive organs, relaxation of the bowels, or contraction of the bladder, to the sudden extinction of life. And this often irrespective of the duration of the cause applied.

Every known disease to which the nervous system is subject, hysteria, convulsions, tetanus, epilepsy, catalepsy, apoplexy, chorea, mania, dementia, idiocy, paralysis, imbecility, have all been traced to the operation of fear or sudden fright, acting either through the psychico-synthetic process upon the material structures that are being prepared and built up during

utero-gestation, or immediately on the brain as a remote psychological cause. Moreover, cases are on record shewing to what a trifling amount this cause, being applied, will produce such diseases in those where the somato-synthetic process has thus been disturbed and injured ; so that, as a remote psychological cause, fear will not actually induce the disease for the first time in the individual, without acting through the nervous system of the parent. But when acting through this medium, we find an offspring produced which exhibits that cerebral organization always found to accompany those congenital forms of the disease which we recognise as hydrocephalus, connate idiocy, and the various forms and degrees of puerile imbecility and dementia.

We find also, a condition of the brain in this way produced, which is the preparatory step taken in the formation of those various forms of insanity now so commonly to be met with, particularly dementia, in constitutions not come to maturity. This is all-important to bear in mind, for it points to the necessity of being far more attentive than we hitherto have been, to remove those remote somatic causes I shall presently have to speak of, as much as possible beyond that range within which they can exert such dangerous power.

In those cases where the psychological cause has been brought to bear later in life upon that somatic state of the cerebral and nervous matter which leads to paralysis, we often meet with a loss of some one or more of the moving powers of the mind, such as memory.

And here the psychopathic condition is very remarkable, though I do not recollect to have ever read of any attempt to account for it satisfactorily, and in a pathological manner. In such cases the memory retains its early impressions more or less correctly ; but from the time of the shock it *retains* nothing of any recent occurrence, object, or fact, brought before the mind. Sometimes the object will appear to be received, but it cannot be expressed, either by articulation or by writing ; while there is a clear evidence that old objects are retained as well as recognised, yet they cannot be expressed. I am inclined to think the cessation in the power of the memory in such cases, to renew or retain the recent ideas after the image is removed, arises from the fact of the formative, or somato-synthetic process, having been so injured by the shock, as to cease to combine in anthrochemical union such cerebral matter as will admit of the action of memory upon it ; while the old material formed before the shock still retains its power. Thus the shock may impair, but it need not necessarily destroy,

the function of the old cerebral matter, while it destroys the formative power to renew the synthesis of daily life in the part affected.

I have said, that as a physical cause of insanity, fear will not actually induce the disease for the first time in the individual; but acting through the nervous system of the parent, it will in the offspring produce that condition of the cerebral organization which always accompanies those congenital forms of brain disease, which we recognise as connate idiocy and the various forms of puerile imbecility and dementia. Congenital malformations and deficiencies of structure, which are usually found in the mesial line of the head, are generally to be traced to fright as a psychical cause, having been brought to bear upon the mother during the period of utero-gestation. The head in all such cases receives a large proportion of the injury thus inflicted; and not unfrequently the blood having been unduly attracted to the brain, the vessels seek relief by pouring out serum, which distends the ventricles and produces those enlarged heads we see in hydrocephalic children. In the fright of the mother we have abundant proof of what fright and fancy, as a psychical cause can effect through the cerebral organ of sensation, in arresting and destroying the organization of the unborn man, at a period of development when intellectual operations have not yet been called into existence. Examples are not rare, which shew how clearly to this cause are to be attributed, the malformed and disorganized brain.

A young married woman was the wife of a labourer, who was in the habit of getting drunk. She left her bed one night for the purpose of opening the cottage door, supposing her husband to be there, instead of whom, it was a strange beggar, who immediately used menacing language to her. She was five months gone in pregnancy. She instantly flooded and fainted, but by rest and medicine, the period of utero-gestation was not shortened, though the synthetic process was disturbed and arrested. The child was born alive, but the head was enlarged to nearly three times its natural size.

Not to multiply instances of a similar kind, which might be done without difficulty, I would direct attention to the grave and helpless condition of such a case, with a view to giving a closer attention to the somatic, rather than to the psychical causes that had produced it. In common parlance, we say the cause of this case was fright, and technically we are too apt to disregard the important fact I have endeavoured here to prove, viz., that no disease can exist without the co-operation

of two causes, essentially different, the somatic and psychical. We may assure ourselves of this fact by a reference to cases within the range of our own experience, which convince us at once that many are exposed to fright, more serious in its character, and more persistent in its duration, who do not suffer any inconvenience beyond a temporary disturbance of function. I recollect being once very forcibly impressed with this fact. A vigorous and healthy little girl, four years of age, was swinging under a high tree, and when about ten feet from the ground she was thrown out, and fell upon the turf beneath her. Both fright and concussion might here have combined to set up diseased action in the head. The child was watched with considerable anxiety, in anticipation of such an occurrence. But no symptoms arose to justify a continuance of that anxiety, and she has remained as well as usual ever since.

If we contrast this case, with some of those cases of acute hydrocephalus in the early periods of life that come under our notice, we shall be at once struck with the disproportionate degree in the psychical cause embarked. A little boy two years of age, of noble family, was riding in the park in a pannier on a donkey, the nurse being by his side. By some accident the child slipped out, but it was not hurt, and so little notice was taken of it, that to this day the family do not suspect what the exciting cause of death was. A week or two after, the child began to droop, all the symptoms of water in the head quickly came on, a convulsive fit followed, and in one week from that date life was extinct. Here we have the actual disease present; and to say for example, that it was produced by fright, never perhaps has been entertained. We can hardly suppose a degree of fright so inconsiderable, as to have escaped the notice of that technical vigilance, so universally bound up in the habit of our professional life, could be sufficient to establish disease of the most formidable and hopeless character. And yet we must not allow our minds to get away from the fact, that fright has set up the disease, seeing that we have it declared in the case of the labourer's wife, to be a cause of so much magnitude, as actually to involve the growth of organic structure; and thereby to establish a permanent somatic cause, which even short of the hydrocephalic head, may be regarded justly with the most serious anticipation of the consequences. If the application of fright to the mind of the mother, can produce so much disorganization in the somato-synthetic processes, as to lead to such terrible results, it is easy to believe it can produce results less in

magnitude, while the synthetic process is going on ; but which experience tells us, when fright as a remote physical cause, comes to be applied after birth, are in reality scarcely less deplorable. Probably there are very few cases of hydrocephalus that do not owe their exciting cause after birth to fright. This cause in many instances of epilepsy, is also clearly to be traced in their first history. I have seen many such cases, and when they occur, more especially in cases of effusion, the chances are very distant that life will be spared. If we desire to be more successful in the prevention of such hopeless cases, we must take a wider view, and look at them from a point further back. We must contemplate them not only on the psychical, but on the somatic side, if I may so express it, and not simply from the proximate causes, but also from the remote. But of this I will speak presently. Among the many impossibilities, I will not say opprobria of our profession, must be placed the inability to recover many of those forms of cerebral and mental disease, which trace their somatic causes up to an origin antecedent to birth. Our case books furnish us with many such cases, and we know at a glance, they were incurable from their commencement.

If we knew their history more perfectly, we should be unalterably impressed with the fact, that we have too often been introduced to such cases for the first time, in that stage of their history when the advantages to be derived from therapeutic and other agents within our reach, must inevitably fail to exert any influence upon them. Of such a character are the greater number of cases of pure dementia ; many of them shewing signs of early intelligence, perhaps a little premature, but able, nevertheless, to gain for them the first positions of life, though they fail in the power to sustain themselves in those positions. Many of these cases have been referred to fright of the mother. Out of several, I will relate the following, as it shews what positions may be taken in the active duties of life, by those who are carrying about with them the certain but unalterable cause of their speedy arrest.

W. J. was an ensign in one of our regiments of the line, when, in the year 1845, he was brought under my care. He was 24 years of age, and probably inherited some predisposition to head disease through his father, who nine years after died of disease of the brain, accompanied by epilepsy, in which I attended him. His mother stated, that when carrying the child, she went through much mental alarm and bodily fatigue as a soldier's wife. When the child was born, he was different, as a child, from his brothers and sisters, not



bearing to play with them. At four years old, he was found one night sitting on the outside of his bed, having dressed himself in the night, and made the bed up afresh. Being asked why he had done so, he replied that he was not allowed to go to bed, nor could he be prevailed upon to do so, on account of the resistance he offered. As he grew up, he was brought under the influence of education, and eventually joined the army. The duties of active life soon developed more formidable symptoms, and he became the subject of dementia, in which he had remained up to the beginning of last year, when I lost sight of the case.

Now, admitting the proximate somatic cause in this case to be hereditary, we have the fact that brothers and sisters were born of the same parents, and reached maturity, the males filling their stations in life without any disease being manifested; while in the only member of the family where insanity declared itself, we find the parent tracing it clearly in her own mind to fatigue and alarm during utero-gestation.

The case points to a fact of no little import, viz., that there may be, in some constitutions, connate causes irrespective of the mother, which, without the co-operation of an ordinary psychical cause, such as fright, are incapable of producing the disease. This relative state of the two kinds of cause interprets the reason why, in some families, the disease passes over some of the children, and falls upon others.

In some families, the predisposing proximate somatic cause, whether connate or not, is so much less in degree than in others, that it is kept, as it were, in abeyance, till the disproportionate force of the exciting or psychical cause makes it available to the formation of the disease.

A young lady, aged 20, having light hair, grey eyes, and a transparent skin, was in good health till the event occurred which I will now state. She was travelling in the year 1854, as governess in a family on the continent, when one day, as she was driving on the ice on a sleigh, she was forcibly thrown out. Having sustained no injury, but simply having been alarmed, she was not subjected to any treatment. A few days after this she drooped, and symptoms of mania quickly declared themselves, which shewed that the fright had lighted up the latent somatic cause. That the somatic cause was present to a high degree, and probably hereditary, is proved beyond doubt in this case, as her father has since become the subject of senile insanity. This young lady recovered from the effects of a most severe maniacal attack nine months after the fright.

She has several brothers and sisters in good health, who have never shewn the slightest mental weakness.

Among the remote somatic causes that are acting through the parents upon the offspring, to produce in them the proximate somatic cause of mental disease, is the constant practice of intermarriage with blood relations. Here we have a more interesting because it is a more promising prospect before us, if we do not overlook it. There are some causes we may be able to see, but we cannot reach them. Others we can both see and reach, and here we can actually view the causes, knowing at the same time, that we can reach them and see in them sufficient to explain the actual presence of the disease. Moreover, we can so affect these causes as to entirely extinguish some, and so weaken others that they have little power. In almost every case there is present an hereditary cause. The abnormal condition of the brain, has been transmitted from the generation that preceded it.

Among such cases, we often have consanguineous marriage added to the evil. It is bad enough to have to combat a somatic cause which has gathered strength in the preceding generation ; but when two of the same family unite in marriage, though not in the direct line, under such circumstances, the issue is most deplorable. Out of 196 cases that have come under my notice, 27 were born in this condition, all subjects of fatal or incurable disease of the brain, 8 had water in the head at different ages, 12 were more or less idiotic and imbecile, 5 had mania, 1 melancholy, and 1 moral insanity.

There being no law to prevent marriages where the disease is hereditary on both sides, we meet with children born under these circumstances.

In a family of ten children born of parents thus placed, and united in the fourth degree of consanguinity, two had mania, one died of effusion. In another family of six children thus placed, five have died of water in the head at early ages, and one lives an imbecile. In another family of six children similarly related and placed, three are idiots and three are imbeciles. In another family under like circumstances, *i.e.*, the disease being hereditary, and the marriage within the fourth degree, of five children, three have had mania, two of whom have died of the effects. There is little doubt the two remaining will be attacked.

Can we, therefore, be surprised that our generations are more feeble, both mentally and bodily, when we are able to trace such terrible consequences to such causes. And what seems to have eseaiped our notice is, that if these particular

marriages have heretofore taken place, they do not seem to have produced the same injurious effects then as they do now; for it is most certain the susceptible brains we meet with in practice in the present day are more frequent than they were formerly, and they help to swell up the number of cases of fever.

This year the type of fever has been in many districts altogether cerebral in character. If this disparity in results proceeding from the same cause really exists, it should be more distinctly recognised, and the altered relative circumstances met by some modification or addition of the present laws relating to consanguineous marriage. For the high probability is, that such marriage unions lead to the building up of structures we call scrofulous, where the tissues themselves are formed by the aid of imperfect and deficient materials, the unions of which are impaired. And who can be surprised to find function in such cases arrested; adventitious and abnormal matter deposited; vessels failing to supply or transmit the materials needed for the performance of the healthy phenomena of mind? And here the attention is taken off from the contemplation of this evil in all the gravity of its importance, from the imperceptible way in which the disease establishes itself. If there is no hereditary transmission of insanity where such marriages take place, it is not certain the disease will declare itself simply from the union of brothers' and sisters' children; the result of experience is that it does not. And this is our presumption that no harm can arise. But the offspring arising out of such marriages will always be built up with feeble and deficient unions; and that delicate and imperfect state of the organization we recognise as struma or scrofula will be the product.

Thus the generation may pass out without the actual formation or deposit of any degenerate substance in that organ through which the phenomena of mind are brought out, and without affecting the texture of the very minute vessels that carry on the circulation in the grey matter of the brain. But a large amount of phosphorus or of sodium may be attracted, and a precocious intellect may result. Thus so much advance in the direction toward insanity is made, which another generation will convert into a hopeless form of the disease. I am, therefore, led to believe that consanguinity is one of the remote causes that produces scrofulous offspring, which gives the particular tendency to insanity in the next generation, where the brain, from here-

ditary or other causes, is the weak organ. I have shewn that a very trifling amount of psychical power suffices to set up the disease in the brains of scrofulous constitutions; and this is further shewn in the increased number of scrofulous children that are born, many of whom die of water in the ventricles and other similar deposits. I have the notes of many cases occurring under these circumstances; and in all of them the exciting cause was so trifling as to have escaped the notice of the parents and those around till the disease set in, and then it was too late.

Consanguineous marriage, as a remote somatic cause of insanity, stands in the same relation to the disease as the poisonous atmosphere of deep vallies, or that of ill-drained or ill-ventilated cities. It is, therefore, a removable cause, and one that we have more to deal with, seeing it is within the reach of human interference.

Here, again, we do well to observe that, in an individual sense, our efforts to prevent the disease through these causes are very circumscribed. It is in a collective, a social, and a legislative sense, that causes like these are alone to be handled, with the hopeful prospect of the happiest results.

This brings me, therefore, to that part of my subject which points to the legal position of affairs, keeping up national prejudices that are operating against any alteration of the law. A few words, therefore, upon the polity of the subject, and I have done.

Never in reality shall we be a free people, though we delight so much in the name of liberty, till we can define what is the true meaning of the word. If, as most people think, liberty consists in doing what we please, to such an extent as will enable us to avoid the penalties of the law, then, as a question of civil polity, it is not difficult to believe our ideas of the term must be undefined and delusive, for they must be regulated by laws many of which are either totally obsolete or extremely partial.

Who would believe that, in our temporal courts, to this day there is no clear definition, no positive law, that regulates the degree of marriage required to be observed by Albion's sons and daughters?

The blood unions of the Saxon must have been strong enough to bear this. I wonder our judgments have not nationally been more diluted than they have shewn themselves.

In a commercial sense, we are sharp enough in abridging the meaning of the term liberty. Here we may often behold

her bound hand and foot ; not so when we view her in her social relations. Here we find man living in the closest relation with his fellow ; and this relation is so inseparably bound up with his happiness, as well as his progress, that he actually cannot exist alone. Under such conditions, common-sense points plainly to the necessity of providing every means for her protection in such a position. If left to himself, without the knowledge of the need he has of the services of his brother, man is found to exercise tyranny and oppression towards him, whenever he succeeds in obtaining an *unrestrained* pre-eminence over him.

Protective laws, therefore, in man's degenerate state, constitute the most essential part of the liberty of a people ; and it cannot be a question as to the necessity of their existence, though all their utility may be destroyed by the legislative character they are made to assume. If they are placed on the same footing as our sanitary laws, they are but a *petitio principii*, and as such they only serve to blind the nation into the belief that our sanitary interests are provided for and protected, when they are not. If we acknowledge the principle of protective laws, and it is impossible to deny this principle, then comes the question, To what extent can they be permitted to go ? Let us apply this at once to the question immediately before us, viz., affinity and consanguinity in marriage. And the object in doing so will be to see whether we may trace to any defect in the law on these points, the rapid progress insanity and brain disease is making in our day.

We shall find in the investigation of this matter, that, like many others, we are not entirely without any law upon the subject ; but that these laws are defective, and incapable of meeting the evil for which they were originally framed. We must not be surprised at this ; it never was intended that laws that were made and adapted to a state of society so different as that which existed, for example, when the Jews were first gathered into a nation, should continue in force at the present day unaltered, to meet the very changed condition that society has undergone in so long a period of time. Whatever might have been the fear in former times of falling into the quick sand, so conspicuously pointed to in the opening of our table of prohibited affinity, doubtless the belief must be very general in the present day, that the evil consequences of a man marrying his grandmother are at least very remote. Can we say with equal certainty, that intermarriages contracted in the fourth degree of consan-

guinity, such as the union of first cousins in marriage, are attended with no evils? The prohibited degrees of consanguinity, as they have been laid down subsequently to the 31st August, 1855, I have no hesitation in saying are, in a psychical sense, unable to avert the consequences arising from the too close union of blood relations. Under these circumstances, it is painful to contemplate the fact, that at the present day there is no clear definition of those degrees of consanguinity that are prohibited by the authority of the temporal court; and thus it is difficult to determine which and how much of them are in force. The language of this part of the statute is, that every marriage "solemnized between persons not prohibited by God's law shall be indissoluble, and no prohibition shall operate, God's law excepted, to impeach any marriage without the Levitical degrees." The authorities, therefore, rest upon the supposition that so much of the statute 32 Henry VIII., c. 38, as permits of marriage without the Levitical degree, is now law.\* The degrees prohibited by the Levitical law are all within the fourth degree of collateral consanguinity. All that were more nearly related than cousins were prohibited from marriage by this law; and cousins are by the computation of this law, counting from one party to the other, through the common ancestor, considered not to come within this.

With such important facts, and such weighty arguments, as can be adduced up the present time, to shew how unhappy have been the consequences of allowing the Levitical law to apply to our own nation in the present day, it is, apart from any argument to be drawn from the very altered circumstances of the two nations, a point of the utmost importance to shew, as I have endeavoured to do, that we cannot go on to disregard the magnitude of the evil, without the worst results following.

The idea never seems to have been entertained, that the laws relating to marriage amongst the Jews were not given to us, or binding upon us, in the same sense as the moral law of that people was. For the moral law of the Jews did not originate in them, was not *first* given to them as a nation, but was brought up from the periods and dispensation that went before. Their laws relating to marriage formed part of their civil code, and as such were, in strictness, only binding upon them as an indi-

\* See on this point *Hubback on the Evidences of Succession*, Part II., ch. iv., p. 174.

vidual nation. They even differed in degree from the laws or rules of marriage which existed amongst their own forefathers, as in the time of Abraham; and just as we do not think it prudent in these days to sanction bigamy, which was practised by the Jews, so are we bound to make the law of our land, that the children of brother and sister should not be permitted to make blood alliances. Our former legislators, in times past, have evidently felt they were resting on a sure foundation, when they decreed that every marriage "solemnized between persons not prohibited by God's law shall be indissoluble." But just as we would protect the Sabbath, because it was God's appointment, and formed part of the moral law before the Mosaic law existed, while we should not feel justified in stoning a man to death for picking up sticks on the Sabbath day, which was one of the civil laws of the Jews, expressly appointed by God through Moses; so we should consider the Jewish law that prohibited any to approach to those who were near of kin, or, as it is also rendered, "to the remainder of his flesh," was given before the Levitical law existed,\* and was sufficient to guide us, without following the letter of the civil law of the Jews, which was evidently an alteration in the right direction of the original practices of God's people, in which direction our laws ought to have assumed a varying tendency, according to the great change of circumstances incident to time. It is no argument, that such unions were contracted with impunity by a nation that existed three thousand years ago; or that, because such rules were laid down by the Creator for the guidance of his people, under such different circumstances, He intended them to apply to every other nation, under all varieties of circumstance, whether of climate, of civilization, or of time. I would particularly direct the attention of modern legislators to the conduct of those who governed the human family in the earliest civilized nations.

How plainly may we learn from this, that it was necessary to put some limit to customs that would otherwise have prevailed, and to pass laws relating to marriage. Like men of sound judgment in such matters, they were led to legislate upon these points, governed by those rules, which experience told them were best calculated to preserve the human family in that nation they ruled, most free from degeneracy and decay. Accordingly, the Greek legislators considered the subject as one not of private but of public interest. They had their restrictive laws on this subject. So likewise

\* See Gen. xxxv., 22, and compared with xlix., 4, and 1 Chron. v., 1.

had the Romans, who recognized various degrees of consanguinity, within which there was no *connubium*. At Sparta, proceedings were taken against those who married too late in life, with a view to prevent children being born of feeble and unhealthy constitution. How much of this kind of debility do we recognise in the puny and peccant offspring of the day? We can hardly stretch our imaginations so far as to fancy what appearance the squalid progeny of our time would make in coats of mail.

Undoubtedly, such a state of things must sooner or later bring defeat upon us. The blood unions of the Saxon have certainly held out wonderfully. Here a few drops may go a great way; but our blindness and ignorance will not save us from the fate of those who have preceded us in folly.

Do not let us overlook the position of Spain in the present day. She has laughed at consanguinity till her nobles and her aristocracy are *nil*.

The Romans called their slaves *hybridæ*; what would they call the Spanish nobility now? We need not ask why she is a third-rate nation, with these facts before us. We call ourselves a great nation, and we probably desire to continue to take the lead. Spain was once a great nation; but she brought her sons and daughters too near in marriage, and where is she now? Let Albion's sons take warning from them, and, at any cost, pass laws to prevent their too near approach "to the remainder of their flesh."

*On Warm and Cold Baths in the Treatment of Insanity*

BY HARRINGTON TUKE, M.D.

The employment of warm and cold bathing in the treatment of the insane is of the highest antiquity. Three thousand years ago, long before Pindar had sung his famous *ἄριστον μὲν ὑδωρ*, or that Hippocrates, and after him Celsus, Aretæus, and Galen, had given their testimony to the value of its application in head affections, and in nervous disorders; Melampus the Pylian, the first "alienist," and indeed the first physician of whom we have any record, is said to have cured mania and melancholia by the administration of hellebore and the use of the warm bath. It may be my-



thical, that by the last prescription he restored the health of a princess, and gained a wife ; but it is not the less true that his practice, as recorded or alluded to by Homer, Herodotus, and Ovid, was rational and successful ; and that the first specialist appears to have well understood the efficacy of purgation, and the beneficial effects of bathing, in the treatment of mental disease.

The continental physicians, almost universally, and the greater number of the English practitioners, consider the bath to be perhaps the most valuable of their remedial agents in the treatment of insanity. But, while agreeing in the principle of its employment, there is a decided difference in their method of administering the bath, and a marked discrepancy in their opinions as to its mode of action ; the French theory and system not only differing from the English, but the English physicians themselves being considerably at variance with each other. This difference may on examination prove to be rather verbal than real, but there can be no doubt of its existence. I therefore propose in this essay, to discuss the various modes of applying the bath in the public and private practice of lunacy ; to trace the special adaptation of each to the several forms of insanity ; to try to lay down some general rules for their application ; and to reconcile, if possible, the apparently conflicting views now held upon the subject.

I shall not dwell upon those modes of forced bathing, now, I trust, almost obsolete, some of which, till within the last quarter of a century, were considered so valuable as a means of calming the excitement, or repressing the violence of mania. The best known form of these old baths was the "bath of surprise," a reservoir of water into which the patient was suddenly precipitated, while standing on its moveable and treacherous cover. In an elaborate work on insanity, published by Guislain in 1827, he speaks of a plan where the patient was "dropped into water, and caught in a net." This he considers "dangerous." and therefore, as an improvement, figures with great care a bridge that he had caused to be constructed over a deep and running water, in the centre of which was an edifice of iron, formed like a "Chinese temple." This, on touching a spring in the bank, became a gigantic cage, and fell with the patient into the water. There seems to be no idea in his mind of any cruelty in this proceeding.

Another less scientific and costly, but more hazardous plan, was that of tying ropes to a patient, and dragging him

through a river, a practice that must either have been borrowed from, or have originated the system pursued by the buccaneers, one of whose modes of punishment was to drag their prisoner, under the ship's bottom, from one yard arm to the other. An ingenious "bath of surprise" was sometimes made, by thrusting the patient into a perfectly dark chamber, one half of which formed an enormous cistern of water, into which he would most inevitably fall suddenly, while searching for a means of egress.

The essence of all these plans appears to have been to, as nearly as possible, kill the patient, without exactly doing so; and the absurdity of such schemes would render them unworthy of notice, if it were not that the extreme to which the continental practitioners have recently carried the douche bath is almost as preposterous, and that a lately published report on the "prolonged shower-bath" must lead to the supposition, that there are still some who consider the use of painful and dangerous remedies justifiable in the case of patients who have lost their reason, and are therefore, to some extent, helpless in the hands of rashness and empiricism.

The Greek and Roman physicians prescribed the bath in almost every disease, the very derivation of the word *Balneum*, from βαλλειν αυιαν οπεμ ferre, if it be anything more than the ingenious hypothesis of some enthusiastic hydropathist, marks their estimation of its curative effect. The popular appreciation of the hygienic importance of bathing is attested by the many stately buildings raised for that purpose in almost every city, by municipal regulations as to the frequent use of the bath by strangers and travellers, and by the fact that a magnificent bath-room was considered an essential part of the establishment of every wealthy Roman. Pliny censures the ladies of his time for paving their bathing rooms with silver, and having even the pipes of the hypocaustum of the same metal. A great part of the life of a Roman citizen, in the latter days of the empire, was spent in the warm bath, and it is not impossible that a habit so enervating, and carried to so great an excess as to provoke several edicts against it from the Emperors, might have had some share in the gradual decadence of the Roman valour, fortitude, and supremacy.

It might have been expected that the special advantage of the warm bath in the treatment of the insane, should be familiar to the ancients; it is surprising that its value should ever have been overlooked; it is only to be accounted

for on the supposition that the modes of bathing I have described, in all which cold water was employed, were in consonance with the theory of the inflammatory nature of all brain diseases, which was once so generally and erroneously entertained.

Considered simply as a means of promoting cleanliness, there can be no question of the advantages of the warm bath, if the employment of a bath is to be compulsory. Its application is far pleasanter than the cold bath, and in the class of patients generally found in the public asylums, the warm bath is a positive luxury. In most of the county asylums, and in many of the large private establishments, every patient, on admission, is carried into the bathing room and immersed in a warm bath, and stringent rules are laid down for bathing at regular intervals. The bath on admission then becomes the commencement of the medical treatment, and it is easy to understand, that in many cases its value as a tranquillizer of the excited brain is very important, and even the feeling of comfort induced by its use is in itself salutary to the exhausted nervous system. The same plan is usual at all large hospitals, barracks, and prisons; in these its value is obvious, but it is not for these advantages only that Dr. Conolly lays so much stress upon its employment on the admission of the lunatic into a large asylum.

In private asylums, as in private practice, rules are not so easily enforced, nor indeed are they so necessary; it is however, the more important that the medical attendant should make himself acquainted with the habits of his patients in this respect, or it will occasionally happen that from idleness, apathy, or delusion, proper ablution will be entirely neglected. I had very recently placed under my care, a lady who had been for years insane, and in a private asylum; there was an eruption on her skin, which was besides painfully excoriated in several places, from her systematic avoidance of even partial cleanliness, under the idea that washing was injurious to her. This lady was so apparently conscious of all the ordinary proprieties of life, that this state of affairs had not been suspected; and she has not yet forgiven my having delicately insisted on the use of the bath, although I thus cured her painful and disagreeable skin affection.

The particular odour of the cutaneous secretion which is almost always present, and is sometimes so observable in patients afflicted with mental disease, is much diminished

by habits of cleanliness; and the well-known physician who some years ago coarsely said, that he "could smell a madman," would find himself baffled in the present wards of Hanwell, or in any well-regulated asylum. The hard and dry skin, and crisp hair, so often found conjoined with brain disease, are other indications of the necessity for frequent ablution. In cases of dementia or paralysis, where the patients are dependant upon the attention of their servants, it is the duty of the medical attendant to see that cleanliness is observed, and its good effect will be obvious, not only in the skin being restored to its healthy function, and equalised temperature, but also in an improved mental vigour and tranquillity.

The question of the comparative value of the warm and cold baths, will come under review in speaking of the respective advantages of each. I am not at all inclined to agree with Dr. Willis, who, in answer to a question from a Committee of the House of Commons, said, "I think warm baths may be very useful, but it can seldom happen that a cold bath will be required." My own opinion is, that the one and the other are equally valuable, when judiciously employed; but in the cases I have just referred to, the use of the warm bath is alone admissible, and its temperature should be suited to the season of the year, and the constitution of the patient.

In the report of the Commissioners of Lunacy, presented to the Lord Chancellor in 1847, will be found a description of the practice of fifty-three of the leading medical men engaged in the treatment of the insane, with an able analysis of their views. In my examination of these returns, I have found the following tables to indicate statistically, in some degree, the opinions of those gentlemen who have replied to the questions of the Commissioners, with regard to the relative importance of the various forms of baths in the two principal phases of the malady they are considering.

1. Summary of answers as to forms of baths employed by fifty-three medical men in the treatment of mania.

Warm and cold baths ordered by	...	24
Warm only	... ..	11
Cold only	... ..	9
Tepid	... ..	0
Hot bath, 100°	... ..	1
Baths not mentioned in the report of	...	7
Opposed to the use of baths in mania	...	1

2. Summary of answers in the treatment of melancholia.

Warm and cold baths ordered by	...	15
Warm only ...	...	11
Hot	...	0
Tepid	...	1
Baths not mentioned in the report of	...	16
Opposed to the use of baths in melancholia		0

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I think, from these returns, we may consider it as conclusively shown that bathing holds a high place as a therapeutic agent, especially when we consider that those gentlemen who do not mention it in their answers, may have inadvertently omitted to do so, one only speaking against its use.

We may see, also, that the warm and cold baths seem indiscriminately used in both cases, but that bathing seems to be neglected in the treatment of melancholia rather than in mania in the proportion of seven to sixteen; and lastly, it is clear that while either bath seems to be employed in mania this is not so in melancholia, twenty-four practitioners, ordering both in the first form of mental disease, fifteen in the second. We must seek for the reasons of this difference in the consideration of the various effects of bathing in its different forms, and of each form in its difference of temperature and duration.

It will not I hope be forgotten, that these tables only profess to give the merest outline of one particular question; the returns are replete with the most valuable information; there are notices upon the temperature, the duration of stay in the baths, and the value of some of their combinations, well worthy of special study. At the same time there are many omissions, the French system of the prolonged warm bath is not touched upon, the douche bath is scarcely mentioned, and there are some discrepancies and apparently contradictory experiences which call for examination, and which will well repay careful investigation; and it is not a little surprising to discover in these returns, the changes that even a few years have wrought in the medical treatment of lunacy, even in the mode of application of one single remedy. Having broadly indicated the division of water baths, into those formed of warm and cold water, I shall proceed to the notice of each form of bath under the following heads:

- A. Baths of water at a temperature of or below 75° Far.
  1. The plunge bath.
  2. The shower bath.
  3. The douche.
- B. Baths of water at a temperature of or above 85° Far.
  1. The hot bath.
  2. The warm bath.
  3. The tepid bath.

The combination of these with each other, as the douche with the hot or tepid bath, warm pediluvia with the shower bath; the partial application as in the hip bath, cold affusions, and medicated baths, will be described incidentally under one or other of these divisions. The subject is susceptible of very wide expansion, but I shall try to confine my remarks on the effects of baths, to their practical value in the treatment of the insane.

The cold plunge bath once so favourite a prescription, is now scarcely ever ordered, though there are still two or three practitioners who speak favourably of its effects. The old physicians prescribed the sudden cold bath, as I have already stated, expressly for the supposed advantages of the "shock." The history of some lunatic who fell into a river, and in consequence, or at least afterwards recovered, seems to have been the origin of this practice and belief. The theory has long been exploded; and we now all agree in the opinion of a medical writer of the last century, who observed that the same principle which guided those who advised or employed the "bath of surprise," might lead them to throw their patients out of window, because one man recovered his reason who, in a paroxysm of insanity, fell from a height upon his head.

The feeling of warmth, the re-action, after emerging from cold water, is most conducive to general health; the enjoyment of swimming, and the delight of a cool voluntary plunge into the sea, or into a river, is in itself beneficial to the nervous system, but this can be of course seldom attained in an asylum; nor indeed, are the insane often in the possession of sufficient vigour to make the trial of the plunge bath judicious or even safe. In convalescent cases it may be employed with benefit; in most others, I do not see that its use is preferable to that of the shower bath. In the autumn of 1856, a patient of mine who had nearly recovered from an attack of religious melancholia, under the persevering use of the shower bath, asked my permission to try the plunge, he was young and strong, but he found less

're-action' follow its use than from that of the shower bath, to which he returned, and on his perfect recovery, showed his appreciation of its benefits by fixing a similar one in his rooms at Oxford

The cold plunge can never be used by dyspeptics with any advantage, and patients suffering under this symptom of mental disease, are seldom altogether free from indigestion and its consequences. Blueness of the lips, loss of strength, feebleness of pulse, and headache follow the injudicious use of even sea-bathing, in which re-action is so much more easily set up; in the case of a patient, not only dyspeptic, but with feeble circulation, and the impaired nervous energy of mental disorder, the ordinary cold bath appears a remedy of still more doubtful value. Swimming, or muscular movements in the water, neutralize to a very great degree its depressing influence. An active swimmer may remain for several hours in cold water, and escape with an ague, as Lord Byron did, after his swim across the Hellespont; but the effect is far different when a patient is held or tied in a bath, or under a douche. At a temperature below 50° F. long continued immersion will produce drowsiness, acute pain in the head, cramps, faintness, and death.

There is certainly no remedy of more universal employment in the treatment of the insane, than the shower bath. In every ward of an English public asylum it may be seen fixed; and in nearly every form of the malady its use seems established. It is most important, therefore, that the action of a remedial agent of such admitted efficacy should be well understood; its various modes of administration well known; the time for which it may be continued as clearly as possible defined; and the dangers pointed out that may attend its rash or indiscriminate prescription.

The shower bath is ordered for one of its three effects, or it may be for the first two combined; these are "the shock," the "re-action," and the direct refrigerant or depressing effect produced by a continuance of the shower, or its frequent repetition. I am by no means prepared to admit that the existence or importance of the first of these effects, which in my opinion would be more properly obtained by the douche, and should not be expected in a properly constructed, and therefore gentle shower bath. The benefit that follows the prescription of the shower bath in cases of apathy, of confirmed melancholia, and in young patients suffering under a particular form of malady, is in my expe-

rience gradual, and due entirely to the improvement it induces in the health and tone of the nervous system. In a very severe shower bath, of course there would be some "shock," and I shall consider this when speaking of the douche; still, even in a gentle shower bath, there is, in some constitutions, a repugnance to it, heightened often by the nervousness and timidity so characteristic of melancholia and hypochondriasis, that may entitle the fall of the water to be called a "shock;" and the moral effect of voluntary submission to this is certainly great. "My recovery began," said a lady recently to me, who had been for two years a victim to acute melancholia, "from the moment I summoned resolution to pull the string of your largest shower bath." I do not understand the employment of the shower bath to produce a "physical shock;" for this, I think the douche should be used, but there are, in my opinion, few cases of insanity where such shocks can be useful; though I can appreciate their value in breaking the morbid chain of action, in remittent or intermittent febrile attacks.

I consider the 're-action' following the fall of the cold water shower, in cases where this form of bath agrees, to be its most important result, and the "glow" over the whole body, seems to be a convenient measure of its success; this re-action should be assisted in delicate persons, by having hot water placed at the bottom of the bath, by having the bath room warmed, and by vigorously rubbing the patients with towels or a flesh-brush before dressing. It is most important that, if possible, the bath should be taken voluntarily; re-action is not likely to be set up in the case of a patient, who is forcibly thrust into a sort of upright coffin, and then macerated with one or two hundred gallons of water. It is of importance also, that fixed shower baths should not be the only ones in private asylums; the ordinary iron baths with curtains are not so likely to terrify the patient, who will be more readily induced to try the effects of a bath, the exterior of which is familiar to him, and which he may perhaps have often used or seen in use.

The fixed shower baths are, however, essential in many cases, and their construction is very important, so much so as to have become the subject for special directions from the Commissioners in Lunacy. In describing the shower and other baths that I myself employ, I hope it will be understood, that I do not claim for them any peculiarity in their design, or for myself any novelty in their mode of administration, I only adduce them, because I believe them to be



fair specimens of those in private asylums like my own, and because I have had practical experience of their value, in the cases for which I have prescribed them.

The fixed shower baths in use at Chiswick are each seven feet high, and are furnished with cisterns on a pivot, which can discharge their contents in the ordinary way, either by the patient himself, or by an attendant outside pulling the string. The smallest sends down about eight gallons of water, and exhausts its shower in thirty seconds; the cisterns of the others hold double this quantity, and fall with greater force. But the bath of this power was condemned by Dr. Conolly, who was good enough to examine it for me on its re-erection about nine years ago, as being too severe; and I have since used, as he then advised, the supply pipe only of the cistern, which has answered every purpose. By this arrangement, the pipes direct from a reservoir at the top of the house open on to the perforated roofs of the shower baths; these are moveable, and can form also a douche bath. The stream comes down at the rate of about fourteen gallons per minute, but may be graduated to a less amount. This continues for any required time, and may be instantly stopped, and as instantly renewed.

One great advantage of this mode of water supply is that patients, by its use, can gradually inure themselves to bear its full effects; and its power of graduation, to the fall of even a few drops, obviates the absurd necessity of subjecting the robust and the delicate to a fall of water of precisely the same violence.

The shower baths are made of wood: one is lined with tin, but this is in no way an improvement; air is supplied from the top, and from an opening in the door of six inches square. In using the shower bath for a resisting or violent patient, this aperture is covered with a gauze-iron curtain, such as those in use at Hanwell. This will allow the patient to be inspected, and at the same time does not exclude the entrance of atmospheric air.

The duration of the bath, if taken voluntarily varies. If the shower is controlled by an attendant, my general order is to continue it while ten or twenty can be slowly counted. One shower bath is adapted for giving a warm shower, but I have never used it for this purpose.

Having described the form of bath necessary for cases in which violence or resistance is to be feared, I may now consider the last or refrigerant effect of the cold or iced water shower. In cases attended with heat of head, with

quick pulse, and vigorous action of the heart, there can be no doubt of the power of this form of bath in relieving congestion, and allaying mental excitement, and for this purpose it is prescribed by some of the most eminent physicians engaged in the treatment of the insane. It is essential, however, to describe exactly how our first medical authorities employ it, because it has been erroneously imagined, that the shower bath has been used as one of the substitutes for mechanical restraint, and this misapprehension appears to have arisen from the distinction having been overlooked between a "continuous shower bath," and a shower sent down upon the patient at intervals.

In the "Report of the Resident Physician of the Hanwell Lunatic Asylum, for 1840," Dr. Conolly, then, as now the highest authority on such a subject, in speaking of the shower bath as a means of allaying excitement, clearly points out the practice he recommends, and has found successful. "In acute mania," he says, "a strong shower continued even for a minute, has sometimes considerable effect." It should be renewed when symptoms of violence occur; and, "after four or five applications of this kind, the patient should be taken out of the bath, rapidly dried, warmly covered up, and put into bed with every demonstration of kind attention. Calmness and sleep are the usual results, and more permanent effects frequently follow."

Dr. Conolly, in his lectures, always thus described the mode of administering the shower bath, and particularly dwelt on the importance even then of carefully watching the patient. During six years that I sedulously attended his *cliniques* at Hanwell, I have often heard him point out the value of the reiterated shower, but it never occurred to me, or, I believe, to any of his pupils, that a continuous shower would be safe, or that even the ordinary shower bath should not be considered as a remedy requiring circumspect and cautious administration.

In my own practice, I have entirely given up prescribing the shower bath as a depressant; for the last six years I have ordered it only as a tonic and a corroborant. This not on account of its danger or severity, but because I have fancied that its use produces the same attenuation of the blood and diminution of the corpuscles, which I have observed in many cases to follow trials of the hydropathic system. In the case of an apparently powerful man, aged about thirty-four, who was under my care in 1850 for acute mania, I frequently prescribed the reiterated shower, with the almost invariable effect of

allaying excitement and producing sleep. This gentleman ultimately recovered, but his convalescence was tedious, and the deterioration of the blood was evidenced by crops of carbuncular swellings, which troubled him for months afterwards, and I ascribed this to the depressing effect of the cold water baths upon his system.

I believe that Dr. Conolly does not often, or indeed ever, recommend this reiterated shower in private practice; and I have no hesitation in expressing my conviction, that the mania that we meet with in the higher ranks of society, is less easily tolerant of depressant remedies, than the same form of disease in that class that are ordinarily found in the wards of a public asylum. The mania of the highly educated differs in its type; it is more intense, and at the same time evinces a greater tendency to early prostration of vital power. The lawyer or the merchant, the orator or the author, with their mental energies ever at the highest stretch, their nerves always at their greatest tension, sink under depressant remedies that are borne with impunity by the labourer or the artizan. In proportion to the mental development, and to the extended cultivation of the intellect and the imagination, is the excitement and the subsequent re-action, and they sink exhausted as those who, apparently of the strongest and most athletic frames, are known to do, under the shock of an operation or an accidental injury.

For these reasons, I have been induced to prefer the use of warm baths in cases of acute mania, with the ice-cap or cold douche to the head. The shower bath appears to be less under control, and more painful and hazardous. At the same time, I should not hesitate to recommend the reiterated shower, in cases where I was convinced the patient could bear it, or if it were necessary, as it sometimes is, to apply an instant remedy, for it must be admitted that the shower bath is far easier in its application. Two men can put a patient into a bath, and close the door, and keep him there without difficulty; but the warm bath requires many attendants, and the closest attention on the part of the medical attendant.

The advocates for the continuous or prolonged shower bath declare, that it is not so painful in practice as the intermittent shower. It appears hardly necessary to combat this opinion, by my own or any other experience, since they admit that the remedy, to be efficacious, should produce "fainting and sickness," which certainly do not follow the use of the reiterated shower bath, nor do its advocates desire

that they should. As I have already given it as my opinion that I think even the last bath too severe, comparatively safe as I know it to be, I need hardly say that I think the practice of ordering a continuous shower bath to be irrational and absurd, and about as inadmissible as the use of the "whirling chair," which thirty years ago was lauded as a "safe and valuable" depressant, and after which, also, nausea and fainting were the prominent symptoms.

A valuable paper by Dr. Bence Jones was read in the course of last year, before the Medico-Chirurgical Society of London, and has since been published in the "*Journal de la Physiologie de l'Homme et des Animaux*." It contains the record of some carefully conducted and instructive experiments, on the effect produced on the circulation by the prolonged application of cold water. Independently of its general medical interest, this paper particularly merits the attention of the practitioner in lunacy, who must frequently prescribe the shower bath, and to whom the symptoms produced by it, under different circumstances of temperature, duration, and force, should be perfectly familiar. The following are some of the conclusions to which Dr. Bence Jones has arrived as the results of his observations, but the cases deserve study in detail.

"The general effect of a *powerful* douche or shower bath is the immediate lowering of the pulse; this directly on the fall of the water, at a temperature of 64° Far., becomes feeble and irregular, it may be diminished fifty beats in the minute. After the first shock, the pulse slightly rallies, but it remains weak, till shivering, the invariable secondary effect of the bath has commenced, it is then still more weak, intermittent, and *sometimes quite imperceptible*. Between the tenth and fifteenth minute the pulse remains small and weak, and the shivering continues during the whole time.

"If the quantity of water be small, not more than eight gallons, and the person taking the bath is in good health, the pulse is not much affected, at any temperature from 74° to 110° Far. At 47° Far. the pulse becomes much smaller, but its rate is not materially diminished.

"In a heavier fall of water, a difference of *twenty degrees*, makes a very marked alteration of the shock; the secondary effect is not so remarkably different. The lowering of the pulse, after the shivering has set in, is more persistent when the water is colder, and more decided at the end of the experiment. When the pulse is above or below the normal

standard, the shower bath produces a much greater relative effect, than it does under ordinary circumstances."

Dr. Bence Jones has, of course, in this summary directed his attention to the general physiological effect of cold water on the system, and could have had no opportunity of trying its effect on a paroxysm of acute mania, or other form of mental disease, such as a specialist is called upon to treat: but his conclusions have a direct bearing upon our practice, and seem to me to decide the question against the safety or propriety of allowing a sane or insane patient to be subjected to a continued stream of water for any lengthened period. Dr. Bence Jones has demonstrated the fact, not apparently taken into account by the advocates of the continued shower bath, that the difference of twenty degrees of temperature, even though not below 50° Far., has an enormously disproportionate effect, causing the bath at the end of the fourth minute to become almost insupportable, and rendering the pulse, in the period from the sixth to the eighth minute, imperceptible at the wrist. And this, too, in the case of a man in the prime of life, and in vigorous health. The last experiment I have quoted, shewing that the action of the water is commensurate with the pulse, rendering this in an inverse ratio very much weaker, if already weak, is most important to remember in the treatment of lunacy. However temporary excitement may quicken the pulse, or apparently add to the physical strength, such power is unreal and fallacious; and if the effect of even a comparatively moderate shower upon men in vigorous health is so great as these experiments prove, *à fortiori*, the action of so powerful a depressant upon those suffering under nervous disorder, must be watched with the greatest caution, and its possibly dangerous results guarded against, like those of any other hazardous remedial agent. A small amount of empirical success cannot justify careless or irrational treatment. The practice of medicine must be founded upon correct principles; and if insanity be, as we believe, essentially a disease of nervous debility, it follows, and Dr. Bence Jones's experiments must be regarded as leading to the same conclusion, that even the intermittent shower bath may, under certain circumstances of temperature or weakness, be highly dangerous; while the employment of the prolonged shower bath is not defensible on any ground whatever, but is contrary to the dictates of science, experience, and humanity.

The shower bath may be rendered safer by warming the

water, or immersing the feet of the patient in hot water while the shower descends. This, again, corroborates Dr. Bence Jones's conclusions. On the same principle, Dr. Conolly recommends the use of the shower bath on the head and upper part of the body, while the patient is in a warm bath. I shall recur to this when considering the warm bath and its combinations.

The injudicious employment of the plunge bath, or very cold shower bath, may produce even fatal results. This may be caused by sudden cessation of the action of the heart from the shock of the cold water. A case of this sort is reported as having occurred at one of the London public swimming baths, while I am writing these pages. Or it may arise from syncope, from the exhaustion following its tertiary effect; or it may be from internal congestion, causing apoplexy, or the bursting of a vessel in the lungs. Lorry, in his work *De melancholia et morbis melancholicis*, speaks strongly on this point. He says, "It is most essential to be careful in the administration of these baths, lest while the physician desires only to increase the physical strength of his patient, he may cause the rupture of some internal vessel. *Hinc mors inopina succedit, ut bis accidisse vidi.*"

Professor Rech, who made the post-mortem examination of two patients who died from syncope after the shower bath, in the absence of any other assignable cause, I think, suggests that death arose from the entrance of water into the air passages. I should not be inclined to concur in this opinion, which appears unlikely, if not impossible, to be correct. All the perils that I have mentioned are increased, and a new one introduced, that of suffocation, if the bath be made a closed box, and the supply of atmospheric air thus rendered insufficient.

The use of the shower bath, or any bath, as a punishment, is in private practice perfectly unjustifiable, and I have never ventured on such an experiment. I am of opinion that a patient of equal rank in life with his medical attendant, perhaps even in a much higher social position, can never be benefited by any penal measure that steps beyond the limits of moral control, and that the use of the bath as a punishment, must be classed in the list of the condemned measures of the old restraint system.

In a public asylum, or where patients are massed together in corridors and common sleeping rooms, it is of importance for the comfort of the others, that noisy or mischievous lunatics should be controlled, and the shower bath, if

graduated, is a certainly mild punishment, and may do good besides, in relieving the congestion of the brain, that may have been the cause of mental excitement; but there can seldom be a case in private practice, in which mischief would not be done in so ordering the bath, either in the necessary struggles to which it would give rise, or in the subsequent feeling of wounded pride, and social degradation. The same excuse cannot be made for such a proceeding, because a patient who is unhappily noisy or violent can be kept in his own room or suite of rooms, and thus prevented from becoming an annoyance to others.

I will venture, then, to lay down the following propositions, drawn from my own experience and the foregoing premises, viz. :

That the shower bath is more useful as a tonic than as a depressant, more valuable in melancholia than in mania. If used as a depressant, it must not be continued for a longer period than from one to three minutes, or more than four or five showers of one minute each, be administered at one time.

The temperature of the water should never be below 50°, in few cases lower, than 70° Far.

The penal application of the shower bath is not admissible in the private practice of lunacy.

The shower bath, as a depressant, is not a safe remedy in cases where there are symptoms of disorder of any internal organs, and is not advisable for delicate or old people, for women at certain periods, or during pregnancy, or when great horror of its use is known to exist.

That the medical attendant should always be present or near at hand, during the administration of the shower bath, if used as a depressant remedy.

This last direction, in the case of all baths that are prescribed for their direct therapeutical effect, appears to me of paramount importance. I have *never* given a bath as a remedial agent to any patient, unless I was myself present, or, in the case of a lady, near at hand, to watch the result, and guard against any ill effects. The warm or cold bath, used medically, is a powerful agent for good or evil, and requires careful medical superintendence. Besides, the presence of the physician is rendered more necessary, because the bath must be so often given against the will of the patient; and no remedy that requires violence in its appli-

cation should, in my opinion, ever be left to the discretion of servants.

Cold affusion bears the nearest resemblance to the shower bath, and may take its place occasionally, where the latter is not attainable; it may be attended with as much prostration of strength as the shower bath, and requires the same care in its administration; its principal value is in hysterical mania, and in those cases where the shower bath produces great terror, this is not an uncommon occurrence with ladies, and should always be remembered in ordering the bath. I have not used the cold affusion in my asylum, but I have seen good effect follow its employment in private practice. Esquirol speaks highly in its favour; his method of applying it is thus described by M. Foville, who saw a case of maniacal fury in a female treated by him, with the effect of almost immediate recovery. "The patient was placed, covered only by a thin dress, in an ordinary bathing tub, and water was poured on her head in small quantities till it covered her body, and shivering ensued. On a second application of the method, which was for some time resisted, it was followed by deep sleep, accompanied by profuse perspiration, and when the patient awoke, she was found to have regained her reason." The remedy appears severe, but it has the great advantage of necessitating the immediate presence of the physician, who must take care that it is not carried too far.

The use of the cold affusion in general medicine is familiar to every physician, and its employment in epilepsy, hysteria, and croup, marks their appreciation of its special action on the nervous system. I believe that "cold affusion," properly so called, is rarely employed in the English asylum; if employed, it requires, as the shower bath does, medical superintendence. M. Baillarger has recorded the case of a lady for whom he ordered cold affusions in the manner described by Foville. Following one of them, the patient was seized with violent hæmoptysis, and died eighteen months after from pulmonary phthisis.

The next form of bath, the *douche*, claims a very high place in the list of remedies for insanity, and properly used, there is no doubt of its value. It appears to me, however, that the *douche* is very frequently confounded with the *douche-bath*, and it is very necessary in quoting the opinions of medical authors for, or against the *douche*, to ascertain exactly the form of bath of which they speak.

The simple *douche*, which is really as its name imparts the



*douse* or dash, is a most effectual agent in certain states of the nervous system ; the action of a few drops of water thrown or sprinkled on the face in a fainting fit, or, in a case where asphyxia has commenced, is familiar to every physician, and is, indeed, the remedy popularly employed. The stupor induced by alcohol taken in excess can sometimes be shaken off by pouring a bucket of cold water on the head ; this last practice, which is most efficacious in hot climates, owes its success probably to the contraction of the vessels of the brain, produced by the sudden cold ; and is not, as in the other two instances, due to the immediate shock of the cold water upon the nerves. In some of the convulsive diseases of children, the effect of the *douche* is almost magical. Dr. Abercrombie gives the following case illustrating his mode of applying the *douche*, and the result of such a treatment :

“ A strong plethoric child, after being one day feverish and restless, fell rather suddenly into a state of perfect coma. She had been in this state about an hour when I saw her ; she lay stretched upon her back, motionless, and completely insensible, her face flushed and turgid ; she was raised into a sitting posture, and a basin being held under her chin, a stream of cold water was directed against the crown of her head ; in a few minutes, or rather seconds, she completely recovered, and next day was in her usual health.”

The *douche*, as employed in this case, is also recommended by Esquirol in cases of “ stupor or in dementia.” Van Zwieten particularly dwells on their importance in these forms of disease. I have myself seen patients who were about to be the subjects of a paroxysm of maniacal fury, become perfectly calm by the simple expedient of pouring cold water on their head ; this seems to relieve the local congestion, and is not followed by re-action. The best mode of applying the cold water is, by a sponge, or a hand shower bath, or by a pipe sending down a continuous stream ; but either of these become very painful if prolonged, and, I have seen a patient reel and stagger after the application of such a *douche* as though under the influence of intoxication. Its use must, of course, be voluntary, and patients soon learn to appreciate its value, and to apply it to themselves.

A patient who was brought to me from an asylum some years ago as a dangerous lunatic, subject to uncontrollable bursts of passion, learnt, while under my care, this mode of preventing the congestion of the brain that he suffered from ; he was twice under certificates of lunacy in one year, but now, when he feels this brain excitement coming on, he preserves

his self-control by having cold water poured on his head, or keeping a wet towel round his temples for a few hours; he sometimes, still following my advice, puts a blister on the nape of the neck.

Those cases of melancholy in which there is pain on the vertex of the head, and where, as in some cases, there is said to be a sensible heat, would probably be benefited by the douche; I have never seen such a case, but it is curious that old Burton quotes a case of cure of "head melancholy," by "irrigation upon the suture of the crown."

The baths of the ancient Greeks, in which they sat to have water poured upon them from proper vessels, a process which Burton quaintly paints in a word as being "bucketed," is the next form of the douche-bath, which we find frequently employed in the treatment of the insane. The douche-bath of this form as used in Germany, is thus described in Tuke's *Translation of Jacobi*.

"The patient is fastened to the wall in a coercion chair, while an attendant from a stage, erected for the purpose, pours water from leathern buckets on his head. The shock depending upon the height of the fall."

But this form of douche was comparatively mild, to the apparatus which is figured in Guislain's work on insanity, which appears to have been in general use on the continent, and which is properly called the douche-bath; in this form the patient was placed in a bathing tub, shaped like a barrel, the cover fitting round his neck, a stream of water was then directed on his head, at a height of four, six, and even twelve feet; in other baths, made like our shower baths, the patient was subjected to streams of water, at various heights, acting with terrible effect, causing "bruises" and "excoriations with bleedings," and followed by "erysipelatos inflammations." Pinel and Esquirol seem to have laboured with great zeal against this system, which was at last restrained by a special legislative enactment; but, before them, Georget protested against it; he says, "the only value of a douche at such a height, twelve feet, is as a means of repression, and, although the threat of it frightens even the most determined into submission, its use should be proscribed as unmedical.

Esquirol describes different forms of douche-bath; some in which the water fell upon the patient through a tube with its aperture shaped like the mouth-piece of a clarinet, others in which the tube ended in a "rose;" this was the "douche en arrosoir" of Pinel, that was employed almost invariably by

Esquirol; still he used it with a severity, that would find few imitators in the present day.

He thus sums up his observations on the douche :

“The douche owes its efficacy to the shock it produces, and to its refrigerant effect; it influences the epigastric region sympathetically, and produces heart-burn, and a desire to vomit; after submission to its effects patients are blanched and cadaverous.”

It is the young, the strong, and the active among the insane, who can bear the douche, and they find after its application a sensation of coolness in the head, which is very agreeable to them. The douche is most useful when head-ache is a prominent symptom. The douche should be given with caution, never after eating. The primæ viæ should be unloaded before its employment. It should not be continued beyond a few minutes.

“It acts morally, as a means of repression, and often the application of a douche will calm the fury of a maniac, will break through his most dangerous resolves, and will force him to obedience.”

Even the high authority of Esquirol has not succeeded in procuring the recognition of this mode of employing the douche in the English practice of psychological medicine; the French physicians, however, appear to make considerable use of it in this way, but it must be remembered that it is no longer the douche-bath they employ, but a modified form of douche, which, although it may seem severe, is not dangerous to life. One of the most humane and considerate of the French practitioners, Leuret, in his work, entitled, *Le Traitement Moral de la Folie*,” makes the fear of the bath part of the moral treatment. He evidently considers it less a therapeutic than a legitimate moral agent, and says, speaking of its application, “those who were the most obstinate became the least so, after having once felt upon their heads the pain of its icy pressure.”

In one case in which M. Leuret considered it necessary to insist that the patient should attempt to write the history of his own life; he thus narrates the proceedings he adopted on the patient's refusal to obey :

“I now determined to employ my last and strongest arguments. I had the patient carried into the bath-room, undressed, and placed in a *baignoire*; two pails of water were thrown over his body. On his promise to write, he was allowed to dress, but when dressed, he refused to keep his word. He was again placed in the bath, and *four* buckets

of water poured over him. He again persisted he would write, again dressed, and again broke his promise; *eight* pails were then ordered to be brought, and when he saw them ranged before him, and had become convinced that I was likely to carry out my threat, he gave up further resistance, and devoted the rest of the day to writing his life in all its details."

In the case of another patient, the same treatment is successfully adopted, to force working in the garden. I only adduce these instances from Mr. Leuret's really valuable work, not as fair specimens of his general treatment, but, as affording an illustration to the peculiar views entertained by him, as to the purpose for which the douche may be justifiably employed. Mr. Leuret, I must say, seems well aware of the dangers attending such practice; inculcates great caution, and mentions it as specially important, that the physician should himself superintend the administration of such a bath.

*The Human Mind, in its relations with the Brain and Nervous System.* By DANIEL NOBLE, M.D. Churchill, 1858.

Altho' the laws which govern the mind of man have been the study of the greatest thinkers of our race, from the remotest ages, the result which that study has afforded has been unsatisfactory in the highest degree. Well has Goethe put into the mouth of Mephistopheles this satire on metaphysical investigation:

"Ich sag' es dir: ein Kerl, der speculirt,  
Ist wie ein Thier, auf dürrer Heide  
Von einem bösen Geist im Kreis herum geführt,  
Und rings umher liegt schöne, grüne Weide."

On the other hand, our own day has seen the rise of a study allied to metaphysics, and which promises to remove in time these unsatisfactory results of so much thoughtful labour, by directing it away from vague speculation towards that foundation of sound philosophy, which is to be found in the investigation of the laws regulating the relations between mind and matter, and in the study of the connection of the human mind, in all its several manifestations, with that body in which it dwells, and through which it acts.

The work at the head of this article is a well-written contribution to this science of physiological psychology, as distinguished from pure metaphysics.

For while metaphysics deals simply with the laws of mind, as deduced from analysis of the operations of our own mind, or of the motives which lead to action in others, physiological psychology treats these laws simply in their relation to the brain and nervous system.

Dr. Noble justly appreciates this distinction. The second chapter of the work before us, *Psychology and Physiology*, places in clear contrast the respective fields of observation of the metaphysician and the physiologist; and Dr. Noble, while directing his own investigations towards the latter, has evidently felt it his duty to make himself familiar with the previous researches of our great Scotch metaphysicians, Brown, Reid, Hamilton, and Stewart.

“Psychological (*i.e.* metaphysical) systems,” he observes, “are for the most part made up of classifications, which their authors institute of the several psychical states; and such systems, moreover, concern themselves with the particular laws which seem to regulate their various modes of manifestation. The pure psychologist (the metaphysician) simply investigates the facts of consciousness, whilst the physiological psychologist labours to discover the organic conditions under which the different mental phenomena have place. Philosophers of the former class have usually indicated certain prominent and striking characteristics of the mind’s action, and have laboured to prove their origin in certain fundamental dispositions, tendencies, and capabilities; these have been then so arranged and otherwise dealt with, as to make up the particular systems of abstract teaching.”

On the other hand, the field of observation occupied by the physiological psychologist, and which it is the object of Dr. Noble to mark out, is thus defined by him :

“The physiological psychologist, in attempting to trace the connexion which the brain and nervous system maintain with the mind and its various manifestations, avails himself largely of the fact so general in physiological anatomy, that size or amount of nervous tissue constitutes an element of functional energy—a fact strikingly exemplified by the circumstance that a very small human brain, indicated by a head of decidedly inferior dimensions, is always accompanied with mental imbecility. This relation, indeed, between size of structure and vigour of function has supplied the guiding thread to most investigators, who have striven, by the aid of anatomy and physiology, to elucidate or advance either the psychology of man or that of the animal kingdom at large. In

particular, the correspondence between mental power and encephalic characteristics has in this way been sought for."

Dr. Noble refers in the following terms to the extinct science of Phrenology, one of the precursors, as he now views it, of physiological psychology :

"As a system, phrenology would not appear to have received that confirmation from extended investigation anticipated in its earlier history by many able physiologists. If, indeed, innate personal endowment of intellect and moral disposition were something readily ascertainable; if the influence of inherent aptitudes and tendencies were determinable, from external actions, with anything like moderate exactness; if, at the same time, the size of separate portions of the encephalon could be verified to a corresponding extent; and if multiplied observations led actually to uniform results, it must be admitted that Gall's physiology of the brain would have been established as a fact, however inconclusive or vicious should be the reasonings and deductions of individual phrenologists. Coincidences in many cases are undoubtedly noticeable between form of the head and peculiarity of mind; but a sufficiently wide observation and collection of instances never fail to exhibit discrepancies that completely overthrow the pretensions of *systematic* phrenology. It must still be admitted, I think, that phrenology, like every other honest extravagance, has some portion of truth underlying it; for, unquestionably, there is much reality in many of Gall's cranioscopic observations. Any one remarking, with an ordinary degree of attention, the form and dimensions of different heads, will very soon perceive that an excessively diminutive one never displays either intelligence or any other force of character; that a small, receding forehead is never the possession of persons eminent for their thinking power, but that usually a capacious front and vigorous intellect go together: that a head very high and broad in the sincipital region, is commonly associated with great natural morality; and that, on the contrary, a low, contracted head is most ordinarily found upon the shoulders of depraved criminals; and, again, that a large occipital and basilar development is generally found in persons of strong animal propensities. More particular correspondences, indeed, may be noted; but the foregoing illustrations will sufficiently exemplify the facts that may be verified without difficulty. But concerning phrenology in detail, as a scientific system, I conceive that the evidence furnished by our more advanced knowledge of the brain and nervous system, alike in man and animals, will not sustain the particular theory of separate organs for distinct mental faculties."

Dr. Noble gives the fullest credit to Dr. Carpenter, as hitherto the most successful investigator into the relations between the manifestations of mind and the brain and nervous system.

“In the year 1846, Dr. Carpenter propounded a physiology of the encephalon, which, however incomplete, is likely to constitute the basis of all future attempts of this description. In an able paper, this distinguished physiologist reviewed the whole state of our knowledge of the brain and nervous system, and, at the same time, indicated the method by which the subject might be most successfully prosecuted; he brought together the scattered facts of this department of science, and gave to them a certain precision and unity, with rare sagacity and skill. In more recent publications, he has still further elaborated his views, and has so marked out and defined our best established knowledge, and indicated the most probable opinions, that important results are exhibited and suggested, when they cannot be distinctly affirmed. The more closely, indeed, Dr. Carpenter’s views are examined, the more clearly does the correlation of psychology and physiology reveal itself. But he himself would not claim for his doctrines all the fulness and perfection which they may be expected to attain. It is but right, however, that physiologists and psychologists (and they are not few,) who avail themselves of his thought as their starting point, should candidly and honourably acknowledge the fact, even when it may not receive a development from them altogether identical with that which it has obtained from himself. Dr. Carpenter’s chief propositions are, that the cerebral hemispheres supply the organic conditions of all psychical action which involves ideas; and that the nervous masses situated above and in advance of the medulla oblongata, and underneath the cerebrum proper, constitute the encephalic centres of the various kinds of sensation. And certainly there is noticeable in the consciousness as obvious a distinction between thought and feeling, as in the anatomy between the cerebral hemispheres and the underlying structures.”

Dr. Noble rightly commences his enquiry into the human kind in its relations with the brain and nervous system, with the admission of the existence of consciousness as a first principle; as “one of those truths which is neither demonstrable nor to be made clearer by ratiocination; as one which is felt and admitted in obedience to the primary laws of thought.”

“The fundamental principle of knowledge and intellectual life,” says Cousin, “is *Consciousness*. Life begins with consciousness, and with consciousness it ends; in consciousness it is that we apprehend ourselves; and it is in and through consciousness that we apprehend the external world. Were it possible to rise above consciousness to place ourselves, so to speak, behind it, to penetrate into the secret workshop where intelligence blocks out and fabricates the various phenomena, there to officiate, as it were, at the birth, and to watch the evolution of consciousness—then might we hope to comprehend its

nature, and the different steps through which it rises to the form in which it is first actually revealed. But as all knowledge commences with consciousness, it is able to remount no higher. Here a prudent analysis will therefore stop, and occupy itself with what is given." The truth of this proposition might also be supported by an appeal to the common judgment of mankind: "As elements of our mental constitution—as the essential conditions of our knowledge, the facts of our original consciousness must be accepted as fundamental truths. A great metaphysician—lately numbered with the dead—Sir William Hamilton, in his famous dissertation on the *Philosophy of Common Sense*, triumphantly, as he says, out of the mouth of one hundred and six witnesses, establishes the consent of philosophers of all ages to the truth of the data or deliverances of consciousness as the basis of all enquiring into the operations of the human mind. "When, for example, consciousness assures (he says by way of illustration) that in perception we are immediately cognizant of an external and extended non-ego; or that in remembrance, through the imagination, of which we are immediately cognizant, we obtain a mediate knowledge of a real past; how shall we repel the doubt—in the former case, that what is given as the extended reality itself is not merely a representation of matter by mind;—in the latter, that what is given as a mediate knowledge of the past is not a mere present phantasm containing an illusive reference to an unreal past? We can do this only in one way. The legitimacy of such gratuitous doubt necessarily supposes that the deliverance of consciousness *is not to be presumed true*. If therefore it can be shewn, on the one hand, that the deliverances of consciousness must philosophically be accepted *until* their certain or probable falsehood has been positively evinced; and if, on the other hand, it cannot be shewn that any attempt to discredit the veracity of consciousness has ever yet succeeded; it follows, that as philosophy now stands, the testimony of consciousness must be viewed as high above suspicion, and its declarations entitled to demand prompt and unconditional assent."

The several springs of action, or the motive powers of man's conscious nature, may be divided into the appetites or bodily desires, the affections, the mental desires, the moral sentiments, and the reflex sentiments. Through their operation, man is lead to the several acts and habits of thought which go to form his daily life. These several springs of action are distinguished by the nature of their objects. The appetites have



for their objects things ; the affections, persons ; the mental desires have abstractions ; the moral sentiments, actions ; and the reflex sentiments have for their objects the thoughts of other persons, or our own about ourselves. (See Whewell, *Elements of Morality*). These active powers, or principles of action, as they are termed by systematic writers, are the incitements or motives of action which the Author of our being has planted in our nature. Hardly any two writers agree in their classification of these motive powers. "It is," says Reid, "a most important part of the philosophy of the human mind to have a distinct and just view of the various principles of action which the Author of our being hath implanted in our nature, to arrange them properly, and to assign to every one its rank. By this it is that we may discover the end of our being, and the part which is assigned us upon the theatre of life. In this part of the human constitution, the noblest work of God that falls within our notice, we may discern most clearly the character of Him who made us, and how He would have us employ that active power which He hath given us." From the earliest ages to the present day, the most difficult and contradictory systems of philosophy have prevailed upon this subject ; and while the forces by which the planets and comets traverse the boundless regions of space have been most accurately determined, those by which man's actions are directed have not been determined with any accuracy.

When, however, we revert to the physiological psychology of the active powers, we find that a great step in the ultimate analysis of the springs of action has been made by Professor Carpenter's effort to decompose the various compound emotions into the two elements of thought and feeling. In his *Principles of Human Physiology* occurs the following philosophical passage, which we make no apology for here quoting in full :

"Just as the simple feelings of pleasure and pain are associated with particular sensations, the same feelings connect themselves with particular *ideas* ; and thus are produced those *emotional* states of mind which, directly or indirectly, determine a great part of our habits of thought, and are greatly concerned in the government of our conduct. The formation of a true *desire*, even for the gratification of some bodily appetite, requires that an idea of the object of desire shall have been formed ; and it is the expectation of the pleasure which will arise from the performance of the act in question, or of the pain which will be produced by abstinence from it, which makes the idea a motive to action. A careful analysis of

the various propensities, moral feelings, sentiments, &c., which are ranked by metaphysicians under the general term 'active principals,' will shew (the author believes,) that such is the essential nature of all. Thus, benevolence is the pleasure in the happiness of others; and shews itself alike in the habitual entertainment of the abstract or general idea, and in the direction of the conduct in any particular instance. So there is a positive pleasure, in some ill-constituted minds, in the contemplation of the unhappiness of others, which may manifest itself either physically or psychically, according to the temperament of the individual. So pride (or self-esteem,) consists in the pleasurable contemplation of our own superior excellencies; whilst the essence of vanity (or love of approbation,) lies in the pleasurable idea of the applause of others. Again, in conscientiousness we have the love of right, that is, the association of pleasure with the idea of right; veneration may be defined as the pleasurable contemplation of rank or perfections superior to our own; and the source of ambition, which is in some degree the antagonistic tendency, lies in the pleasurable idea of self-exaltation. In like manner, hope is the pleasurable contemplation of future enjoyment; fear is the painful contemplation of future evil; and cautiousness is the combination of the desire to avoid anticipated pain, with the pleasurable contemplation (an extremely strong feeling in many individuals,) of precautions adapted to ward it off. The same view may be applied to the love of truth, of beauty, of goodness, of order, of possessions, of country, &c.; and also to cheerfulness, wit, humour, &c., and to many conditions usually considered as purely intellectual. And, in fact, the association of *sensorial pleasure* with *any idea*, or *class of ideas*, gives to it an emotional character; so that the emotional states are not by any means limited within the categories which most psychologists have attempted to lay down; these being, for the most part, *generic terms*, which comprehend certain groups of ideas bearing more or less similarity to each other, but not by any means including all possible combinations. By those who regard the propensities, moral feelings, &c., as simple states of mind, it is usually said that their indulgence or exercise is attended with pleasure, and the restraint of them with pain. But, if the view here taken be correct, it is the very co-existence of pleasurable or painful feelings with the idea of a given object, that causes desire or aversion as regards that object; since the mind instinctively pursues what is pleasurable, and avoids what is painful. And thus, according to the readiness with which these different classes of ideas are excited in different minds, (partly depending upon original constitution, and partly upon the habitual direction of the thoughts,) and to the respective degrees in which they respectively call forth the sensorial feelings of pleasure or pain, (as to which there is obviously an inherent difference amongst individuals, analogous to that which exists with regard to the feelings of pleasure or pain excited by

external sensations, sights, sounds, tastes, odours, or contacts,) will be the disposition of the mind to entertain them, the frequency with which they will be brought before the mental view, and the influence which they will exert in the determination of our conduct."

The emotional sensibility and its encephalic site is the subject of Dr. Noble's third chapter, and is thus distinguished by him from common sensation :

"Emotional sensibility has sometimes been regarded as simply a mode of common sensation. But a little reflection upon the peculiarities of the respective phenomena will bring out essential differences. In the first place, *emotional* sensibility maintains no sort of correspondence with that which is *tactile*. On the contrary, when the former is greatly elevated, this sense of truth is sometimes abolished or suspended. Witness the efforts of heroic enthusiasm ; impressions mere tactile are but little regarded in those circumstances of emotional exaltation. Again, the tactile sensibility may be most acutely awakened in the absence of all emotional excitement ; internal spasm, neuralgia, and certain cases of local hysteria show this phenomenon. Nay, the emotional sensibility, when greatly exalted, may very often be lowered by superinducing bodily pain, intensifying tactile or common sensation."

Dr. Noble endeavours, though we hardly think successfully, to support the theory that the optic thalami and corpora striata are the site of emotional sensibility.

"For this more elevated and specific sensibility, there must, I apprehend, be proper ganglia within the encephalon. Dr. Carpenter refers this function to the sensory ganglia at large, and particularly to the ganglionic centres of the common sensation ; entertaining the opinion with some other physiologists, that the structures commonly called the optic thalami are for the fulfilment of this latter office, and that the contiguous ganglia, the corpora striata, are most likely the source of movements respondent to sensation. Having myself already suggested, that the inferior ganglia of the cerebellum, the corpora dentata, constitute the centres of tactile sensibility, I would now submit that the ganglionic masses forming the floor of the lateral ventricles—the optic thalami and corpora striata—constitute in all probability the ganglia of emotional sensibility, divisible, it is likely, according to specific differences in the manifold forms of this latter."

In looking to comparative anatomy for support of this theory of the location of emotional sensibility in the optic thalami and corpora striata, Dr. Noble argues, that as the lower we descend in the scale (Mammalia), the more do the

presumed emotive ganglia go to make up the encephalon, and in the same correspondence, the more do actions appear to spring from some instinctive unintelligent source ; therefore these ganglia are the seat of emotional sensibility. Surely this is not a necessary induction ?

Again, in turning to morbid anatomy in support of this theory, Dr Noble himself feels how weak his case is.

“The evidences, (he says), of morbid anatomy, as elucidating inquiries of this nature are but little conducive. Andral’s numerous published instances, in which there was found extravasation into the optic thalami do not, however, throw any coincident lesion of tactile sensibility in the majority of cases ; a result which might have been anticipated in a large proportion of them, at least if these masses had been the ganglia of common sensation. Perversions of the emotional sensibility have had too little account taken of them in these investigations, for the existing record of morbid anatomy to be made available to any extent, for or against the hypothesis now under consideration.

But as exemplifying the kind of evidence from morbid anatomy that might be brought to bear, though not decisively, upon an investigation of this kind, I will cite two or three illustrative cases.

In the autumn of 1853, I assisted at the *post-mortem* examination of a case in which, during life, there had been unusual manifestation of emotional sensibility, without any intellectual disturbance. The right corpus striatum alone afforded signs of morbid change. Notes were taken at the time by Mr. Walsh, surgeon, of Manchester, who had attended the patient, and from these I am favoured with the following account :—James Connor, aged fifty-six, was a man of temperate habits, and one who through life had enjoyed good health and spirits, until within two years of his death. At this period he became involved in pecuniary difficulties, and hereupon low-spirited and somewhat unsocial. He continued to follow his business, however, as usual. Two months before his death he embarked the remains of a small capital in some speculative undertaking, which issued in complete and immediate failure ; a circumstance which very seriously aggravated his mental depression. A fortnight after this catastrophe he was seized with slight paralysis of one arm, which, however, disappeared spontaneously in about a week. But it returned in a few days with increased severity, general hemiplegia, indeed, showing itself. The affection, to some extent, involved both motion and sensation ; and articulation was very indistinct. ‘At this time,’ says Mr. Walsh, ‘I was sent for. I found his general health not bad. Though both motion and sensation were affected considerably, neither was abolished ; the tongue appeared to be the most affected, especially when attempts were made to converse. There was some impairment of vision, but the pupil showed no change. The intelligence was undisturbed,

and but little enfeebled. *His emotional excitability was remarkable; the most trifling circumstance sufficient to provoke it. When I visited him, he was literally overjoyed, and when I took leave, he would grasp my hand and burst into tears.* At my last visit, twenty-six hours before his death, there was but little change in his general condition, except that he was weaker; still he was able to be up and out of bed. When I left him on this occasion, the emotion displayed was truly distressing. He rested badly the ensuing night, moaning much at intervals; next morning he became drowsy, and towards noon was slightly convulsed. He expired at six p.m., November 18, 1853. On examining the head, eighteen hours after death, the vessels of the scalp were empty; the superior aspect of the cerebrum was natural, the convolutions a little flattened probably. On raising the whole encephalon, a considerable quantity of serum, slightly tinged with blood, was found at the base. The consistence of the cerebral substance was good, and, on slicing it, very few *puncta vasculosa* were observable. Fluid similar to that discovered at the base occupied also the ventricles in considerable quantity. The choroid plexuses were not congested, but *over the right corpus striatum* there ramified several large vessels. On cutting into this structure the gray colour was found deepened, and blood flowed from a number of points, forming in these respects a striking contrast to its fellow on the opposite side, as indeed to all the rest of the encephalon. The cerebellum was quite natural.’”

The very first observation of Dr. Noble in his concluding chapter aptly applies we think to this theory. “Certainly (he says) in much that has been advanced there is an insufficiency of evidence for proof of some of the proposed views; and upon several points the attempted generalization may be premature. But if in our investigations—particularly of such entangled questions as the present—we go on for ever accumulating facts merely, and never make an effort to determine the conclusion, which they would seem to indicate, we shall only render the existing perplexity still more complicated. I submit indeed that in any attempted conclusion of psychology and physiology, it is impossible, in the present state of primitive knowledge, to avoid speculation; and further, that for the attainment of clear and connected ideas of psychological pathology and medicine it is good and useful to construct rational hypothesis, in default of complete and absolutely reliable theories. But of course, hypotheses must not have their value or their office misunderstood; they cannot rightly form a rest like an admitted axiom; they must always be held ready for modification or abandonment, when evidence appears to demand some such proceeding. Meanwhile, they serve to colligate facts and to fix the attention more enquiringly (and searchingly)

upon phenomena, that present themselves to observation and experiment”

In this light we desire to place Dr. Noble's hypothesis of the site of emotional sensibility.

But the emotions do not act upon man as forces operate upon inert matter. They all operate through the will. Every man is conscious of being able to determine, in questions brought before him by reason or by the desires, whether he will obey or disregard these promptings; and to this power the name of will is given, while its results, the acts of determining, are termed volitions.

There are two parts of the human constitution which severally determine our acts of volition: there is the irrational part, which we have in common with the lower animals, the appetites, affections, and passions; and there is the rational part, which man alone possesses. By the former, we *will* almost involuntarily; while acts of volition determined by the latter constitute all wisdom and virtue, and are the aim alike of life and of philosophy. “*Duplex enim est,*” says Cicero, “*vis animorum atque natura; una pars in appetitu posita est quæ hominem huc et illuc rapit; altera in ratione quæ docet et explanat quid faciendum fugiendumve sit; ita fit ut ratio praesit, appetitus obtemperet.*”

Physiological psychology cannot aid us in determining the material seat of this highest attribute of man. Dr. Noble has a short chapter (ix.) on the will, in which he admits the inability of the physiologist to aid us in our study of its physical relations. “Certainly,” he says, “the will, regarded as a power, stands apart from all other faculties, and, as a psychical activity, represents a capability altogether proper to itself. It is so entirely peculiar that, swaying and dominating over mental conditions of every kind, we cannot expect it to be mixed up specially with any particular ganglionic mass.”

Thus, in one of the mental attributes in which the effects of insanity is so often traced, physiological psychology is as yet entirely at fault. Weakened volition may, and often does constitute alike the sole symptom and essence of the disease, and in vain do we ask of the physiologist where lies the material seat of this malady?

“Lesion of the will,” says Marc, “may be primary or secondary. In the *former* the lesion is exclusively manifested in the faculty of the will itself, of which we shall give examples under instinctive monomania, which will leave no doubt

as to the reality of this singular and inexplicable moral affection. In the *latter*, the lesion of the will results from the general imperfection of the intellect, or from delusions; the tenacity and vividness of which exercise such a tyranny over the will that they subjugate it, and render it their slave. It is, if I may be allowed the comparison, the depraved legislative power, which usurps the legal independence of the executive power, and renders it its blind instrument." (Quoted in Drs. Bucknill and Tuke's *Manual of Psychological Medicine*.)

Marc here well places before his readers the two disordered conditions of the will by disease; but where, again, we ask, if physical seat there must be to mental disorder, where is the physical cause of diseased volition to be found?

Dr. Noble has a very interesting chapter (vii.) on the physiological potency of ideas illustrating the familiar truth of how potent the influence of the mind is on the physical state, and the power of the imagination to control the ordinary laws of our being.

In addition to this recognized influence of ideas on our physical nature, Dr. Noble makes the following observations on the influence exerted by purely intellectual ideas on our moral life.

"In closing (he says,) the present chapter, I would just glance at the potency of ideas, as evinced in their moral, as well as in their quasi-psychological effects. In the common events of life, how largely are men governed by mere idea, apart from any proper exercise of the will. This is the case alike with communities as with individuals. Look what happens with nations. Suddenly and intensely impressed with an idea—how it eventuates in energetic action; witness the moral commotions, giving distinctiveness and character to particular epochs! The whole history of the world testifies to grave and momentous occurrences thus originating. See how the idea of liberty has shaken society to its foundations. Numerous persons in periods of crisis, without either motives of interest or any very elevated spirit, have sacrificed worldly comforts of every kind, and even life itself, to this particular idea. The Crusades afford a memorable instance of the wonderful force of a great thought, when rendered dominant; so, in more modern times, do the remarkable events of the first French revolution. In matters more individual, the favourite idea, the hobby, of particular persons, will notoriously influence conduct to an extent vastly disproportionate to its intrinsic importance. 'Affections are strong,' says a periodical writer, 'but ideas are stronger. Through them Howard left his only child in a madhouse, while he carried on his benevolent reforms in the prisons of distant countries. They

steeled Bernard Palissy to see unmoved his wife and children perishing, while he tore up the very boards of his cottage to feed the furnace for his experiments. They possessed the painter who stabbed his brother, that he might truly paint the throes of his death agony. They made Rousseau, who could take such pains to give the rules for his idea of education in *Emile*, leave his own children to be brought up in a foundling hospital. They could lead Sterne to neglect a dying mother, while he indulged in pathos over a dead donkey. They make the conjugal and domestic life of (some) great poets, the blots in their biography, the most painful portion in their history.' In this class of cases, volition cannot certainly be regarded as absolutely in abeyance, but it would seem to be sufficiently so for the present illustration; the whole conduct, in such instances, being given up, as it were, to the dominion of some thoroughly unreflective thought."

The practical application of the doctrines of physiological psychology to the direct investigation of mental disease, is so well illustrated in Dr. Noble's classification of the varieties of insanity, that we shall conclude our present observations with the following illustration of that classification from the fourth chapter of his elements of psychological medicine, directly based as it is, on those views of the connection between the mind and brain, set forth in the volume now under notice.

"An illustration of the threefold division which I have myself adopted, is very readily afforded. I will take, for example, the varying circumstances of *homicide*. Every one knows that this is frequently perpetrated under the influence of disordered mind. The verdict of juries acquits on the ground of insanity. Such medical men as see nothing but hypothesis and speculation in psychology, conceive that when an accused person has been proved to be insane, the whole matter is simplified, and has little philosophical interest. Phrenologists probably urge the killing to have been done under morbid excitement of the destructive propensity. Yet, as a matter of fact, an insane person may commit homicide under varying psychological conditions,—from an emotional impulse, from notional error, from defective intelligence. An obvious and sufficiently familiar example of the first is at hand, in the furious maniac who, in a paroxysm of rage, or under some specific impulse to destroy life, becomes the immediate cause of a fellow-creature's death. Another person takes away life under the influence of some delusive notion which has taken possession of his mind; he may have become persuaded that, like Abraham, he has a vocation from heaven; he may be without passion, without emotion, fully conscious of what he is about, and of the consequences to himself and to others of some deed of slaughter. A lady of my own acquaintance, distinguished for religious-mindedness



and moral excellence in every respect, coolly and deliberately poisoned her daughter, a little girl of nine years of age, in the conviction that by the act she did God service. Notional insanity is exemplified in such circumstances. Again, life may be destroyed without there being any distinct or serious motive at all; the perpetrator may be in utter ignorance of the true import of homicide, acting from caprice and whim, in pure feebleness of intellect. Gall relates the case of an idiot, who, after killing two of his brother's children, went laughing to announce the fact to the bereaved father. In such an instance, the mental unsoundness is intelligential. Instances of homicide thus variously conditioned occur from time to time; and they exemplify, by one and the same overt act, very different psychical states."

C. L. R.

*The Practice of Surgery in Connection with the Treatment of Lunacy.* By D. F. TYERMAN, Esq., Medical Superintendent of the Middlesex County Asylum, at Colney Hatch (Male Department.) (*Continued.*)

Pursuing the consideration of those mechanical and surgical difficulties which beset the path of the practitioner in his treatment of insanity, I will again more particularly allude to those which result from the voracity, or unnatural appetites of classes of the insane, impelling them to swallow substances absolutely indigestible, or large portions of unmasticated food; and from paralysis of the nerves supplying the muscles of deglutition. A portion of this subject belongs equally to the sane world, as the remains of corroded knives, and other metallic substances in the museums of Guy's and other hospitals, and the works of authors on morbid appetite, sufficiently testify.

Criminals also, with a view to self-destruction, or to conceal stolen treasure, have been not unfrequently known to resort to swallowing coins and other materials. Dr. Paris, alluding to the inactivity of copper in its unoxydized state, refers to the case of a young woman who swallowed six copper penny-pieces, with a view of destroying herself. After a lapse of five years she voided them, and then confessed the cause of her protracted disease, the result of mechanical obstruction, occasioned by the coin. Beck alludes to two instances in which halfpence were swallowed, and remained, the one six months and the

other two months, before they were evacuated, without injury to the health. Dr. Copland states, that "cinders, spiders, lice, insects, toads, serpents, wood, hair, paper, earth, clay, chalk, and even ordure, have all been devoured in cases of vitiated appetite. Other substances have been swallowed, more as singular exploits than from actually longing for them. Thus we have accounts of persons taking into their stomachs clasp knives, musket bullets, billiard balls, gold watches, and Louis-d'ors; and, what is still more singular, discharging them by stool a few days afterwards. Knife-eating seems to have been no uncommon feat, as we have instances recorded of London, Prussian, Bohemian, North American, and Brazilian knife-eaters. Our friends of the United States seem to have surpassed all others in the rapacity which their knife-eater exhibited; for in June, 1822, (New York Med. Rep., Oct., 1822,) after being duly initiated into the art by swallowing a gold watch, chain, and seals, billiard balls, and various articles, at different times, which had passed through his callous digestive tube, he swallowed fourteen knives in the course of the day. This was his great but last exploit, for he died two months afterwards, having passed two of the knives by stool, the remaining dozen being found in the body,—eleven in the stomach, and one in the œsophagus."

It is questionable whether these feats have ever been surpassed by the insane, whose irresponsibility for their actions certainly places them at least upon a par, in the scale of humanity, with those wretched caterers for vulgar applause, or for a most precarious livelihood sought in defiance of the laws of nature.

Stone swallowing has been frequent at Colney Hatch, and has appeared to be the result of a really morbid appetite, inasmuch as the allowance to the patient of extra provisions has failed to check the tendency. Foremost among the patients exhibiting it is a Finlander, who passed, at one evacuation of the bowels, a pound and three-quarters of pebbles, some of which were upwards of two inches long, and over  $1\frac{1}{2}$  ounce in weight, no injury whatever resulting. The tendency has been seen also in young idiotic men and epileptics, the callosity of whose intestinal tubes have resembled that described by Dr. Copland; and many pounds weight of pebbles and other materials, such as remains of handkerchiefs, wood shavings, &c., have, from time to time, been discovered in the evacuations of such patients, no fatality having resulted from the habit, except perhaps that in one case it might have promoted an uncontrollable diarrhœa. In one instance, I

distinctly perceived, by manual examination of the abdomen, the course of many inches of the colon which was filled with stones and angular pieces of porcelain, all of which were passed without injury. The mode in which nature operates in defending the interior textures of the body, is by coating with the solid contents of the intestines the foreign bodies, and thus rounding off their inequalities and angles. They then in their passage through, and by the movements of the intestines, assume an ovoid figure, the lower bowel becoming for the nonce, the ovipositor.

In many instances, however, at Colney Hatch, life has been placed in jeopardy, and in some, lost by foreign bodies, or large un-masticated pieces of food lodging in the pharynx, œsophagus, or respiratory passages. In the case of a demented patient, I extracted a portion of blanket, and a considerable part of a handkerchief from the œsophagus, by the hooked probang and forceps, imminent suffocation being averted. In other instances, small potatoes and portions of meat have been removed with the sliding and hair cupped probang, (manufactured by Mr. Bigg); and I doubt whether success would have attended the use of any other instrument, undoubtedly a valuable acquisition in the lunatic hospital. The tube of the instrument is, towards the lower extremity, and an inch above the sponge, partly composed of stout hairs or bristles, and when introduced into the œsophagus and depressed upon the stilet, the bristles form a cup-like expansion which, when withdrawn, carries upwards with it the morsel or foreign body. In instances of failure I have minutely examined the mucous surfaces, and found them uninjured by the passage of the instrument. Two instances have occurred of large and solid portions of food, probably of cartilaginous or ligamentous character, lodging, during meals, firmly in the lower part of the œsophagus, far below the larynx, so that no difficulty of respiration resulted. In both of these cases, the first attempts to force the substances into the stomach failed, and liquids attempted to be swallowed were forced back through the nose. On the second day, (not without persevering efforts, and such firm pressure of the probang, continued for ten or fifteen minutes in the axis of the œsophagus, that the whalebone handle of the instrument on being withdrawn remained bent,) the efforts were successful, and the masses were reduced by the stomach and digested. The immediate freedom with which liquids were swallowed indicated, in each of these instances, the clearance of the œsophageal tube from obstruction.

By far the more frequent cause of danger from suffocation has occurred to the subjects of general paralysis, and has arisen sometimes from their tendency to voracity, as well as from the nervous inefficiency of the muscles concerned in the process of deglutition. In the male department we have generally forty, or about seven per cent. of patients who are the subjects of this intractable affection. On the female side the proportion is much less. Not unfrequently the attendant has succeeded in extracting with the finger the lodging morsel, all danger being at once removed.

I have already adverted to the great vigilance at table required upon the part of the attendants, who are not allowed to leave their places on the entrance into the wards of visitors or magistrates, who fully concur in the necessity of such discipline. In one instance recently, the attention of an attendant was attracted by a visitor, and fatal asphyxia, probably preventible by instant attention, resulted to a paralytic patient. In this case, I succeeded in extracting a portion of meat from the upper part of the œsophagus with the hair-cupped probang, but too late to be of avail. Great care is also enjoined to attendants having the charge of paralytics, to cut up finely the food, and administer it, if necessary, in a semi-liquid form. The little mills, used at the Devon and some other asylums, for the comminution of animal food, no doubt assist in diminishing the tendency to asphyxia from accidental suffocation.

Dislocations of the shoulder joint have not unfrequently occurred at Colney Hatch, as many as three happening on the female side in one year; these casualties having been occasioned by falls. No unusual difficulty occurred in the reduction, and the subsequent treatment of those injuries.

Dislocation of the jaw has occurred to three patients, two being men, and one a female. One of the men was an epileptic, and the accident did not recur after the reduction. The other man was a paralytic, a native of India, and the dislocation occurred repeatedly during the forty-eight hours preceding death. It was easily reduced, and appeared to result from a loss of muscular balance between the elevator and depressor muscles of the lower jaw, the result of the paralytic affection.

A painfully interesting case, in which the patient, an elderly female, with a view to self-destruction, laid open with a razor a large umbilical hernia, was for some years under the observation of my colleague, Mr. Marshall. A coil of the protruding colon was severed by the instrument, and artificial

anus was the result. This patient eventually sank from general disease; and upon the *post-mortem* examination, it was found that the portion of lower intestine between the artificial and the natural anus, had become contracted, and assumed a rudimentary character.

The apparent exemption from pain, and even material inconvenience, of the insane under certain surgical injuries, is very remarkable. A blind maniac, during his violent and plunging movements in a padded room, recently received a fracture of the left clavicle, at Colney Hatch. He certainly winced somewhat under the necessary examination, but continued to use the arm of the injured side without great inconvenience, the scapular and pectoral muscles of the joint acting vigorously; the elevation of the arm by the deltoid being evidently the most difficult movement.

Another patient in kicking at the door of a padded room, during the night, fractured transversely the left patella. It was impossible to keep the limb in position, and in a day or two, with a straight and stiff movement of the limb, he walked about with a certain amount of facility.

Some years since a male patient died somewhat suddenly from collapse. On making a manual examination of the thorax, I found that several ribs were fractured, the injuries being afterwards clearly traceable to the patient having, in his reckless movements, thrown himself over chairs and a fire-guard, a day or two previously. Subsequently to the accident, I saw this man in his ward, walking about with his hands in his pockets, with occasional half rotary movements of the thorax and shrugging of the shoulders; movements no doubt intended to place the broken bones in less inconvenient positions; but he made no complaint whatever, nor was any injury suspected up to the period of his death. Extensive fractures of the ribs on both sides, with injury to the pleuræ and lungs were disclosed at the autopsy, the cause of the injuries being elicited at the coroner's inquest.

Previously unsuspected fractures of the ribs having been sometimes discovered in autopsy rooms, some superintendents have, in their reports, adverted to these cases with a view to call attention to the periods of their occurrence, the asylum having sometimes unjustly borne the onus of the casualties. Such instances have been occasionally witnessed at Colney Hatch, and the injuries have been traced to periods long antecedent to the admission of the patients. The total absence of reparative union in the fractured ends of the bones may have, in some cases, led to the suspicion of the injuries being recent,

but the absorption of the first resulting blood coagula, the polished or semi-carious aspect of the broken extremities of the bones, which have been sometimes seen to be floating in old cavities of pus, and the denudation of the periosteum, indicated injury long inflicted. The lack of reparative union may be ascribable to want of early care and rest, or possibly to the blood-dyscrasis inaugurating the outbreak of insanity.

The occurrence of emphysema of the integuments of the neck and thorax led to the discovery of fractured ribs in one case, the result of a violent assault by another patient. The case did well.

The dexterity with which the insane, homicidally disposed, prepare, secrete, and sharpen weapons of attack, should never be lost sight of; large spike and mop-nails being easily converted into dangerous daggers. The recent homicide of Dr. Sylvester, by a lunatic of France, with the blade of a pair of scissors, was a deplorable event.

At the Cornwall Lunatic Asylum, in the year 1845, a homicidal patient attempted the lives of three persons, one being a patient, and the others attendants. He had, on my ordering him to be secured, already provided himself with a long mop-nail found in the grounds, and which, after sharpening it, he concealed in his pocket handkerchief, some folds of which he bound about the blunt end of the instrument to give a secure hold. He first made a thrust at the abdomen of an attendant, who fortunately wore a thick leather belt, upon which the point of the instrument impinged, rendering the man, however, for some moments breathless and helpless. He then turned upon a harmless patient, and, in aiming at the heart, perforated "with the instrument the left upper arm, and instantly afterwards the glutei muscles" down to the os ilii. A second attendant then closed upon the patient, who instantly stabbed him in the left thorax, below the heart, the instrument entering the lower lobe of the left lung. Extensive emphysema, with collapsed lung, immediately resulted, with great distress and other alarming symptoms. Under the rather liberal use of the lancet, and much care and quiet, this man fortunately, (as the others,) recovered perfectly. Further efforts on the part of the lunatic were happily frustrated by the quick sight and hand of a third attendant, just returned from the war in China, who had suspicion of a concealed instrument, which, enveloped in the handkerchief, he struck out of the hand of the patient. Seven years afterwards, the lunatic died of that frequent associate of homicidal and other violent propensities, phthisis pulmonalis.

*Notice of a Form of Window* ; by Dr. HUXLEY.

A form of window which is believed to be very suitable for asylums has been invented, and the pattern may be seen at the Kent Asylum, where the superintendent will be most happy to submit it to the examination of any of his professional brethren.

It is made wholly of wood, consists of two sashes, and in appearance differs in no respect from a common house window. It is opened and closed with the same ease, in the same manner, and with the same noise, and the fastening is within reach, efficient, and safe. It possesses the peculiar feature of a double action, by means of which both the bottom and top sashes are opened by one and the same movement, and they are spontaneously closed. The mechanism by which this is effected is simple, cheap, and durable, and not likely to get out of repair. The window would be less costly than an ordinary house window, because those parts upon which the movement depends are of less cost than the pullies, weights, and cords, in common use. These parts, also, are placed entirely out of sight and reach.

The object of the double opening is one conducive to a better ventilation ; for when two openings are made, two currents of air are commonly established, passing in opposite directions, and twice the area of opening is obtained, without an aperture large enough for a person to get through.

Both the sizes of the panes of glass and the extent of the opening may be optional. The latter may be, if desired, half the casement, the same as in a house window.

This window was contrived about two years ago, and is now about to be used in some additional building at the Kent Asylum.

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*The Eleventh Report of the Commissioners in Lunacy to the Lord Chancellor. Ordered by the House of Commons to be printed, 7th July, 1857.*

The pressure of other matter has compelled us to postpone the consideration of this State Paper until the present time. Its importance is too great to permit us any longer to

do so ; indeed, we feel some apology due to our readers for so late a notice of the most authoritative document in lunacy which the year produces.

The Commissioners report a very active condition of the counties in preparing new asylums for the lunatic poor, where there are none, and in increasing and improving accommodation where asylums exist. The site for the joint asylum for Beds, Herts, and Hunts, is at South End, four miles to the north of Hitching. It comprises 257 acres ; an extent of site which proves that the opinion is gaining ground, that extensive provision for agricultural labour is an essential element in the arrangements of pauper asylums. The opinion is well founded, but in carrying it into practice, the bounds of moderation will need to be preserved. A site of the extent named implies the formation of a regular farm, which must be worked according to the ordinary methods of agriculture, with horse labour, many paid servants, a bailiff, &c. Doubtless, with good management, it will return something above a fair profit for the money invested, and in many of its operations will afford beneficial occupation to the asylum inmates. These large tracts of land, however, give rise to the danger that the asylum management may be made too subservient to them ; that, instead of their management being made secondary to the main object of the asylum, the medical superintendent of the asylum may think more of his agricultural and financial success, than of the medical treatment of the patients, and the patients themselves may be treated too strictly in accordance with the exigencies of the farm, and may be induced to undertake an amount of labour beyond that which is beneficial to their health, and that those patients who are most useful in the various farming operations, may be detained in the asylum for a longer time than their mental condition requires. These evils are not merely speculative ; and it is worthy of notice, that the very asylum whose financial prosperity, derived from farm profits, has afforded the greatest stimulus to asylum agriculture, is the only county asylum in this country which persists in repudiating the non-restraint system of treatment.

The history of the establishment of the Branch Asylum of the Devon County Asylum on the coast, and the able reply of the Commissioners to the objections made to it in memorials to the Secretary of State are recorded as follows :

“ Additional buildings are in progress at the Devon Asylum, by which it is intended to relieve the female wards, at present greatly overcrowded, and to obtain space for the reception of the Lunatic



Paupers of Plymouth. Such indeed, in May of this year, was the condition of these patients, owing to the defective accommodation of Plympton House in which they were placed, that it was found necessary urgently to recommend their admission into the Devon Asylum, and we have to thank the Committee of Visitors for very promptly giving effect to our suggestion. A house having been taken at Exmouth, a selection was made of 40 of the Devon patients most likely to benefit by a change to the sea coast; and not only were the wards of the Asylum opened at once to 40 Plymouth Lunatics, whose continued exclusion might have lessened their chances of cure, but, for the inmates they replaced, timely recreation and enjoyment were provided. At first some alarm was felt at Exmouth, which appears to have been of brief duration; but on receiving, at the close of August, a memorial from the residents to the Secretary of State conveying that feeling of alarm, it became our duty to point out to Sir George Grey, that the step so humanely taken by the Visitors of the Devon Asylum was one which, under proper and necessary restrictions, had been in use for several years past, with salutary results, in the case of Patients in Licensed Houses above the pauper condition. We showed that it was, in fact, as a subsequent part of this Report will further exhibit, an essential element in the improved treatment of the Insane that they should thus be allowed all reasonable opportunities of exercise, air, and recreation; and that while it had led to no inconvenience, it had been attended with indisputable benefit as an important means not only of inculcating, among the Patients, as far as possible, habits of self-control, but of weakening the impression, too apt to be entertained by themselves, that their detention is a penal confinement, and not a discipline rendered necessary by disease. We had given every encouragement, therefore, to the practice of taking them, whether in public or private Asylums, to walk daily in the country adjoining their abodes, with proper attendance, and a due regard to the selection of Patients fit to receive such permission; and it was, as it continues to be, our belief that from its continued enjoyment and benefit, wherever possible, it would be impolitic and cruel to debar this numerous class of the suffering and afflicted."

In Bucks, Shropshire, Cambridgeshire, and Devon, new land has been purchased.

In Cumberland and Westmoreland, the plans for an asylum are in an advanced state. A site has been purchased for a joint asylum for the counties of Caermarthen, Cardigan, and Pembroke. In Gloucestershire, the interest of the subscribers to the charitable department of the asylum, has been purchased by the county, and the asylum will for the future be appropriated for pauper inmates only. The Town Council of Bristol have purchased a site for a new asylum. The Lin-

colnshire, the Norfolk, the Hants, the North and East Ridings, and the West Riding asylums, are all undergoing enlargement, and a new chapel is in course of erection at the Nottingham Asylum.

The plans for the new asylum for Durham have been approved ; and the Commissioners state that they " shall watch the progress of the building with anxiety," since the management of the licensed houses which have hitherto received the pauper patients of the northern districts, has been most reprehensible. We are not sure whether by this expression of anxiety, the Commissioners intend to infer that the management of the county asylum for these districts, will be liable to be tainted with the same faults as those which have existed in the licensed houses of the district ; or that they are anxious to see this unsatisfactory management terminated by the speedy completion of the county asylum.

In the county of Northampton, the Commissioners " have to regret that the Justices still hesitate to take the course prescribed by the legislature in this matter," by which matter, although it is not so stated, we presume they mean the erection of a county asylum. The Justices have concluded a five years' agreement with the Northampton Lunatic Asylum, to which the Commissioners have given a reluctant consent, and of which they say, " that unless arrangements are meanwhile made, to secure to their patients all the advantages and protection contemplated by the Lunacy Acts, we will certainly object to their removal." It should, however, be remembered that the Northampton Lunatic Hospital is an extensive and admirable institution, which although not established under the provision of the Asylums Act, was established for similar purposes before that act was passed, with the intention of providing for the insane poor of the county. The gentry of Northamptonshire set an early and noble example in providing the most advanced and scientific treatment for the insane of all classes ; and, if recent legislation in regard to the pauper insane has superseded voluntary arrangements, all reasonable indulgence ought, we think, to be shown to them in carrying out the more advanced system of legislation for the cure of the insane poor. Still the charity of the public ought not to be allowed to stand in the place of the legal statutory provisions ; since as we have often maintained, the care of the insane poor, is no more an object of charity, than the maintenance of the church or the army.

The plans of the Sussex Asylum at Hayward's Heath, have been sanctioned, and a short Act of Parliament has been

passed through the legislature to amend the Lunatic Asylums Act, by enabling the Borough of Brighton, or any other annexed to a County for the purposes of the act, to appoint two Justices to be members of the Asylum Committee. The facility with which special enactments are quietly passed through the legislature to amend important acts, is open to serious objection. An amendment, however needful, of an important act, is a very different matter from a local or private bill, and all such tampering with the great statutes ought to be watched with exceeding jealousy.

Respecting the enlargement of the Kent Asylum, the Commissioners observe :

“ During the year also much correspondence has passed between the Visitors and our Board upon a plan for an additional Wing to the building on the female side, which remains still under consideration.”

The term “still under consideration,” however, scarcely expresses the actual and peculiar circumstances of the case. The facts are as follow : The Visitors of the Kent Asylum were anxious to enlarge considerably, by the addition of a new wing ; and carefully-drawn plans, providing the kind of accommodation which the Medical Superintendent and Visitors desired, were submitted to the Secretary of State for his approval ; but at the suggestion of the Commissioners in Lunacy this approval was refused, and certain plans of the Commissioners were offered in substitution, which did not meet with the approval of the Visitors. Upon this, the Commissioners requested an interview with the Visitors, in order that they might explain and impress their views. The interview was accepted, but the arguments of the Commissioners, in favour of their own plans, were met by the Visitors with the declaration that since their own well-considered plans had been rejected, they, the Visitors, had determined not to enlarge their asylum in any manner ; but that they should require the authorities of such boroughs, as did not contribute to the county rate, to remove their patients from the asylum. Since this time, some arrangement appears to have been effected, as we observe that additional buildings are now in progress at the Kent Asylum.

The Commissioners express their satisfaction at the amount of asylum building which is going on.

“ It is satisfactory to discern, upon the whole, a progress in the

Counties during the past year more considerable than for several years preceding. New buildings are in more active preparation, as well as additions, in some cases designed judiciously, to existing institutions. Of three new County Asylums, your Lordship will have seen, the plans have received the Secretary of State's approval, and those of a fourth are far advanced; in five instances new purchases of land have been made, adding greatly to the comfort of the patients; eight other County Asylums are receiving enlargement, improving their means of accommodation."

The Visitors of Colney Hatch and Hanwell have submitted to the Secretary of State, or as the report erroneously states, *through* the Secretary of State, plans for the enlargement of Colney Hatch, to accommodate 713 additional patients; and for the enlargement of Hanwell, to accommodate 600. The Commissioners advised Sir George Grey to refuse his sanction to such enlargements on the following grounds:

"It has always been the opinion of this Board that Asylums beyond a certain size are objectionable. They forfeit the advantage which nothing can replace, whether in general management or the treatment of disease, of individual and responsible supervision. To the cure or alleviation of insanity, few aids are so important as those which may be derived from vigilant observation of individual peculiarities; but where the patients assembled are so numerous that no Medical Officer can bring them within the range of his personal examination and judgment, such opportunities are altogether lost, and amid the workings of a great machine, the Physician as well as the Patient loses his individuality. When to this also is added, what experience has of late years shown, that the absence of a single and undivided responsibility is equally injurious to the general management, and that the rate of maintenance for Patients in the larger buildings has a tendency to run higher than in buildings of a smaller size (during 1856), it would seem as if the only tenable plea for erecting them ought to be abandoned. To the Patients, undoubtedly, they bring no corresponding benefit. The more extended they are, the more abridged become their means of cure; and this, which should be the first object of an Asylum, and by which alone any check can be given to the present gradual and steady increase in the number of Pauper Lunatics requiring accommodation, is unhappily no longer the leading characteristic of Colney Hatch or of Hanwell. Built originally at great cost, as hospitals for treatment and relief, they have been gradually in course of conversion into permanent places of refuge for a too large proportion of cases as to which the chances of relief are few; and while such cases have accumulated in them, there has been an almost total exclusion of those, more recent, which by timely medical care therein might never have contributed,

as they now so largely do, to the permanent burdens on the rate-payers. This growing evil was remarked upon by the Medical Officer of Hanwell so long as twenty-three years ago; and out of the thousand and nineteen patients in the same institution at the close of last year, in twenty-six only had the disorder been of less than one year's duration, and in seventeen of less than two."

Moreover, in their opinion, the acreage of ground at Colney Hatch and Hanwell was greatly too limited for the proposed numbers, and they therefore recommended that a third asylum should be built for the county of Middlesex, "of a simpler and less expensive kind" than the existing ones. Sir George Grey proposed a personal conference between the Commissioners and the Visitors; but upon its taking place, their principal points of difference proved to be not reconcilable, and the Commissioners gave way.

"From that time our Board has ceased to insist on what we saw to be impracticable; and we can only entertain the hope that means may be found to render the modes of enlargement, in both instances, as efficient as the circumstances may yet allow. The degree of such efficiency will be the measure of the shorter or longer period for which the necessity of building a third Asylum may still be averted."

In point of fact, the Middlesex magistracy were obstinate, and the Secretary of State would not maintain the opinion of the Lunacy Board. The law gives to the Commissioners in Lunacy no real authority to sanction or reject any plans for building or enlarging any county asylum. The Secretary of State however, in whom such authority is actually vested, exercises it very properly, under the advice of the Commissioners. In this instance he declined to follow that advice; perhaps, because to do so would have placed him in collision with a numerous and influential body of gentlemen, who might be supposed to be practically acquainted with the subject upon which they had formed a decided opinion. If so, Sir George followed the dictates of political expediency, rather than the strict rule of right, in preferring the desires of the great metropolitan magistracy to that of the Government Board. But by this act, he has afforded a precedent which will certainly entail future difficulties, since he can scarcely without injustice, hereafter refuse to magistracies of more distant and less influential counties, the right to provide accommodation for their insane poor upon any plan upon which they may decide, which is not absolutely unreasonable although it may be entirely opposed with the well considered opinion of the Commissioners.

The Commissioners urged the erection of "a third asylum, of simpler and less expensive kind;" not less in justice to the lunatics, than in consideration to the ratepayers; and they urgently pressed "the immediate erection of such an asylum, without the expensive arrangements and appliances needful to the active treatment of acute cases." The "justice to the lunatics themselves," in providing them with a cheap asylum, is not very apparent; nor is it quite clear that a new asylum could, on any efficient plan, be constructed so economically as ward additions to an existing one. We are not made acquainted with the expensive architectural arrangements which are supposed to be needful to the active treatment of acute cases; but such arrangements as kitchens, laundries, gas works, &c., are needful to all asylums, and it is the expense of their construction which inevitably renders a new asylum more costly than the ward extension of an existing one. A ward extension is like a farmer taking a hundred additional acres of outlying land. The same house expense, shepherd, waggoner, and teams, serve, and the profit of cultivation is clear profit.

"Justice to the lunatics themselves" is another question; and we entirely agree with the Commissioners in thinking that it is difficult to secure, in overgrown asylums, the individualized attention to patients by medical officers and nurses, upon which their welfare depends far more than upon any arrangement of bricks and mortar. To ensure such attention, it is essential to give that power and position to the medical staff, whose value in the management of vast asylums the Middlesex magistrates have unfortunately shewn themselves unable or unwilling to appreciate.

The Commissioners have not so fully availed themselves of this argument as they might have done. Their argument on the economy of a new asylum fails; but that founded on the absolute need of providing efficient medical treatment, and individualized care for the patients, would, if they had pushed it, have served to establish their position unanswerably. As institutions for the medical treatment of insanity, there cannot be a doubt that the monster asylums are failures; a result owing partly to their unmanageable size, partly to the false position in which their Visitors have systematically placed the medical staff. To enlarge immense asylums in which medical science is systematically depreciated, is to extend the area of one of the worse abuses which can be applied to the care and treatment of the insane poor.

The Commissioners state, that while all the county and

borough asylums suffice for the reception of 15,690 inmates, 14,309 are now accommodated therein. During the year 1,000 patients were unable to find admittance for want of room ; and although 2,000 pauper lunatics were still detained in licensed houses, the number of pauper lunatics and idiots detained in workhouses, or with their friends, was no less than 12,297 ; and “the obyious conclusion presents itself, that what is now found necessary in Hanwell and Colney Hatch will soon become a general requirement, and that no merely temporary expedients will satisfy a want so steadily increasing.”

The detention of lunatic paupers in workhouses is a practice which, in spite of the law, appears inveterate, and which is by no means always due to the difficulty of obtaining accommodation in properly regulated asylums. “The motive of economy,” say the Commissioners, “has also operated, which in most instances will be found strongly to influence the decisions of parochial boards ; nor can it be denied that it is with some show of reason objections have been made to the heavy charge of maintenance rendered necessary by the expensive character of the structures and management in too many public institutions.”

The Commissioners, however, here fall into a slight error, for the rate of maintenance has no connection whatever with the expense of the structure of any public asylum. The one is provided entirely from the poor-rate, the other from the county-rate, and so far from an expensive structure entailing a heavy rate for maintenance, it is reasonable to expect that the reverse should be the case, inasmuch as an ill-arranged and imperfectly constructed building would necessitate a more expensive staff of officers and servants, than one in which the structural appliances were complete. Moreover, the cost of land goes with structure ; and an asylum endowed with 257 acres of land, like the one mentioned in this report, ought to compensate the heavy burden it places upon the county rates, by the low rate of charge for maintenance which agricultural profits render possible.

The condition of the vast numbers of the pauper insane who are deprived of their liberty, without any warrant of law, in workhouses and workhouse wards, is a question of very pressing importance. According to the Commissioners, their condition is most unsatisfactory. A few exceptional cases may, they think, derive benefit from the domestic duties and operations of the workhouse, if they are enabled to pursue

them, but the detention of large numbers of the insane poor in these places meets with their uncompromising opposition.

“It is obvious that the state of Workhouses, as receptacles for the Insane, is becoming daily a subject of greater importance. They are no longer restricted to such Pauper Lunatics, as,—requiring little more than the ordinary accommodation, and being capable of associating with the other inmates,—no very grave objection rests against their receiving. Indeed it will often happen that residence in a Workhouse, under such conditions, is beneficial to patients of this last-mentioned class; by the inducements offered, from the example of those around them, to engage in ordinary domestic duties and occupations, and so to acquire gradually the habit of restraining and correcting themselves. But these are now unhappily the exceptional cases. Many of the larger Workhouses, having Lunatic wards containing from 40 to 120 inmates, are becoming practically Lunatic Asylums in everything but the attendance and appliances which insure the proper treatment, and above all in the supervision which forms the principal safeguard, of Patients detained in Asylums regularly constituted.

The result is, that detention in Workhouses not only deteriorates the more harmless and imbecile cases to which originally they are not unsuited, but has the tendency to render chronic and permanent such as might have yielded to early care. The one class, no longer associating with the other inmates, but congregated in separate wards, rapidly degenerate into a condition requiring all the attendance and treatment to be obtained only in a well regulated Asylum; and the others, presenting originally every chance of recovery, but finding none of its appliances or means, rapidly sink into that almost hopeless state which leaves them generally for life a burthen on their parishes. Nor can a remedy be suggested so long as this Workhouse system continues. The attendants for the most part are Pauper Inmates, totally unfitted for the charge imposed upon them. The wards are gloomy, and unprovided with any means for occupation, exercise, or amusement. And the diet, essential above all else to the unhappy objects of mental disease, rarely in any cases exceeds that allowed for the healthy and able-bodied Inmates.”

The Commissioners say, that in their visits to workhouses, it is their invariable habit to recommend the removal of all curable or unsuitable cases to an asylum; but “we find nothing so difficult as the enforcement of such recommendations, and, for the most part, the report of the medical officer of the union, to the effect that the patient is *harmless*, is suffered to outweigh any opinion we can offer.”

We have long been painfully impressed with the utter want of system which generally prevails, in the manner of



sending insane paupers to county asylums. As a rule, the transmission of a patient to the asylum depends far more upon the trouble he gives at a workhouse or in his own house, than upon any other consideration. An idiot who makes a howling noise or tears his clothes is sent to the asylum, while a curable melancholic is detained from it. A case of dementia of twenty years standing, if of uncleanly habits, or restless at night, is sent to an asylum, while a case of recent and curable mania whose manifestations are not violent, is left to languish in the workhouse ward. On the other hand there are hundreds of chronic insane confined in county asylums, who under proper supervision would be harmless and happy in the cottage homes of their relatives and friends, if a fair allowance for their maintenance and sufficient medical attendance were provided under authorities whose primary consideration was not that of economy, and there are numbers of idiots filling up valuable space in asylums for whom idiot wards might be arranged with every security for their proper treatment, if such wards were placed under frequent inspection and control of persons who understood the wants and management of these unfortunate beings.

These evils arise from the care of the insane poor, who are in asylums and those who are not in asylums, falling under different heads of administration. The legislative theory is, that all insane paupers are placed under the control of Visitors representing the county magistracies, and of their officers, and under the central supervision of the Lunacy Board; but in reality nearly one half of them are under the sole control of the Boards of Guardians, and the supervision of the Poor Law Board. Any individual magistrate, it is true, may send any pauper lunatic to the county asylum if there is accommodation therein; but practically magistrates are moved to do so by the poor law officers; and as a body, the county magistracies exercise little influence upon the lunatic poor anterior to their admission into the asylum, or subsequently to their discharge from it. A want of mutual understanding exists between those who are practically the guardians of the insane poor who are not in asylums, and of the justices to whose care the inmates of county asylums is by law committed. Hence arises the absence of any proper selection of those patients to whom asylum treatment and protection is needful; and the inability of Visiting Justices to discharge chronic patients, "even of a harmless and quiet kind," without feeling that they would be forthwith subjected to what the Commissioners designate as "a

quality of diet and accommodation which would have the immediate tendency to exaggerate their disorder."

The only practicable remedy for this evil appears to be, to place all the insane poor under one authority; to extend the power of the Visiting Justices of asylums to all the insane poor of their county, and to enact provisions, by which the condition of every lunatic pauper shall be brought under their cognizance. Boards of guardians, and the class they represent, would be effectually conciliated by earnest efforts to reduce the pecuniary burthen of the insane poor; by the construction of idiot wards, by providing for suitable chronic cases at their own homes, and by constant efforts to preserve the strictest economy, both in the construction and management of asylums, and in the distribution and care of patients, which is consistent with their satisfactory supervision and humane treatment.

Any idiot wards which may be established apart from asylums should be placed under the control of the Visiting Justices, and the medical officer of the county asylum should be required to inspect them frequently, in order that he may not only advise the Justices respecting their management, but that he may ascertain whether any of the inmates are in a state which needs the resources of the asylum.

For the protection of insane paupers not in asylums or workhouses, the medical officers of unions should be required to render to the Visiting Justices of every asylum, an immediate and full account of every new case of mental disease among the chargeable poor, which comes within their knowledge; and a quarterly report of all chronic patients living with their friends; and the Visiting Justices should be empowered to appoint an officer of their own, to visit and report upon the condition of any such insane paupers as they may deem it needful to investigate.

The few fees which such arrangements would incur would be as nothing in comparison with the saving effected, if they averted the need of constant additions to asylum buildings. Asylum building has been active through the land for a quarter of a century, but the more that is built the greater need. Active as the architect has been, the demands for wider accommodation have more than kept pace, until at the present time, with asylum room for fifteen thousand patients, asylum room is wanted for fourteen thousand more, at an expenditure which cannot be estimated at less than a million sterling. The proportion of the insane poor to the population is increasing to an extent we could scarcely

credit, on a less authority than that furnished by the following table, given in the appendix to the Commissioners' report :

COMPARISON of the ANNUAL RETURNS of Pauper Lunatics and Idiots for the Years 1852, 1854, 1857.

Date.	Population.	In County or Borough Asylums.	In Licensed Houses	In Work-houses.	With Friends or elsewhere.	Total of Lunatics and Idiots.	Proportion to Population.
1st. Jan. 1852	17927609	9413	2584	5055	4107	21158	1 in 847
1st. Jan. 1854	18649849	11956	1878	5713	4940	24487	1 in 762
1st. Jan. 1857	19408464	13488	1908	6800	5497	27693	1 in 701

Increase of Lunatics of all Classes during the last five years, according to the Commissioners' Reports		1852	1857
Paupers.		12982	16657
Private Patients		4430	4687
		17412	21344

According to Returns published by Poor Law Board during the same period		1852	1857
County and Borough Asylums.		9412	13488
Licensed Houses		2584	1908
Workhouses		5055	6800
With Friends, or elsewhere		4107	5497
		21158	27693

It is noteworthy how small a proportion to the total increase has been contributed by the private patients. Mental science might have led us to anticipate that a greater proportion of the increase would have been contributed by those classes most exposed to the distracting influences of an advancing civilization, namely, the upper classes, among whom private patients occur. What is the reason why such prescience is falsified? We have heard two explanations offered. First, that pauper insanity is encouraged by a system which freely opens the wards of an asylum to any imbecile youth, or demented old person of the pauper class, and that, in accordance with economic laws, the supply of insanity has kept pace with the demand. And, secondly, that private patients are not countable in the same proportion as formerly; that, for some cause or other, and notwithstanding the great improvements that have taken place, they avoid asylums, and undergo treatment in private houses, where they escape the cognizance of the Commissioners. Both explanations are founded on truth.

Insane persons belonging to the more wealthy classes are treated far more than formerly in secret. The Commissioners

say (page 44,) "that the number of insane patients returned to this office as single patients, altogether about 150, form a very small proportion of those whose protection and care were the objects of the legislature." Considerable numbers, also, are sent into other countries. Some private asylums in the north of France are said to be in a great degree supported by the payments made for English patients, and no inconsiderable number has been sent into Scotland. (see Dr. Browne's *Evidence before the Scotch Commission*).

Towards the conclusion of the Report a question of treatment is referred to, in a manner in which we cannot pass without comment.

We have seen it stated that in a recent visit to the Colney Hatch Asylum the Commissioners reported their earnest conviction that prolonged and extended exercise is in every way preferable to seclusion in the treatment of insanity. Now if the Commissioners think seclusion a very bad thing, they may still think prolonged exercise far from being a good one. In their present report however, they express themselves not by comparison but positively on this subject.

"Continued observation of the good effects resulting from free and extended exercise in the open air has strengthened our favourable opinion of its value as a means of treatment. We have from time to time, therefore, made recommendations calculated to promote this object; and in many instances have advised the enlargement of airing courts, the formation of extensive walks on the estates of land belonging to Asylums, regular exercises beyond the limits, and occasional excursions and visits to relatives, or to the sea side. Wherever, in addition to such advantages, an abundance of out-door occupation is provided for Patients (as for example, in the North and East Ridings Asylum, already adverted to), the good effects are obvious in a diminished tendency to violence, improved bodily health, and increased tranquillity and cheerfulness. It is found also, as a consequence, that the employment of seclusion, of padded rooms, and of other objectionable means to repress or allay excitement, are diminished in the same degree; and that it is no longer necessary to resort to strong dresses, indestructible bedding, and other devices formerly so frequently employed, when the *superfluous nervous energy* had not been *exhausted* by open air exercise or occupation. On the other hand, wherever, from the particular situation of Asylums, or other causes, such opportunities of recreation and employment are defective, an unusual degree of excitability, restlessness, and discontent prevails among the Patients; or a moody, listless aspect is observable, the result generally of monotonous and inactive life. This is more evident among the men than among the women, who, having various in-door occupations suitable to their habits, are less unfavourably situated."

In this paragraph the Commissioners commit themselves very positively to the doctrine, that in insanity there is *superfluous nervous energy*, and that in the treatment it is desirable that this *superfluous nervous energy* should be *exhausted* by open air exercise. It is remarkable, however, that they derive their example of the diminished tendency to violence and increased tranquillity which is produced by abundance of out-of-door occupation, from an asylum in which mechanical restraint is still used ; from the only asylum, indeed, in which the non-restraint system has been pertinaciously rejected.

Although in one, but by no means numerous class of maniacal patients the use of the prolonged muscular exercise is tranquilizing and beneficial, the theory that as a rule the insane possess a superfluity of nervous energy, is in direct opposition to the general opinion of the psychological world. It is a theory which, if carried into practice, either by the exhaustion of muscular fatigue, or any other exhaustive remedies, must lead to serious results. It is a theory in comparison with which a solitary instance of stupid mal-praxis is innocuous ; for theory guides practice, and an erroneous theory promulgated on the highest authority, may cause mischief beyond calculation. It is a theory which may be made to sanction any treatment of insanity directed to exhaust and depress the powers of the system. The Commissioners may any day see it refuted practically, by attending at St. Luke's to observe the proceedings in the dispensary. They will there be able to observe the lavish expenditure of port wine and brandy to patients suffering from almost all forms of acute insanity,\* and they will find, upon inquiry, that under this system of stimulating and supporting the nervous energies, and in an institution where no out-door occupations are provided, a larger per-centage of recoveries is effected than in any other institution in the kingdom.

That exposure to the open-air during many hours of each day is an important means of diminishing excitability and restlessness, in many cases even of recent insanity, there can be no doubt. But we apprehend that this beneficial operation of the fresh air upon the excitable nervous system, depends mainly upon its tonic influence, and not upon the depressing agency of any hard labour with which it may be associated. There are, however, many cases of recent insanity in which exposure to the fresh air, even as a tonic, is inadmissible on sound grounds of medical treatment. For many such cases the repose

\* The wine and spirit account at this hospital, for less than 200 patients, is about £400 per annum.

of bed is indispensable, for the purpose of re-accumulating by repose the nervous energies exhausted by constant activity and excitement, and perhaps by injudicious treatment.

The free use of recreation and employment in the open air for all chronic patients, whose bodily health will permit, is indeed attended with the best results both to the state of mind and body. Still such employment must be kept within due limits, and not suffered to degenerate into hard labour; for even with chronic patients, the theory that their disease in any way depends upon *superfluous nervous energy*, and that their treatment ought to be directed to exhaust this superabundant power, is quite at variance with the general opinion of the profession, and opposed to all that we know of the nature and treatment of insanity. Open-air occupation and employment act as a tonic to the body and as a recreation to the mind; they are both physiological and moral remedies; but in any class of the insane, hard labour employed to exhaust superfluous nervous energy is a means of treating insanity, the safety of whose employment is extremely doubtful.

The Commissioners have done immense service to the cause of the insane by systematically discouraging that negligent want of management which leaves patients to mope listlessly, without objects of attention or desire, and which converts a hospital for the mind into a mere place of detention. Doubtless it is in the pursuit of this excellent intention, that they have fallen into the erroneous theory which we have felt it our bounden duty to comment upon. The experience of the Commissioners may teach them that there is more to be feared from indolence and neglect, than from ill-directed activity in treatment. Still neglect and harshness are apt to go together, and the theory of *superfluous nervous energy*, if accepted, may hereafter meet the Commissioners, where in their anxiety for careful and humane treatment, they may least wish to recognize it.

The statistics of the insane in England and Wales are given in the following table. It is evident however, from the table we have given at p. 383, that these statistics can only be relied on as an approximation to the total number of insane in the country. The Commissioners give the number of insane paupers as 16,657. The Poor Law Board gives it as 27,693. It is probable that the number of private patients 4,687, is in a still greater degree below that of the actual number of insane persons not paupers in the country; indeed, our personal experience of the proportion of insane persons not paupers, registered by the Commissioners as in asylums or single patients, to those who are

unregistered, would lead us to estimate the former at less than a moiety of the whole.

	Private.			Pauper.			Total Males.	Total Females.	Total Lunatics
	M.	F.	Total.	M.	F.	Total			
Asylums . . . . .	119	94	213	6409	7687	14096	6528	7781	14309
Hospitals . . . . .	812	744	1556	95	80	175	907	824	1731
Metropo. Licensed Ho.	657	621	1278	471	828	1299	1128	1449	2577
Prov. Licensed Ho. . .	787	724	1511	605	482	1087	1392	1206	2598
	2357	2183	4558	7580	9077	16657	9955	11260	21215
Royal Naval Hospital .	129	..	129	..	..	..	129	..	129
	2504	2182	4687	7580	9077	16657	10084	11260	21344

	Found Lunatic by Inquisition.			Criminals.			Chargeable to Counties or Boroughs.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Asylums . . . . .	5	1	6	197	63	260	534	586	1120
Hospitals . . . . .	22	15	37	88	20	108	1	..	1
Metropo. Licensed Ho. .	65	45	110	20	13	33	35	69	104
Prov. Licensed Ho. . . .	78	45	123	151	29	180	34	14	48
	170	106	276	456	125	581	604	669	1273

J. C. B.

*Treatment of Erysipelas, by the Tr. Ferri Sesquichloridi, externally and internally.* By J. G. SYMES, Medical Superintendent of the Dorset County Asylum.

In the last two reports of this asylum, several cases of erysipelas having been briefly alluded to, I am induced to mention a few more particulars of them, with the treatment adopted.

Case 1.—C. P., a painter, aged 56, suffering severely from lead colic, and generally greatly debilitated. He was also very subject to epilepsy. On December 2, 1856, he had a violent attack of epilepsy, and next morning well marked erysipelas appeared on the left side of head, face, &c. The inflammation rapidly spread, and the following day he was perfectly blind; and on the 7th of that month, the disease having extended to his throat and chest, he sunk. The only local application was warm milk and water; internally the Tr. Ferri Muriat, ten drops every four hours, and generous diet, with wine.

Case 2.—C. E., a female, aged 49, employed in the under laundry, strong, able-bodied, and in very good health, washed the clothes of the above patient on the 9th or 10th of Dec., and whilst doing so, rubbed with her wet hand a small boil on her forehead. The next morning she complained of headache and stiffness over the eyes, with a sense of itching. On the third day, erysipelas appeared all over the scalp, eyes, and face, with great severity, and rapidly extended downward to the throat. She speedily got worse, and died on the ninth day from first appearance of the inflammation. Treatment same as last case.

Case 3.—April 1857. A. C., a female, aged 54, epileptic, was in usual health, and at work knitting, when seized with a violent tremor, which left her very languid and drowsy. Next morning (21st,) the face, eyes, forehead, and part of the scalp, were covered with erysipelas, skin very red and shining, great sense of heat and itching. I ordered her the Tr. Ferri Muriat in 20-drop doses, with water, every two hours night and day, and to have the whole surface where inflamed, and a little outside it, painted with a solution composed of equal parts of distilled water and the Tr. Ferri Sesquichloridi. The comforting effect of this local application was almost immediate, and she begged to have it repeated, which was done at intervals of six hours. On the 22nd the inflammation was much lessened, and by the 24th completely subdued. Rapid convalescence ensued.

Case 4.—C. S., a female, aged 69, was very similar to the other, and the treatment the same, with the exception that the lotion only was applied, and no medicine administered. Wine and good diet was allowed and given regularly in each case. This local application seemed equally efficacious, and during the time it was employed great relief was experienced. The only reason for my not administering the medicine internally was the great reluctance of the patient to take it; therefore I gave her, from the first day, six and increased it to ten ounces of port wine daily.

Three other cases have occurred, and been treated in the same way, with the happiest effects.

I am not aware that this preparation of iron has before been used *externally* for this disease, but I feel sure it is a valuable agent. I should not recommend more than three or four applications of the lotion in twenty-four hours, for I believe the effect would be too severe. Whether or not in some other diseases of the skin it might not be equally advantageous, I cannot say, but I shall be ready to try it.



## MEDICO-LEGAL TRIALS &amp; INQUISITIONS.

*The Parish Will Case, before the Surrogate of the City of New York. Medical Opinions upon the Mental Competency of Mr. Parish.* By JOHN WATSON, M.D.; PLINY EARLE, M.D.; D. T. BROWN, M.D.; LUTHER V. BELL, M.D., LL.D.; M. H. RANNEY, M.D.; J. RAY, M.D.; SIR HENRY HOLLAND, Bart., M.D., F.R.S. Trow, New York, 8vo., pp. 600.

The pamphlet whose title is above given, is a new example of the magnificent style in which everything is done in the new world, where the mountains are higher, the rivers wider, the lightning quicker, the thunder louder, and everything vaster and faster, than in this used-up quarter of the globe. An octavo pamphlet of 600 pages, made up of medical opinions on the state of mind of a New York merchant, is an indication of the thoroughness with which our medical brethren in America go into questions of this sort. The inquiry, indeed, involved a very large amount of property, namely, about a million of dollars; and, as in all cases where a testator of dubious mental capacity has been surrounded by interested persons during life, the attempt to prove his mental unsoundness after death was an matter of very different complexion to that which any fair inquiry into his state during life would have been. In this country, it is well known that dead men have occasionally made wills; and that sometimes, to save the tender consciences of persons who were not absolutely prepared to swear that black was white, a living fly has been put into the dead man's mouth, so that the witness might conscientiously (?) swear that "there was indeed life in him when he signed." In all seriousness, we are bound to applaud the acute and searching examination of evidence displayed in these medical opinions, and the clearly argued manner in which the conclusions are deduced. They prove that in America no attempt is made to limit the opinions of medical experts to merely physical facts, and that their judgment is not only permitted, but encouraged upon the evidence of others testifying to any facts which bear upon the medical question at issue. We regret that the space at our command prevents us from giving any of these opinions *in extenso*, as an example of the manner in which important

lunacy questions are treated in America. The facts, as we gather them with some difficulty from this bulky volume, may be briefly stated as follows :

Mr. Henry Parish was a retired new York merchant, of great wealth. He had a wife, but no children. He had two brothers, one of whom had been his partner in business. His wife also had two brothers, namely, Dr. Delafield and Mr. Delafield.

When in health, Mr. Parish had been a man of more than usual capacity as a merchant. He retired from trade in 1838. His habits afterwards were not domestic. He spent most of his evenings away from home—at whist parties, at the opera, or at his clubs, where he remained from eight or nine in the evening until one or two at night. His character was “mild, gentle, unruffled, and yet decided.” He went on a tour to Europe in 1842. During the two years previous to this date, he had been subject to attacks of vertigo. “It was of the nature of apoplexy, but incomplete.” He was unconscious for a short time ; there was tendency of blood to the head. “It was a family complaint ; his father died of the same thing.” He had two or three seizures before leaving for Europe ; he also had one at Baden, after getting out of a bath.

In September, 1842, before going on the tour to Europe, Mr. Parish executed a just and reasonable will, by which, after providing most liberally for his wife, and even leaving legacies of \$10,000 each to her two brothers, he left his own brothers, Daniel and James Parish, his residuary legatees, assigning as a reason for bequeathing to Daniel Parish in particular, that he had made his money together with him as partners in business, and that Daniel Parish, although a man of handsome fortune, had a large and expensive family.

After his return from his European tour, he was attacked with apoplexy in a broker’s office where he was calling ; he became insensible, convulsed, and paralytic ; at first there was hemiplegia of the right side, which his brother-in-law described as defect of motion, not of sensation, implicating the right arm, the right leg, and the organs of speech. He subsequently regained considerable control over the movements of the leg, and the muscles of the face soon recovered, but the right arm remained paralysed. In the following October, he had a severe complication of disease, which his brother-in-law and Dr. Markoe attributed to intussusceptio, and a slough of a portion of the lower bowel which came away entirely. He had also one or more attacks of cholera morbus, one severe

attack of inflammation of the lungs, an abscess under the angle of the jaw, which threatened suffocation; and "there were various minor attacks from time to time," that is, there was a great deal of swelling of the legs, "his bowels required frequent attention, he had difficulty about the urinary passages, sometimes incontinent, sometimes obstructive, which required surgical interference," and "he was obliged to wear an artificial receptacle to receive the urine." His habits, as we elsewhere learn, were thoroughly those designated as dirty. Before his apoplexy, he had been couched for cataract, which operation had been fairly successful. He now became troubled with the floating of motes before his eyes, or, as the oculist called it, traumatic amaurosis. Altogether a most melancholy picture of a millionaire.

One other physical symptom he had of the utmost importance to the question of his mental capacity; he was epileptic; "the seizures were at one period as frequent as two, three, or four times in a month, and occasionally of such severity as to cause alarm for life; he frequently bit his tongue in the fits; and although the medical men who gave evidence of his sanity, manifested a natural aversion to the word epilepsy; there cannot be the least doubt, that these fits were truly epileptic. Sir Henry Holland justly laid great stress upon these epileptic fits, stating that in a practice of forty years, he had never met with *a single instance* in which successive paralytic and epileptic attacks were conjoined, without the intellect being impaired.

The following is the graphic description of these attacks given by his nurse. With regard to the spasms, "they would vary, sometimes two, sometimes three in one month; they varied in duration from 25 to 30 minutes; they came on with a sudden scream, a contraction of all the muscles and organs of the body; the body would be in complete contraction; the face was very black, and the froth would work out of his mouth; there was a sudden twitching of the limbs and body altogether, and very frequently he would bite his tongue which we always had to carry a little stick to prevent, by putting it in his mouth." Mr. Parish survived the attack of paralysis six years; he never however recovered the use of speech; he employed two or more monosyllables, which were interpreted by those around him to mean "yes" and "no." There is wide diversity of evidence on this point. Mr. Wheaton, an army surgeon, who frequently saw him as a friend of the family, says he never heard Mr. Parish utter any distinct sound but the word "yes." He made mumbling sounds, and he thought

they could distinguish when he meant no or yes ; but perhaps more from the shake of the head, in saying "no" or "yes," than by any great difference in the sound. Other witnesses say that the articulation of the two monosyllables was like "yaune," "yaune," or "yanne," for yes, and "nay," "nea," or "nan," for no. His brothers-in-law, however, give him more power of articulation. They say that he said "yes" and "no," and that "oh dear, oh dear," was a common ejaculation. Another witness says he also used the words, "Oh Got, oh Got."

Besides the movements of the head, he had two customary movements of the hand. One was to put his fingers into his mouth, and the other to extend his arm, with the two fore-fingers pointing. It does not appear, however, that any signification could be attached to these movements.

Soon after the attack, an attempt was made to get him to write. He made a perfectly unintelligible scrawl, a *fac simile* of which is given. When this scrawl was shewn to Mrs. Parish, she said, "It means wills," and she was greatly moved. Frequent attempts were made to induce him to write with a pencil on a slate, with his left hand, of which he had perfect control, but without the slightest effect. He used for a time to look over coupons and other papers ; but there is no evidence that this was done with any degree of intelligence. Letters printed on cards were also tried as the means of communication, like the children's picture alphabet, but with no better success. His attendant was ordered by his wife to read the newspaper to him ; but during the ceremony he was generally asleep, or looking out of the window, never minding it. His temper, which had before been easy and equable, became uncertain and irritable. He would push and strike his attendants, and sometimes his wife,—was sometimes very mild, sometimes very much agitated. He frequently shed tears without cause. He appears to have been treated sometimes like a child, sometimes with the ceremony of a man in the full possession of his intellect. When he had had enough to eat, his wife used to order the food to be carried away, in spite of his anger ; and there were occasions in which something very like coercion was employed towards him. When his wife turned his brother, Mr. Daniel Parish, out of the house, the patient became "quite outrageous," and raised his crutch with the intention of striking Mrs. Parish. On two occasions, when he manifested passionate excitement out of the house, he was removed forcibly into the house.

There appears, however, to have been a common practice of

referring important matters to his decision. The manner in which this was done is sufficiently curious, and may be illustrated by the manner in which large subscriptions were obtained from him. On being asked whether he would subscribe to local charities, his signs used to be interpreted in the affirmative; and to such good purpose was this made use of, that his gifts amounted during six years to \$15,700. During the four years before his attack, they had amounted to \$1,300. It is remarkable that the rev. gentleman who best succeeded in obtaining his bounteous charity, was one of the most unflinching supporters of his soundness of mind.

In this condition of mind and body, Mr. Parish was surrounded by his wife's relatives and friends, his own relatives being denied access to him. Mrs. Parish's instructions to her porter were "more particularly directed to the exclusion of Mr. Daniel Parish and his family."

A lawyer, named Lord, was employed to draw a codicil to the will, which Mr. Parish had been asked to cancel, but to which proposition the lawyer testified he distinctly said "no." After this, Mr. Lord drew up a codicil, assigning to Mrs. Parish additional property to that which had been bequeathed to her, to the amount of \$200,000. Mr. Lord, who drew the codicil, and describes the signing, "thinks," but "is not sure," that Mr. Parish took the pen. "I assisted him," says Mr. Lord, "by placing the pen, the point of the pen, where the mark was to be made, and assisting and directing his hand in making both marks of the cross." About this time, Mr. Parish is described by his attendant as being "half dead and half alive." The date of this transaction was December 17th, 1849, six months from the attack of apoplexy. Two years later a second codicil was executed, and three years after that date a third codicil, by which the residuary clause of the will was altered, and the general residue of the estate diverted from Mr. Parish's brothers and their children to Mrs. Henry Parish. The lawyer had no doubt of Mr. Parish's testamentary capacity; but it appears from other evidence, incapable of suspicion, that when the duplicate copy of his will was surrendered to him in January, 1850, he had entirely forgotten, if he had ever known, the modification of it, which he had made by the first codicil a month before.

In 1853, Mr. Lord told Mrs. Parish that certain stocks and securities which Mr. Parish had given her were not a secure and effectual gift, from their standing in his name; and she desired him to call and receive instructions from Mr. Parish about a further codicil (the second). A draught of the codicil

was made out, giving Mrs. Parish these stocks and securities ; and as each item was called over, Mr. Parish's assent was asked, and he did, according to Mr. Lord, give an unmistakable answer of yes or no, as the case required. After this codicil had been read through, it was discovered, either by Mr. Lord or by Mr. Delafield, certainly not by the testator, that the total amount of the bequests to Mrs. Parish exceeded the valuation of the estate by \$95,500 ; the gifts being \$1,186,960, the valuation of the whole estate being \$1,091,450.

The main question at issue in this important case appears to be, whether or no such slight signs of intelligence, and voluntary power of discrimination and judgment, as those afforded by that one affirmative gesture and one monosyllabic word, and one negative gesture and monosyllabic word, can be held sufficient to indicate a disposing power of mind. In the opinions of all the eminent medical men contained in this pamphlet, great stress is very justly laid upon the fact that Mr. Parish, although possessing the free use of his left hand, was unable to be taught any means of communicating his ideas by writing on a slate or black board, or by the use of movable letters. Sir Henry Holland mentions two cases which had occurred in his practice, in whom the paralysis of speech was greater than it was in Mr. Parish ; in one the whole speech was confined to the monosyllable *yes* ; in the other, the utterance was limited to a succession of inarticulate and unintelligible sounds. In both these cases, the effort was successfully made to open and use other ways of communication.

We are acquainted with the case of a lady now living, in whom an attack of apoplexy has left no more of the power of speech than enables her to articulate the syllable *do*, which, however, she intonates in a variety of modes. The only signs she makes are those of shaking the head negatively, or nodding it affirmatively. Her relatives and her medical attendant have made many efforts to induce her to make use of other signs, to write on a slate, or to use letters, or even to use more direct and simple signs, as that of putting the hand to the mouth when she is thirsty, but all these efforts have failed. Her relatives and her skilful medical attendant, attribute to her the possession of much intelligence, on account of the use she makes of her two signs, and of the articulate *do, do, do*. We think they overrate the amount of intelligence in this case. If the power to communicate by signs, so natural and easy that, to some extent, it is acquired by the lower animals, is entirely unused by those who have lost the power of voice,

it proves one of two things, either that they have not the intelligence to make use of sign language, or that they suffer from such an apathy or perversity of motive, as may be held to be a scarcely less positive proof of unsoundness of mind, than actual inability from loss of intelligence.

Dumas, in his novel of "Monte Christo," has a chapter singularly bearing on this question, the facts of which it appears impossible that he could altogether have invented. He describes an aged millionaire, M. Noirtier, so completely paralysed that he has no vocal sound, and that the only bodily movement over which he has control is that of the eyelids. His affirmative sign is to close the eye quietly; his negative sign is to wink rapidly; yet by means of these two signs his granddaughter, by long practice, understands all his wishes without much difficulty. To get any words, she runs through the finger alphabet for the first two letters; she then resorts to the dictionary, and runs her fingers down until arrested by the affirmative sign. This system of arriving at the will of the testator is explained to two notaries, who test it, and acquiesce in it, and thus the will is made. But we need not resort to the domain of fiction for proof of the ability of the sane mind to make itself understood, under the most unfavourable circumstances. The accounts given of Laura Bridgman, who was born deaf, dumb, and blind, and the less known case, of the same kind, of the boy Caswell, after making full allowance for exaggeration, leave no doubt that an interchange of ideas may be possible, even with persons so bereft of senses as these.

It must be observed, that Mr. Parish is described by the witnesses who attempt to establish his sanity, to have had the use of the following clear articulate sounds, "yes," "no," "oh dear," "oh Got." Although the truth of the assertion is more than doubtful, it would, if admitted, tell against the testator's sanity; for a person who could make use of these five articulate sounds, some of them by no means easy and simple to produce, would undoubtedly, if he possessed any degree of intelligence, have been able to acquire the use of other articulate sounds, and in a great measure to regain the use of speech. For our own part, we have not the slightest doubt that Mr. Parish was in a state of profound dementia during the last six years of his life; and that the fabrication of his will was one of the most unscrupulous attempts to make a fatuous man dispose of property that has been before the courts.

*Commission of Lunacy on Sir Henry Meux, Bart.*

This commission, which for the length of time it has occupied, and the amount of property whose ultimate destination was affected, is one of the most important which has ever been held, was opened on the 9th June, at the Thatched House Tavern, before Fran. Barlow, Esq., Master in Lunacy.

Sir Henry Meux came into his great property, consisting chiefly of estates in Hertfordshire, and of capital embarked in the Horse-shoe brewery, on the death of his father in 1841. Sir Henry lived freely, entering keenly into sport of every kind, and enjoying the pleasures of the table. He was, however, a strong and healthy man up to the date of his marriage with the daughter of Lord Ernest Bruce, which took place in 1855. From a date shortly after that event, Sir Henry appears to have suffered from disease of the nervous system. At the present time, there is no doubt he is in an advanced state of general paralysis, and the subject of numerous delusions. But, inasmuch as in 1856 he made a will, and on the 3rd of July, 1857, he made a codicil to that will, by which codicil his enormous property, amounting to about £700,000, was, in the event of the death of his infant son, bequeathed absolutely to his wife, it became of the utmost importance to his sisters, whose expectations were cut off by this codicil, to ascertain whether, at the time it was made, Sir Henry was in the possession of so much health and soundness of mind as to give him testamentary capacity.

It appears from the evidence, that although Sir Henry's illness undoubtedly commenced as early as the year 1855, when, after his return from Scotland, his partner, Mr. Majoribanks, observed that "he suffered from great nervousness and lowness of spirits, his articulation was affected, and his walk was bad," still it appears that subsequently to this date he engaged in business transactions of great magnitude. Thus in 1856 he concluded an arrangement with his partners at the brewery, and so late as August, 1857, he signed a cheque for nearly £14,000 as part of this arrangement. In December, 1856, he entered into articles of agreement with Mr. Arabin, his brother-in-law, respecting the management of the brewery; and in March, 1857, he executed an instrument by which he settled the sum of £18,000 upon his sister, Lady Malden. The validity of none of these acts appears to have been questioned; the



date of the act which is questioned, namely, the execution of the codicil, is July the 3rd, 1857.

Both the general and medical testimony is exceedingly conflicting. Of the general testimony, the most important appears to us that of Mr. Majoribanks above quoted. This fixes the early date of the disease, and it tallies entirely with the evidence of Charles Tessier, Sir Henry's French cook, who testified to the fact that there was a change in Sir Henry when in Paris, at the time of his marriage, and that when he was with him in Scotland that same year, "he was quite a different man, particularly in his speech and description of talk; his walk was very infirm." If the opinion is correct, that Sir Henry's disease has been throughout general paralysis, and that general paralysis never exists without mental unsoundness, then Sir Henry has been of unsound mind since the year 1855. The tenour of evidence, however, both general and medical, does not support this theory; for even Mr. Majoribanks admits that when Sir Henry attended the settlement of the brewery accounts, so late as February 1857, "he was competent to attend to any ordinary business, but not to any new business;" and it does not appear that in the early part of 1856, any question was raised of his mental capacity to form a proper judgment upon the important business transactions in which he was then engaged.

The evidence upon which it was sought to prove that a mental change amounting to decided unsoundness had taken place before the month of May, 1857, may be briefly stated as follows: General Hall stated that at a shooting party just before Christmas, 1856, "Sir Henry was very much changed; he shot witness in the leg, and five other persons the same day, and on being told, he said 'Did I?' and appeared to be perfectly unconscious of having shot any one. From what I saw of him, I thought it right to communicate with several members of his family." Lord Charles Clinton was at the same shooting party, and "observed that Sir Henry was decidedly changed in his manner and in his speaking. He spoke like a person under the influence of drink."

Mr. Meyer, a magistrate, testified that in May, 1856, Sir Henry took part in a review of Yeomanry Cavalry, in which corps he was a captain, and that he was at that time much changed, and in a childish state. Witness had to guide Sir Henry's horse. Afterwards, at the Hertfordshire election, in the early part of 1857, Mr. Meyer canvassed with Sir

Henry, and he then observed great hesitation in his speech, and that "what he said to the voters was quite disconnected with the subject."

This election brought out Sir Henry's condition in a prominent manner. Lord Ranelagh, an intimate friend, went to Sir Henry's place, Theobald's, to speak to him about the unpleasant position in which he had been placed in this election. He found "a great change in the mode of his conversation, and, on returning to London, said to many persons, 'Sir Henry is completely changed. In fact, he is not a man we can find fault with, whatever he may do.'" "I can only repeat what I said when I returned from Theobald's, that he was not of sound mind, not master of his own faculties."

Charles Tessier, the cook, gave evidence that about Jan., 1857, Sir Henry was passionate, threatened to put him into prison, to transport him, and throw him in the fire; at other times he displayed unusual familiarity, would shake hands with him, and hope he was well.

Elias Romsby gave important evidence.

"Elias Smith Romsby was then examined by Mr. BOVILL.—I am now butler to Sir Massey Lopez. I was groom of the chambers to Sir Henry Meux from November, 1856, to June, 1857. About the end of May Sir Henry was confined to his bed for a few days. Shortly after there was an appearance in his manner that attracted my attention. I noticed what I thought was a derangement of the mind. There was a picture hanging in the dining-room of his mother, and two other pictures. He desired me to wipe away the bread crumbs which the birds had left upon the pictures. There were no bread crumbs on them. I said I would see about it and have it done. After I had left the room about five or six minutes he rang again and desired me again to wipe off the bread crumbs from the pictures, or they would be spoilt, and if I did not do it I should be discharged. I said I would attend to it. Lady Meux then led him out of the room. On the same day he sent a message to me desiring to have all the doors closed. They were all closed, and I told him so, when he said it was "a—lie." I remember his falling once in Brook-street. It was not from tipsyness, but from his infirmity of walk. He went out shooting at Theobald's, and shot some starlings. He said they were very rare birds and great care must be taken of them. When he came to London he gave orders to have them stuffed."

Mr. Parker stated that at the Hertfordshire election, in 1857, Sir Henry attempted to speak, but seemed incapable of expressing his opinions. On the hustings he was decidedly worse.

Mr. Armstrong, a solicitor, canvassed at the election.

"When he first met Sir Henry witness did not observe anything in his manner to cause the slightest suspicion, but afterwards he noticed something which struck him very forcibly. All that Sir Henry said to the electors was, "Will you vote for me; I am your senior member?" Witness said all the rest that was to be said."

The above are the main features of the general evidence

of Sir Henry's condition adduced to prove unsoundness of mind in last July. With the exception of Romsby's, it must be admitted that the evidence was very vague. The change of manner and appearance which struck Sir Henry's friends, is liable to be explained as the result of the partial paralysis under which he was labouring; and the same may be said of his inability to guide his horse at a review, or to hold his gun so as to avoid shooting five or six people in one day's shooting. It may be said, on the other hand, that a man of sound mind would have appreciated his helpless condition, and would not have exposed himself to be led by the bridle, or to shoot his friends.

If the evidence of Elias Romsby is believed, it settles the question; a fact which the counsel for Lady Meux must have felt, since he treated this evidence as the result of pure invention. This evidence, however, does not appear to have been shaken by cross-examination, and, on the face of it, there is nothing which entitles it to disbelief, except that it is unsupported. The vague generalities of most of the witnesses would not be admitted as facts upon which an opinion of insanity might be properly founded, even for so ordinary a matter as an asylum admission paper.

The general evidence in support of Sir Henry's sanity in the month of July, 1857, certainly contained more facts bearing upon the question, than that of the opposite side, which was too much founded upon impressions and opinions.

Mr. Death, the solicitor at Theobald's, said

"There was nothing in Sir Henry's conduct previous to his going to Scotland that would lead him to suppose that he was insane and incompetent to manage his own affairs. Up to the time of his going to Scotland there was nothing in Sir Henry's manner, conversation, or writing, that in the least degree could lead any one to think that he was incompetent to execute any ordinary document or transaction of life."

Mr. Grogan, house agent, gave evidence respecting a matter of business he transacted for Sir Henry in the autumn of 1858; the purchase of a house for £15,000. He thought Sir Henry's offer a very prudent one.

Mr. E. Ellice, M.P., gave evidence respecting a negotiation he had with Sir Henry, respecting the purchase of an estate in Scotland for £100,000.

"During the whole course of these negotiations Sir Henry evinced the greatest acumen, and that there was nothing which led him to believe that Sir Henry was not perfectly competent to transact the business in which he had been engaged.

Mr. Shury, the cashier of Messrs. Meux and Co., said that "Sir Henry always attended the "rests," as they were called, meaning the

quarterly balances by which the profits and loss were ascertained and adjusted. For many years Sir Henry attended to these arrangements throughout the day or two days that were required, but during the year 1857 his attendance had not been so continuous. Witness saw Sir Henry at the brewery in the month of July, when he appeared well, although there was an impediment in his speech, which witness had noticed even from his youth."

Mr. Ashley, a barrister, Mr. Doherty, M.P., Col. Carleton, Capt. Lambert, Mr. Hobart, J.P., Lord Aylesbury, Col. Gilpin, a number of lay witnesses, testified to the general fact that they had interviews with Sir H. Meux during different periods of the year 1857, and that on such occasions he evinced a sound and reasoning mind. Lord Ducie testified that he had frequent conversations with him in 1857, and a correspondence about purchasing an estate, and that "he was of opinion that he was capable of managing his own affairs."

The most important witness, however, was Mr. Hunter, Sir Henry's solicitor, who drew up the will and codicil. Mr. Hunter detracts somewhat from the value of his testimony by the great extent to which he goes. Thus he says there "was no evidence of mental weakness" in Sir Henry in February last, although at that time every one of the medical men bear evidence to the direct opposite.

Mr. Hunter, solicitor to Sir Henry Meux, was called, and stated that he and his firm had been the legal advisers of the firm of Meux and Co. for the last fifty years. He had himself been engaged with them upwards of twenty-six years. After testifying to the perfect sanity of Sir Henry Meux in a great number of transactions in which pecuniary questions were involved to a large amount, Mr. Hunter said, that with regard to the making of the codicil, on which the whole question involved in this inquiry depended, it was necessary he should make a brief preliminary statement. On the 18th July, 1856, Sir Henry Meux told him that he wished to make his will before he went to Scotland. On the 7th of August he sent witness written instructions for that will. He prepared the will accordingly. The will was executed, and a son was afterwards born, in November. Six months afterwards—namely the 26th of May, 1857, he received a letter from Sir Henry Meux on the subject of a codicil. On the 29th of May he wrote to say that he wished to see witness the following day, and asked for a copy of his father's will. Witness went to Sir Henry on the 30th of May, and he talked about appointing trustees, naming Lord Ernest Bruce and Colonel Baring, and then read instructions for a further codicil, to the effect that in case of his dying before his son he wished Lord Ernest Bruce and Mr. Arabin to be managers of the brewery, each receiving £500 a-year, and that should his son live he left the brewery to his wife until his son married. Witness was with him for half an hour, and there were no indications of incapacity about him. On the 3rd of June Sir Henry wrote requesting witness to call on him the next day. Witness did so, and Sir Henry then reduced a legacy from £10,000 to £5,000. On the 5th of June witness received another letter from Sir Henry, and when he called, received instructions for codicil. They were in Sir Henry's own handwriting. They were to the effect that he wished to have added to his codicil a devise of his property to this purport:—

"To my son, Henry Bruce Meux, but should he not survive, then to my second son; or if there should be no son, then to my daughters equally to be divided between them; and if there should be only one daughter, then to that daughter

and her heirs ; and if there should be no children, then my property is to go to my wife absolutely."

Witness saw Sir Henry on the subject of the codicil on the 16th of June, and he referred Sir Henry to a letter which he (Sir Henry) had written to him in January, saying that he would make a codicil in favour of Lady Malden, but he told witness that he should not do so,—that he had changed his mind. On the 30th of June witness received a letter from Sir Henry, saying—

"Dear Mr. Hunter.—Will you let me have the codicil to execute at once ? It is very easy to put in anything about Miss Burdett Coutts's plan."

Witness wished to explain this part of Sir Henry's letter. It occurred to him (witness) that Lady Meux being about to have so large an interest in the brewery, it would be difficult to get trustees to act for her; he therefore suggested that there were some great establishments, such as Coutts's and others, whose system of carrying on business it would be desirable to ascertain, and, if possible, adopt. On the 2nd of July witness sent the codicil as finally prepared. He said in his letter accompanying the codicil that he had joined Lady Meux as trustee with Lord Ernest Bruce and Colonel Baring, seeing the large interest she had in the will. That was witness's own suggestion. On the same day, the 2nd of July, he received a letter from Sir Henry, saying, "Dear Mr. Hunter, will you come up to-morrow at half-past 11, when I will have another witness here." With that letter Sir Henry returned the codicil itself, requesting to have altered the sum of £1,000 to be placed to Lord Ernest Bruce, into £2,000. Witness wrote to say that he would be in Brook-street on the morrow, and bring the codicil altered as directed in respect to Lord Bruce. He went to Brook-street on the 3rd of July and was shown into Sir Henry's room, and found him there. Witness gave him the codicil, and he read it entirely through. He said he had got a witness, Mr. Danby Seymour, and spoke of him as being connected with the Crystal Palace. He called that gentleman in, and he then executed the codicil, witness and Mr. Danby Seymour attesting the execution of it. Nobody else was present. Sir Henry then entered into conversation with Mr. Seymour on various subjects. During the whole of these proceedings there was not the least pretence for saying that there was anything the matter with Sir Henry Meux's intellect. Witness took the codicil away and had had possession of it ever since. He had communication with Sir Henry after the 3rd of July and his going to Scotland. Provision not having been made to assimilate the management of the brewery to the system adopted at Coutts's and other large houses, he told Sir Henry that he would throw the will and codicils into one instrument and insert the necessary provision. Accordingly, on the 22nd of July, he instructed Mr. Samuel Turner, of Gray's-inn, to prepare a will embodying the provisions required; but from some cause or other this was not done until Sir Henry had left London. Had the draught been ready on the 20th of August he should certainly have put it before Sir Henry to be executed, and it was only because the draught was not completed by Mr. Turner that that will was not executed. There would have been no impropriety in Sir Henry's executing such a will at that time.

A meeting took place in February last in Belgrave-square, to ascertain from medical examination the competency of Sir Henry to execute a power of attorney. There was no evidence of mental weakness then. Sir Henry boasted to witness that he was as strong and as hearty as ever. In February, 1858, a question was raised as to Sir Henry's competency to execute a power of attorney, and it was finally agreed that a power of attorney should be granted to Mr. Arabin and Lord Ernest Bruce to manage the business of the brewery.

### The MEDICAL EVIDENCE was as follows :

"Dr. Conolly was called, and said that on the 22nd of January, 1858, he was consulted as to the state of Sir Henry Meux's health; and the result of his examination was, that his gait was unsteady, his speech was affected by paralysis, and he found him labouring under very singular delusions. He said that General Havelock was alive—that he was buried, but that he rung

his bell in the grave, and they took him out, and he was now coming home. The General had written to him to say so. He also spoke of killing a vast quantity of game in Scotland. Witness had not the least doubt that Sir Henry was then far advanced in the malady which was particularly well known in the lunatic asylums and recognized elsewhere, to which was given the name of general paralysis, to distinguish it from ordinary paralysis. He was not of sound mind when witness saw him, and most assuredly he was not competent to the management of himself or his affairs. He had never in his experience known the symptoms of general paralysis appear without the mind at the same time having undergone a change. Going to an election would hasten the progress of the malady. It was very imprudent to permit such a thing to take place. Witness saw Sir Henry again on the 3rd of February, when he was in the same state.

By the ATTORNEY-GENERAL.—The malady must have existed some time. He never knew a case where the patient was so far advanced in the disease under a less period than 12 or 18 months. He never knew of an instance in which the patient suffering from general paralysis ever recovered.

By Mr. M. SMITH.—It would be impossible to say in any particular case, without having watched it, at what period the intellectual faculties were affected. Generally speaking, at any period of the malady the judgment of the patient was not to be depended upon.

By the ATTORNEY-GENERAL.—Witness never saw any case in which the real symptoms of the malady existed in which the mind remained unimpaired, to a great extent, even in the beginning of the disease.

By a Juror.—Patients suffering under the disease have what are called good and bad days,

Dr. C. J. Williams, examined by Mr. Chambers.—I am a physician, and reside in Upper Brook-street, Grosvenor-square. I attended Sir Henry for five or six years up to 1856. On the 23rd and 24th of December, 1856, I was called upon to see him. I saw him alone. On the 29th there was a consultation with other medical gentlemen. His articulation was very indistinct, and like that of an intoxicated man, but it was the effect of disease. It was difficult to understand him. He could answer short questions clearly enough, but he did not seem to comprehend any long sentence. I conversed with him about the state of his health. He expressed himself glad to see me, and shewed no objection to my questioning him; but he declared himself to be perfectly well, and said he was suffering from some temporary indisposition, and was not surprised at my questioning him. I strongly advised him not to go shooting, as serious mischief might result to his nervous system. He received my advice in a rather evasive manner, but did not express any decided objection to it. He was unusually reserved, and never originated a topic of conversation. In consequence of what I saw I advised a consultation. On the 29th I met Dr. Watson, Dr. Fergusson, and Mr. Allen. After having seen him with those gentlemen, my conclusion was that he had at that time incipient disease of the brain, in which opinion the other gentlemen concurred. The only proper term to be applied to such a disease as that of Sir Henry's is paralysis.

By the Commissioner. I did not examine Sir Henry with a view to come to a conclusion as to whether he was of unsound mind or not, but I certainly did advise that if he had any affairs to settle they should be settled soon, as his mind might become ultimately unsound.

Dr. Thomas Watson, of Henrietta-street, Cavendish-square, first saw Sir Henry on the 29th of December, 1856, at the consultation, and the opinion he formed was that Sir Henry was labouring under structural disease of a portion of the brain. He saw Sir Henry again on the 24th of February, 1857, and he was just in the same state. The excitement of a contested election would produce very serious consequences. He saw him also on the 25th of last month in Belgrave-square. He was then in a state of delusion and imbecility. The delusions were many. He said that the war in India was over; that General Havelock was still alive; that he was the Marquis of Walton and lord-lieutenant of the county; that he had cured the cholera in the Crimea, that camphor and brown sugar could cure any disease; that he had the power of being invisible;

that he possessed Cashiobury; and when he was asked what had become of Lord Essex he said they were all dead.

By the Attorney-General. The disease of the softening of the brain sometimes exists for a long period before the faculties of the mind are impaired. Nothing occurred at either of the first two interviews with Sir Henry that manifested on his part an incapacity to transact any ordinary business of life.

Sir Benjamin Brodie, examined by Mr. Bodkin. I visited Sir Henry Meux on the 16th of October, 1857. He had a paralytic attack of the lower limbs. He spoke with difficulty. He appeared to be labouring under some delusions, but I did not particularly attend to that, as I was not called upon to consider the state of his mind, but of his bodily health. I suggested that Dr. Conolly should be consulted as to the state of his mind. I saw him again on the 19th of December, when he was much in the same state. I should think that he was not then in a state to manage his own affairs.

By Mr. E. James. I was asked whether I considered Sir Henry was competent to execute a power of attorney. The question was put to me by Mr. Marjoribanks, who said that it was desirable Sir Henry should execute a power of attorney for the purpose of managing the brewery by trustees, and I concluded that it was an arrangement come to by all parties, and that, under all the circumstances, I did not see any moral objection to it provided proper persons were appointed.

The Commissioner. Was he competent to form a judgment as to the person he was giving that power of attorney to?

Sir B. Brodie. I should not think his judgment was good for much.

Mr. James Allen, examined by Mr. Edwin James. I am a physician, and graduated at the University of Edinburgh. I attended Lady Meux in her confinement in November 1856. I was first called in to see Sir Henry on the 17th of May, 1856. It was 4 o'clock in the morning, and I found him sitting up in bed, encouraging Lady Meux, and telling her not to be alarmed. He said "I have had a horrid dream." He accounted for it himself by saying that he had dined out, and had supped late. There was nothing the matter with him, except what might happen to a person under such circumstances. I saw Sir Henry again on the 24th of December, 1856, at Theobald's. I found him in bed and apparently recovering from a state which produced great anxiety in my mind. He was suffering from an epileptic seizure. On the following day I saw him, and he was decidedly better. At a subsequent consultation, it was considered that every care should be taken of Sir Henry, and that shooting should be prohibited. I saw him on the day that he executed the codicil—the 3rd of July. As I was going away, a messenger arrived to say that Sir Henry wanted me, and I went into the library. Sir Henry tried to rise, and asked me if I had time to wait and see him sign an important deed or codicil. I said, "Yes," and Sir Henry handed me the newspaper to read. While a conversation was going on, Mr. Danby Seymour was announced, and I then withdrew. The reason I had been asked to stay was in case Mr. Seymour should not come. All the attributes of a sound mind were brought out in Sir Henry's conversation with me on that occasion. Subsequently, I saw him when he was much excited and angry with Lady Ernest Bruce, in reference to the state of Lady Meux's health. I saw Sir Henry after his return from Scotland, and certainly at that time I would not have attested any codicil that he might have executed.

Cross-examined by Mr. M. Chambers.—Witness was called in to see Lady Meux as an accoucheur in March, 1856. She told him that Sir Henry had started up in his sleep and frightened her terribly. That was at four o'clock in the morning. Witness enjoined a complete change of life. Sir Henry was fond of the pleasures of the table. Witness found that the softening of the brain had set in in the base which governed muscular action. That did not, however, affect the reason. Witness saw Mrs. Arabin and told her Sir Henry's state of health, and asked her whether the disease of the brain was hereditary in the family, and she said it was not. He wrote to Lady Ernest Bruce apprising her of the dangerous state of Sir Henry Meux, and said that creeping palsy would first set in,

and then aberration of mind would follow. Many consultations were held, and Sir Henry was advised to adopt a system of diet. But to this suggestion he replied, "If you rob me of my enjoyments you may as well deprive me of life." Mr. Skey, his medical attendant, was of opinion that Sir Henry's heart was affected, but that was not the opinion which witness had formed of the case. On the 3rd of July witness called, accidentally, on Sir Henry, who, in the course of conversation, said that as the voice of the country was in favour of Lord Palmerston he must support him, as he could not go against his country. He at the same time said that Mr. Disraeli, when it answered his purpose, always voted with the Radicals. He saw Sir Henry on the 25th of last month, and he observed that he was flushed. Lady Meux said he was drunk; he certainly was in a state of drunken idiocy, and exhaled fumes of brandy. Dr. Jeffery, his present medical attendant, said that brandy had been given to him by medical direction, but against his own advice, adding that it did not matter now what they gave the poor fellow.

By Mr. M. Smith.—At the last interview which witness had with Sir Henry he did not complain of pains in his head. There were moments even in very advanced stages when the patients were able to converse rationally. On the 24th of October, 1856, there were in Sir Henry's case incipient symptoms of general paralysis; general paralysis did not always affect the mind. Regretting to differ with so great an authority as Dr. Conolly, he must confess that he did not know exactly what was meant by general paralysis. He agreed with the French definition that it did ultimately affect the mind.

Re-examined by Mr. E. James.—The base of the brain is in immediate connexion with the spinal cord, and may affect muscular motion without impairing the rational powers of the mind. Ultimately, he agreed with the French philosophers, that general paralysis would affect the reasoning powers. He saw Sir Henry the day before he went to Scotland. Witness had urged him to go to the German baths, but he believed himself strong enough to go to Scotland. Up to that time his mind was not in the slightest degree affected. During the months of January, February, March, April, and May, Sir Henry's health was daily improving, and if he had taken his diurnal exercise in Hyde Park morning and afternoon he might have recovered. Sir Henry had at the present moment some slight idea of something going on, but his only anxiety was that Lady Meux should not be called upon to give evidence. He was at present down at Theobald's. Witness had always observed a strong mutual affection to exist between Sir Henry Meux and his wife. Lady Meux had always most readily acquiesced in whatever proposition he thought it his duty to make, saying, "Do whatever you like, for the sake of Sir Henry's health."

Mr. Winterbottom, who was the surgeon that accompanied Sir Henry Meux to Scotland, spoke of his general health during that excursion, but said that he had no doubt Sir Henry was suffering from a disease of the brain from the time he first attended him.

Dr. Robert Todd was examined by Mr. E. James.—He said he was called in to see Sir Henry Meux in April, 1858. He found him much impaired. He thought Mr. Skey's treatment was correct and proper. From what he observed of the disease, he should think it had originated with a defective circulation. A fit of syncope was likely to accelerate the disease.

Dr. Jeffery was then called, and said he had been in attendance on Sir Henry since the 1st of May. He had had his attention drawn to a statement made by Dr. Allan, that he found Sir Henry in a state of drunken idiocy. There must be some extraordinary mistake about that. When Dr. Allan saw Sir Henry, he was taking nine table-spoonsful of brandy per day. He had taken three table-spoonsful of brandy in five hours before the doctor's visit, and one glass of port wine. Witness never saw Sir Henry in a state at all approaching to drunkenness.

Dr. Frederick Weber, of Green-street, Grosvenor-square, said he was appointed to see Sir Henry Meux on the 3rd of July, 1857, and he saw him on that day in Belgrave-square. Lady Meux was present. Witness had a long conversation with Sir Henry about his going to a German bathing place. Not



having known Sir Henry before, he put many questions to him, and his replies were very pertinent. He saw Sir Henry again on the 7th. On that occasion he did so in consultation with Mr. Skey. His visit lasted about a quarter of an hour. At that time Sir Henry was feeble in his gait, and he had a peculiar halt, but not a kind of step that indicated a spinal affection. He had also an impediment in his speech. On the second occasion of visiting him, witness recommended him to go to the baths at Swazbach, in Germany. Sir Henry was very unwilling to go, and wished to know the shortest time that it was necessary he should be absent. These were the only occasions he saw Sir Henry, and the result of his observations was, that there was nothing in his manner to indicate incapacity to transact the ordinary business of life.

Cross-examined by Mr. M. Smith.—Witness had no intimation of the disease concerning which he was to be consulted. Sir Henry himself told him that he was sent for to be consulted as to which were the best mineral waters for him to go to. But he on observation soon detected two defects which he thought were traceable to the brain. It was not usual to give mineral waters for diseases of the brain; but Mr. Skey, Sir Henry's regular medical attendant, having said that mineral water might be an advantage, and he having declared that he differed from the other medical men in the nature of the attack, and that he believed it was a malnutrition of the brain, witness yielded to that opinion as to the remedy to be applied, and consented that the patient should use the tonic baths. His own opinion still was that there was a cerebral disease.

By Mr. Bodkin.—He had had no communication with any one, directly or indirectly, before he received the note inviting him to attend on Sir Henry.

Mr. Skey, examined by Mr. Edwin James.—I am a member of the Royal College of Surgeons, and have been in practice for 30 years. I first saw Sir Henry on the 3rd of January, 1857, and from that time he has been exclusively under my care. I am responsible for all that has taken place from that time. On the 3rd January, 1857, he had difficulty of speech and locomotion. I heard of a consultation held on the 29th of December previously by four physicians, and that Sir Henry had disease of the brain, either softening of the brain or tubercular disease. In my opinion, the softening of the brain, of which there was no positive evidence, and which, if it existed at all, was in the most incipient stage, was owing to defective circulation. As to the disease of softening of the brain there is no agreement. I did not look to the brain, but to the heart and the antecedents of his life. There is no greater cause for exhaustion of the frame than that arising from excess. Sir Henry drank freely, and to cut off all supplies seemed to me to hasten on a crisis. I have no opinion whether it is between the cerebrum and cerebellum—it matters not a straw. There were some lectures recently delivered in the college in Lincoln's-inn-fields which sets at nought all the opinions hitherto formed of disease of the brain. I think it highly probable that paralysis will ultimately affect the brain, but the mind may be perfectly clear for a very long time. (He cited the case of a noble lord who was cured of paralysis by himself, and enabled to address the House of Lords in the course of two months.) I spoke to Sir Henry after the election for Hertford. I was the very unwilling medical attendant of Sir Henry Meux, and only did so at the request of my friend Lord Ernest Bruce. I only consented to continue my attendance in the event of my being allowed to have a consultation of physicians, and that consultation was awarded me, and I met Dr. Watson, who would not prescribe for Sir Henry as he was doing so well. I submitted the prescription to Dr. Watson. I said to him one day, "Of course, Sir Henry, you won't stand for the county?" He objected, and I was very much annoyed. He did stand. I saw him after the Hertfordshire election, I think on the 15th and 20th of April. He was still mending. I was myself surprised to find how little he was affected by the election. I saw him, I think, twice or three times in April, and twice or three times in May. I saw him at intervals down to his journey to Scotland. I entreated him strongly to go to some German baths. He was bent, however, on going to Scotland. I saw him the day before he went there. Down to that period I did not observe the slightest pretence for saying he was of unsound mind. My

conduct has been commented upon. I beg to say that during January, February, and March, 1857, he was so well that I find by my note-book I told him I should discontinue his medicine, and that all I should call upon him to do was to take his walk in Hyde Park twice a-day. It was after the return from Scotland I first detected signs of aberration of mind. I remember Dr. Conolly and Sir Benjamin Brodie being called in. The consultation took place on the 26th of October, and Sir B. Brodie and myself ascribed his disease to defective circulation of the brain, and we recommended that the system of tonics should be continued. On the 13th of October I heard reports of shooting parties, and I wrote to Lady Meux urging upon her the necessity of stopping them. It was not easy to convince the family of the necessity of the step I advised, and therefore it was not until the 22nd of January that there was another consultation, when we agreed upon attesting a power of attorney to appoint trustees. He was in a state then that he could do a small sum, or transact any straightforward matter of business. Stimulants of small quantities of brandy are now given to him at long intervals during the day, and you would be astonished, if he does not have it, how thick his speech becomes in the course of two days. Last Sunday I was astonished to see him so well. He described his pictures in his room to me, told me what they had cost, and he was taken out on the lawn and described the surrounding counties to me. Talk about his being in a state of drunken idiocy, is all a mistake. I never heard anything about it. Down to the time of his journey to Scotland he was quite competent to perform his duties.

Cross-examined by Mr. Chambers.—Dr. Jeffery is in attendance upon him daily, and is a remarkably intelligent physician. I am not aware that the case of Sir Henry Meux has been much talked of in the medical profession. Dr. Jeffery has been appointed by some member of the family.

By the Commissioner.—At your request I came to you when you visited Sir Henry Meux. I told you the nature of the delusions I could produce in conversation with him, and unhappily, as you are aware, these delusions were produced. Sir Henry is violent at times. He has not reverted to the subject since you and some of the jury saw him. He seems to have a hazy notion that there is something or other going forward, and he is anxious that Lady Meux should not be called upon to give evidence. At the time he was visited, there was nothing done to put Sir Henry into any unnatural state. I told him just before the jury visited him, that some friends of mine were coming to visit him as a deputation from the county of Hertford, to congratulate him upon his election. He is now at Theobald's, but can be brought to town if desired.

By the Jury.—He writes in the ordinary way, just as well as he usually did.

Re-examined by Mr. Edwin James.—I have always found the conduct of Lady Meux of the most exemplary character. She has said, "Whatever you like done for his comfort shall be done," and she conducts herself in every way as an affectionate wife.

An analysis of the medical evidence will prove that none of the medical men who attended Sir Henry before his journey into Scotland last autumn, bear witness to any symptoms of decided unsoundness of mind.

Dr. C. J. Williams, called by the petitioners, stated that in December, 1856, Sir Henry "could understand short questions well enough, but he did not seem to comprehend long questions." "His mind might become *ultimately* unsound." From this we infer that Dr. Williams did not think Sir Henry's mind to have been actually unsound at that time.

Dr. Watson, in December, 1856, thought Sir Henry "labouring under structural disease of a portion of the

brain;" but "nothing occurred which manifested any incapacity to transact any of the ordinary business of life."

Mr. James Allan, called by the opponents, attended Sir Henry in December, 1856, for an epileptic seizure. In May, 1856, he had written to Lady Meux's mother to apprise her of Sir Henry's "dangerous state of health, and that creeping palsy would first set in, and then aberration of mind would follow." A similar opinion to the one expressed by Dr. Williams in the subsequent December. On the day when the codicil was signed, Mr. Allan brought "out all the attributes of a sound mind," in a conversation with Sir Henry.

Dr. Webber conversed with Sir Henry on the same day, and "the result of his observations was, that there was nothing in his manner to indicate incapacity to transact the ordinary business of life."

Mr. Skey, who has attended Sir Henry from the 3rd of January, 1857, states that before his visit to Scotland, in the autumn of that year, "I did not observe the slightest pretence for saying that he was of unsound mind."

Against this positive evidence is to be placed the opinion of Dr. Conolly, who first saw the patient in January of the present year—a time when no observant person could fail to recognise mental unsoundness. Dr. Conolly states, first, that Sir Henry was then far advanced in general paralysis; secondly, that he had never known the symptoms of this disease without the mind having undergone a change; and thirdly, that he had never known the disease so far advanced under a less period than twelve or eighteen months; from which the inference is that a change of mind must have taken place twelve or eighteen months antecedent to the present year, and consequently before the date of the codicil.

Dr. Conolly, with that caution and love of truth for which he is not less distinguished than by his eminent abilities and humanity, restricts himself to the expression of his own experience, and leaves the following points open to the experience of others: First, whether general paralysis may not sometimes occur without the obvious symptoms of mental unsoundness existing from the earliest period of the affection; and secondly, whether cases of general paralysis may not run their course in a shorter period than that named.

We are bound to say that our own experience is opposed to that of this eminent authority on both these points.

Our experience on these points is in conformity with that of M. Calmeil, the highest authority on this particular dis-

ease, [which, indeed, he was the first to make clearly known to the profession,] and also with that of M. Esquirol. On the question of the occasional existence of general paralysis without insanity, M. Calmeil remarks :

“ Nous en sommes maintenant à la question de savoir si la raison peut rester *intacte* lorsque déjà la paralysie générale a jeté des racines assez profondes pour être aperçue ? Pendant long-temps j'ai cru que la paralysie générale ne *précédait* jamais l'aliénation mentale : à cinq à six reprises, il est vrai, des parents d'aliénés m'avaient affirmé que les malades qu'ils conduisaient dans l'établissement avaient eu la démarche chancelante bien avant d'être *fous* ; mais en cherchant à approfondir ce qu'ils entendaient par *folie*, il se trouvait qu'ils voulaient parler d'*agitation* et de *fureur*. Aujourd'hui, il est certain que la lésion encéphalique qui provoque la paralysie générale peut exister avant que le moral s'affecte.”

Here he cites a case in proof, from his own practice : “ M. Esquirol a donné des soins à un aliéné frappé de paralysie générale, qui, pendant plusieurs mois, avait conservé toute la vigueur de son intelligence et avait continué encore à jouer un rôle important dans les affaires ; le délire éclata plus tard : la longue pratique de M. Esquirol lui a fourni plusieurs exemples semblables.”

On the question of duration, the same author observes :

“ Certains paralytiques vivent huit mois, un an, dix-huit mois ; d'autres résistent deux ans, trois ans, rarement au-delà. *La moyenne proportionnelle de l'existence des malades que j'ai étudiés m'a paru être de treize mois.*” *De la Paralysie chez les Aliénés*, par L. F. Calmeil, pp. 337, 338, 340.

Several letters of Sir Henry's are stated to have been read in evidence, in proof of his testamentary capacity during the summer of 1857. They are not, however, reported, which we regret, as they would go far to prove whether the assumption that general paralysis had made extensive progress at that time were true or not.

There is some inconsistency in the report of Lord Edwin Hill's evidence, who had been in the habit of staying with Sir Henry, “ and he had noticed nothing in Sir Henry's conduct that indicated an unsound mind, though he on some occasions betrayed mental delusions.”

The evidence of Lady Meux was very direct to the point that delusions first appeared on the 23rd of September, 1857. Sir Henry had been out shooting deer all day, and at dinner time he was seized with a serious fit. After that

fit, delusions occupied his mind, which had never occurred before ; they were about the number of stags he had shot.

Lady Ernest Bruce gave similar evidence. "She had never observed anything about him that would lead her to doubt of his capacity for transacting business in the usual affairs of life," until the 25th of September, 1857, when he was seized with a fit at the dinner table. "After the attack he came to see her, and said he had shot fifty-two stags. Witness then hastened to her daughter, and said, Sir Henry is quite mad."

It is right to observe that the evidence of Lady Meux, and of Lord and Lady Ernest Bruce confirm that of Mr. Hunter, that the codicil was Sir Henry's own voluntary act, and that it was not imposed upon him by those in whose favour it was drawn. Indeed, the contents of the codicil do not appear to have been known to any one except the lawyer.

The jury returned a verdict that Sir Henry Meux was at the time in an unsound state of mind, but at what period he became so the jury could not determine.

J. C. B.

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### *Commission of Lunacy on the Rev. Mr. Leach.*

A commission of lunacy was opened May 20th, 1858, at the Gray's-inn Coffee-house, Holborn, on the Rev. Mr. Leach, who was alleged to be insane from religious delusion. The case had created a good deal of interest, from the fact that after three days' inquiry on a former occasion, the jury was discharged without giving a verdict. Twenty-two special jurors were empanelled before Mr. Barlow, Master in Lunacy, to try the question of the alleged insanity, and the Rev. gentleman was in attendance, for whom Mr. Montagu Chambers appeared. Mr. Bovill, Q.C., with whom was Mr. Coleridge, proceeded to open the case on the part of the petitioner, the aged mother of Mr. Leach. He stated the circumstances, and said that Mr. Leach had been labouring under certain religious delusions, and his aged mother was anxious for his safe custody ; he, unfortunately, looked on his parent as his enemy, but the court and jury would be able to decide the matter. After a very calm and temperate opening, evidence was called in support of the commission.

Dr. Winslow was the first witness called. He stated that he had first seen Mr. Leach in 1853. Mr. Leach then resided in

Upper Southwark-street, Hyde-park. He was labouring under religious delusions. He saw him again in 1856, when he was residing at Hammersmith. His mind was in the same state. He said that the Millennium was at hand, and that our Saviour would soon be upon earth. He called witness's attention to a paragraph in the *Record*, which stated that an old woman at Bridgwater had seen our Saviour there, and he appeared to believe the statement. Dr. Winslow advised that he should be watched till he committed some overt act of insanity. In January, 1857, he was placed under witness's care at Sussex-house. He advised that two independent medical men should certify as to the state of his mind before his removal. He had frequent conversations with him while in his establishment. Mr. Leach appeared to believe that the Millennium was "dawning," and that the amount of wickedness and fraud in the world at present proved that it was so. He said that he did not believe the old woman had seen our Saviour, but should go and inquire into the matter. He stated that many years ago, when in the pulpit, he had had a vision of our Saviour on the Cross, and that the vision had converted him. Witness spoke to him about wearing his beard, and he stated many years ago, while translating the Scriptures, he had cut it off, and had suffered great mental agony in consequence, and he considered he should be committing an abomination in the sight of the Almighty if he were to do so again. He believed he had five distinct voices within him which regulated all his actions. He told witness that he prayed standing upright. He prayed for the restoration of the miraculous gifts to the church. He repeated that if his earnest prayers were fulfilled, he, as a member of the church, should have the gift of raising the dead to life, giving sight to the blind, and healing the sick. He spoke about his servants, and said they ought to be treated more kindly than they were, and more as equals, and that he dined and took his meals with his servants, and kissed them in the morning, and allowed them to sit on his knee. He also said that after family prayers he had his servants in the drawing-room and played cards with them, and between the deals he read chapters out of the Bible to them. Witness told him that such proceedings as these were contrary to the views entertained by gentlemen and persons in his position, and that they were not consistent with the position of a gentleman and a clergyman; and he replied that it was part of his religious course of life. He also said that he was engaged to be married to one of his maids, and he said that he kissed this one upon the lips and the other upon the cheek. Witness then asked him whether supposing he should be set at liberty, he would purchase pistols again, and he said he certainly should, and that he should carry his gunpowder in his waistcoat pocket in order that it might be kept dry. His mind appeared so much affected by religious impressions that it was very difficult to get him to converse upon any other subject. He displayed a good deal of shrewdness,

which was very common with lunatics, who very frequently exhibited great caution and cunning in concealing their hallucinations. Dr. Winslow, in conclusion, said he had no doubt that Mr. Leach was of unsound mind, and that he was quite incompetent to manage his affairs, or to take care of his property.

Dr. Winslow, on cross-examination, said he had no doubt that Mr. Leach would be able to solve any proposition of Euclid, but this would not at all alter his opinion of the state of his mind. He advised his family not to put him under restraint until he committed some overt act of insanity, and the overt act he committed was promising to marry and being about to marry one of his servant maids. Witness considered that the servants had exercised undue influences over him, and that he had been entrapped into making the promise to marry, and he thought it his duty to interfere. He advised that two independent medical men should be called in to examine Mr. Leach, and give the necessary certificate to enable his friends to place him under restraint. He was not aware that one of the gentlemen who signed the certificate had been the assistant, and was now the partner of Mr. Sidden, the brother-in-law of Mr. Leach, but he believed it had been so stated. He should not think of reasoning with a man who told him that the Millennium had arrived. He was aware that many eminent men, divines and others, had expressed very extraordinary opinions upon the subject of religion, and he did not form his conclusion as to the insanity of Mr. Leach from any one particular fact, but from all the circumstances connected with the case. Witness had some conversation with him in reference to his wearing a beard, and he said that it was effeminate to cut off the beard, and he quoted several passages from the Scriptures referring to men making themselves like women in confirmation of what he stated. He afterwards said that while engaged in translating the Scriptures, he found a particular word which justified him in supposing that it was the Divine command that he should wear his beard, and that he did so by the Divine authority. Mr. Leach also had the delusion that he had been mainly instrumental in preventing the abolition of the punishment of death for all crimes, and he considered that he had effected this by writing a letter to the *Times* which was never inserted, and by conversations he had had with persons in omnibuses upon the subject. With regard to his intended marriage, he said he had promised one of his servants to marry her, and that it would be disgraceful and dishonourable in him not to do so. He also said that he had seen the father and the mother of his intended bride, and that they had consented to the marriage, and every thing was arranged, when his mother interfered, and got him shut up in a madhouse. Witness told him that he could not expect any happiness from such a woman, and he replied that the girl was a very well conducted young woman, and he believed he should be very happy with her. Mr. Leach appeared to be quite aware that he

would come into possession of a large sum of money at the death of his mother, and he appeared to desire to sell his reversionary interest for an annuity for his life. He appeared to have a great horror of his mother, and he understood that they had quarrelled on account of her refusing to allow the servants to take their meals with them. Mr. Leach might have been able to pay his bills and conduct operations of that description for twenty or thirty years, but this fact would not at all affect his opinion with regard to the state of his mind. At the time Mr. Leach procured the pistols there had been a good many robberies committed at Hammersmith, and his house was broken into on one occasion, and he said he had procured these pistols for his own protection. He believed Mr. Leach possessed extraordinary mental powers and literary attainments, and that he devoted himself a great deal to study.

Re-examined.—When he was first consulted, in 1856, there was no suggestion of his intention to marry his maidservant.

Mr. Henry Sidden, a medical gentleman, the brother-in-law of Mr. Leach, was then examined—He deposed that he had married Mr. Leach's sister, and he had known him for twenty years. He then proved that in 1841 he was attacked with acute madness, and locked himself in his study, and when the door was opened he was found quite naked. He was under restraint at this time for a short period, when he recovered. He was again attacked in a similar manner in 1852, and a third time in 1853; and he broke all the windows in his room, and he said he did this in order that the neighbours might hear him play the flute. He had an enema syringe in the room, which he represented to be a flute, and he broke it in endeavouring to play upon it. The certificate of Mr. Leach's removal, under Dr. Winslow's care, was signed by Mr. Grey and Mr. Wood. The former was at that time house-surgeon at Guy's Hospital, and the latter had since been appointed physician to Bethlem Hospital. Mr. Grey had since become witness's partner.

Cross-examined—In the event of Mr. Leach dying unmarried and without a will a great portion of his property would come to witness's wife. In June, 1856, Mr. Leach executed a deed, under which he received of a sum £1,194, and witness received a similar amount. Upon the death of Mr. Leach's mother witness's wife would be entitled to £17,000, and Mr. Leach would receive £30,000, and if he should die unmarried and without a will witness believed that sum would go to his wife. He and his wife went to visit Mr. Leach while he was at Dr. Winslow's establishment, and he was very violent, and his wife was very much frightened. He was violent on account of his having been placed in a lunatic asylum, but witness did not recollect that he said that he and his family had shut him up there to prevent him from marrying his servant-maid. He had been doing duty at one of the churches in the neighbourhood down to the period of his first attack, and he ascribed this attack to



the excess of labour that devolved upon him, owing to the illness of the rector and other causes. He first heard of Mr. Leach's intention to marry one of his servant maids in January, 1857, and it was after this that Mr. Grey and Mr. Wood signed the certificate of his insanity. He knew perfectly well what he was about when he executed the deed under which he obtained the 1,200*l.*, and was not under any delusion. Witness invested the money for him, with the exception of 100*l.*, which he handed to him. Dr. Winslow advised him to get the certificate of insanity signed by two independent medical men, and he considered that Mr. Grey was perfectly independent, although he had been his assistant. Mr. Leach, on every occasion when he was free from the surveillance of the keepers, complained of being put in such a place of confinement, and said that he was no more mad than witness was. He desired to dispose of his reversion for an annuity of 800*l.* a year, and if he had done so of course it would have prevented his wife from having a chance of getting the money.

In re-examination, the witness said that his wife was in very delicate health, and Mr. Leach was much more likely to live than she was. She was at present too ill to attend and give her evidence.

Some other evidence was then adduced showing the nature of the attacks in 1841, 1852, and 1853, and it appeared that on the two former occasions it was found necessary to put a strait-waistcoat on him. On the third occasion it appeared that the attack was not of so severe a character.

Elizabeth Burr, a person formerly in the service of the alleged lunatic, proved on several occasions she and the other servants played at whist with him, and that during the intervals of the games he read chapters from the Bible. She also stated that he said there was no harm in playing cards if people read the Bible at the same time.

Dr. Southy was then examined. He confirmed the evidence given by Dr. Winslow.

SECOND DAY.

Dr. Wood, formerly the medical officer of Bethlem, deposed that he had several interviews with Mr. Leach, with a view to ascertain the state of his mind. In the course of the conversations which took place between them, Mr. Leach said that everything he did was under the influence of the Holy Spirit, and that this spirit controlled every action of his life. The pistols, he said, were purchased by him for self-defence, and he kept two of them upon the chimney piece in the dining room as a sort of chimney ornament. In the course of the conversation, he said that he should be justified in shooting any man who trespassed upon his field after warning, and he also said that he prayed that any man who might come into his house in the middle of night, might be brought to the muzzle of his pistol that he might shoot him dead. Witness remarked that it might occur that a man was in the house or the field innocently,

and he said that did not signify, for he said he was sure no man could be killed who was innocent, and that if they were not guilty of any offence at the time, they had committed an offence at some other period, for which they deserved to die. He made the same observation with regard to persons who were executed. He accounted for wearing his beard by stating that God was displeased with him for his effeminacy in cutting off his beard, and said that the scriptures commanded that men should not assume the garb of the other sex. Mr. Leach also said that the reason he had the servants to take their meals with him was to humiliate his mother, who had insulted him the day before. During the conversation witness asked him if, supposing his present matrimonial arrangement was put an end to, and he were to desire to introduce a nice young lady to him, whether he would consent to the introduction without consulting the Holy Spirit, and he replied that he certainly should, and, if the answer were affirmative, he should at once consent to see the young lady, but if it was negative, he should say "No, I thank you, I would rather wait a little time." He also said that it was at the instigation of the Holy Spirit that he took his servants upon his knee and kissed them. Dr. Wood concluded by stating that there was every characteristic of insanity about Mr. Leach, and the impression upon his mind was, that he was a very dangerous lunatic.

Cross-examined—Witness did not state at the last inquiry that he considered Mr. Leach a dangerous lunatic. He was always of opinion that he was of unsound mind, but what had recently come to his knowledge strongly confirmed his original opinion, and also induced him to form the conclusion that he was a dangerous lunatic. He saw him on the 17th and 18th of the present month. The first interview occupied three hours, and the second more than two hours. He first saw Mr. Leach in January, 1857. He did not tell him what his object was. Lunatics possessed so much cunning, that if he had been made aware of his object in visiting him, Mr. Leach would in all probability have concealed the hallucinations under which he was labouring. He introduced himself by stating that he had understood that Mr. Leach possessed some peculiar opinions on religious subjects, and he wished to converse with him upon the subject of the millennium, and he appeared to have his mind so full of that subject that he readily entered into conversation respecting it. During the conversation they had together, Mr. Leach repeatedly expressed himself very angry with his mother for treating him as an insane person, and he said that she had been very cruel and unjust towards him, and that she was actuated by interested motives and was improperly influenced by other persons. He also said that the young woman to whom he was engaged to be married was a very respectable young woman, and he considered that he was morally bound to marry her, and that it would be dishonourable in him to break the promise he had made to her. He

would not swear that Mr. Leach did not say that he knew that a man could not shoot another for committing a trespass, and that a man had been hanged for shooting another who had trespassed upon his field.

Re-examined—The ground upon which he formed the opinion that Mr. Leach was a dangerous lunatic was that he possessed himself of pistols, and that no man could be destroyed who was innocent, for if he was innocent of the peculiar offence for which he was destroyed, he had no doubt committed some other offence for which he deserved death.

Dr. Sutherland gave evidence of a similar character, and he also expressed a decided opinion that Mr. Leach was of unsound mind, and utterly incompetent to manage his affairs.

Mr. Bartlett, the medical officer of Dr. Winslow's asylum, proved that he took charge of Mr. Leach in January, 1857, and he remained under his care until December of the same year. During that period the Commissioners of Lunacy had four or five interviews with him, and he had had ample opportunities of communicating with them. He was eventually removed to a private lodging under the authority of the commissioners, in the charge of an attendant, and under Dr. Winslow's superintendence. When he went to remove Mr. Leach in the first instance he said that if he had known the object of his visit he would have shot one or two of them. Mr. Leach afterwards denied having made this statement. This witness also spoke to the religious delusions entertained by the alleged lunatic, and said that Mr. Leach told him he believed he had offended the Almighty upon one occasion by cutting off his beard, and that he would rather go to the stake than do so a second time. This witness was also of opinion that Mr. Leach was of unsound mind.

Cross-examined—The manner in which he obtained access to Mr. Leach was by representing that he and those who accompanied him were a deputation connected with some schools in the parish. He made this false representation on account of his being informed that he was in possession of fire-arms. While witness was talking to him his two attendants pinioned him, and he then said there was no occasion for any violence, and that as they were armed with legal authority he would accompany them quietly, and they released him, and he made no resistance. He had no pistols on his person, but he found two pistols up-stairs, both of which were unloaded. He had a powder flask upon his person, and he gave it to them. Before he went away a ring was taken out of the wardrobe and given to one of the maid-servants, and Mr. Leach told her to keep it, and he said he would write to her, but he never did so. The servant wrote one letter to him, and this letter was given to Mr. Leach's mother. In the course of the conversations he had with Mr. Leach he said that he had told his sister that he intended

to marry his servant, and that he was shut up immediately afterwards, and that this was the only cause of his being shut up.

Mr. Dewsnap, another surgeon, gave evidence of the same character as to the condition of mind of the alleged lunatic, and this closed the case on the part of the petitioner.

The Reverend Gentlemen then submitted himself to examination, and he answered the questions put to him very readily, and made a long statement, no portion of which is reported to have exhibited any incoherence. He said he could not deny that upon two occasions, namely, in 1841 and 1852, he had been very properly put under restraint, and he was much obliged to his friends for the course they adopted respecting him. As to the year 1853, when it was alleged he had another attack, he denied that he was ill at that time, and said that it was quite unjustifiable to place him under restraint, and the last time that he was placed in an asylum, in 1857, he considered a most cruel and unjustifiable proceeding; and he said he considered it a monstrous proceeding, that upon the certificate of any two medical men, an Englishman could be seized and placed in a lunatic asylum, which he thought was quite as bad as the Inquisition. He was shut up for nearly a year in a box, and not allowed to communicate with anybody, and it was only at last through the interference of the Commissioners of Lunacy, who, he knew, were satisfied that he was perfectly sane, that he was allowed to leave the asylum, and go to a private lodging in the care of a keeper. He declared that the proceeding of making out that he was insane would never have been attempted if he had not expressed his determination to marry his servant maid, and his family evidently thought it was a lesser evil that he should be incarcerated for life in a lunatic asylum than that he should lose caste by marrying a person so much beneath his own condition. He then proceeded to declare that a great many of the notions he entertained, and the expressions he had made use of, had been very much misrepresented, and he denied having ever expressed an opinion that the Millenium had arrived, but, on the contrary, he was satisfied that it had not, although he certainly did believe that it was approaching. He then proceeded to argue, very ingeniously, that there was no harm in having his servants to take meals with him, and he said he was first induced to do so in order to annoy his mother, who had insulted him, and he merely desired to show that he was determined to be master in his own house. He admitted that he really believed that he was converted by the appearance of our Saviour upon the cross to him 27 years ago, and that since that period he had been under the peculiar influence of the Holy Spirit, and that every act of his life was performed under its direction. He considered this was merely the result of his earnest prayers to the Almighty, and he believed that any other man might obtain the same gift who prayed with equal earnestness and sin-

cerity; and he said he hoped that in the nineteenth century this would not be considered a proof of insanity.

Mr. Coleridge then summed up the case for the petitioner.

THIRD DAY.

The alleged lunatic sat by the side of his solicitor, Mr. Smythe, and took apparently copious notes of all that took place, frequently giving suggestions to his counsel and his solicitor during the proceedings.

Mr. Montagu Chambers addressed the jury on behalf of his client.

Dr. Tuke was then examined. He stated that he was a physician, and son-in-law to Dr. Conolly, and had been a pupil of that gentleman. He had had the charge of an extensive lunatic asylum for eleven years, and had had a great deal of experience in the treatment of persons in that condition. He had interviews with Mr. Leach on the 10th, the 13th, and the 19th of May, for the purpose of ascertaining the state of his mind. When he first saw him he told him his object, and apologised for the questions that he said he should be compelled to put to him. He first alluded to his beard, and he said that many men wore their beards and he saw no reason why he should not do so, but he did not consider the wearing of the beard as at all essential to salvation. In reference to his acting under the influence of the Holy Spirit in all his actions, he said that, although he believed that he did so, still he considered that he was fallible like other men, and that he was equally liable to impulse, and he added that if the dictates of this Spirit were not rational or right he certainly should not obey them. The witness said that he conversed with Mr. Leach upon the subject of the Millennium, and he considered that his opinions upon that subject were quite correct, and even better than he could have expressed himself. He appeared to think that it might come in fifty or a hundred years, or on the morrow, but he expressed a decided opinion that it had not yet arrived. In reference to the purchase of the pistols, he said that his house had been broken into, and that he bought them for his protection, and upon one occasion he practised with them in his garden, but finding there was a public pathway near the spot, and that it might be dangerous to discharge pistols in such a place, he never did so again. Mr. Leach, in the course of the conversation, said that the marriage was the first thing, and the second thing, and the third thing; and that this was the only reason why his mother had shut him up, and he complained of her cruelty in doing so. Witness observed that it was an extraordinary act for a clergyman to marry one of his domestics, and he replied that 99 men of 100 would think the same thing, but they did not know the circumstances; the fact was he was isolated from the world, he never had the society of any ladies, and he really believed that this young woman would make him a good wife. He then asked Mr. Leach whether he did not desire to be

reconciled to his mother, and he said he could not talk of reconciliation when the foot of an adversary was on his neck and his sword was at his throat, and while a great struggle was going on; but when it was over he would gladly entertain the question of reconciliation. He said that he did not see any harm in an old man, and a religious man, kissing his servants, and that he never intended anything improper by doing so. He kissed the one he intended to marry upon the lips, and the other on the cheek, and on witness asking him if he intended to do the same after he was married, he replied that his wife would take care he did not do that. In the course of the conversation, he said that Mr. Leach went through the first proposition of Euclid from memory, marking the letters and correct angles. Mr. Leach also talked about his property, and seemed to perfectly understand the value of money. The witness stated that in his opinion the first attack of mania in 1841 arose from excessive nervous excitement, and was not connected with any disease of the brain; and that the second, in 1852, was occasioned by over study, which frequently produced such a result, and he concluded by stating that in his opinion Mr. Leach at the present moment was of perfectly sound mind, and quite competent to manage and dispose of his property.

Upon being cross-examined, Dr. Tuke said that it was possible that a conversation might go on for a whole day with a lunatic without his insanity being discovered, unless his particular delusion was touched upon. He should consider it very extraordinary conduct in a clergyman to play at cards with his servants until a late hour of the night; and reading hymns during the deals, very extraordinary conduct; but he should not, in the absence of explanation, come to the conclusion that a person who so acted must necessarily be insane. He had never seen a case where a lunatic was altogether able to conceal his delusions; but he did not observe such an attempt on the part of Mr. Leach; on the contrary, he appeared anxious to converse upon every subject that was suggested. The result of what he had seen of him was that he considered he did not require the least supervision, and that he was as fit to be trusted with the possession of pistols, gunpowder, and bullets, as any other man, and he did not believe there was the least chance of his committing any act of violence either to himself or to others.

#### FOURTH DAY.

Additional evidence adduced on behalf of Mr. Leach.

Dr. G. Johnson deposed that he was one of the physicians of King's College Hospital, and had had a good deal of experience in cases of insanity and acute mania. He had had three private interviews with Mr. Leach. The first was on the 8th of April, when he conversed with him upon the subjects that were supposed to form the ground for considering that he was insane. The result of the whole of his conversation with Mr. Leach was that he was of opinion that he was of sound mind, and perfectly competent to

manage his own affairs; and he did not discover that he was labouring under any delusion. With regard to the vision in the pulpit, Mr. Leach only professed to have had a mental vision of Our Saviour, and he said that he never intended it to be understood that he had seen Our Saviour corporeally at the time in question. With regard to the Millennium, Mr. Leach said that he did not believe that it had arrived, but that it was dawning and would soon arrive. He also said that he never considered that he was obeying the divine command in wearing his beard, although to a certain extent he felt that it was a point of conscience. He said that he had bought the pistols to protect his person and his property, and he did not utter a word that induced witness to believe that he was at all likely to commit an act of violence either upon himself or others, but on the contrary he seemed to be a remarkably quiet and inoffensive man. The witness then stated that he gave him exactly the same account, with reference to the other supposed delusions, that he did to Dr. Tuke, and he added that he did not appear to entertain any greater amount of animosity towards his mother than might reasonably be supposed would be entertained by a man who felt that he had been unjustly placed under restraint.

Cross-examined—Witness could not see anything in Mr. Leach that was different to other men. He went to see him on the first occasion with some suspicion on his mind, but if he had met him casually in a dining-room he should not have thought there was anything extraordinary about him. Mr. Leach might have told him that he had the divine sanction for wearing his beard, or words to that effect. He also seemed to think that it was more natural to wear the beard than not to do so.

Re-examined—In Southey's "History of Wesley" and the "Progress of Methodism" there were several instances of persons being converted by visions such as that described by Mr. Leach. All the impulses of Mr. Leach appeared to induce him to do good, and never to do evil, and nothing that he had heard in the course of the present inquiry in any way tended to alter his original opinion. He considered Mr. Leach a very well informed, intelligent man. If he had met him in an ordinary drawing-room he should have considered him an extraordinary man, but if he had met him in a drawing-room where there were none but learned and scientific men, he should have thought him quite at home, and neither his beard, nor anything else about him, would have excited the least suspicion in his mind respecting his sanity.

Mr. Puller, a general practitioner at St. John's-wood, gave similar evidence to that of Dr. Johnson. He said he had three long conversations with Mr. Leach in January, and on the 14th and 18th of May of the present year, and the result he arrived at was that he was perfectly sane, and he was quite astonished that such a man should be even under the surveillance of a keeper. The most that could be said was that Mr. Leach was an eccentric man, but he

did not consider that he was labouring under a single delusion. He added, that he believed Mr. Leach to be as harmless as a lamb, and that he was incapable of injuring any one.

Cross-examined—He put no question to Mr. Leach as to his opinion when a man forfeited his life, but he did say that he considered that if he were to shoot a keeper who came to take him, he should be guilty of murder, and should be executed. In the course of the conversation he had with Mr. Leach he said that he played at cards with his servants as a relaxation after severe study. Witness told him that he still thought that it was inconsistent with his position, and he replied that no one could come to a correct opinion as to his feelings and the position in which he had been placed for a great many years without any society, and having no one about him but his servants, and that when his mother left him, he was still more lonely. If Mr. Leach had said that he played at cards with his servants partly from his knowledge of the Scriptures, he should consider it, without explanation, inconsistent with the idea that he was of sound mind, but with Mr. Leach's peculiar religious opinions he should consider it necessary to ask him to explain what he meant.

Re-examined—In witness's opinion it was a cruelty to lock up such a man as Mr. Leach. His attention was first called to the case by Mr. Clark, Mr. Leach's boot-maker, and it was in consequence of his humane interference that he went to see him upon the first occasion. In his opinion Mr. Leach was a man of great piety, sound judgment, and great learning; it was a pleasure to converse with him.

Dr. Seymour, formerly one of the Commissioners of Lunacy in the metropolis, deposed that he had for eight years acted in that capacity, and he had also had a great deal of experience in other respects in connection with lunatics. He was first instructed to see Mr. Leach on the part of his mother; through the agency of Dr. Winslow. The report he made was that his irregularities were not at the time he saw him of such a character as would induce any jury to find that he was insane. He stated that his views of religion were the same that were entertained by many other persons, and as to his marrying his servant, although it was a very foolish thing, and contrary to their received notions of propriety, still it did not at all establish his insanity; and if such a proceeding were allowed to make out that a man was insane, all he could say was that half Westminster-hall would be in confinement. On the second occasion when he saw him he thought he was much better; his conversation was pleasing; he was a very humane man, and he saw no reason whatever for placing him in confinement. The last time he saw Mr. Leach was in December last, and after he had made his report the solicitors for Mrs. Leach did not communicate with him, and he was not aware of the former trial having taken place, and he had been suddenly summoned that morning to give



evidence. Mr. Leach's religious opinions were certainly peculiar, but not at all more so than were entertained by many persons with whom he was acquainted, and none of them were of a character that were likely to induce him to commit any act of violence. He was quite aware of the nature of the supposed delusions entertained by Mr. Leach, and he touched him upon the whole of them, and the opinion he arrived at was that no twelve men would find him of unsound mind, and incapable of managing his affairs.

In cross-examination Dr. Seymour admitted that he had written a letter, in March, 1857, in which he stated that Mr. Leach was of unsound mind, and incapable of managing his affairs; but he also said that he did not think any jury would find he was in that state. When he saw Mr. Leach the second time, in December, according to his opinion he was better. It was his unbiassed and clear opinion, in March, 1857, that Mr. Leach was of unsound mind, and incapable of managing his own affairs, and that his family had acted wisely and humanely in the course they had taken. Witness considered that Mr. Leach's religious opinions were very much modified when he saw him at Christmas last. In March he appeared to consider that the Millennium had arrived, or was imminent, but he did not appear to think this was the case in December, and he was much more gentle. At first he appeared to consider that he wore his beard under the authority of the Bible, but the second time he said that he wore his beard because other people wore them, and he did not see why he should be looked upon as insane on that account. The witness further stated that a singular feature in Mr. L.'s character was his extreme harmlessness.

Re-examined—He was instructed in the first instance that Mr. Leach had struck his mother, but it turned out that there was no foundation for this statement. There were many people moving about the world and managing all their affairs, who, to his knowledge, entertained quite as extraordinary opinions on the subject of religion as Mr. Leach did, and he should be very sorry to say that these persons were insane on that account. Taken as a whole he thought at first that Mr. Leach had very peculiar opinions, and coupled with the knowledge of the two previous attacks, he was of opinion that Mr. Leach was of unsound mind in March, 1857, and that he had better remain quietly in the asylum for a short time. After the second visit he considered that there was no danger in his being at large, and that he was quite competent to manage his affairs, and if he were confined in an asylum over which witness had control he should have no hesitation in setting him at liberty.

By the Commissioner—He had very long professional interviews with Mr. Leach in March, and he then came to the conclusion that he was insane, but he should have felt a difficulty in signing a certificate for his removal to a lunatic asylum, and he should rather have had him placed under the charge of his friends, or in the care of an attendant.

Mr. Cotton, a tailor, who had occasionally worked for Mr. Leach for sixteen years, proved that he ordered what he required, and paid him regularly, and appeared quite competent to manage his affairs. He said that he first heard Mr. Leach was taken to the lunatic asylum between Christmas and March, 1857. He was a very kind and benevolent man, and he considered that he would not injure anyone.

Mr. Carey, another tailor, proved that he was in the habit of communicating with Mr. Leach up to the time when he was taken to the lunatic asylum, and he and every one else in the neighbourhood were quite astonished that such a course should have been taken respecting him. He had some clothes to make for him at the time, and he went to Dr. Winslow's asylum about three weeks after he had been there, and saw him upon the subject of these clothes. He was told that he would not be allowed to see Mr. Leach again unless he brought a letter from his mother, and as he knew it was no use asking for that, he never saw him again.

Mr. Smith, a builder at Hammersmith, gave similar evidence, and he also proved that there were a great many robberies at that place, and that a good many gentlemen living there purchased fire-arms. Mr. Leach was very correct in all his dealings, and he considered that he was perfectly sane.

Mr. Clark, a boot maker, deposed to the same effect, and also stated that he was so satisfied that Mr. Leach was incapable of committing any act of violence, that he should have no objection to sleep in the same room with him if he had loaded pistols in his possession.

Mr. J. U. Romer, a gentleman who lived in an adjoining villa, proved that his house was attempted to be robbed and that Mr. Leach's was also broken into. He saw Mr. Leach almost every day up to the time of his being taken away, and he always considered him a very sensible, sane man, and quite competent to undertake the management of his affairs. His mother lived with him a great portion of the time, and she never made any complaint of the condition of his mind, or of any necessity that existed for his being placed under control.

Dr. Conolly, the consulting physician at Hanwell for twenty years, was then examined, and he stated that in his opinion Mr. Leach was quite competent to manage his affairs. He said that he had very long conversations with him, and he allowed him to go on talking for a long time, and he never exhibited the least incoherence. He did not appear to desire to conceal anything, but candidly admitted that upon two occasions he had been properly placed under restraint.

Cross-examined—He had advised at one time that Mr. Leach should be under surveillance, or that he should travel accompanied by a medical gentleman; but his opinion now was that any surveillance would be irksome to him, and that it was quite unnecessary.

Re-examined—He distinctly stated on the former occasion that in his opinion the best thing that could be done was to release Mr. Leach from restraint.

By the Jury—If there had been any trace of insanity in the mind of Mr. Leach, the severe test that had been applied to him of confining him in a lunatic asylum for so long a period was most calculated to bring it out.

The following letter, addressed by Mr. Leach to his brother-in-law, Mr. Sedden, while in confinement at Dr. Winslow's, was then put in and read:

“Why Sedden! What a man you are to act as you have done towards me! I am really annoyed at you, and hardly know how to write from impatience and disgust. To cause me to be put under restraint. Taking such a cowardly advantage of my isolated position—a marvellous thing, indeed, that you should have such power in this free country. But for my projected marriage such a proceeding could never have entered your head. Why, it was only on the Sunday previously that I had the long conversation with Laura when I waited for you till half past five that we might talk the matter over. What was there in my manner or language that would indicate the shadow of a taint of insanity? I can confidently assert—nothing, and so would Laura. But it seems she thinks it less disgrace to live with a woman without marriage, or to visit houses where men are in the habit of gratifying their passions, than to contract a lawful marriage with a person of different station from myself. I hold an opposite opinion, and for that I am deprived of my liberty—a most cruel and wicked step on your part, for which you will one day have to answer to your shame. There is a Power above who will sooner or later right the oppressed, and in that righteous Power I put my implicit trust. This house is not intended to hold persons like myself who happen to give offence to their mother and sisters, but for those unfortunate ones who, under delusion, think their right hand their left, or fancy themselves emperors or kings, &c., &c. Nobody ever thought of imprisoning Charles Mathews when he married Madame Vestris, or Alfred Montague when he united himself to one of the same sort of women. And though there is a religious motive associated with mine, if that would indicate insanity, you might as well imprison the whole body of Quakers, of Methodists, of Swedenborgians, of Mormonites, and I know not how many more, who act according to their consciences, and believe that they act more or less under divine influence in their every day proceedings. Think of the Quakers, who believe in what they call the inward spirit, and never speak at their public meetings unless they are, or think they are, moved by the Holy Spirit. Women are allowed thus to speak as well as men. How ridiculed they are, and have been, and persecuted, everybody knows, but we have lived to see the day when they and all religious sects are freely tolerated. It is grievous to think that but for my temper

on the Friday previous, and my divulging my intended marriage, which, by the way, if I had chosen, I could have contracted secretly, neither you nor any one else would have cared more than you have ever cared for my religious opinions, or conduct, that is to say, not a twopenny piece. I do hope and pray that both Winslow and Bartlett will be very soon convinced of my perfect sanity, and that as Englishmen and Christians they will hasten to wash their hands of this matter. If not, and it were possible that you could succeed in keeping me here, why then, I might as well be in Rome and imprisoned in the Inquisition, for denying the supremacy of the Pope or Transubstantiation; save and except that there is no rack or torture, but, on the contrary, much comfort, and everyone trying to do the best they can for us. Sedden, cease, I beseech you, from this unmanly conduct, and show yourself a man, and somewhat worthy to live in such a country as this, where Sabbaths, and clergy, and Bibles, compel almost every man to know right from wrong—where responsibility is therefore greater, and retribution, in cases of injury, must be most terrible.”

The jury returned a verdict by a majority of 19 to 4 that they were of opinion that Mr. Leach was of sound mind and perfectly competent to manage his affairs.

*The late PROFESSOR HARRISON, M.D., Dublin.*

With much and sincere concern we have to record the passing away from amongst us of the above distinguished member of the profession, whose decease occurred suddenly at the age of 65, on the 23rd of April last, at his residence Hume Street, Dublin. Dr. Harrison was an anatomist of European fame, and his works on the “Surgical Anatomy of the Arteries,” with his “Dublin Dissector,” obtained for him name of the first order in the ranks of science.

For the last 20 years Dr. Harrison has been the Professor of Anatomy to Trinity College, Dublin. He was also surgeon to Madam Stevens and to Jervis Street Hospitals, and Visiting Medical Officer of the State Asylum for Criminal Lunatics. In consequence of his connection with the latter establishment he was elected a member of our Association in 1855, and it is with profound regret that we have to record the loss of an Associate second to none for professional distinction and social worth.

R. S.







